

## **MEETING TRANSCRIPT**

**JANUARY 14, 2020**

**MASTER PLAN FOR AGING**

**LONG-TERM SERVICES AND SUPPORTS SUBCOMMITTEE MEETING #7**

***LTSS INTEGRATION, INFRASTRUCTURE, SYSTEM FINANCING AND STATE  
LEADERSHIP***

**###**

**13:05:11 ALL RIGHT. READY? WE ARE GOING TO GO AHEAD AND GET STARTED. I'M WILL THE CHIEF DEPUTY DIRECT FO FOR THE DEPARTMENT OF AGING. I WOULD LIKE TO WELCOME EVERYBODY WHO CAME OUT TODAY. I HOPE**

**13:05:27 YOU DID NOT HAVE TOO MUCH TROUBLE FINDING OUR FACILITIES. I WOULD LIKE TO THANK OUR PRESENTERS YESTERDAY. I THOUGHT IT WAS A VERY ROWBUST DISCUSSIONS AND HIGHLIGHTED A LOT OF CHALLENGES. SUCH AS SFRA INFRASTRUCTURE, AND WORK. AND EXPANSION CARE MODELS AND ALTERNATIVE MODELS. TODAY THE FOCUS OF THE MEETING WILL BE ON LTSS**

**13:05:52 INTEGRATION, INFRASTRUCTURE, SYSTEM FINANCING AND STATE LEADERSHIP. THE MATERIALS ARE ALL POSTED ON THE WEB SIDESITE. I APOLOGIZE WE'RE NOT ABLE TO POST THE MATERIALS SOONER. THE PROBLEM IS WE'RE COMING OFF THE HOLIDAYS AND THERE WAS A LOT OF WORK THAT NEEDED TO BE DONE WITH DEVELOPMENT AND HE HAD KITING**

**13:06:24 AND I WOULD LIKE TO DO A SPEB SPECIAL SHOUT OUT FOR EVERYBODY WHO. OUR CONSULTANT WAS RESPONSIBLE FOR PUTTING TOGETHER ALL THE SLIDES. SHE DOES A GREAT JOB.**

**OKAY. SO 2020-01-14T21:04:39.040**

**READY**

**13:06:24 2020-01-14T21:04:44.691**

**? WE ARE GOING TO GO AHEAD AND GET STARTED.**

**2020-01-14T21:04:50.153**

**I'M WILL THE CHIEF**

**2020-01-14T21:04:53.491**

**DEPUTY DIRECT FOR THE DEPARTMENT OF**

**13:06:24 2020-01-14T21:04:54.477**

**AGING.**

**2020-01-14T21:04:57.143**

**I WOULD LIKE TO WELCOME EVERYBODY WHO**

**2020-01-14T21:04:57.804**

**CAME OUT TODAY.**

**13:06:24 2020-01-14T21:05:01.081**

**I HOPE YOU DID NOT HAVE TOO MUCH**

**2020-01-14T21:05:02.753**

**TROUBLE FINDING OUR FACILITIES.**

**2020-01-14T21:05:05.422**

**I WOULD LIKE TO THANK OUR PRESENTERS**

**13:06:24 2020-01-14T21:05:05.704**

**YESTERDAY.**

**2020-01-14T21:05:10.070**

**I THOUGHT IT WAS A VERY ROWBUST**

**2020-01-14T21:05:12.181**

**DISCUSSIONS AND HIGHLIGHTED A LOT OF**

**13:06:24 2020-01-14T21:05:12.455**

**CHALLENGES.**

**2020-01-14T21:05:17.520**

**SUCH AS SFRA INFRASTRUCTURE, AND WORK.**

**2020-01-14T21:05:21.270**

**AND EXPANSION CARE MODELS AND**

**13:06:24 2020-01-14T21:05:22.327**

**ALTERNATIVE MODELS.**

**2020-01-14T21:05:25.591**

**TODAY THE FOCUS OF THE MEETING WILL BE**

**2020-01-14T21:05:28.666**

**ON LTSS INTEGRATION, INFRASTRUCTURE,**

**13:06:25 2020-01-14T21:05:31.141**

**SYSTEM FINANCING AND STATE LEADERSHIP.**

**2020-01-14T21:05:33.408**

**THE MATERIALS ARE ALL POSTED ON THE**

**2020-01-14T21:05:36.278**

**WEB SIDESITE.**

**13:06:25 2020-01-14T21:05:39.994**

**I APOLOGIZE WE'RE NOT ABLE TO POST THE**

**2020-01-14T21:05:41.071**

**MATERIALS SOONER.**

**2020-01-14T21:05:43.546**

**THE PROBLEM IS WE'RE COMING OFF THE**

**13:06:25 2020-01-14T21:05:45.005**

**HOLIDAYS AND THERE WAS A LOT OF WORK**

**2020-01-14T21:05:47.674**

**THAT NEEDED TO BE DONE WITH DEVELOPMENT**

**2020-01-14T21:05:52.138**

**AND HE HAD KITING**

**13:06:25 2020-01-14T21:05:59.958**

**AND I WOULD LIKE TO DO A SPEB SPECIAL**

**2020-01-14T21:06:04.035**

**SHOUT OUT FOR EVERYBODY WHO**

**2020-01-14T21:06:11.443**

**. OUR CONSULTANT WAS RESPONSIBLE FOR**

**13:06:25 2020-01-14T21:06:12.916**

**PUTTING TOGETHER ALL THE SLIDES.**

**2020-01-14T21:06:14.784**

**SHE DOES A GREAT JOB.**

**2020-01-14T21:06:16.045**

**<br>**

**13:06:25 2020-01-14T21:06:17.503**

**OKAY.**

**2020-01-14T21:06:20.969**

**SO MEETING LOGISTICS.**

**13:06:28 2020-01-14T21:06:28.107**

**WE THOUGHT THAT WE HAD THIS ISSUE**

**13:06:30 2020-01-14T21:06:30.164**

**WHIPPED BUT WE STILL HAVE ISSUES WITH**

**13:06:30 2020-01-14T21:06:30.429**

**ZOOM.**

**13:07:03 MEETING LOGISTICS. WE THOUGHT THAT WE HAD THIS ISSUE WHIPPED BUT WE STILL HAVE ISSUES WITH ZOOM. TENDS TO HAPPEN LATE IN THE MEETING. WE ARE RESEARCH IS CAUSES, BUT TODAY, IF WE HAVE A SIMILAR ISSUE, WE'LL TAKE A BREAK AND GET THE CALL BACK ON LINE SO THAT WE DON'T HAVE INTERRUPTIONS FOR PEOPLE THAT ARE TRYING TO SPEAK.**

**13:07:22 THOSE IN THE ROOM, WE DID NOT HAVE WIFI CAPABILITY YET. YOU WILL BE DECEIVED SEE THE CDA GUEST NETWORK COME UP, HOWEVER, THAT NETWORK DOES NOT WORK. WE DO HAVE HOT SPOTS AVAILABLE AND YOU CAN TYPE IN THE PASS WORD AND YOU SHOULD BE AIL TO GET ON THE HOT**

**13:07:54 SPOT. WE ARE IN THE CENTER OF THE BUILDING AND THE HOT SPOT AVAILABILITY IS SPOTITYTY. WE DO HAVE A MEETING GUIDELINE TO REFRAIN FROM THE USE OF ELECTRONIC DEVICES.**

**OKAY. MEET K AGENDAING AGENDA. AND I NEE2020-01-14T21:06:32.489**

**TENDS TO HAPPEN LATE IN THE MEETING.**

**13:08:26**

**>> PETER MENDOZA: I HAVE A HOT SPOT I CAN TURN ON IF FOLKS NEED IT.**

**>> MARK BECKLEY: THANK YOU PETER, VERY GENEROUS. THERE ARE PIECES OF PAPER IN FRONT OF SOME OF YOU. MEET AGO AGENDA, SO AS WE ALWAYS DO, WE'LL**

**13:08:49 START WITH CONSUMER VOICES THEN GO INTO THE BODY WILL OF TH OF THE AGENDA WHICH IS BROKEN UP INTO 4 FOURS. IT WILL CONTINUE THE DISCUSSION ON THE REPORT PREPARATION PROCESS, HAVE PUBLIC COMMENT AND CARRIE WILL WRAP UP THE MEETING WITH A SUMMARY OF RECOMMENDATIONS AND ACTION STEPS.**

**SUBCOMMITTEE SCHEDULE. SO, THE NEXT MEET**

**13:09:12 SGING IS ON JANUARY 27TH. AND THAT MEETING WILL BE FOR PART 2 OF IHSS DISCUSSION. PART ONE WAS HELD ON DECEMBER THE 17TH. FOR THOSE WHO MAY WANT A REFRESHER ON THE PART ONE DISCUSSION, YOU CAN REFER TO THE MATERIALS. THEY ARE POSTED ON THE WEBSITE. AND WILL I BE MAKING AN ANNOUNCEMENT ABOUT THE NEW WEBSITE. BUT**

**13:09:33 YOU CAN FIND THE MATERIALS ON THERE. IF YOU WANT TO REFRESH YOUR MIND OF WHAT PART ONE CONSISTED OF, THAT MAY HELP YOU PREPARE FOR THE PART TWO DISCUSSION. THERE ARE THREE CHANGES TO THE SCHEDULE THAT I WANTED TO POINT OUT TO EVERYBODY. THE FIRST IS THAT WE HAVE ADDED A JANUARY 30TH MEETING TO THE SCHEDULE FOR LTSS REPORT**

**13:09:57 WRITING. SECOND, IS THAT THE PREVIOUS SCHEDULED MEETING ON FEBRUARY 20TH HAS BEEN MOVED TO FEBRUARY 19TH. THAT WILL BE AN IN PERSON MEETING TO TALK ABOUT DRAFTING THE LTSS STAKEHOLDER REPORT. AND FINALLY THE MARCH MEETING HAS BEEN SCHEDULED FOR MARCH 10TH. AND THAT WILL BE TO REVIEW THE FEEDBACK RECEIVED FROM THE**

**13:10:23 STAKEHOLDER ADVISORY COMMITTEE. AND THIS MEETING WILL BE A WEBINAR.**

**MEETING GUIDELINES. I WON'T GO OVER THE GUIDELINES TODAY SINCE WE DID THAT YESTERDAY. HOWEVER, I DO WANT TO SAY THAT WE WILL CONTINUE TO USE THE COLORED REMINDER CARDS JUST TO MAKE SURE THAT EVERYBODY HAS TIME TO PRESENT AND THAT WE HAVE SUFFICIENT TIME**

**13:10:47 FOR DISCUSSION IN THE MEETING AS WELL. ALL RIGHT.**

**NOW, SOMETHING I AM SUPER EXCITED ABOUT, THE NEW MPA WEBSITE. WE HAVE THE MASTER PLAN FOR AGING WEBSITE UP AND RUNNING. THE WEBSITE IS FAN FAFTASTIC. WHAT I MOST**

**13:11:13 APPRECIATE ABOUT IT, WHEN I TELL PEOPLE ABOUT THE WEBSITE, I DON'T HAVE TO GO THROUGH THIS LONG LINK. IT IS A GREAT WEBSITE AND VERY INTUITIVE. SO WHAT YOU WILL FIND ON THERE ARE THE MEETING OF -- THE SCHEDULE OF MEETINGS, MATERIALS, UPDATES ABOUT THE MPA PROCESS. AND YOU WILL SEE INFORMATION ON THE WEBINAR ON**

**13:11:35 WEDNESDAYS. VERY INTUITIVE AND EASY TO USE. I WOULD LOVE TO THANK OUR FOUNDATION PARTNERS FOR PROVIDING FUNDING FOR THE CONSULTANT WHO HELPED US DEVELOP THE WEBSITE. I WOULD ALSO LIKE TO THANK THE CDA COMMUNICATIONS TEAM FOR HELPING DESIGN THE WEBSITE. JUST A FANTASTIC JOB ALL AROUND.**

**I ALSO WANTED TO**

**13:12:05 MENTION THAT THE LIST OF BUDGET PROPOSALS THAT I TALKED ABOUT IN YESTERDAY'S MEETING HAS BEEN SENT OUT. FOR THOSE THAT SUBSCRIBE TO CDA MALEING MAILINGS, YOU WILL RECEIVE IT. THAT LIST WILL BE ON THE CDA INTERNET PAGE UNDER THE HIGHLIGHT SECTION AS WELL AS THE LAUNCH OF THE NEW WEBSITE.**

**OKAY, SO THAT BRINGS US TO CONSUMER**

**13:12:31 VOICES. THE FIRST CONSUMER VOICE WILL BE PROSPERITYD BY MAYA ALTMAN FROM THE HEALTH PLAN OF SAN MATEO.**

**>> MAYA ALTMAN: THANK YOU, MARK. SO I'M GOING TO TALK ABOUT JOSEPHINE WHO IS ONE OF OUR MEMBERS. SHE HAD BEEN LIVING IN A**

**13:12:56 NURSING FACILITY FOR TWO YEARS. SHE WANTED TO LEAVE AND SHE ACTUALLY WANTED TO LIVE ON THE COAST. SHE ENROLLED IN CAL MED CONNECT, A PROGRAM DESIGNED TO CONNECT DELIVERY MEDICAL CARE WITH LTSS. SHE**

**13:13:21 GAINED ACCESS TO AN ENTER DISCIPLINEINTERDISCIPLINARY TEAM AND SHE WAS ABLE TO MOVE TO AN AFFORDABLE HOUSING THAT OPENED UP IN HALF MOON BAY. SHE HAS A CARE MANAGER TO HELP COORDINATE APPOINTMENTS REFERRALS, TRANSPORTATION AND MEALS. SHE SERVICES TO**

**13:13:53 TODAY SHE FEELS INDEPENDENT AND SHE IS NOT ALONE. SHE RECENTLY FELL AND INSTEAD OF CALLING 911, THEY HE SH SHE CALLED THE CARE MANAGER. SHE IS CONTROL OF HER OWN CARE, UNLIKE BEING IN THE NURSING HOME. JOSEPHINE 2020-01-14T21:06:38.161**

**WE ARE RESEARCH IS CAUSES, BUT TODAY,**

**13:13:53 2020-01-14T21:06:41.431**

**IF WE HAVE A SIMILAR ISSUE, WE'LL TAKE A**

**2020-01-14T21:06:44.089**

**BREAK AND GET THE CALL BACK ON LINE SO**

**2020-01-14T21:06:47.363**

**THAT WE DON'T HAVE INTERRUPTIONS FOR**

**13:13:53 2020-01-14T21:06:49.031**

**PEOPLE THAT ARE TRYING TO SPEAK.**

**2020-01-14T21:06:51.896**

**THOSE IN THE ROOM, WE DID NOT HAVE**

**2020-01-14T21:06:54.284**

**WIFI CAPABILITY YET.**

**13:13:53 2020-01-14T21:06:59.748**

**YOU WILL BE DECEIVED SEE THE CDA GUEST**

**2020-01-14T21:07:03.621**

**NETWORK COME UP, HOWEVER, THAT NETWORK**

**2020-01-14T21:07:04.285**

**DOES NOT WORK.**

**13:13:53 2020-01-14T21:07:18.120**

**WE DO HAVE HOT SPOTS AVAILABLE AND YOU**

**2020-01-14T21:07:20.192**

**CAN TYPE IN THE PASS WORD AND YOU SHOULD**

**2020-01-14T21:07:22.451**

**BE AIL TO GET ON THE HOT SPOT.**

**13:13:53 2020-01-14T21:07:24.115**

**WE ARE IN THE CENTER OF THE BUILDING**

**2020-01-14T21:07:28.787**

**AND THE HOT SPOT AVAILABILITY IS**

**2020-01-14T21:07:29.591**

**SPOTITYTY.**

**13:13:53 2020-01-14T21:07:32.654**

**WE DO HAVE A MEETING GUIDELINE TO**

**2020-01-14T21:07:35.934**

**REFRAIN FROM THE USE OF ELECTRONIC**

**2020-01-14T21:07:36.993**

**DEVICES.**

**13:13:53 2020-01-14T21:07:39.464**

**<br>**

**2020-01-14T21:07:40.739**



**OKAY.**

**2020-01-14T21:07:46.205**

**MEET K AGENDAING AGENDA.**

**13:13:54 2020-01-14T21:07:50.263**

**AND I NEED**

**2020-01-14T21:07:51.476**

**<br>**

**2020-01-14T21:07:56.747**

**<br>**

**13:13:54 2020-01-14T21:07:58.823**

**>> PETER MENDOZA: I HAVE A HOT SPOT I**

**2020-01-14T21:08:01.290**

**CAN TURN ON IF FOLKS NEED IT.**

**2020-01-14T21:08:01.953**

**<br>**

**13:13:54 2020-01-14T21:08:05.479**

**>> MARK BECKLEY: THANK YOU PETER, VERY GENEROUS.**

**2020-01-14T21:08:09.818**

**THERE ARE PIECES OF PAPER IN FRONT OF**

**2020-01-14T21:08:11.879**

**SOME OF YOU.**

**13:13:54 2020-01-14T21:08:17.149**

**MEET AGO AGENDA, SO AS WE ALWAYS DO,**

**2020-01-14T21:08:19.421**

**WE'LL START WITH CONSUMER VOICES THEN GO**

**2020-01-14T21:08:23.494**

**INTO THE BODY WILL OF THE OF THE AGENDA**

**13:13:54 2020-01-14T21:08:27.557**

**WHICH IS BROKEN UP INTO 4 FOURS.**

**2020-01-14T21:08:32.438**

**IT WILL CONTINUE THE DISCUSSION ON THE**

**2020-01-14T21:08:36.780**

**REPORT PREPARATION PROCESS, HAVE PUBLIC**

**13:13:54 2020-01-14T21:08:39.450**

**COMMENT AND CARRIE WILL WRAP UP THE**

**2020-01-14T21:08:42.128**

**MEETING WITH A SUMMARY OF**

**2020-01-14T21:08:43.185**

**RECOMMENDATIONS AND ACTION STEPS.**

**13:13:54 2020-01-14T21:08:43.654**

**<br>**

**2020-01-14T21:08:45.122**

**SUBCOMMITTEE SCHEDULE.**

**2020-01-14T21:08:49.787**

**SO, THE NEXT MEET SG ONING IS ON**

**13:13:54 2020-01-14T21:08:50.851**

**JANUARY 27TH.**

**2020-01-14T21:08:53.713**

**AND THAT MEETING WILL BE FOR PART 2 OF**

**2020-01-14T21:08:55.581**

**IHSS DISCUSSION.**

**13:13:54 2020-01-14T21:08:59.249**

**PART ONE WAS HELD ON DECEMBER THE 17TH.**

**2020-01-14T21:09:02.121**

**FOR THOSE WHO MAY WANT A REFRESHER ON**

**2020-01-14T21:09:04.189**

**THE PART ONE DISCUSSION, YOU CAN REFER**

**13:13:54 2020-01-14T21:09:04.646**

**TO THE MATERIALS.**

**2020-01-14T21:09:06.518**

**THEY ARE POSTED ON THE WEBSITE.**

**2020-01-14T21:09:09.984**

**AND WILL I BE MAKING AN ANNOUNCEMENT**

**13:13:55 2020-01-14T21:09:12.074**

**ABOUT THE NEW WEBSITE.**

**2020-01-14T21:09:13.541**

**BUT YOU CAN FIND THE MATERIALS ON**

**2020-01-14T21:09:13.804**

**THERE.**

**13:13:55 2020-01-14T21:09:16.874**

**IF YOU WANT TO REFRESH YOUR MIND OF**

**2020-01-14T21:09:20.139**

**WHAT PART ONE CONSISTED OF, THAT MAY**

**2020-01-14T21:09:22.725**

**HELP YOU PREPARE FOR THE PART TWO DISCUSSION.**

**13:13:55 2020-01-14T21:09:24.989**

**THERE ARE THREE CHANGES TO THE**

**2020-01-14T21:09:26.650**

**SCHEDULE THAT I WANTED TO POINT OUT TO**

**2020-01-14T21:09:26.911**

**EVERYBODY.**

**13:13:55 2020-01-14T21:09:29.786**

**THE FIRST IS THAT WE HAVE ADDED A**

**2020-01-14T21:09:32.655**

**JANUARY 30TH MEETING TO THE SCHEDULE FOR**

**2020-01-14T21:09:33.747**

**LTSS REPORT WRITING.**

**13:13:55 2020-01-14T21:09:37.422**

**SECOND, IS THAT THE PREVIOUS SCHEDULED**

**2020-01-14T21:09:40.292**

**MEETING ON FEBRUARY 20TH HAS BEEN MOVED**

**2020-01-14T21:09:41.838**

**TO FEBRUARY 19TH.**

**13:13:55 2020-01-14T21:09:44.704**

**THAT WILL BE AN IN PERSON MEETING TO**

**2020-01-14T21:09:48.367**

**TALK ABOUT DRAFTING THE LTSS STAKEHOLDER**

**2020-01-14T21:09:48.836**

**REPORT.**

**13:14:27 SAID HER NEW ENVIRONMENT FEELS LIKE FREEDOM. THIS IS DESIGNED TO HELP PEOPLE MOVE BACK OR STAY IN THE COMMUNITY FROM NURSING HOMES. THERE IS A DESCRIPTION INCLUDED IN THE PACKET THAT WENT OUT THIS MORNING IF YOU WANT TO READ MORE ABOUT IT. OUR PROGRAM AND A SIMILAR ONE I IS OUR COUNTY. THIS IS AN EXAMPLE OF HOW THINGS**

**13:14:36 SHOULD WORK FOR CONSUMERS. AND I JUST WANT TO SHOW THAT IT IS POSSIBLE. WHAT I THINK OUR TASK IS THAT WE NEED TO MAKE SURE THAT THESE KINDS OF PROGRAMS ARE AVAILABLE FOR EVERYONE.**

**MARTY IS GOING TO TALK NEXT.**

**>> MARTY LYNCH: THAT WAS A SUCCESS STORY. I PROBABLY HAVE THE OTHER SIDE. SO FOR THOSE THAT DON'T KNOW ME, I**

**13:15:03 WORK AT AN ORGANIZATION CALLED LIFE LOCK MEDICAL CARE WHICH IS FOUNDED BY THE OVER 60 CENTERS. I WANTED TO TELL THE STORY OF ONE OF MY BOARD MEMBERS, ACTUALLY. AND THIS IS A OLDER WOMAN WHO HAD HAD SEVERAL HIP REPLACEMENTS BECAUSE THEY HAD COME LOOSE AND SHE HAD TO HAVE THEM REDONE, BUT MANAGED TO GET AROUND FAIRLY**

**13:15:35 WELL ON TWO CANES. AND USED TRANSPORTATION, INCLUDING PUBLIC TRANSPORTATION. DID AMAZINGLY WELL AND WAS A FANTASTIC ADVOCATE. SHE WAS THE MEMBER OF A HEALTH PLAN, AND IT WILL GO UNNAMED, BUT A LARGE ONE I WILL SAY. 2020-01-14T21:09:51.497**

**AND FINALLY THE MARCH MEETING HAS BEEN**

**13:15:35 2020-01-14T21:09:52.564**

**SCHEDULED FOR MARCH 10TH.**

**2020-01-14T21:09:55.056**

**AND THAT WILL BE TO REVIEW THE**

**2020-01-14T21:09:57.720**

**FEEDBACK RECEIVED FROM THE STAKEHOLDER**

**13:15:36 2020-01-14T21:09:58.182**

**ADVISORY COMMITTEE.**

**2020-01-14T21:10:02.666**

**AND THIS MEETING WILL BE A WEBINAR.**

**2020-01-14T21:10:04.539**

**<br>**

**13:15:36 2020-01-14T21:10:06.206**

**MEETING GUIDELINES.**

**2020-01-14T21:10:08.663**

**I WON'T GO OVER THE GUIDELINES TODAY**

**2020-01-14T21:10:10.325**

**SINCE WE DID THAT YESTERDAY.**

**13:15:36 2020-01-14T21:10:12.185**

**HOWEVER, I DO WANT TO SAY THAT WE WILL**

**2020-01-14T21:10:16.858**

**CONTINUE TO USE THE COLORED REMINDER**

**2020-01-14T21:10:18.743**

**CARDS JUST TO MAKE SURE THAT EVERYBODY**

**13:15:36 2020-01-14T21:10:22.211**

**HAS TIME TO PRESENT AND THAT WE HAVE**

**2020-01-14T21:10:24.476**

**SUFFICIENT TIME FOR DISCUSSION IN THE**

**2020-01-14T21:10:25.143**

**MEETING AS WELL.**

**13:15:36 2020-01-14T21:10:26.008**

**ALL RIGHT.**

**2020-01-14T21:10:26.467**

**<br>**

**2020-01-14T21:10:30.731**

**NOW, SOMETHING I AM SUPER EXCITED**

**13:15:36 2020-01-14T21:10:34.196**

**ABOUT, THE NEW MPA WEBSITE.**

**2020-01-14T21:10:37.461**

**WE HAVE THE MASTER PLAN FOR AGING**

**2020-01-14T21:10:39.123**

**WEBSITE UP AND RUNNING.**

**13:15:36 2020-01-14T21:10:42.805**

**THE WEBSITE IS FAN FAFKTASTIC.**

**2020-01-14T21:10:46.464**

**WHAT I MOST**

**2020-01-14T21:10:49.619**

**APPRECIATE ABOUT IT, WHEN I TELL PEOPLE**

**13:15:36 2020-01-14T21:10:51.948**

**ABOUT THE WEBSITE, I DON'T HAVE TO GO**

**2020-01-14T21:10:53.609**

**THROUGH THIS LONG LINK.**

**2020-01-14T21:10:56.250**

**IT IS A GREAT WEBSITE AND VERY**

**13:15:36 2020-01-14T21:10:56.510**

**INTUITIVE.**

**2020-01-14T21:10:59.575**

**SO WHAT YOU WILL FIND ON THERE ARE THE**

**2020-01-14T21:11:05.273**

**MEETING OF -- THE SCHEDULE OF MEETINGS,**

**13:15:36 2020-01-14T21:11:08.140**

**MATERIALS, UPDATES ABOUT THE MPA PROCESS.**

**2020-01-14T21:11:12.017**

**AND YOU WILL SEE INFORMATION ON THE**

**2020-01-14T21:11:13.082**

**WEBINAR ON WEDNESDAYS.**

**13:15:37 2020-01-14T21:11:15.157**

**VERY INTUITIVE AND EASY TO USE.**

**2020-01-14T21:11:17.817**

**I WOULD LOVE TO THANK OUR FOUNDATION**

**2020-01-14T21:11:19.718**

**PARTNERS FOR PROVIDING FUNDING FOR THE**

**13:15:37 2020-01-14T21:11:22.785**

**CONSULTANT WHO HELPED US DEVELOP THE**

**2020-01-14T21:11:23.045**

**WEBSITE.**

**2020-01-14T21:11:27.403**

**I WOULD ALSO LIKE TO THANK THE CDA**

**13:15:37 2020-01-14T21:11:30.084**

**COMMUNICATIONS TEAM FOR HELPING DESIGN**

**2020-01-14T21:11:30.544**

**THE WEBSITE.**

**2020-01-14T21:11:33.423**

**JUST A FANTASTIC JOB ALL AROUND.<br>**

**13:15:37 2020-01-14T21:11:35.934**

**I ALSO WANTED TO MENTION THAT THE LIST**

**2020-01-14T21:11:38.598**

**OF BUDGET PROPOSALS THAT I TALKED ABOUT**

**2020-01-14T21:11:41.462**

**IN YESTERDAY'S MEETING HAS BEEN SENT OUT.**

**13:15:37 2020-01-14T21:11:45.527**

**FOR THOSE THAT SUBSCRIBE TO CDA**



**2020-01-14T21:11:49.620**

**MALEING MAILINGS, YOU WILL RECEIVE IT.**

**2020-01-14T21:11:54.707**

**THAT LIST WILL BE ON THE CDA INTERNET**

**13:15:37 2020-01-14T21:11:58.967**

**PAGE UNDER THE HIGHLIGHT SECTION AS WELL**

**2020-01-14T21:12:00.840**

**AS THE LAUNCH OF THE NEW WEBSITE.**

**2020-01-14T21:12:01.700**

**<br>**

**13:15:37 2020-01-14T21:12:05.172**

**OKAY, SO THAT BRINGS US TO CONSUMER**

**2020-01-14T21:12:05.436**

**VOICES.**

**2020-01-14T21:12:07.715**

**THE FIRST CONSUMER VOICE WILL BE**

**13:15:37 2020-01-14T21:12:10.784**

**PROSPERITYD BY MAYA ALTMAN FROM THE**

**2020-01-14T21:12:13.652**

**HEALTH PLAN OF SAN MATEO.**

**2020-01-14T21:12:15.123**

**<br>**

**13:15:37 2020-01-14T21:12:18.592**

**>> MAYA ALTMAN:**

**2020-01-14T21:12:20.784**

**THANK YOU, MARK.**

**2020-01-14T21:12:24.668**

**SO I'M GOING TO TALK ABOUT JOSEPHINE**

**13:15:37 2020-01-14T21:12:27.130**

**WHO IS ONE OF OUR MEMBERS.**

**2020-01-14T21:12:31.195**

**SHE HAD BEEN LIVING IN A NURSING**

**2020-01-14T21:12:33.055**

**FACILITY FOR TWO YEARS.**

**13:15:37 2020-01-14T21:12:37.322**

**2020-01-14T21:12:40.560**

**SHE WANTED TO LEAVE AND SHE ACTUALLY**

**2020-01-14T21:12:41.817**

**WANTED TO LIVE ON THE COAST.**

**13:15:38 2020-01-14T21:12:46.319**

**SHE ENROLLED IN CAL MED CONNECT, A**

**2020-01-14T21:12:50.790**

**PROGRAM DESIGNED TO CONNECT DELIVERY**

**2020-01-14T21:12:52.453**

**MEDICAL CARE WITH LTSS.**

**13:15:38 2020-01-14T21:12:55.915**

**SHE**

**2020-01-14T21:13:01.331**

**GAINED ACCESS TO AN ENTER**

**2020-01-14T21:13:02.195**

**DISCIPLINEINTERDISCIPLINARY TEAM AND SHE**

**13:15:38 2020-01-14T21:13:05.872**

**WAS ABLE TO MOVE TO AN AFFORDABLE**

**2020-01-14T21:13:08.338**

**HOUSING THAT OPENED UP IN HALF MOON BAY.**

**2020-01-14T21:13:12.403**

**SHE HAS A CARE MANAGER TO HELP**

**13:15:38 2020-01-14T21:13:15.081**

**COORDINATE APPOINTMENTS REFERRALS,**

**2020-01-14T21:13:15.742**

**TRANSPORTATION AND MEALS.**

**2020-01-14T21:13:20.802**

**SHE SERVICES TO**

**13:15:38 2020-01-14T21:13:24.221**

**TODAY SHE FEELS INDEPENDENT AND SHE IS**

**2020-01-14T21:13:24.882**

**NOT ALONE.**

**2020-01-14T21:13:27.150**

**SHE RECENTLY FELL AND INSTEAD OF**

**13:15:38 2020-01-14T21:13:33.288**

**CALLING 911, THEY HE SHE CALLED THE CARE**

**2020-01-14T21:13:33.554**

**MANAGER.**

**2020-01-14T21:13:38.707**

**SHE IS CONTROL OF HER OWN CARE, UNLIKE**

**13:15:38 2020-01-14T21:13:41.372**

**BEING IN THE NURSING HOME.**

**2020-01-14T21:13:48.656**

**JOSEPHINE SAID HER NEW ENVIRONMENT**

**2020-01-14T21:13:49.328**

**FEELS LIKE FREEDOM.**

**13:15:38 2020-01-14T21:13:51.997**

**THIS IS DESIGNED TO HELP PEOPLE MOVE**

**2020-01-14T21:13:56.264**

**BACK OR STAY IN THE COMMUNITY FROM**

**2020-01-14T21:13:56.729**

**NURSING HOMES.**

**13:15:38 2020-01-14T21:13:59.803**

**THERE IS A DESCRIPTION INCLUDED IN THE**

**2020-01-14T21:14:02.263**

**PACKET THAT WENT OUT THIS MORNING IF YOU**

**2020-01-14T21:14:03.723**

**WANT TO READ MORE ABOUT IT.**

**13:15:38 2020-01-14T21:14:08.193**

**OUR PROGRAM AND A SIMILAR ONE**

**2020-01-14T21:14:09.396**

**IS OUR COUNTY.**

**2020-01-14T21:14:11.059**

**THIS IS AN EXAMPLE OF HOW THINGS**

**13:15:39 2020-01-14T21:14:12.488**

**SHOULD WORK FOR CONSUMERS.**

**2020-01-14T21:14:14.746**

**AND I JUST WANT TO SHOW THAT IT IS**

**2020-01-14T21:14:15.811**

**POSSIBLE.**

**13:16:11 AND HAD BEEN A PUBLIC EMPLOYEE AND SHE HAD SOME PENSION RESOURCES, ET CETERA.**

**CAL COLLEEN HAD A FAIRLY SERIOUS STROKE AT SOME POINT IN HER LIFE. SHE WAS JUST ABOUT 80 WHEN SHE HAD IT. I JUST WENT THROUGH THE PROCESS OF SEEING HOW SHE COULD GET THE MEDICAL CARE SHE NEEDED IN THE HEALTH PLAN. BUT THE HEALTH PLAN**

**13:16:21 DOCTORS AND SOCIAL WORKERS HAS A DIFFICULT TIME CONNECTING HER TO PERSONAL CARE SERVICES. SHE WAS NOT IHSS ELIGIBLE, BUT STILL FINDING PERSONAL CARE FOR THIS WOMAN WHO HAD SERIOUS FUNCTIONAL DISABILITIES WAS EXTREMELY HARD. AT THE END OF THE DAY WHAT WE HAD TO DO TO FIND HER PERSONAL CARE AND SOME OF YOU FROM THE INDEPENDENT**

**13:16:46 LIVING MOVEMENT WILL APPRECIATE THIS. SHE WAS PERSONAL FRIENDS ONE OF THE FOUNDERS OF THE INDEPENDENT LIVING MOVEMENT. JUDY SHARED PERSONAL INFORMATION ON HER CAREGIVERS TO ALLOW COLLEEN TO GET HELP IN HER HOME. CLEARLY THAT IS NOT GOING TO WORK FOR HUNDREDS OF THOUSANDS OF PEOPLE AND IT JUST REMINDED ME TO THIS DAY, OF**

**13:17:13 THAT VERY BASIC LEVEL OF INTEGRATION THAT WE NEED BETWEEN THE PRIMARY MEDICAL CARE SIDE AND THE BUILDING BLOCK OF LTSS SERVICES, WHICH IS IHSS OR PERSONAL CARE.**

**COLLEEN'S STORY, SHE IS GOING TO DO BETTER AND WOULD DO BETTER AFTER WE ARE DONE WITH THIS WORK, RIGHT?**

**13:17:38**

**>> SARAH STEENHAUSEN: THANK YOU MAYA AND MARTY. I AM GOING TO NOW PROVIDE A SEGUE INTO THE NEXT FOUR PARTS OF THE AGENDA. AND JUST AS A LITTLE BIT OF A OVERVIEW OF THESE FOUR PARTS, THEY ALL RELATE TO ONE ANOTHER, BUT I WOULD SAY IT IS IMPORTANT TO UNDERSTAND THAT THEY ARE ALL SEPARATE AND UNIQUE COMPONENTS. THIS FIRST**

**13:18:04 SECTION IS GOING TO FOCUS ON THE ISSUE OF INTEGRATION THAT MAYA AND MARTY JUST SHOWED CASE EXAMPLES OF.**

**AFTER THAT POINT, WE WILL HAVE TIME TO DISCUSS THE RECOMMENDATIONS THAT HAVE COME FORWARD FROM THE COMMITTEE**

**MEMBERS AND INTO GENERAL BUCKETS. AND THEN WE WILL GO ON TO THE SECOND BIG BUCKET ISSUE, WHICH IS A SMALL**

**13:18:30 ISSUE OF INFRASTRUCTURE AND ACCESS THAT LYDIA WILL BE HELPING PRESENT ON AS WELL. AND THEN WE'RE GOING TO TALK ABOUT ANOTHER SMALL ISSUE; SYSTEM FINANCING. THIS IS FROM THE PERSPECTIVE OF FINANCING FROM HOW THE INDIVIDUAL PAYS, IT IS MORE ABOUT HOW THE STATE BUDGET IS STRUCTURED AND STATE AND LOCAL COUNTY FISCAL**

**13:18:52 ARRANGEMENT. THE FINAL PART OF THE AGENDA WILL BE FOCUSED ON THE ISSUE OF LEADERSHIP AT THE STATE LEVEL AND KIND OF AS A CROSS-CUTTING ISSUE THAT HAS COME FORWARD THROUGH THE REPRESENTATION.**

**WITH RECOMMENDATION. WITH ALL OF THAT SAID, IT IS CLEAR THAT IS A LOT TO COVER IN THE SPAN OF TIME WE HAVE. THE DANGER IS THAT WE**

**13:19:20 TAKE TOO LONG ON SOME ITEMS AND DON'T GIVE OTHER ITEMS THEIR DO TIME AND ALL OF THESE ARE IMPORTANT ISSUES. WE TRIED HARD TO THINK THROUGH HOW CAN WE BE SUNK HIGHLY CRITICAL AND LEAVE ALL THE TIME WE CAN FOR THE DISCUSSION. ARE WE GOING TO PRESENT AND GIVE YOU A**

**13:19:43 COMPREHENSIVE BACKGROUND ON EVERY SINGLE ISSUE HERE? NO. THAT IS BECAUSE WE DON'T HAVE THE TIME. IF WE GIVE YOU THE HIGH LEVEL, EVERYBODY HERE AS A LOT OF THE KEN AND CONTENT AND BACKGROUND TO BE ABLE TO DISCUSS THE RECOMMENDATION.**

**WITH THAT SAID, IF THERE ARE QUESTIONS AS WE'RE TALKING, RAISE YOUR HAND. QUESTIONS**

**13:20:12 CLARIFYING REMARKS ARE FINE, BUT WE WANT TO PRESENT THE ISSUES CLARIFICATIONS AND THEN HAVE A CHUNK OF TIME FOR DISCUSSION. WE WANTED TO START WITH DPE FINING, DEFINING WHAT DO WE MEAN BY ENT GRADUATION? INTEGRATION? IT CAN MEAN MANY THINGS, THERE ARE VARYING DEGREES, BUT THE CONCEPT BEHIND INTEGRATION IS TO ADDRESS THE**

**13:20:36 PROBLEMS WHERE AN INDIVIDUAL HAS DIFFICULTY ACCESSING SERVICES ACROSS BOTH THE HEALTH CARE AND THE LONG-TERM SERVICES SUPPORTS CONTINUUM AS WELL AS BEHAVIORAL HEALTH AND OTHER SERVICES THAT THEY NEED TO REMAIN INDEPENDENT OR TO TRANSITION FROM A FACILITY. BUT BECAUSE OF THE VERY FRAGMENTED NATURE OF THE FUNDING**

**13:20:59 SYSTEM, PEOPLE CANNOT ACCESS WHAT THEY NEED.**

**SO YOU HAVE A VERY SILOED SYSTEM. THE CONDUCT OF INTEGRATION IS ENABLING AN INDIVIDUAL TO ACCESS BOTH MEDICAL AND LTSS AS WELL AS SOME OF THE OTHER SERVICES WE DISCUSSED BY WORKING THROUGH A**

**LEAD ENTITY THAT IS RESPONSIBLE FOR EITHER PROVIDING OR CONTRACTING FOR OR COORDINATING**

**13:21:21 THE CARE. AS I SAID, THERE ARE MANY DIFFERENT FORMS OF INTEGRATION. THERE ARE DIFFERENT LEVELS AND DIFFERENT FUNDING STREAMS. THE THREE GENERAL CATEGORIES ARE THE INTEGRATION OF MEDICARE AND MEDI-CAL FOR DUAL ELIGIBLE INDIVIDUALS. WE HAVE OVER A MILLION**

**13:21:43 -- ALMOST 1.5 DUALS THE STATE AMONG THE MOST VULNERABLE IN OUR STATE. THE INTEGRATION OF MEDICARE WHICH COVERS PRIMARILY HEALTH CARE AND MEDI-CAL, WHICH IS THE WRAP AROUND AND THE LTSS IS A REALLY SIGNIFICANT ISSUE FOR PEOPLE WHO ARE DUAL ELIGIBLE. IF IT IS DONE THE RIGHT WAY AND DONE WITH THE PERSON TRULY AT THE CENTER.**

**13:22:05 BUT YOU CAN HAVE INTEGRATION OF MEDI-CAL COVERED SERVICES. FOR EXAMPLE, THE MEDI-CAL MANAGED CARE PLANS TRADITIONALLY ONLY COVER HEALTH CARE SERVICES. STARTING WITH THE COORDINATED CARE INITIATIVE AND A LITTLE BIT SOONER WITH SOME COUGH**

**13:22:37 CAVEATS, THE MEDICARE PLAN STARTED TO PROVIDE OTHER BENEFITS. YOU SAW THE INTEGRATION WITHIN MEDI-CAL. THIRD, YOU CAN HAVE INTEGRATION WITHIN MEDICARE. THAT IS FOR PEOPLE WHO ARE ON MEDICARE ONLY, 65 OR OLDER WHO ARE DISABLED AND NEED THE REQUIREMENT AND DO NOT MEET MEDI-CAL. TRYING TO INTEGRATE HEALTH CARE SERVICES WITH**

**13:23:01 TRADITIONALLY NON-MEDICARE SERVICES SO THAT SERVICES ARE BETTER INTEGRATED FOR THE MEDICARE POPULATION. THAT IS A HIGH-LEVEL BUCKET OF INTEGRATION. THE MOST INTEGRATED ENTITIES ARE THOSE LIKE PACE, THAT COMBINE ALL OF THE FUNDING FOR MEDICARE AND MEDI-CAL INTO ONE BUCKET AND IT IS ABLE TO DELIVER AND COORDINATE SERVICES THAT**

**13:23:25 INDIVIDUAL NEEDS. PI ANY QUESTIONS BEFORE WE MOVE ON?**

**>> ELLEN SCHMEDING: THAT HEAP YO PAPER YOU SHARED THAT WAS PUBLISHED IN OCTOBER FROM SCAN.**

**>> SARAH STEENHAUSEN: YOU CAN SEE THE LIFNGS THAT WERE PROVIDED TO THE HANDOUTS FOR SIMILAR BACKGROUND. IT IS IMPORTANT TO UNDERSTAND THAT CALIFORNIAS THAT ENDEAVORD FOR YEARS**

**13:23:51 AT THE LOCAL AND STATE LEVEL TO DO SUCCESSFUL INTEGRATION. I'M NOT GOING TO RUN THROUGH THE NUMBER INITIATIVES. STARTING IN THE EARLIER 90S WITH THE PILOT PROJECT. I WOULD SAY WITH THE COUNTY INITIATIVE, ELLEN WAS INVOLVED IN THAT. THERE WERE A NUMBER OF DIFFERENT LEGISLATIVE MEASURES THAT DID NOT PASS. WE HAD**

**13:24:12 PROPOSALS FROM THE SWARTSKRANS SCHWARTZZENEGGER ADMINISTRATION. AND THE STATE SOUGHT TO REALLY START FIGURING OUT HOW IT DO MORE INTEGRATIVE SERVICE DELIVERY. I WILL NOT GET INTO THAT INITIATIVE BECAUSE MAYA IS GOING TO PRESENT ON MANY OF**

**13:24:32 THE ISSUES CONNECTED TO INTEGRATION RELATIVE TO DUAL ELIGIBLE INDIVIDUALS RIGHT NOW, THAT WERE IMPACTEDABLY THEED BY THE COORDINATED CARE INITIATIVE AND ARE ALSO CONNECTED TO THE CURRENT PROPOSAL FOR THE NEW WORK THROUGH**

**13:24:59 CAL AIM, THE HEALTHIER CALIFORNIA FOR ALL. MAYA, THANK YOU FOR PROVIDING US WITH THIS OVERVIEW.**

**>> MAYA ALTMAN: THANK YOU. SO JUST GOING TO CALL I CAN'T REMEMBER ALL OF THE NAMES. SOMETHING LIKE "FORMERLY KNOWN AS PRINCE" I'M GOING TO START OFF TALKING ABOUT MEDICARE AND MEDI-CAL INTEGRATION. FIRST OF ALL I JUST WANT**

**13:25:31 TO SAY THAT WHY ARE DUAL ELIGIBLES PEOPLE QUALIFY FOR BOTH MEDICARE AND MEDI-CAL A HIGH PRIORITY? FIRST ANSWER IS WE'RE TALKING ABOUT LARGE NUMBERS OF PEOPLE. THE NUMBERS YOU SEE ON THE SLIDE. WE HAVE 2.12020-01-14T21:14:18.871**

**WHAT I THINK OUR TASK IS THAT WE NEED**

**13:25:32 2020-01-14T21:14:20.930**

**TO MAKE SURE THAT THESE KINDS OF**

**2020-01-14T21:14:23.190**

**PROGRAMS ARE AVAILABLE FOR EVERYONE.**

**2020-01-14T21:14:23.450**

**<br>**

**13:25:32 2020-01-14T21:14:26.319**

**MARTY IS GOING TO TALK NEXT.**

**2020-01-14T21:14:27.184**

**<br>**

**2020-01-14T21:14:30.048**

**>> MARTY LYNCH: THAT WAS A SUCCESS**

**13:25:32 2020-01-14T21:14:30.309**



**STORY.**

**2020-01-14T21:14:32.971**

**I PROBABLY HAVE THE OTHER SIDE.**

**2020-01-14T21:14:36.238**

**SO FOR THOSE THAT DON'T KNOW ME, I**

**13:25:32 2020-01-14T21:14:39.721**

**WORK AT AN ORGANIZATION CALLED LIFE LOCK**

**2020-01-14T21:14:43.189**

**MEDICAL CARE WHICH IS FOUNDED BY THE**

**2020-01-14T21:14:45.470**

**OVER 60 CENTERS.**

**13:25:32 2020-01-14T21:14:47.733**

**I WANTED TO TELL THE STORY OF ONE OF**

**2020-01-14T21:14:49.797**

**MY BOARD MEMBERS, ACTUALLY.**

**2020-01-14T21:14:54.270**

**AND THIS IS A OLDER WOMAN WHO HAD HAD**

**13:25:32 2020-01-14T21:14:57.333**

**SEVERAL HIP REPLACEMENTS BECAUSE THEY**

**2020-01-14T21:15:00.401**

**HAD COME LOOSE AND SHE HAD TO HAVE THEM**

**2020-01-14T21:15:03.474**

**REDONE, BUT MANAGED TO GET AROUND FAIRLY**

**13:25:32 2020-01-14T21:15:05.535**

**WELL ON TWO CANES.**

**2020-01-14T21:15:09.805**

**AND USED TRANSPORTATION, INCLUDING**

**2020-01-14T21:15:11.270**

**PUBLIC TRANSPORTATION.**

**13:25:32 2020-01-14T21:15:16.942**

**DID AMAZINGLY WELL AND WAS A FANTASTIC**

**2020-01-14T21:15:17.803**

**ADVOCATE.**

**2020-01-14T21:15:20.269**

**SHE WAS THE MEMBER OF A HEALTH PLAN,**

**13:25:32 2020-01-14T21:15:24.397**

**AND IT WILL GO UNNAMED, BUT A LARGE ONE**

**2020-01-14T21:15:25.858**

**I WILL SAY.**

**2020-01-14T21:15:30.122**

**AND HAD BEEN A PUBLIC EMPLOYEE AND SHE**

**13:25:32 2020-01-14T21:15:32.023**

**HAD SOME PENSION RESOURCES, ET CETERA.**

**2020-01-14T21:15:32.515**

**<br>**

**2020-01-14T21:15:39.790**

**CAL LIEN COLLEEN HAD A FAIRLY SERIOUS**

**13:25:32 2020-01-14T21:15:42.390**

**STROKE AT SOME POINT IN HER LIFE.**

**2020-01-14T21:15:45.254**

**SHE WAS JUST ABOUT 80 WHEN SHE HAD IT.**

**2020-01-14T21:15:47.525**

**I JUST WENT THROUGH THE PROCESS OF**

**13:25:33 2020-01-14T21:15:50.791**

**SEEING HOW SHE COULD GET THE MEDICAL**

**2020-01-14T21:15:54.054**

**CARE SHE NEEDED IN THE HEALTH PLAN.**

**2020-01-14T21:15:56.317**

**BUT THE HEALTH PLAN DOCTORS AND SOCIAL**

**13:25:33 2020-01-14T21:15:59.383**

**WORKERS HAS A DIFFICULT TIME CONNECTING**

**2020-01-14T21:16:01.649**

**HER TO PERSONAL CARE SERVICES.**

**2020-01-14T21:16:07.116**

**SHE WAS NOT IHSS ELIGIBLE, BUT STILL**

**13:25:33 2020-01-14T21:16:11.180**

**FINDING PERSONAL CARE FOR THIS WOMAN WHO**

**2020-01-14T21:16:14.059**

**HAD SERIOUS FUNCTIONAL DISABILITIES WAS**

**2020-01-14T21:16:15.319**

**EXTREMELY HARD.**

**13:25:33 2020-01-14T21:16:17.337**

**AT THE END OF THE DAY WHAT WE HAD TO**

**2020-01-14T21:16:20.399**

**DO TO FIND HER PERSONAL CARE AND SOME OF**

**2020-01-14T21:16:22.460**

**YOU FROM THE INDEPENDENT LIVING MOVEMENT**

**13:25:33 2020-01-14T21:16:23.718**

**WILL APPRECIATE THIS.**

**2020-01-14T21:16:27.377**

**SHE WAS PERSONAL FRIENDS ONE OF THE**

**2020-01-14T21:16:29.670**

**FOUNDERS OF THE INDEPENDENT LIVING MOVEMENT.**

**13:25:33 2020-01-14T21:16:32.794**

**JUDY SHARED PERSONAL INFORMATION ON**

**2020-01-14T21:16:36.908**

**HER CAREGIVERS TO ALLOW COLLEEN TO GET**

**2020-01-14T21:16:38.570**

**HELP IN HER HOME.**

**13:25:33 2020-01-14T21:16:42.044**

**CLEARLY THAT IS NOT GOING TO WORK FOR**

**2020-01-14T21:16:43.908**

**HUNDREDS OF THOUSANDS OF PEOPLE AND IT**

**2020-01-14T21:16:46.973**

**JUST REMINDED ME TO THIS DAY, OF THAT**

**13:25:33 2020-01-14T21:16:49.643**

**VERY BASIC LEVEL OF INTEGRATION THAT WE**

**2020-01-14T21:16:53.710**

**NEED BETWEEN THE PRIMARY MEDICAL CARE**

**2020-01-14T21:16:56.382**

**SIDE AND THE BUILDING BLOCK OF LTSS**

**13:25:33 2020-01-14T21:17:00.734**

**SERVICES, WHICH IS IHSS OR PERSONAL CARE.**

**2020-01-14T21:17:01.001**

**<br>**

**2020-01-14T21:17:05.670**

**COLLEEN'S STORY, SHE IS GOING TO DO**

**13:25:33 2020-01-14T21:17:08.736**

**BETTER AND WOULD DO BETTER AFTER WE ARE**

**2020-01-14T21:17:10.200**

**DONE WITH THIS WORK, RIGHT?**

**2020-01-14T21:17:13.862**

**<br>**

**13:25:34 2020-01-14T21:17:14.877**

**>> SARAH STEENHAUSEN: THANK YOU MAYA**

**2020-01-14T21:17:15.941**

**AND MARTY.**

**2020-01-14T21:17:20.020**

**I AM GOING TO NOW PROVIDE A SEGUE INTO**

**13:25:34 2020-01-14T21:17:22.287**

**THE NEXT FOUR PARTS OF THE AGENDA.**

**2020-01-14T21:17:25.358**

**AND JUST AS A LITTLE BIT OF A OVERVIEW**

**2020-01-14T21:17:30.028**

**OF THESE FOUR PARTS, THEY ALL RELATE TO**

**13:25:34 2020-01-14T21:17:32.695**

**ONE ANOTHER, BUT I WOULD SAY IT IS**

**2020-01-14T21:17:33.756**

**IMPORTANT TO UNDERSTAND THAT THEY ARE**

**2020-01-14T21:17:35.983**

**ALL SEPARATE AND UNIQUE COMPONENTS.**

**13:25:34 2020-01-14T21:17:39.331**

**THIS FIRST SECTION IS GOING TO FOCUS**

**2020-01-14T21:17:41.995**

**ON THE ISSUE OF INTEGRATION THAT MAYA**

**2020-01-14T21:17:46.094**

**AND MARTY JUST SHOWED CASE EXAMPLES OF.**

**13:25:34 2020-01-14T21:17:47.207**

**<br>**

**2020-01-14T21:17:52.892**

**AFTER THAT POINT, WE WILL HAVE TIME TO**

**2020-01-14T21:17:54.557**

**DISCUSS THE RECOMMENDATIONS THAT HAVE**

**13:25:34 2020-01-14T21:17:57.621**

**COME FORWARD FROM THE COMMITTEE MEMBERS**

**2020-01-14T21:18:00.090**

**AND INTO GENERAL BUCKETS.**

**2020-01-14T21:18:02.565**

**AND THEN WE WILL GO ON TO THE SECOND**

**13:25:34 2020-01-14T21:18:04.839**

**BIG BUCKET ISSUE, WHICH IS A SMALL ISSUE**

**2020-01-14T21:18:07.512**

**OF INFRASTRUCTURE AND ACCESS THAT LYDIA**

**2020-01-14T21:18:10.569**

**WILL BE HELPING PRESENT ON AS WELL.**

**13:25:34 2020-01-14T21:18:13.660**

**AND THEN WE'RE GOING TO TALK ABOUT**

**2020-01-14T21:18:16.723**

**ANOTHER SMALL ISSUE; SYSTEM FINANCING.**

**2020-01-14T21:18:19.333**

**THIS IS FROM THE PERSPECTIVE OF**

**13:25:34 2020-01-14T21:18:23.801**

**FINANCING FROM HOW THE INDIVIDUAL PAYS,**

**2020-01-14T21:18:26.472**

**IT IS MORE ABOUT HOW THE STATE BUDGET IS**

**2020-01-14T21:18:28.848**

**STRUCTURED AND STATE AND LOCAL COUNTY**

**13:25:34 2020-01-14T21:18:29.909**

**FISCAL ARRANGEMENT.**

**2020-01-14T21:18:32.471**

**THE FINAL PART OF THE AGENDA WILL BE**

**2020-01-14T21:18:35.334**

**FOCUSED ON THE ISSUE OF LEADERSHIP AT**

**13:26:07 WE HAVE ABOUT 2.1 MILLION PEOPLE WHO ARE EITHER SENIORS AND PEOPLE WITH DISABILITIES OR DUAL ELIGIBLES. AND TWO-THIRDS OF THOSE FOLKS, 1.4 MILLION PEOPLE ARE DUAL ELIGIBLES. AT LEAST WE FIND LOCALLY IN OUR COUNTY, THEY ARE AMONG THE MOST VULNERABLE MEMBERS WE HAVE. SO FOR EXAMPLE, IN OUR COUNTY, MOST OF THE PEOPLE WITH**

**13:26:25 SERIOUS MENTAL ILLNESS ARE DUAL ELIGIBLE. SO CLEARLY THIS IS A GROUP THAT WE HAVE TO FOCUS ON. I'M NOT GOING TO TALK A LOT ABOUT THE COORDINATED CARE INITIATIVE. I DO WANT TO SAY A FEW THINGS ABOUT IT. I WAS HAVING LUNCH YESTERDAY AND WE TALKED ABOUT WHAT WENT RIGHT AND WRONG. WAS A MASSIVE INITIATIVE.**

**13:26:57 IT WAS A MASTIFF SYSTEM MASTIFF SYSTEM CHANGE.S I HAVE MASSIVE CHANGE. YEAR TO YEAR IT WAS ON THE CHOPPING BLOCK.2020-01-14T21:18:38.626**

**THE STATE LEVEL AND KIND OF AS A**

**13:26:57 2020-01-14T21:18:40.090**

**CROSS-CUTTING ISSUE THAT HAS COME**

**2020-01-14T21:18:41.152**

**FORWARD THROUGH THE REPRESENTATION.**

**2020-01-14T21:18:41.412**

**<br>**

**13:26:57 2020-01-14T21:18:44.676**

**WITH RECOMMENDATION.**

**2020-01-14T21:18:47.339**

**WITH ALL OF THAT SAID, IT IS CLEAR**

**2020-01-14T21:18:49.830**

**THAT IS A LOT TO COVER IN THE SPAN OF**

**13:26:57 2020-01-14T21:18:50.292**

**TIME WE HAVE.**

**2020-01-14T21:18:53.162**

**THE DANGER IS THAT WE TAKE TOO LONG ON**

**2020-01-14T21:18:56.253**

**SOME ITEMS AND DON'T GIVE OTHER ITEMS**

**13:26:57 2020-01-14T21:19:00.725**

**THEIR DO TIME AND ALL OF THESE ARE**

**2020-01-14T21:19:01.226**

**IMPORTANT ISSUES.**

**2020-01-14T21:19:04.694**



**WE TRIED HARD TO THINK THROUGH HOW CAN**

**13:26:57 2020-01-14T21:19:09.364**

**WE BE SUNK**

**2020-01-14T21:19:15.787**

**HIGHLY CRITICAL AND LEAVE ALL THE TIME**

**2020-01-14T21:19:17.650**

**WE CAN FOR THE DISCUSSION.**

**13:26:57 2020-01-14T21:19:20.316**

**ARE WE GOING TO PRESENT AND GIVE YOU A**

**2020-01-14T21:19:23.178**

**COMPREHENSIVE BACKGROUND ON EVERY SINGLE**

**2020-01-14T21:19:23.641**

**ISSUE HERE?**

**13:26:58 2020-01-14T21:19:24.113**

**NO.**

**2020-01-14T21:19:26.175**

**THAT IS BECAUSE WE DON'T HAVE THE TIME.**

**2020-01-14T21:19:29.246**

**IF WE GIVE YOU THE HIGH LEVEL,**

**13:26:58 2020-01-14T21:19:32.909**

**EVERYBODY HERE AS A LOT OF THE KEN AND**

**2020-01-14T21:19:34.773**

**CONTENT AND BACKGROUND TO BE ABLE TO**

**2020-01-14T21:19:35.230**

**DISCUSS THE RECOMMENDATION.**

**13:26:58 2020-01-14T21:19:36.311**

**<br>**

**2020-01-14T21:19:38.575**

**WITH THAT SAID, IF THERE ARE QUESTIONS**

**2020-01-14T21:19:40.836**

**AS WE'RE TALKING, RAISE YOUR HAND.**

**13:26:58 2020-01-14T21:19:44.912**

**QUESTIONS CLARIFYING REMARKS ARE FINE,**

**2020-01-14T21:19:47.983**

**BUT WE WANT TO PRESENT THE ISSUES**

**2020-01-14T21:19:49.546**

**CLARIFICATIONS AND THEN HAVE A CHUNK OF**

**13:26:58 2020-01-14T21:19:50.407**

**TIME FOR DISCUSSION.**

**2020-01-14T21:19:55.076**

**WE WANTED TO START WITH DPE FINING**

**2020-01-14T21:19:58.139**

**DEFINING WHAT DO WE MEAN BY ENT GRADUATION?**

**13:26:58 2020-01-14T21:20:01.612**

**INTEGRATION?**

**2020-01-14T21:20:04.882**

**IT CAN MEAN MANY THINGS, THERE ARE**

**2020-01-14T21:20:10.751**

**VARYING DEGREES, BUT THE CONCEPT BEHIND**

**13:26:58 2020-01-14T21:20:13.422**

**INTEGRATION IS TO ADDRESS THE PROBLEMS**

**2020-01-14T21:20:15.894**

**WHERE AN INDIVIDUAL HAS DIFFICULTY**

**2020-01-14T21:20:18.882**

**ACCESSING SERVICES ACROSS BOTH THE**

**13:26:58 2020-01-14T21:20:21.760**

**HEALTH CARE AND THE LONG-TERM SERVICES**

**2020-01-14T21:20:24.424**

**SUPPORTS CONTINUUM AS WELL AS BEHAVIORAL**

**2020-01-14T21:20:26.299**

**HEALTH AND OTHER SERVICES THAT THEY NEED**

**13:26:58 2020-01-14T21:20:29.790**

**TO REMAIN INDEPENDENT OR TO TRANSITION**

**2020-01-14T21:20:30.857**

**FROM A FACILITY.**

**2020-01-14T21:20:34.528**

**BUT BECAUSE OF THE VERY FRAGMENTED**

**13:26:58 2020-01-14T21:20:36.622**

**NATURE OF THE FUNDING SYSTEM, PEOPLE**

**2020-01-14T21:20:38.080**

**CANNOT ACCESS WHAT THEY NEED.**

**2020-01-14T21:20:38.343**

**<br>**

**13:26:59 2020-01-14T21:20:41.817**

**SO YOU HAVE A VERY SILOED SYSTEM.**

**2020-01-14T21:20:46.286**

**THE CONDUCT OF INTEGRATION IS ENABLING**

**2020-01-14T21:20:49.150**

**AN INDIVIDUAL TO ACCESS BOTH MEDICAL AND**

**13:26:59 2020-01-14T21:20:51.020**

**LTSS AS WELL AS SOME OF THE OTHER**

**2020-01-14T21:20:53.087**

**SERVICES WE DISCUSSED BY WORKING THROUGH**

**2020-01-14T21:20:55.950**

**A LEAD ENTITY THAT IS RESPONSIBLE FOR**

**13:26:59 2020-01-14T21:20:59.253**

**EITHER PROVIDING OR CONTRACTING FOR OR**

**2020-01-14T21:20:59.922**

**COORDINATING THE CARE.**

**2020-01-14T21:21:02.972**

**AS I SAID, THERE ARE MANY DIFFERENT**

**13:26:59 2020-01-14T21:21:04.835**

**FORMS OF INTEGRATION.**

**2020-01-14T21:21:06.693**

**THERE ARE DIFFERENT LEVELS AND**

**2020-01-14T21:21:07.959**

**DIFFERENT FUNDING STREAMS.**

**13:26:59 2020-01-14T21:21:11.020**

**THE THREE GENERAL CATEGORIES ARE THE**

**2020-01-14T21:21:14.482**

**INTEGRATION OF MEDICARE AND MEDI-CAL FOR**

**2020-01-14T21:21:15.960**

**DUAL ELIGIBLE INDIVIDUALS.**

**13:26:59 2020-01-14T21:21:20.221**

**WE HAVE OVER A MILLION**

**2020-01-14T21:21:21.578**

**-- ALMOST 1.**

**2020-01-14T21:21:25.321**

**5 DUALS THE STATE AMONG THE MOST**

**13:27:31 AT SOME POINT IHSS PULLED OUT AND IT CHANGED THING. IT WAS REALLY ONLY LAST YEAR WHEN THE PROGRAM WAS AUTHORIZED FOR THREE YEARS A THAT WE FINAL HAD SOME STABILITY IN THE PROGRAM. THERE IS STILL A LOT TO LEARN FROM KH C THIS COORDINATED CARE INITIATIVE. BE THAT AS IT MAY, THE STATE HAS MOVED ON. IN CAL AIM, THEY ARE**

**13:27:48 PROPOSING TO END THE CAL AIM CONNECT PROGRAM AT THE END OF 2022 AND GO TO SOMETHING -- THEY ARE BASICALLY REQUIRING ALL THE PLANS THAT ARE IN THE COORDINATED CARE INITIATIVE TO DEVELOP WHAT ARE CALLED DUAL ELIGIBLE SPECIAL NEEDS PLANS, WHICH IS -- THOSE ARE -- WE CALL THEM DESNPS AND ARE PART OF THE MANAGED CARE PROGRAM.**

**13:28:17 THE STATE IS SAYING, OKAY, EVERYBODY IN THE CAL AIM CONNECT PROGRAM OR ALL THE PLANS THAT PROGRAM WILL HAVE TO DEVELOP D SNPS BY 2023. HOPEFULLY A SEAMLESS TRANSITION WI, IS A SCARY WORD, TO THIS NEW MODEL. ALL THE PLANS NOT IN THE COORDINATED CARE INITIATIVE WILL ALSO HAVE TO DEVELOP THE SNPS BY 2023 AS WELL. THAT IS THE**

**13:28:48 CURRENT TIME AND THAT MAY CHANGE. THE CONCERN THAT WE HAVE, D SNPS, THEY ARE DESIGNATED BY THE FEDERAL GOVERNMENT. THEY ARE PLANS APPLIED OR APPROVED BY CMS. AND IT IS ANOTHER WAY TO PROVIDE MEDICARE AND MEDI-CAL INLT GRADUATION. THE CONCERN IS THAT YOU HAVE LOTS OF PLANS THAT WILL JUST APPLY AND PUT UP A**

**13:29:11 SHINGLE AND SAY WE OFFER A D SNP. MANY OF THEM DON'T OFFER MEDICAL.**

**THE FIRST RECOMMENDATION IS WE HAVE WHAT IS UP THERE IS CALLED ALIGNED ENROLLMENT. THE STATE HAS TO SAY, THIS D SNP IS OKAY BECAUSE IT HAS GOT MEDI-CAL AND MEDICARE**

**13:29:38 AND WE NEED THAT IN>> WE HAVE A SYSTEM IN CALIFORNIA WHERE PEOPLE GET MEDICAL COVERAGE. UNLESS THAT'S DONE, THEY HAVE THE POWER TO DO THIS. THEY HAVE TO PROVIDE A LETTER TO**

**13:30:10 SUPPORT THE APPLICATION. THE RELATED CHALLENGES, MEDICARE ADVANTAGE PLANS, THEY ARE NOT EVEN COMMITTING PLANS. THEY INTENTIONALLY MARKET. THERE ARE ABOUT 90,000 PEOPLE ON DUAL PLANS RIGHT NOW.**

**[PLEASE SPEAK INTO 2020-01-14T21:21:26.180**

**VULNERABLE IN OUR STATE.**

**13:30:10 2020-01-14T21:21:28.444**

**THE INTEGRATION OF MEDICARE WHICH**

**2020-01-14T21:21:30.511**

**COVERS PRIMARILY HEALTH CARE AND**

**2020-01-14T21:21:32.786**

**MEDI-CAL, WHICH IS THE WRAP AROUND AND**

**13:30:10 2020-01-14T21:21:35.306**

**THE LTSS IS A REALLY SIGNIFICANT ISSUE**

**2020-01-14T21:21:37.375**

**FOR PEOPLE WHO ARE DUAL ELIGIBLE.**

**2020-01-14T21:21:39.643**

**IF IT IS DONE THE RIGHT WAY AND DONE**

**13:30:10 2020-01-14T21:21:41.913**

**WITH THE PERSON TRULY AT THE CENTER.**

**2020-01-14T21:21:42.602**

**<br>**

**2020-01-14T21:21:44.879**

**BUT YOU CAN HAVE INTEGRATION OF**

**13:30:11 2020-01-14T21:21:46.551**

**MEDI-CAL COVERED SERVICES.**

**2020-01-14T21:21:51.628**

**FOR EXAMPLE, THE MEDI-CAL MANAGED CARE  
2020-01-14T21:21:55.903  
PLANS TRADITIONALLY ONLY COVER HEALTH**

**13:30:11 2020-01-14T21:21:56.771  
CARE SERVICES.**

**2020-01-14T21:21:59.041  
STARTING WITH THE COORDINATED CARE  
2020-01-14T21:22:01.511  
INITIATIVE AND A LITTLE BIT SOONER WITH**

**13:30:11 2020-01-14T21:22:05.784  
SOME COUGH YAT**

**2020-01-14T21:22:10.595  
CAVEATS, THE MEDICARE PLAN STARTED TO  
2020-01-14T21:22:11.454  
PROVIDE OTHER BENEFITS.**

**13:30:11 2020-01-14T21:22:15.527  
YOU SAW THE INTEGRATION WITHIN**

**2020-01-14T21:22:15.800  
MEDI-CAL.**

**2020-01-14T21:22:20.274  
THIRD, YOU CAN HAVE INTEGRATION WITHIN**

**13:30:11 2020-01-14T21:22:20.743  
MEDICARE.**

**2020-01-14T21:22:23.414  
THAT IS FOR PEOPLE WHO ARE ON MEDICARE  
2020-01-14T21:22:27.881**

**ONLY, 65 OR OLDER WHO ARE DISABLED AND**

**13:30:11 2020-01-14T21:22:31.553**

**NEED THE REQUIREMENT AND DO NOT MEET**

**2020-01-14T21:22:32.015**

**MEDI-CAL.**

**2020-01-14T21:22:35.112**

**TRYING TO INTEGRATE HEALTH CARE**

**13:30:11 2020-01-14T21:22:37.003**

**SERVICES WITH TRADITIONALLY NON-MEDICARE**

**2020-01-14T21:22:41.145**

**SERVICES SO THAT SERVICES ARE BETTER**

**2020-01-14T21:22:42.658**

**INTEGRATED FOR THE MEDICARE POPULATION.**

**13:30:11 2020-01-14T21:22:46.524**

**THAT IS A HIGH-LEVEL BUCKET OF INTEGRATION.**

**2020-01-14T21:22:49.190**

**THE MOST INTEGRATED ENTITIES ARE THOSE**

**2020-01-14T21:22:54.463**

**LIKE PACE, THAT COMBINE ALL OF THE**

**13:30:11 2020-01-14T21:22:57.128**

**FUNDING FOR MEDICARE AND MEDI-CAL INTO**

**2020-01-14T21:22:59.606**

**ONE BUCKET AND IT IS ABLE TO DELIVER AND**

**2020-01-14T21:23:01.474**

**COORDINATE SERVICES THAT INDIVIDUAL**



**13:30:11 2020-01-14T21:23:01.742**

**NEEDS.**

**2020-01-14T21:23:05.011**

**PI ANY QUESTIONS BEFORE WE MOVE ON?**

**2020-01-14T21:23:07.279**

**<br>**

**13:30:12 2020-01-14T21:23:09.753**

**>> ELLEN SCHMEDING: THAT HEAP YO PAPER**

**2020-01-14T21:23:12.622**

**YOU SHARED THAT WAS PUBLISHED IN OCTOBER**

**2020-01-14T21:23:13.483**

**FROM SCAN.**

**13:30:12 2020-01-14T21:23:14.346**

**<br>**

**2020-01-14T21:23:15.820**

**>> SARAH STEENHAUSEN: YOU CAN SEE THE**

**2020-01-14T21:23:17.886**

**LIFNGS THAT WERE PROVIDED TO THE**

**13:30:12 2020-01-14T21:23:19.350**

**HANDOUTS FOR SIMILAR BACKGROUND.**

**2020-01-14T21:23:22.421**

**IT IS IMPORTANT TO UNDERSTAND THAT**

**2020-01-14T21:23:25.728**

**CALIFORNIA THAT ENDEAVORS FOR YEARS AT**

**13:30:12 2020-01-14T21:23:27.428**

**THE LOCAL AND STATE LEVEL TO DO**

**2020-01-14T21:23:29.292**

**SUCCESSFUL INTEGRATION.**

**2020-01-14T21:23:31.355**

**I'M NOT GOING TO RUN THROUGH THE**

**13:30:12 2020-01-14T21:23:33.219**

**NUMBER INITIATIVES.**

**2020-01-14T21:23:36.931**

**STARTING IN THE EARLIER 90S WITH THE**

**2020-01-14T21:23:37.792**

**PILOT PROJECT.**

**13:30:12 2020-01-14T21:23:40.848**

**I WOULD SAY WITH THE COUNTY**

**2020-01-14T21:23:43.183**

**INITIATIVE, ELLEN WAS INVOLVED IN THAT.**

**2020-01-14T21:23:46.910**

**THERE WERE A NUMBER OF DIFFERENT**

**13:30:12 2020-01-14T21:23:48.976**

**LEGISLATIVE MEASURES THAT DID NOT PASS.**

**2020-01-14T21:23:55.582**

**WE HAD PROPOSALS FROM THE SWARTSKRANS**

**2020-01-14T21:23:59.404**

**SCHWARTZ ANYTHINGZENEGGER**

**13:30:12 2020-01-14T21:23:59.862**

**ADMINISTRATION.**

**2020-01-14T21:24:03.535**

**AND THE STATE SOUGHT TO REALLY START**

**2020-01-14T21:24:06.798**

**FIGURING OUT HOW IT DO MORE INTEGRATIVE**

**13:30:12 2020-01-14T21:24:07.662**

**SERVICE DELIVERY.**

**2020-01-14T21:24:10.333**

**I WILL NOT GET INTO THAT INITIATIVE**

**2020-01-14T21:24:12.395**

**BECAUSE MAYA IS GOING TO PRESENT ON MANY**

**13:30:12 2020-01-14T21:24:15.668**

**OF THE ISSUES CONNECTED TO INTEGRATION**

**2020-01-14T21:24:17.538**

**RELATIVE TO DUAL ELIGIBLE INDIVIDUALS**

**2020-01-14T21:24:22.805**

**RIGHT NOW, THAT WERE IMPACTEDABLY THE**

**13:30:12 2020-01-14T21:24:24.700**

**ED BY THE COORDINATED CARE INITIATIVE**

**2020-01-14T21:24:28.301**

**AND ARE ALSO CONNECTED TO THE CURRENT**

**2020-01-14T21:24:32.367**

**PROPOSAL FOR THE NEW WORK THROUGH CAL**

**13:30:13 2020-01-14T21:24:34.832**

**AIM, THE HEALTHIER CALIFORNIA FOR ALL.**

**2020-01-14T21:24:38.107**

**MAYA, THANK YOU FOR PROVIDING US WITH**

**2020-01-14T21:24:38.968**

**THIS OVERVIEW.**

**13:30:13 2020-01-14T21:24:39.854**

**<br>**

**2020-01-14T21:24:40.521**

**>> MAYA ALTMAN: THANK YOU.**

**2020-01-14T21:24:47.806**

**SO JUST GOING TO CALL I CAN'T REMEMBER**

**13:30:13 2020-01-14T21:24:49.701**

**ALL OF THE NAMES.**

**2020-01-14T21:24:53.171**

**SOMETHING LIKE "FORMERLY KNOWN AS**

**2020-01-14T21:24:55.231**

**PRINCE" I'M GOING TO START OFF TALKING**

**13:30:13 2020-01-14T21:24:57.901**

**ABOUT MEDICARE AND MEDI-CAL INTEGRATION.**

**2020-01-14T21:25:02.374**

**FIRST OF ALL I JUST WANT TO SAY THAT**

**2020-01-14T21:25:05.842**

**WHY ARE DUAL ELIGIBLES PEOPLE QUALIFY**

**13:30:13 2020-01-14T21:25:10.112**

**FOR BOTH MEDICARE AND MEDI-CAL A HIGH**

**2020-01-14T21:25:10.377**

**PRIORITY?**

**2020-01-14T21:25:13.248**

**FIRST ANSWER IS WE'RE TALKING ABOUT**

**13:30:13 2020-01-14T21:25:14.110**

**LARGE NUMBERS OF PEOPLE.**

**2020-01-14T21:25:17.180**

**THE NUMBERS YOU SEE ON THE SLIDE.**

**2020-01-14T21:25:19.243**

**WE HAVE 2.**

**13:30:13 2020-01-14T21:25:22.510**

**1**

**2020-01-14T21:25:26.317**

**WE HAVE ABOUT 2.**

**2020-01-14T21:25:29.386**

**1 MILLION PEOPLE WHO ARE EITHER SENIORS**

**13:30:13 2020-01-14T21:25:33.050**

**AND PEOPLE WITH DISABILITIES OR DUAL**

**2020-01-14T21:25:33.311**

**ELIGIBLES.**

**2020-01-14T21:25:37.981**

**AND TWO-THIRDS OF THOSE FOLKS, 1.**

**13:30:13 2020-01-14T21:25:41.041**

**4 MILLION PEOPLE ARE DUAL ELIGIBLES.**

**2020-01-14T21:25:45.116**

**AT LEAST WE FIND LOCALLY IN OUR**

**2020-01-14T21:25:47.190**

**COUNTY, THEY ARE AMONG THE MOST**

**13:30:46 THE MICROPHONE ]**

**>> WE NEED TO WORK ON SOLUTIONS TO LIMIT THE PLANS. THERE IS AN OPTION IN EVERY PART OF THE STATE. A REAL INTEGRATED OPTION, NOT JUST WILLY-NILLY INSURANCE. FINALLY, WE ARE RECOMMENDING FULLY**

**INTEGRATED PLANS, PLANS THAT OFFER MEDICAL, LCFF TO HAVE INTEGRATED SERVICES. THAT PUTS A LOT ON THE STATE.**

**13:31:06 IT'S CONNECTED WITH THE WORK WE ARE DOING HERE. THERE IS GOING TO BE A LOT OF POLITICAL PRESSURE ON THE STATE FOR INSURANCE PLANS TO LET WHATEVER INSURANCE PLANS WANT TO PLAY, PLAY IN CALIFORNIA.**

**>> I'M SORRY, I'M GETTING A TEXT FROM KEVIN SAYING IT'S HARD TO HEAR  
13:31:39 ON THE PHONE.**

**[PLEASE SPEAK DIRECTLY INTO THE MICROPHONE ]**

**>> 2020-01-14T21:25:48.650**

**VULNERABLE MEMBERS WE HAVE.**

**13:31:39 2020-01-14T21:25:51.145**

**SO FOR EXAMPLE, IN OUR COUNTY, MOST OF**

**2020-01-14T21:25:54.218**

**THE PEOPLE WITH SERIOUS MENTAL ILLNESS**

**2020-01-14T21:25:55.278**

**ARE DUAL ELIGIBLE.**

**13:31:39 2020-01-14T21:25:59.548**

**SO CLEARLY THIS IS A GROUP THAT WE**

**2020-01-14T21:26:00.818**

**HAVE TO FOCUS ON.**

**2020-01-14T21:26:03.282**

**I'M NOT GOING TO TALK A LOT ABOUT THE**

**13:31:39 2020-01-14T21:26:05.360**

**COORDINATED CARE INITIATIVE.**

**2020-01-14T21:26:09.024**

**I DO WANT TO SAY A FEW THINGS ABOUT IT.**

**2020-01-14T21:26:18.102**

**I WAS HAVING LUNCH YESTERDAY AND WE**

**13:31:39 2020-01-14T21:26:19.773**

**TALKED ABOUT WHAT WENT RIGHT AND WRONG.**

**2020-01-14T21:26:21.840**

**WAS A MASSIVE INITIATIVE.**

**2020-01-14T21:26:34.929**

**IT WAS A MASTIFF SYSTEM MASTIFF SYSTEM**

**13:31:39 2020-01-14T21:26:35.387**

**CHANGE.**

**2020-01-14T21:26:42.474**

**S I HAVE MASSIVE CHANGE.**

**2020-01-14T21:26:45.541**

**YEAR TO YEAR IT WAS ON THE CHOPPING**

**13:31:39 2020-01-14T21:26:45.803**

**BLOCK.**

**2020-01-14T21:26:55.483**

**AT SOME POINT IHSS PULLED OUT AND IT**

**2020-01-14T21:26:56.037**

**CHANGED THING.**

**13:31:39 2020-01-14T21:26:58.102**

**IT WAS REALLY ONLY LAST YEAR WHEN THE**

**2020-01-14T21:27:00.366**

**PROGRAM WAS AUTHORIZED FOR THREE YEARS A**

**2020-01-14T21:27:05.250**

**THAT WE FINAL HAD SOME STABILITY IN THE**

**13:31:39 2020-01-14T21:27:05.508**

**PROGRAM.**

**2020-01-14T21:27:09.178**

**THERE IS STILL A LOT TO LEARN FROM KH**

**2020-01-14T21:27:12.042**

**COORDINAT THIS COORDINATED CARE**

**13:31:40 2020-01-14T21:27:12.302**

**INITIATIVE.**

**2020-01-14T21:27:15.161**

**BE THAT AS IT MAY, THE STATE HAS MOVED**

**2020-01-14T21:27:15.434**

**ON.**

**13:31:40 2020-01-14T21:27:19.702**

**IN CAL AIM, THEY ARE PROPOSING TO END**

**2020-01-14T21:27:23.981**

**THE CAL AIM CONNECT PROGRAM AT THE END**

**2020-01-14T21:27:27.858**

**OF 2022 AND GO TO SOMETHING -- THEY ARE**

**13:31:40 2020-01-14T21:27:29.724**

**BASICALLY REQUIRING ALL THE PLANS THAT**

**2020-01-14T21:27:31.784**

**ARE IN THE COORDINATED CARE INITIATIVE**

**2020-01-14T21:27:34.645**

**TO DEVELOP WHAT ARE CALLED DUAL ELIGIBLE**

**13:31:40 2020-01-14T21:27:38.116**

**SPECIAL NEEDS PLANS, WHICH IS -- THOSE**

**2020-01-14T21:27:44.396**



**ARE -- WE CALL THEM DESNPS AND ARE PART  
2020-01-14T21:27:47.859  
OF THE MANAGED CARE PROGRAM.**

**13:31:40 2020-01-14T21:27:50.322**

**THE STATE IS SAYING, OKAY, EVERYBODY  
2020-01-14T21:27:53.595  
IN THE CAL AIM CONNECT PROGRAM OR ALL  
2020-01-14T21:27:56.666  
THE PLANS THAT PROGRAM WILL HAVE TO**

**13:31:40 2020-01-14T21:28:01.542**

**DEVELOP D SNPS BY 2023.  
2020-01-14T21:28:04.631  
HOPEFULLY A SEAMLESS TRANSITION WI, IS  
2020-01-14T21:28:08.499  
A SCARY WORD, TO THIS NEW MODEL.**

**13:31:40 2020-01-14T21:28:11.164**

**ALL THE PLANS NOT IN THE COORDINATED  
2020-01-14T21:28:13.022  
CARE INITIATIVE WILL ALSO HAVE TO  
2020-01-14T21:28:16.684  
DEVELOP THE SNPS BY 2023 AS WELL.**

**13:31:40 2020-01-14T21:28:18.756**

**THAT IS THE CURRENT TIME AND THAT MAY  
2020-01-14T21:28:19.010  
CHANGE.  
2020-01-14T21:28:25.286**

**THE CONCERN THAT WE HAVE, D SNPS, THEY**

**13:31:40 2020-01-14T21:28:29.154**

**ARE DESIGNATED BY THE FEDERAL GOVERNMENT.**

**2020-01-14T21:28:35.423**

**THEY ARE PLANS APPLIED OR APPROVED BY**

**2020-01-14T21:28:36.088**

**CMS.**

**13:31:40 2020-01-14T21:28:39.347**

**AND IT IS ANOTHER WAY TO PROVIDE**

**2020-01-14T21:28:41.014**

**MEDICARE AND MEDICAL INLT GRADUATION.**

**2020-01-14T21:28:43.879**

**THE CONCERN IS THAT YOU HAVE LOTS OF**

**13:31:40 2020-01-14T21:28:48.007**

**PLANS THAT WILL JUST APPLY AND PUT UP A**

**2020-01-14T21:28:50.281**

**SHINGLE AND SAY WE OFFER A D SNP.**

**2020-01-14T21:28:53.742**

**MANY OF THEM DON'T OFFER MEDICAL.**

**13:31:40 2020-01-14T21:28:54.612**

**<br>**

**2020-01-14T21:28:57.083**

**THE FIRST RECOMMENDATION IS WE HAVE**

**2020-01-14T21:29:00.746**

**WHAT IS UP THERE IS**

**13:31:41 2020-01-14T21:29:04.759**

**CALLED ALIGNED ENROLLMENT.**

**2020-01-14T21:29:07.823**

**THE STATE HAS TO SAY, THIS D SNP IS**

**2020-01-14T21:29:11.091**

**OKAY BECAUSE IT HAS GOT MEDI-CAL AND**

**13:31:41 2020-01-14T21:29:15.554**

**MEDICARE AND WE NEED THAT IN**

**2020-01-14T21:29:22.175**

**>> WE HAVE A SYSTEM IN CALIFORNIA WHERE**

**2020-01-14T21:29:25.632**

**PEOPLE GET MEDICAL COVERAGE.**

**13:31:41 2020-01-14T21:29:30.499**

**UNLESS THAT'S DONE, THEY HAVE THE**

**2020-01-14T21:29:31.766**

**POWER TO DO THIS.**

**2020-01-14T21:29:38.029**

**THEY HAVE TO PROVIDE A LETTER TO**

**13:31:41 2020-01-14T21:29:41.433**

**SUPPORT THE APPLICATION.**

**2020-01-14T21:29:45.507**

**THE RELATED CHALLENGES, MEDICARE**

**2020-01-14T21:29:48.980**

**ADVANTAGE PLANS, THEY ARE NOT EVEN**

**13:31:41 2020-01-14T21:29:50.043**

**COMMITTING PLANS.**

**2020-01-14T21:29:55.958**

**THEY INTENTIONALLY MARKET.**

**2020-01-14T21:30:00.627**

**THERE ARE ABOUT 90,000 PEOPLE ON DUAL**

**13:31:41 2020-01-14T21:30:01.296**

**PLANS RIGHT NOW.**

**2020-01-14T21:30:01.561**

**<br>**

**2020-01-14T21:30:05.643**

**[PLEASE SPEAK INTO THE MICROPHONE ]<br>**

**13:31:41 2020-01-14T21:30:10.115**

**>> WE NEED TO WORK ON SOLUTIONS TO LIMIT**

**2020-01-14T21:30:10.775**

**THE PLANS.**

**2020-01-14T21:30:13.639**

**THERE IS AN OPTION IN EVERY PART OF**

**13:31:41 2020-01-14T21:30:14.702**

**THE STATE.**

**2020-01-14T21:30:19.169**

**A REAL INTEGRATED OPTION, NOT JUST**

**2020-01-14T21:30:21.033**

**WILLY-NILLY INSURANCE.**

**13:31:41 2020-01-14T21:30:24.702**

**FINALLY, WE ARE RECOMMENDING FULLY**

**2020-01-14T21:30:27.771**

**INTEGRATED PLANS, PLANS THAT OFFER**

**2020-01-14T21:30:35.270**

**MEDICAL, LCFF TO HAVE INTEGRATED**

**13:31:41 2020-01-14T21:30:35.547**

**SERVICES.**

**2020-01-14T21:30:38.214**

**THAT PUTS A LOT ON THE STATE.**

**2020-01-14T21:30:40.487**

**IT'S CONNECTED WITH THE WORK WE ARE**

**13:31:41 2020-01-14T21:30:42.752**

**DOING HERE.**

**2020-01-14T21:30:50.627**

**THERE IS GOING TO BE A LOT OF**

**2020-01-14T21:30:54.027**

**POLITICAL PRESSURE ON THE STATE FOR**

**13:31:42 2020-01-14T21:30:57.156**

**INSURANCE PLANS TO LET WHATEVER**

**2020-01-14T21:31:00.016**

**INSURANCE PLANS WANT TO PLAY, PLAY IN**

**2020-01-14T21:31:00.280**

**CALIFORNIA.**

**13:31:42 2020-01-14T21:31:00.741**

**<br>**

**2020-01-14T21:31:04.608**

**>> I'M SORRY, I'M GETTING A TEXT FROM**

**2020-01-14T21:31:08.283**

**KEVIN SAYING IT'S HARD TO HEAR ON THE**

**13:31:42 2020-01-14T21:31:10.954**

**PHONE.**

**2020-01-14T21:31:14.018**

**<br>**

**2020-01-14T21:31:20.299**

**[PLEASE SPEAK DIRECTLY INTO THE**

**13:31:42 2020-01-14T21:31:21.367**

**MICROPHONE ]<br>**

**2020-01-14T21:31:26.422**

**>>**

**2020-01-14T21:31:31.041**

**<br>**

**13:31:42 2020-01-14T21:31:35.310**

**I HAD THE SAME ISSUE.**

**2020-01-14T21:31:37.171**

**<br>**

**2020-01-14T21:31:40.636**

**>> WE'LL DO OUR BEST.**

**13:31:44 2020-01-14T21:31:44.804**

**SORRY.**

**13:31:47 2020-01-14T21:31:47.072**

**<br>**

**13:31:51 2020-01-14T21:31:51.143**

**[LAUGHTER ]**

**13:32:23**

**I HAD THE SAME ISSUE.**

**>> WE'LL DO OUR BEST. SORRY.**

**[LAUGHTER ]**

**>> WHAT WE ARE LOOKING TO DO, WE ARE GOING TO PRESENT ABOUT 15 MINUTES AND WE'LL HAVE ANOTHER 15 MINUTES, SO WE HAVE PLENTY OF TIME FOR DISCUSSION. WE THOUGHT WE WOULD MOVE THROUGH THE FIRST SECTION ALL AT ONCE. NEXT**

**13:32:43 SLIDE IS MANAGED CARE. THERE IS A STATE PROPOSAL, AND PEOPLE ARE AWARE TO HAVE ALL PLANS HAVE LONG-TERM CARE BY 2021, WOULD BE SINGLE 2021 AND DUAL 2023. THAT'S THE PLAN SO FAR.**

**13:33:16 TO GIVE A BIT OF HISTORY, THAT MEANS THAT THE PLAN WOULD BE THE PAIR FOR INSTITUTIONAL LONG-TERM CARE. MANY PLANS RIGHT NOW, THEY ARE 2020-01-14T21:31:51.760**

**<br>**

**13:33:16 2020-01-14T21:31:57.431**

**>> WHAT WE ARE LOOKING TO DO, WE ARE**

**2020-01-14T21:32:00.298**

**GOING TO PRESENT ABOUT 15 MINUTES AND**

**2020-01-14T21:32:02.964**

**WE'LL HAVE ANOTHER 15 MINUTES, SO WE**

**13:33:16 2020-01-14T21:32:04.835**

**HAVE PLENTY OF TIME FOR DISCUSSION.**

**2020-01-14T21:32:08.107**

**WE THOUGHT WE WOULD MOVE THROUGH THE**

**2020-01-14T21:32:10.772**

**FIRST SECTION ALL AT ONCE.**

**13:33:16 2020-01-14T21:32:15.953**

**NEXT SLIDE IS MANAGED CARE.**

**2020-01-14T21:32:18.412**

**THERE IS A STATE PROPOSAL, AND PEOPLE**

**2020-01-14T21:32:24.678**

**ARE AWARE TO HAVE ALL PLANS HAVE**

**13:33:16 2020-01-14T21:32:28.543**

**LONG-TERM CARE BY**

**2020-01-14T21:32:37.099**

**2021, WOULD BE SINGLE 2021 AND DUAL 2023.**

**2020-01-14T21:32:40.361**

**THAT'S THE PLAN SO FAR.**

**13:33:16 2020-01-14T21:32:54.980**

**TO GIVE A BIT OF HISTORY,**

**2020-01-14T21:32:59.195**

**THAT MEANS THAT THE PLAN WOULD BE THE**

**2020-01-14T21:33:02.667**

**PAIR FOR INSTITUTIONAL LONG-TERM CARE.**

**13:33:16 2020-01-14T21:33:04.931**

**MANY PLANS RIGHT NOW, THEY ARE**

**2020-01-14T21:33:09.198**

**RESPONSIBLE FOR MAKING THE FIRST MONTH.**

**2020-01-14T21:33:14.275**

**AFTER THAT, THEY HAVE SERVICES.**

**13:33:49 RESPONSIBLE FOR MAKING THE FIRST MONTH. AFTER THAT, THEY HAVE SERVICES. AS I WAS SAYING, 26 COUNTIES NOW HAVE IT CARVED IN, INCLUDING L.A. I DON'T HAVE THE EXACT NUMBERS, BUT IT'S BETWEEN 60 TO 80% PEOPLE IN LONG-TERM COVERAGE ARE COVERED BY MANAGED CARE.**

**13:34:21 I THINK THE POTENTIAL HERE -- WE'LL TALK ABOUT A CAVEAT IN A MINUTE. WE ARE TALKING ABOUT REBALANCING. THERE IS AN INTENTIONAL**



**POLICY BY THE STATE TO INCREASE LONG-TERM SERVICES. AT THE SAME TIME, LONG-TERM INSTITUTIONAL CARE.**

**13:34:53 IT DOESN'T FULFILL THE GOAL OF REDUCING THE CARE AS POSSIBLE. IT IS POSSIBLE THAT SOME PLANS HAVE STARTED TO WORK ON REBALANCING. THE FIRST RECOMMENDATION IS THAT THEY 2020-01-14T21:33:21.144**

**AS I WAS SAYING, 26 COUNTIES NOW HAVE**

**13:34:53 2020-01-14T21:33:22.801**

**IT CARVED IN, INCLUDING L.**

**2020-01-14T21:33:23.057**

**A.**

**2020-01-14T21:33:26.326**

**I DON'T HAVE THE EXACT NUMBERS, BUT**

**13:34:53 2020-01-14T21:33:31.005**

**IT'S BETWEEN 60 TO 80% PEOPLE IN**

**2020-01-14T21:33:33.062**

**LONG-TERM COVERAGE ARE COVERED BY**

**2020-01-14T21:33:35.321**

**MANAGED CARE.**

**13:34:53 2020-01-14T21:33:45.197**

**I THINK THE POTENTIAL HERE -- WE'LL**

**2020-01-14T21:33:50.269**

**TALK ABOUT A CAVEAT IN A MINUTE.**

**2020-01-14T21:33:54.541**

**WE ARE TALKING ABOUT REBALANCING.**

**13:34:53 2020-01-14T21:34:04.618**

**THERE IS AN INTENTIONAL POLICY BY THE**

**2020-01-14T21:34:08.484**

**STATE TO INCREASE LONG-TERM SERVICES.**

**2020-01-14T21:34:15.964**

**AT THE SAME TIME, LONG-TERM**

**13:34:53 2020-01-14T21:34:18.072**

**INSTITUTIONAL CARE.**

**2020-01-14T21:34:28.948**

**IT DOESN'T FULFILL THE GOAL OF**

**2020-01-14T21:34:32.626**

**REDUCEING THE CARE AS POSSIBLE.**

**13:34:54 2020-01-14T21:34:40.700**

**IT IS POSSIBLE THAT SOME PLANS HAVE**

**2020-01-14T21:34:43.766**

**STARTED TO WORK ON REBALANCING.**

**2020-01-14T21:34:46.235**

**THE FIRST RECOMMENDATION IS THAT THEY**

**13:34:54 2020-01-14T21:34:52.421**

**ARE HAVING A VISION ON REBALANCING.**

**13:35:27 ARE HAVING A VISION ON REBALANCING.**

**THERE IS A PROPOSAL FOR INFO SERVICES. BEFORE WE GET INTO THE JARGON OF WHAT THAT MEAN IT IS, IT'S BASICALLY A PLAN TO USE NONMEDICAL SERVICES, THINGS THAT MAY NOT BE MEDICAL CURRENTLY TO DEVELOP ALTERNATIVES**

**13:35:52 FOR PEOPLE. IT COULD BE AN ESTATE, SPECIFICALLY SET TO ENHANCE MANAGEMENT AND SERVICES AT RISK IN NURSING HOMES. WE NEED TO EMBRACE THE RECOMMENDATION AND EXPAND IT. IT NEEDS A SIGNIFICANT TOOL FOR HEALTH PLANS TO REDUCE THE USE OF LONG-TERM**

**13:36:16 CARE AND PROVIDE MORE ALTERNATIVES. IT WOULD HELP WITH INVESTMENTS. WE'LL TALK ABOUT OTHER INFRASTRUCTURE INVESTMENT STRATEGIES, BUT IT'S AN IMPORTANT STEP.**

**13:36:48 FINALLY, PLANS HAVE TO BE READY. THERE NEEDS TO BE A ROBUST READINESS PROCESS. PLANS HAVE TO HAVE ACCESS IN PLACE.2020-01-14T21:35:00.503**

**<br>**

**13:36:48 2020-01-14T21:35:06.569**

**THERE IS A PROPOSAL FOR INFO SERVICES.**

**2020-01-14T21:35:10.041**

**BEFORE WE GET INTO THE JARGON OF WHAT**

**2020-01-14T21:35:15.921**

**THAT MEAN IT IS, IT'S BASICALLY A PLAN**

**13:36:48 2020-01-14T21:35:20.193**

**TO USE NONMEDICAL SERVICES, THINGS THAT**

**2020-01-14T21:35:24.062**

**MAY NOT BE MEDICAL CURRENTLY TO DEVELOP**

**2020-01-14T21:35:24.725**

**ALTERNATIVES FOR PEOPLE.**

**13:36:48 2020-01-14T21:35:30.192**

**IT COULD BE AN ESTATE**

**2020-01-14T21:35:33.817**

**, SPECIFICALLY SET TO ENHANCE**

**2020-01-14T21:35:36.682**

**MANAGEMENT AND SERVICES AT RISK IN**

**13:36:48 2020-01-14T21:35:37.750**

**NURSING HOMES.**

**2020-01-14T21:35:41.419**

**WE NEED TO EMBRACE THE RECOMMENDATION**

**2020-01-14T21:35:45.691**

**AND EXPAND IT.**

**13:36:49 2020-01-14T21:35:49.752**

**IT NEEDS A SIGNIFICANT TOOL FOR HEALTH**

**2020-01-14T21:35:52.220**

**PLANS TO REDUCE THE USE OF LONG-TERM**

**2020-01-14T21:35:56.087**

**CARE AND PROVIDE MORE ALTERNATIVES.**

**13:36:49 2020-01-14T21:36:03.960**

**IT WOULD HELP WITH INVESTMENTS.**

**2020-01-14T21:36:09.036**

**WE'LL TALK ABOUT OTHER INFRASTRUCTURE**

**2020-01-14T21:36:11.110**

**INVESTMENT STRATEGIES, BUT IT'S AN**

**13:36:49 2020-01-14T21:36:13.178**

**IMPORTANT STEP.**

**2020-01-14T21:36:19.467**

**FINALLY, PLANS HAVE TO BE READY.**

**2020-01-14T21:36:27.558**

**THERE NEEDS TO BE A ROBUST READINESS**

**13:36:49 2020-01-14T21:36:29.626**

**PROCESS.**

**2020-01-14T21:36:42.407**

**PLANS HAVE TO HAVE ACCESS IN PLACE.**

**2020-01-14T21:36:48.677**

**IT'S ALL TOGETHER IN A PACKAGE.**

**13:36:51 2020-01-14T21:36:51.181**

**THAT'S ANOTHER PACKAGE FOR**

**13:36:51 2020-01-14T21:36:51.469**

**RECOMMENDATION.**

**13:36:52 2020-01-14T21:36:52.525**

**<br>**

**13:36:54 2020-01-14T21:36:53.990**

**>> NEXT SLIDE.**

**13:36:55 2020-01-14T21:36:55.855**

**<br>**

**13:37:29 IT'S ALL TOGETHER IN A PACKAGE. THAT'S ANOTHER PACKAGE FOR RECOMMENDATION.**

**>> NEXT SLIDE.**

**>> FINALLY, THIS IS MEDICAL. WE ARE TALKING ABOUT MEDICAL SERVICES MANAGED CARE. I WANT TO FOCUS ON A CONTROVERSIAL SUBJECT WHERE PEOPLE**

**13:37:57 HAVE LOTS OF STRONG OPINIONS. THERE WAS -- I THINK, AGAIN, FROM WHAT I KNOW, HAVING WORKED IN SAN MATEO COUNTY 25 YEARS, BOTH ON THE COUNTY AND HEALTHCARE SIDE, THE CURRENT PROGRAM, THESE ARE MAINLY PEOPLE THAT CAN'T DIRECT THEIR OWN FAIR. THEY HAVE HEALTH ISSUES, SUBSTANCE ABUSE ISSUES.**

**13:38:29 WE HAVE THE SYSTEM UNDER THE CONTRACT MODE. THEY HAVE -- THEY INVEST IN TRAINING STAFF AND SUPERVISING 2020-01-14T21:37:02.924**

**>> FINALLY, THIS IS MEDICAL.**

**2020-01-14T21:37:11.597**

**WE ARE TALKING ABOUT MEDICAL SERVICES**

**13:38:30 2020-01-14T21:37:12.055**

**MANAGED CARE.**

**2020-01-14T21:37:17.723**

**I WANT TO FOCUS ON A CONTROVERSIAL**

**2020-01-14T21:37:20.785**

**SUBJECT WHERE PEOPLE HAVE LOTS OF STRONG**

**13:38:30 2020-01-14T21:37:22.648**

**OPINIONS.**

**2020-01-14T21:37:26.521**

**THERE WAS -- I THINK, AGAIN, FROM WHAT**

**2020-01-14T21:37:32.589**

**I KNOW, HAVING WORKED IN SAN MATEO**

**13:38:30 2020-01-14T21:37:36.764**

**COUNTY 25 YEARS, BOTH ON THE COUNTY AND**

**2020-01-14T21:37:44.450**

**HEALTHCARE SIDE, THE CURRENT PROGRAM,**

**2020-01-14T21:37:46.214**

**THESE ARE MAINLY PEOPLE THAT CAN'T**

**13:38:30 2020-01-14T21:37:49.176**

**DIRECT THEIR OWN FAIR.**

**2020-01-14T21:37:52.242**

**THEY HAVE HEALTH ISSUES, SUBSTANCE**

**2020-01-14T21:37:54.514**

**ABUSE ISSUES.**

**13:38:30 2020-01-14T21:38:07.786**

**WE HAVE THE SYSTEM UNDER THE CONTRACT**

**2020-01-14T21:38:09.249**

**MODE.**

**2020-01-14T21:38:13.312**

**THEY HAVE -- THEY INVEST IN TRAINING**

**13:38:30 2020-01-14T21:38:17.581**

**STAFF AND SUPERVISING STAFF CLOSELY.**

**2020-01-14T21:38:29.066**

**WE ARE WITH THEM -- PEOPLE THAT NEED**

**2020-01-14T21:38:29.542**

**HELP.**

**13:38:31 2020-01-14T21:38:31.200**

**IT WORKS WELL.**

**13:39:06 STAFF CLOSELY. WE ARE WITH THEM -- PEOPLE THAT NEED HELP. IT WORKS WELL. WHAT HAPPENED WAS, WHEN THE STATE DROPPED THE SUPPORT FROM THE CARE VISION, THEY WENT BACK TO COUNTY, THEY DIDN'T RENEW THE CONTRACT. IT'S EXPENSIVE AND THE COUNTY COULDN'T AFFORD IT. RIGHT NOW, SAN FRANCISCO IS THE ONLY PLACE IN THE STATE THAT HAS**

**13:39:19 THIS KIND OF PROGRAM YOU SAID UNDER ISFHFF. WE WANT TO RECOMMEND THAT MAYBE DO A PILOT OF PEOPLE WHO ARE IN THE CATEGORY THAT CAN'T DIRECT THEIR OWN, INCORPORATE THE HEALTH PLAN,**

**13:39:51 WORK WITH CONTRACTORS LIKE THE HOME RIDGE TO -- PROVIDE SERVICES. THE SECOND RECOMMENDATION IS INFORMATION SHARING.2020-01-14T21:38:34.668**

**WHAT HAPPENED WAS, WHEN THE STATE**

**13:39:51 2020-01-14T21:38:37.252**

**DROPPED THE SUPPORT FROM THE CARE**

**2020-01-14T21:38:40.114**

**VISION, THEY WENT BACK TO COUNTY, THEY**

**2020-01-14T21:38:41.581**

**DIDN'T RENEW THE CONTRACT.**

**13:39:51 2020-01-14T21:38:44.647**

**IT'S EXPENSIVE AND THE COUNTY COULDN'T  
2020-01-14T21:38:46.048  
AFFORD IT.**

**2020-01-14T21:38:49.513**

**RIGHT NOW, SAN FRANCISCO IS THE ONLY**

**13:39:51 2020-01-14T21:38:53.987**

**PLACE IN THE STATE THAT HAS THIS KIND OF  
2020-01-14T21:39:01.860  
PROGRAM YOU SAID UNDER IS  
2020-01-14T21:39:03.871  
HFF.**

**13:39:51 2020-01-14T21:39:09.799**

**WE WANT TO RECOMMEND THAT  
2020-01-14T21:39:12.611  
MAYBE DO A PILOT OF PEOPLE WHO ARE IN  
2020-01-14T21:39:17.083  
THE CATEGORY THAT CAN'T DIRECT THEIR**

**13:39:51 2020-01-14T21:39:19.551**

**OWN, INCORPORATE THE HEALTH PLAN, WORK  
2020-01-14T21:39:26.422  
WITH CONTRACTORS LIKE THE HOME RIDGE TO  
2020-01-14T21:39:29.090  
-- PROVIDE SERVICES.**



**13:39:52 2020-01-14T21:39:34.360**

**THE SECOND RECOMMENDATION IS**

**2020-01-14T21:39:36.620**

**INFORMATION SHARING.**

**13:39:52 2020-01-14T21:39:52.324**

**THERE ARE SILOS AND PROGRESS MADE IN**

**13:39:55 2020-01-14T21:39:54.998**

**SOME COUNTYIES, STOPPED.**

**13:39:59 2020-01-14T21:39:58.985**

**THERE IS A NEED FOR A STRONG STATE,**

**13:40:33 THERE ARE SILOS AND PROGRESS MADE IN SOME COUNTYIES, STOPPED. THERE IS A NEED FOR A STRONG STATE, PLANS AND COUNTIES WILL COOPERATE ON THE RIDESHARE INFORMATION COORDINATED CARE. IF THE PERSON WAS ELIGIBLE FOR ISHS. AGAIN, IT'S A PACKAGE DEAL. CLEARLY, PLANS ARE GETTING READY FOR THIS FOR THE**

**13:41:05 LHSS SERVICES, THERE NEED TO BE ACCESS STANDARDS. THERE NEEDS TO BE PROPER REPORTING. ON THE LCSSI, I THINK THERE IS A LOT MORE WORK TO DO. FINALLY, QUALITY -- ONE OF OUR 2020-01-14T21:40:03.263**

**PLANS AND COUNTIES WILL COOPERATE ON THE**

**13:41:05 2020-01-14T21:40:08.332**

**RIDESHARE INFORMATION COORDINATED CARE.**

**2020-01-14T21:40:15.807**

**IF THE PERSON WAS ELIGIBLE FOR ISHS.**

**2020-01-14T21:40:20.470**

**AGAIN, IT'S A PACKAGE DEAL.**

**13:41:05 2020-01-14T21:40:26.949**

**CLEARLY, PLANS ARE GETTING READY FOR  
2020-01-14T21:40:31.211  
THIS FOR THE  
2020-01-14T21:40:34.678  
LHSS SERVICES, THERE NEED TO BE ACCESS**

**13:41:05 2020-01-14T21:40:35.344  
STANDARDS.**

**2020-01-14T21:40:41.204  
THERE NEEDS TO BE  
2020-01-14T21:40:47.027  
PROPER REPORTING.**

**13:41:05 2020-01-14T21:40:52.523  
ON THE LCSSI, I THINK THERE IS A LOT  
2020-01-14T21:40:53.894  
MORE WORK TO DO.**

**2020-01-14T21:40:58.771  
FINALLY, QUALITY -- ONE OF OUR**

**13:41:05 2020-01-14T21:41:01.285  
RECOMMENDATIONS IS THAT WE TALKED  
2020-01-14T21:41:05.153  
YESTERDAY ABOUT HOW IT'S ABOUT OUTCOMES.**

**13:41:41 RECOMMENDATIONS IS THAT WE TALKED YESTERDAY ABOUT HOW  
IT'S ABOUT OUTCOMES. THE LCSS QUALITY OUTCOME, AND THERE ARE SOME  
AND INCLUDED IN ANY PROGRAM THAT THE PROGRAM IS CREDITED  
APPROPRIATELY. CLEARLY ALZHEIMER'S IS ANOTHER AREA THERE NEEDS TO  
BE ONE QUALITY RELATED OUTCOME. ALZHEIMER'S NEEDS THE**

**13:42:09 ACCESS ASSESSMENT CARE PLAN, REALLY, ALZHEIMER'S PLANS NEED  
TO BE ALZHEIMER'S ACCESS.**

>> CAN I ADD SOMETHING? I WANT TO ADD TO WHAT MAYA WAS SAYING. THIS IS SARAH. THIS GETS INTO THE ISSUE OF LONG-TERM SERVICES THAT MAYA WAS TALKING ABOUT. MANY OF THE PEOPLE THAT ARE DUAL ELIGIBLE OR MEDICAL ONLY, IF THEY ARE NO ELIGIBLE OR

13:42:36 CHOSE NOT TO ENROLL, IT WOULD BE REQUIRED UNDER THE CARE INITIATIVE TO INVOLVE MEDICARE MANAGED CARE, LONG-TERM SERVICES AND SUPPORT. RIGHT NOW, IT NURSING FACILITY CARE. WHAT WE DON'T KNOW, LOOKING INTO THE EVALUATION ISSUE, WE DON'T KNOW HOW THIS MANAGED

13:43:08 LONG-TERM SERVICES AND SUPPORT SYSTEM HAS LOOKED FOR BEING ENROLLED. WE HAVE CARE COORDINATION, THE CHALLENGES LCSS, WHAT'S WORKING, WHAT ARE BEST PRACTICES? WE DON'T KNOW ANYTHING ON THE LCSS SIDE. WE HAVE 2020-01-14T21:41:10.021

THE LCSS QUALITY OUTCOME, AND THERE

13:43:08 2020-01-14T21:41:14.894

ARE SOME AND INCLUDED IN ANY PROGRAM

2020-01-14T21:41:19.975

THAT THE PROGRAM IS CREDITED

2020-01-14T21:41:23.038

APPROPRIATELY

13:43:08 2020-01-14T21:41:27.050

. CLEARLY ALZHEIMER'S IS ANOTHER AREA

2020-01-14T21:41:29.726

THERE NEEDS TO BE ONE QUALITY RELATED

2020-01-14T21:41:31.382

OUTCOME.

13:43:08 2020-01-14T21:41:34.647

ALZHEIMER'S NEEDS THE ACCESS

2020-01-14T21:41:40.325

ASSESSMENT CARE PLAN, REALLY,

2020-01-14T21:41:45.800

**ALZHEIMER'S PLANS NEED TO BE ALZHEIMER'S**

**13:43:09 2020-01-14T21:41:46.059**

**ACCESS.**

**2020-01-14T21:41:46.347**

**<br>**

**2020-01-14T21:41:48.210**

**>> CAN I ADD SOMETHING?**

**13:43:09 2020-01-14T21:41:51.676**

**I WANT TO ADD TO WHAT MAYA WAS SAYING.**

**2020-01-14T21:41:53.139**

**THIS IS SARAH.**

**2020-01-14T21:41:56.842**

**THIS GETS INTO THE ISSUE OF LONG-TERM**

**13:43:09 2020-01-14T21:41:59.703**

**SERVICES THAT MAYA WAS TALKING ABOUT.**

**2020-01-14T21:42:03.600**

**MANY OF THE PEOPLE THAT ARE DUAL**

**2020-01-14T21:42:07.663**

**ELIGIBLE OR MEDICAL ONLY, IF THEY ARE NO**

**13:43:09 2020-01-14T21:42:11.933**

**ELIGIBLE OR CHOSE NOT TO ENROLL, IT**

**2020-01-14T21:42:14.110**

**WOULD BE REQUIRED UNDER THE CARE**

**2020-01-14T21:42:17.976**

**INITIATIVE TO INVOLVE MEDICARE MANAGED**

**13:43:09 2020-01-14T21:42:20.241**

**CARE, LONG-TERM SERVICES AND SUPPORT.**

**2020-01-14T21:42:25.900**

**RIGHT NOW, IT**

**2020-01-14T21:42:27.901**

**NURSING FACILITY CARE.**

**13:43:09 2020-01-14T21:42:31.374**

**WHAT WE DON'T KNOW, LOOKING INTO THE**

**2020-01-14T21:42:35.843**

**EVALUATION ISSUE, WE DON'T KNOW HOW THIS**

**2020-01-14T21:42:37.913**

**MANAGED LONG-TERM SERVICES AND SUPPORT**

**13:43:09 2020-01-14T21:42:43.388**

**SYSTEM HAS LOOKED FOR BEING ENROLLED.**

**2020-01-14T21:42:47.051**

**WE HAVE CARE COORDINATION, THE**

**2020-01-14T21:42:53.320**

**CHALLENGES LCSS, WHAT'S WORKING, WHAT**

**13:43:09 2020-01-14T21:42:56.585**

**ARE BEST PRACTICES?**

**2020-01-14T21:43:00.861**

**WE DON'T KNOW ANYTHING ON THE LCSS**

**2020-01-14T21:43:01.129**

**SIDE.**

**13:43:09 2020-01-14T21:43:06.799**

**WE HAVE 19,000 PEOPLE USING LCSS.**

**13:43:10 2020-01-14T21:43:10.463**

**10,000 PEOPLE IN CALIFORNIA CONNECT.**

**13:43:13 2020-01-14T21:43:12.937**

**WE DON'T KNOW ABOUT THE EXPERIENCE OF**

**13:43:45 19,000 PEOPLE USING LCSS. 10,000 PEOPLE IN CALIFORNIA  
CONNECT. WE DON'T KNOW ABOUT THE EXPERIENCE OF THOSE MANAGED  
ONLY POPULATIONS. THAT'S THE PROGRAM MAYA IS TALKING ABOUT,  
COMMUNITY BASED SERVICES AND LONG-TERM INSTITUTIONAL CARE. I  
THINK THERE IS AN OPPORTUNITY TO LEARN A LOT. ONE OF THE  
RECOMMENDATIONS SUBMITTED**

**13:44:01 WAS, LET'S EVALUATE HOW THIS WOULD WORK AND WE'LL ALLOW  
FAVORABLE IMPLEMENTATION OF A STATEWIDE CAUSE ONCE WE HAVE A  
SENSE OF A VISION FOR IT AND HOW IT ENSURES PEOPLE ACCESS ACROSS  
THE CONTINUUM, BASED ON EVALUATION FUNDING. THAT'S WHAT I WANTED  
TO ADD ON TO WHAT MAYA WAS SAYING. THEN, WE ARE GOING TO HAVE  
DISCRETION FOR**

**13:44:33 QUITE A WHILE.**

**>> THANK YOU. I HOPE YOU CAN HEAR BY NOW. IT'S IRONIC THAT I'M  
GOING TO TALK ABOUT THE MEDICARE POPULATION2020-01-14T21:43:16.597  
THOSE MANAGED ONLY POPULATIONS.**

**13:44:33 2020-01-14T21:43:19.911**

**THAT'S THE PROGRAM MAYA IS TALKING**

**2020-01-14T21:43:23.580**

**ABOUT, COMMUNITY BASED SERVICES AND**

**2020-01-14T21:43:26.459**

**LONG-TERM INSTITUTIONAL CARE.**

**13:44:33 2020-01-14T21:43:28.723**

**I THINK THERE IS AN OPPORTUNITY TO**

**2020-01-14T21:43:29.587**

**LEARN A LOT.**

**2020-01-14T21:43:31.853**

**ONE OF THE RECOMMENDATIONS SUBMITTED**

**13:44:33 2020-01-14T21:43:36.954**

**WAS, LET'S EVALUATE HOW THIS WOULD WORK**

**2020-01-14T21:43:39.633**

**AND WE'LL ALLOW FAVORABLE IMPLEMENTATION**

**2020-01-14T21:43:43.960**

**OF A STATEWIDE CAUSE ONCE WE HAVE A**

**13:44:33 2020-01-14T21:43:47.228**

**SENSE OF A VISION FOR IT AND HOW IT**

**2020-01-14T21:43:49.893**

**ENSURES PEOPLE ACCESS ACROSS THE**

**2020-01-14T21:43:53.558**

**CONTINUUM, BASED ON EVALUATION FUNDING.**

**13:44:33 2020-01-14T21:43:56.430**

**THAT'S WHAT I WANTED TO ADD ON TO WHAT**

**2020-01-14T21:43:57.495**

**MAYA WAS SAYING.**

**2020-01-14T21:44:00.973**

**THEN, WE ARE GOING TO HAVE DISCRETION**

**13:44:34 2020-01-14T21:44:03.648**

**FOR QUITE A WHILE.**

**2020-01-14T21:44:10.934**

**<br>**

**2020-01-14T21:44:12.793**

**>> THANK YOU.**

**13:44:34 2020-01-14T21:44:16.678**

**I HOPE YOU CAN HEAR BY NOW.**

**2020-01-14T21:44:19.343**

**IT'S IRONIC THAT I'M GOING TO TALK**

**2020-01-14T21:44:23.794**

**ABOUT THE MEDICARE POPULATION**

**13:44:34 2020-01-14T21:44:28.410**

**WHO ARE NOT DUALS, MOST OF MY**

**2020-01-14T21:44:32.291**

**PROFESSIONAL LIFE IS WORKING WITH LOW**

**2020-01-14T21:44:33.259**

**INCOME OLDER PEOPLE.**

**13:45:07 WHO ARE NOT DUALS, MOST OF MY PROFESSIONAL LIFE IS WORKING WITH LOW INCOME OLDER PEOPLE. THE GOVERNOR WANTS A MASTER PLAN ON AGING SPEAKING TO ALL PARTS OF THE POPULATION IN THE STATE OF CALIFORNIA. WE KNOW, IN FACT, MANY OF THE POPULATION ARE NOT DUAL SO WE NEED TO HAVE AN APPROACH FOR FOLKS ON MEDICARE IN THE INTEGRATION**

**13:45:24 QUESTION. MY COMMENTS REMINDED ME, IN LISTENING TO THE DEMOCRATIC DEBATE, MEDICARE FOR ALL, MAYOR PETE CAME UP WITH THE IDEA OF MEDICARE FOR ALL WHO WANT IT. I'M STARTING TO THINK THIS HAS INTEGRATION CARE FOR THOSE THAT WANT IT.**

**13:45:56 COUPLE OF IDEAS ON THE MEDICARE POPULATION. MANY KNOW MEDICARE ITSELF HAS BEEN MAKING HEAD WAY INTO THE CHRONIC CARE WORLD IN THE LAST NUMBER OF YEARS STARTING QUITE A FEW YEARS AGO WITH ISSUES LIKE DIABETES 2020-01-14T21:44:37.328**

**THE GOVERNOR WANTS A MASTER PLAN ON**

**13:45:56 2020-01-14T21:44:40.223**

**AGING SPEAKING TO ALL PARTS OF THE**



**2020-01-14T21:44:42.090**

**POPULATION IN THE STATE OF CALIFORNIA.**

**2020-01-14T21:44:46.159**

**WE KNOW, IN FACT, MANY OF THE**

**13:45:56 2020-01-14T21:44:50.831**

**POPULATION ARE NOT DUAL SO WE NEED TO**

**2020-01-14T21:44:53.296**

**HAVE AN APPROACH FOR FOLKS ON MEDICARE**

**2020-01-14T21:44:56.772**

**IN THE INTEGRATION QUESTION.**

**13:45:56 2020-01-14T21:45:02.455**

**MY COMMENTS REMINDED ME, IN LISTENING**

**2020-01-14T21:45:05.957**

**TO THE DEMOCRATIC DEBATE, MEDICARE FOR**

**2020-01-14T21:45:09.634**

**ALL, MAYOR PETE CAME UP WITH THE IDEA OF**

**13:45:56 2020-01-14T21:45:11.907**

**MEDICARE FOR ALL WHO WANT IT.**

**2020-01-14T21:45:14.971**

**I'M STARTING TO THINK THIS HAS**

**2020-01-14T21:45:21.029**

**INTEGRATION CARE FOR THOSE THAT WANT IT.**

**13:45:57 2020-01-14T21:45:33.115**

**COUPLE OF IDEAS ON THE MEDICARE**

**2020-01-14T21:45:33.573**

**POPULATION.**

**2020-01-14T21:45:36.637**

**MANY KNOW MEDICARE ITSELF HAS BEEN**

**13:45:57 2020-01-14T21:45:39.561**

**MAKING HEAD WAY INTO THE CHRONIC CARE**

**2020-01-14T21:45:43.029**

**WORLD IN THE LAST NUMBER OF YEARS**

**2020-01-14T21:45:45.291**

**STARTING QUITE A FEW YEARS AGO WITH**

**13:45:57 2020-01-14T21:45:48.165**

**ISSUES LIKE DIABETES EDUCATION AND**

**2020-01-14T21:45:51.435**

**MANAGED, BUT MORE RECENTLY ADDING**

**2020-01-14T21:45:55.100**

**CHRONIC CARE MANAGEMENT, AND ADDING THE**

**13:46:29 EDUCATION AND MANAGED, BUT MORE RECENTLY ADDING CHRONIC CARE MANAGEMENT, AND ADDING THE ABILITY FOR MEDICARE ADVANTAGE PLANS TO OFFER SOME LEVEL OF LPS SERVICES THAT'S PART OF THEIR BENEFIT AS WELL. I'M GOING TO DIVIDE THE MEDICARE POPULATION INTO THOSE THAT CHOOSE TO JOIN MEDICARE ADVANTAGE AND THOSE THAT**

**13:46:40 REMAIN IN FEE FOR SERVICE. WE THINK OF THE MEDICARE ADVANTAGE POPULATION, THERE ARE OPTIONS FOR MEDICARE ADVANTAGE PLANS TO ADD AT LEAST LIMITED LCSS SERVICES AS PART OF A CHRONIC CARE APPROACH. NOW, THERE IS BEGINNING TO BE RESEARCH, AND I DON'T THINK**

**13:47:12 WE HAVE IT OUT THERE TO SHOW WHAT PLANS ARE DOING SOME OF THAT ACTIVITY. WE THINK THE STATE CAN PLAY A ROLE IN ENCOURAGEING MEDICARE PLANS TO OFFER LDSS SERVICES. I TOTALLY ADMIT 2020-01-14T21:45:58.168**

**ABILITY FOR MEDICARE ADVANTAGE PLANS TO**

**13:47:12 2020-01-14T21:46:01.840**

**OFFER SOME LEVEL OF LPS SERVICES THAT'S**

**2020-01-14T21:46:05.914**

**PART OF THEIR BENEFIT AS WELL.**

**2020-01-14T21:46:11.809**

**I'M GOING TO DIVIDE THE MEDICARE**

**13:47:12 2020-01-14T21:46:14.396**

**POPULATION INTO THOSE THAT CHOOSE TO**

**2020-01-14T21:46:17.517**

**JOIN MEDICARE ADVANTAGE AND THOSE THAT**

**2020-01-14T21:46:18.983**

**REMAIN IN FEE FOR SERVICE.**

**13:47:12 2020-01-14T21:46:21.247**

**WE THINK OF THE MEDICARE ADVANTAGE**

**2020-01-14T21:46:23.111**

**POPULATION, THERE ARE OPTIONS FOR**

**2020-01-14T21:46:25.981**

**MEDICARE ADVANTAGE PLANS TO ADD AT LEAST**

**13:47:12 2020-01-14T21:46:29.851**

**LIMITED LCSS SERVICES AS PART OF A**

**2020-01-14T21:46:31.125**

**CHRONIC CARE APPROACH.**

**2020-01-14T21:46:33.795**

**NOW, THERE IS BEGINNING TO BE**

**13:47:13 2020-01-14T21:46:40.282**

**RESEARCH, AND I DON'T THINK**

**2020-01-14T21:46:44.295**

**WE HAVE IT OUT THERE TO SHOW WHAT PLANS**

**2020-01-14T21:46:47.961**

**ARE DOING SOME OF THAT ACTIVITY.**

**13:47:13 2020-01-14T21:46:56.443**

**WE THINK THE STATE CAN PLAY A ROLE IN**

**2020-01-14T21:47:01.156**

**ENCOURAGEING MEDICARE PLANS TO OFFER**

**2020-01-14T21:47:02.017**

**LDSS SERVICES.**

**13:47:13 2020-01-14T21:47:05.885**

**I TOTALLY ADMIT WE ARE WORKING ON WHAT**

**2020-01-14T21:47:07.345**

**THAT COULD LOOK LIKE.**

**2020-01-14T21:47:11.218**

**IS THAT THE GOVERNOR'S PULPIT,**

**13:47:47 WE ARE WORKING ON WHAT THAT COULD LOOK LIKE. IS THAT THE GOVERNOR'S PULPIT, MARKETING, REGULATORY FINANCIAL INCENTIVES, SO THE STATE DOESN'T PLAY BALL TODAY? WE THINK THERE IS ACTION THAT COULD BE THOUGHT ABOUT THERE TO ENCOURAGE THE PLAN TO PROVIDE LDSS BENEFIT EVEN IF IT'S A MINIMAL BENEFIT. THE OTHER SIDE OF THAT**

**13:48:04 POPULATION, OF COURSE, PEOPLE THAT REMAIN IN FEE FOR SERVICE MEDICARE. OFTEN, NOT ALWAYS, THOSE FOLKS HAVE SOME KIND OF MEDICAL MEDI GAP COVERAGE, RELATED TO CALPERS OR PENSION PLANS OR SOME TYPE THAT PAYS FOR COPAY MEDICARE THAT IT**

**13:48:37 DOESN'T PAY FOR. SOME STATES, AND MINNESOTA IS THE BEST EXAMPLE WE HAVE, ARE EXPERIMENTING WITH THE IDEA OF MEDI GAP PLANS, LCSS BENEFIT ON TOP OF THEIR MEDI GAP PLAN. WHAT I HAVE LEARNED SO FAR, DIFFERENT STATES HAVE**

**2020-01-14T21:47:14.933**  
**MARKETING, REGULATORY FINANCIAL**

**13:48:37 2020-01-14T21:47:18.444**

**INCENTIVES, SO THE STATE DOESN'T PLAY**

**2020-01-14T21:47:19.110**

**BALL TODAY?**

**2020-01-14T21:47:21.769**

**WE THINK THERE IS ACTION THAT COULD BE**

**13:48:37 2020-01-14T21:47:24.042**

**THOUGHT ABOUT THERE TO ENCOURAGE THE**

**2020-01-14T21:47:28.510**

**PLAN TO PROVIDE LDSS BENEFIT EVEN IF**

**2020-01-14T21:47:30.377**

**IT'S A MINIMAL BENEFIT.**

**13:48:37 2020-01-14T21:47:33.642**

**THE OTHER SIDE OF THAT POPULATION, OF**

**2020-01-14T21:47:37.311**

**COURSE, PEOPLE THAT REMAIN IN FEE FOR**

**2020-01-14T21:47:39.783**

**SERVICE MEDICARE.**

**13:48:37 2020-01-14T21:47:44.454**

**OFTEN, NOT ALWAYS, THOSE FOLKS HAVE**

**2020-01-14T21:47:48.918**

**SOME KIND OF**

**2020-01-14T21:47:56.138**

**MEDI GAP COVERAGE, RELATED TO CALPERS**

**13:48:37 2020-01-14T21:48:00.003**

**OR PENSION PLANS OR SOME TYPE THAT PAYS**

**2020-01-14T21:48:05.277**

**FOR COPAY MEDICARE THAT IT DOESN'T PAY**

**2020-01-14T21:48:05.736**

**FOR.**

**13:48:37 2020-01-14T21:48:09.200**

**SOME STATES, AND MINNESOTA IS THE BEST**

**2020-01-14T21:48:12.064**

**EXAMPLE WE HAVE, ARE EXPERIMENTING WITH**

**2020-01-14T21:48:15.734**

**THE IDEA OF**

**13:48:37 2020-01-14T21:48:22.648**

**MEDI GAP PLANS, LCSS BENEFIT ON TOP OF**

**2020-01-14T21:48:26.119**

**THEIR MEDI GAP PLAN.**

**2020-01-14T21:48:28.979**

**WHAT I HAVE LEARNED SO FAR, DIFFERENT**

**13:48:37 2020-01-14T21:48:31.236**

**STATES HAVE DIFFERENT INSURANCE**

**2020-01-14T21:48:32.697**

**REGULATORY ABILITIES.**

**13:48:38 2020-01-14T21:48:38.367**

**SOME STATES HAVE THAT VETTED TO A MEDI**

**13:48:39 2020-01-14T21:48:39.248**

**GAP PLAN.**

**13:49:13 DIFFERENT INSURANCE REGULATORY ABILITIES. SOME STATES HAVE THAT VETTED TO A MEDI GAP PLAN. OTHERS HAVE A SEPARATE PLAN**

**BROUGHT IN BY THE CONSUMER. IN ANY CASE, THERE IS ROOM TO ENCOURAGE THE INSURANCE INDUSTRY DOWN THE ROAD WITH LCSS BENEFITS THAT WOULD**

**13:49:34 BE INTEGRATED INTO THE MEDICARE COVERAGE. MEDICARE ADVANTAGE, IT'S CLEAR ABOUT THE HEALTH PLAN. MEDI GAP, IT MAY BE A SKINNY BENEFIT ON TOP OF THE MED CAL PLAN. DO YOU WANT TO ADD?**

**>> CARRIE: SURE. YEAH, SO, IN TERMS OF THE FEDERAL LANDSCAPE OF WHAT**

**13:50:06 IS GOING ON WITH MEDICARE, LCSS IS NOT THE -- IT'S NOT REALLY THE NEXT THING ON THE LIST TO BE FUNDED. IF WE PASS HR3, SUPPOSED TO SAVE A LOT OF MONEY WITH PRESCRIPTION DRUG NEGOTIATIONS, THE THING TO FUND IS SCHEDULED VISUAL HEARING. THAT'S PART OF THE BILL. AN INTERESTING PROPOSAL AS MARTY WAS SAYING ANOTHER ONE IN ADDITION**

**13:50:38 TO MEDI GAP, THE CHAIRMAN OF THE MEANS COMMITTEE WROTE A LETTER ASKING TO LOOK INTO LDS, STANDARD GAP PLANS. NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS. THEY ARE IN CHARGE OF THE2020-01-14T21:48:42.324**

**OTHERS HAVE A SEPARATE PLAN BROUGHT IN**

**13:50:38 2020-01-14T21:48:45.398**

**BY THE CONSUMER.**

**2020-01-14T21:48:52.663**

**IN ANY CASE, THERE IS ROOM TO**

**2020-01-14T21:48:55.532**

**ENCOURAGE THE INSURANCE INDUSTRY DOWN**

**13:50:39 2020-01-14T21:48:59.192**

**THE ROAD WITH LCSS BENEFITS THAT WOULD**

**2020-01-14T21:49:03.055**

**BE INTEGRATED INTO THE MEDICARE COVERAGE.**

**2020-01-14T21:49:06.649**

**MEDICARE ADVANTAGE, IT'S CLEAR ABOUT**

**13:50:39 2020-01-14T21:49:08.117**

**THE HEALTH PLAN.**

**2020-01-14T21:49:13.780**

**MEDI GAP, IT MAY BE A SKINNY BENEFIT**

**2020-01-14T21:49:17.664**

**ON TOP OF THE**

**13:50:39 2020-01-14T21:49:24.681**

**MED CAL PLAN.**

**2020-01-14T21:49:25.546**

**DO YOU WANT TO ADD?**

**2020-01-14T21:49:26.811**

**<br>**

**13:50:39 2020-01-14T21:49:29.277**

**>> CARRIE: SURE.**

**2020-01-14T21:49:33.608**

**YEAH, SO, IN TERMS OF THE FEDERAL**

**2020-01-14T21:49:35.666**

**LANDSCAPE OF WHAT IS GOING ON WITH**

**13:50:39 2020-01-14T21:49:40.759**

**MEDICARE, LCSS IS NOT THE -- IT'S NOT**

**2020-01-14T21:49:43.022**

**REALLY THE NEXT THING ON THE LIST TO BE**

**2020-01-14T21:49:43.286**

**FUNDED.**

**13:50:39 2020-01-14T21:49:48.155**

**IF WE PASS HR3, SUPPOSED TO SAVE A LOT**

**2020-01-14T21:49:52.431**



**OF MONEY WITH PRESCRIPTION DRUG**

**2020-01-14T21:49:56.306**

**NEGOTIATIONS, THE THING TO FUND IS**

**13:50:39 2020-01-14T21:49:57.966**

**SCHEDULED VISUAL HEARING.**

**2020-01-14T21:50:00.049**

**THAT'S PART OF THE BILL.**

**2020-01-14T21:50:02.972**

**AN INTERESTING PROPOSAL AS MARTY WAS**

**13:50:39 2020-01-14T21:50:09.659**

**SAYING ANOTHER ONE IN ADDITION TO MEDI**

**2020-01-14T21:50:13.730**

**GAP, THE CHAIRMAN OF THE MEANS COMMITTEE**

**2020-01-14T21:50:19.197**

**WROTE A LETTER ASKING TO LOOK INTO LDS,**

**13:50:39 2020-01-14T21:50:20.663**

**STANDARD GAP PLANS.**

**2020-01-14T21:50:23.529**

**NATIONAL ASSOCIATION OF INSURANCE**

**2020-01-14T21:50:24.007**

**COMMISSIONERS.**

**13:50:39 2020-01-14T21:50:31.477**

**THEY ARE IN CHARGE OF THE**

**2020-01-14T21:50:34.287**

**MEDICARE BASIS.**

**13:50:42 2020-01-14T21:50:42.170**

**THERE IS PUSH BACK IN TERMS OF**

**13:51:14 MEDICARE BASIS. THERE IS PUSH BACK IN TERMS OF MEDI  
CARAVANING CARE ADVANTAGE. THERE SHOULD BE INTEREST TO COMPETE  
WITH THAT. THAT'S ONE ISSUE. THE OTHER THING INTERESTING ARE THE  
PROPOSALS, BIPARTISAN POLICY CENTER HAS THE BEST ONE SAYING WHY  
DON'T WE GIVE THE**

**13:51:33 AUTHORITY TO THE SECRETARY OF HUMAN SERVICES. IF WE CAN  
PROVE BY GOOD EVIDENCE THAT A CERTAIN LIMITED LCSS BENEFIT WILL  
SAVE MONEY, AND THIS IS THE ONE THEY PICKED, SEVEN DAYS OF MEALS FOR  
A CERTAIN POPULATION AFTER DISCHARGE IN CERTAIN SITUATIONS, WITH  
MEDICARE**

**13:51:56 OR SOMETHING LIKE THAT. WHAT ABOUT THE AUTHORITY TO GIVE  
THAT TO MEDICARE. THAT HAS BEEN FLOATING AROUND ON THE MEDICARE  
LEVEL. I THINK CALIFORNIA CAN DO SOMETHING TO PUSH.**

**>>**

**13:52:29 IT'S EASIER TO TALK ABOUT WHAT TO DO WITH LCSS. IT'S HARDER  
TO THINK ABOUT THE ROLE WITH MEDICARE.2020-01-14T21:50:50.386**

**MEDI CARAVANING CARE ADVANTAGE.**

**2020-01-14T21:50:53.055**

**THERE SHOULD BE INTEREST TO COMPETE**

**13:52:29 2020-01-14T21:50:53.521**

**WITH THAT.**

**2020-01-14T21:50:54.585**

**THAT'S ONE ISSUE.**

**2020-01-14T21:50:58.106**

**THE OTHER THING INTERESTING ARE THE**

**13:52:29 2020-01-14T21:51:02.367**

**PROPOSALS, BIPARTISAN POLICY CENTER HAS**

**2020-01-14T21:51:05.241**

**THE BEST ONE SAYING WHY DON'T WE GIVE**

**2020-01-14T21:51:07.513**

**THE AUTHORITY TO THE SECRETARY OF HUMAN**

**13:52:29 2020-01-14T21:51:07.772**

**SERVICES.**

**2020-01-14T21:51:11.846**

**IF WE CAN PROVE BY GOOD EVIDENCE THAT**

**2020-01-14T21:51:17.109**

**A CERTAIN LIMITED LCSS BENEFIT WILL SAVE**

**13:52:29 2020-01-14T21:51:21.339**

**MONEY, AND THIS IS THE ONE THEY PICKED,**

**2020-01-14T21:51:24.996**

**SEVEN DAYS OF MEALS FOR A CERTAIN**

**2020-01-14T21:51:28.070**

**POPULATION AFTER DISCHARGE IN CERTAIN**

**13:53:01 THE RECOMMENDATION IS NOT TO GIVE UP THE FIELD. THANK YOU.**

**>> OUR FINAL RECOMMENDATION IN THIS AREA HAS TO DO WITH OVERSIGHT. THIS RECOMMENDATION ACTUALLY CAME FROM THE CALIFORNIA LCSS. IT IS MODELED AFTER THE SETUP IN MASSACHUSETTS**

**13:53:33 THE PLANNING COUNCIL WOULD VO RECORDS ACROSS THE ORGANIZATION. ADVOCATES OF HEALTH PLANS AND PROVIDERS. OUR PROPOSAL IS THE L LCSS CROSS POPULATION**

**13:54:05 FOR HEALTH FOR EVERYONE. THAT'S OUR PRESENTATION. THANK YOU VERY MUCH, MAYA. YOU DID AN AMAZING JOB JOB. TO REFRESH OUR MEMORY, WAY BACK WHEN MAYA TALKED ABOUT MEDICARE AND MEDICAL**  
**2020-01-14T21:51:33.125**

**SITUATIONS, WITH MEDICARE**

**13:54:05 2020-01-14T21:51:36.332**

**OR SOMETHING LIKE THAT.**

**2020-01-14T21:51:42.800**

**WHAT ABOUT THE AUTHORITY TO GIVE THAT**

**2020-01-14T21:51:43.470**

**TO MEDICARE.**

**13:54:06 2020-01-14T21:51:46.744**

**THAT HAS BEEN FLOATING AROUND ON THE**

**2020-01-14T21:51:47.605**

**MEDICARE LEVEL.**

**2020-01-14T21:51:51.342**

**I THINK CALIFORNIA CAN DO SOMETHING TO**

**13:54:06 2020-01-14T21:51:51.599**

**PUSH.**

**2020-01-14T21:51:53.664**

**<br>**

**2020-01-14T21:51:56.724**

**>>**

**13:54:06 2020-01-14T21:52:09.138**

**IT'S EASIER TO TALK ABOUT WHAT TO DO**

**2020-01-14T21:52:11.403**

**WITH LCSS.**

**2020-01-14T21:52:14.075**

**IT'S HARDER TO THINK ABOUT THE ROLE**

**13:54:06 2020-01-14T21:52:16.737**

**WITH MEDICARE.**

**2020-01-14T21:52:24.236**

**THE RECOMMENDATION IS NOT TO GIVE UP**

**2020-01-14T21:52:26.307**

**THE FIELD.**

**13:54:06 2020-01-14T21:52:30.579**

**THANK YOU.**

**2020-01-14T21:52:32.448**

**<br>**

**2020-01-14T21:52:37.529**

**>> OUR FINAL RECOMMENDATION IN THIS AREA**

**13:54:06 2020-01-14T21:52:41.911**

**HAS TO DO WITH OVERSIGHT.**

**2020-01-14T21:52:44.984**

**THIS RECOMMENDATION ACTUALLY CAME FROM**

**2020-01-14T21:52:51.184**

**THE CALIFORNIA LCSS.**

**13:54:06 2020-01-14T21:52:56.259**

**IT IS MODELED AFTER THE SETUP IN**

**2020-01-14T21:52:59.336**

**MASSACHUSETTS**

**2020-01-14T21:53:07.956**

**THE PLANNING COUNCIL WOULD VO RECORDS**

**13:54:06 2020-01-14T21:53:11.423**

**ACROSS THE ORGANIZATION.**

**2020-01-14T21:53:14.489**

**ADVOCATES OF HEALTH PLANS AND**

**2020-01-14T21:53:16.561**

**PROVIDERS.**

**13:54:06 2020-01-14T21:53:30.460**

**OUR PROPOSAL IS THE L LCSS CROSS**

**2020-01-14T21:53:33.523**

**POPULATION**

**2020-01-14T21:53:37.336**

**FOR HEALTH FOR EVERYONE.**

**13:54:06 2020-01-14T21:53:40.201**

**THAT'S OUR PRESENTATION.**

**2020-01-14T21:53:44.271**

**THANK YOU VERY MUCH, MAYA.**

**2020-01-14T21:53:49.136**

**YOU DID AN AMAZING JOB JOB.**

**13:54:06 2020-01-14T21:53:55.810**

**TO REFRESH OUR MEMORY, WAY BACK WHEN**

**2020-01-14T21:54:02.766**

**MAYA TALKED ABOUT MEDICARE AND MEDICAL**

**2020-01-14T21:54:05.830**

**CAL**

**13:54:19 2020-01-14T21:54:19.671**

**, ADDRESSING THE CHALLENGES OF THE LOOK**

**13:54:22 2020-01-14T21:54:22.737**

**ALIKES AND HAVING STANDARDS AND**

**13:54:57 , ADDRESSING THE CHALLENGES OF THE LOOK ALIKES AND HAVING STANDARDS AND REQUIREMENTS FOR SPECIAL NEED PLANS AND A NEED FOR LEADERSHIP IN THAT LEVEL -- STATE LEVEL. WHEN WE LOOK AT THE ISSUE**

**OF INTEGRATING LONG-TERM CARE INTO MEDICAL MANAGED CARE, THE MAIN THING THAT CAME UP ARE THE NEEDS FOR LONG-TERM GOALS AND A VISION**

**13:55:12 LOOKING AT ADDRESSING THE NONMEDICAL NEED SERVICES AND PLAN READINESS. THIS IS A FAST TIMELINE TO TRANSITION TO SKILLED NURSING CARE. IT'S OPERATIONALLY CHALLENGING. IN THE NEXT SLIDE, MAYA TALKED ABOUT THE ISSUES PERTAINING TO THE PROVISION**

**13:55:44 OF DAY-TO-DAY SERVICES UNDER THE MEDICAL MANAGED CARE PLAN. I THINK THIS TIES INTO THE NEED FOR A VISION AND OVERALL STRATEGY. COMMUNITY BASED ADULT SERVICES HAVE MANAGED CARE BENEFITS.2020-01-14T21:54:25.198**

**REQUIREMENTS FOR SPECIAL NEED PLANS AND**

**13:55:44 2020-01-14T21:54:28.661**

**A NEED FOR LEADERSHIP IN THAT LEVEL --**

**2020-01-14T21:54:29.116**

**STATE LEVEL.**

**2020-01-14T21:54:32.982**

**WHEN WE LOOK AT THE ISSUE OF**

**13:55:44 2020-01-14T21:54:36.044**

**INTEGRATING LONG-TERM CARE INTO MEDICAL**

**2020-01-14T21:54:38.313**

**MANAGED CARE, THE MAIN THING THAT CAME**

**2020-01-14T21:54:41.981**

**UP ARE THE NEEDS FOR LONG-TERM GOALS AND**

**13:55:44 2020-01-14T21:54:48.302**

**A VISION LOOKING AT ADDRESSING THE**

**2020-01-14T21:54:50.772**

**NONMEDICAL NEED SERVICES AND PLAN**

**2020-01-14T21:54:51.032**

**READINESS.**

**13:55:44 2020-01-14T21:54:55.101**

**THIS IS A FAST TIMELINE TO TRANSITION  
2020-01-14T21:54:58.360  
TO SKILLED NURSING CARE.**

**2020-01-14T21:55:03.656**

**IT'S OPERATIONALLY CHALLENGING.**

**13:55:45 2020-01-14T21:55:06.758**

**IN THE NEXT SLIDE, MAYA TALKED ABOUT  
2020-01-14T21:55:12.027  
THE ISSUES PERTAINING TO THE PROVISION**

**2020-01-14T21:55:15.315**

**OF DAY-TO-DAY SERVICES UNDER THE MEDICAL**

**13:55:45 2020-01-14T21:55:15.983**

**MANAGED CARE PLAN.**

**2020-01-14T21:55:19.841**

**I THINK THIS TIES INTO THE NEED FOR A  
2020-01-14T21:55:21.911**

**VISION AND OVERALL STRATEGY.**

**13:55:45 2020-01-14T21:55:25.786**

**COMMUNITY BASED ADULT SERVICES HAVE  
2020-01-14T21:55:28.680  
MANAGED CARE BENEFITS.**

**2020-01-14T21:55:39.967**

**THERE IS ONE PROGRAM IN THE COMMUNITY.**

**13:55:45 2020-01-14T21:55:42.838**

**THE NEED FOR ACCESS STANDARDS AND**



**13:56:18 THERE IS ONE PROGRAM IN THE COMMUNITY. THE NEED FOR ACCESS STANDARDS AND COMMUNITY BASED SERVICES, EVALUATION AND DATA. WE TALKED ABOUT THE NEED FOR THE PLANS THAT WE TALKED ABOUT. WE HAVE ABOUT AN HOUR FOR THIS SECTION OF THE**

**13:56:37 SESSION, RIGHT? SO BLURTING OUT A LOT OF INFORMATION AT ONCE -- WHO HAS -- OH, PERFECT.**

**>> THAT'S VERY INVIGORATING. THERE ARE SO MANY THINGS TO SAY ABOUT THE ATOMIC. ONE THING THAT OCCURS TO ME**

**13:57:09 HAVING WORKED IN THIS AREA 20 PLUS YEARS, IT'S A DREAM. IT'S A VISION. SOME OF US STILL HAVE IT THAT INNATED INNOVATED CARE FOR CALIFORNIA. BACK IN THE DAY, I WAS**2020-01-14T21:55:47.898

**COMMUNITY BASED SERVICES, EVALUATION AND**

**13:57:09 2020-01-14T21:55:49.761**

**DATA.**

**2020-01-14T21:56:02.487**

**WE TALKED ABOUT THE NEED FOR THE PLANS**

**2020-01-14T21:56:04.555**

**THAT WE TALKED ABOUT.**

**13:57:09 2020-01-14T21:56:07.050**

**WE HAVE ABOUT AN HOUR FOR THIS SECTION**

**2020-01-14T21:56:11.510**

**OF THE SESSION, RIGHT?**

**2020-01-14T21:56:19.577**

**SO BLURTING OUT A LOT OF INFORMATION**

**13:57:09 2020-01-14T21:56:24.646**

**AT ONCE -- WHO HAS -- OH, PERFECT.**

**2020-01-14T21:56:27.722**

**<br>**

**2020-01-14T21:56:31.508**

**>> THAT'S VERY INVIGORATING.**

**13:57:09 2020-01-14T21:56:33.771**

**THERE ARE SO MANY THINGS TO SAY ABOUT  
2020-01-14T21:56:34.629  
THE ATOMIC.**

**2020-01-14T21:56:37.302**

**ONE THING THAT OCCURS TO ME HAVING**

**13:57:09 2020-01-14T21:56:41.085**

**WORKED IN THIS AREA 20 PLUS YEARS, IT'S A DREAM.**

**2020-01-14T21:56:42.158**

**IT'S A VISION.**

**2020-01-14T21:56:47.429**

**SOME OF US STILL HAVE IT THAT INNAT**

**13:57:10 2020-01-14T21:56:49.292**

**INNOVATED CARE FOR CALIFORNIA.**

**2020-01-14T21:56:55.770**

**BACK IN THE DAY, I WAS**

**2020-01-14T21:57:00.183**

**LOOKING AT IHSS.**

**13:57:10 2020-01-14T21:57:04.244**

**WE STARTED GETTING ON THE BANDWAGON  
2020-01-14T21:57:05.705  
FOR INTEGRATION.**

**13:57:10 2020-01-14T21:57:10.780**

**NOW, IT'S STILL NOT ALIGNED.**

**13:57:45 LOOKING AT IHSS. WE STARTED GETTING ON THE BANDWAGON FOR INTEGRATION. NOW, IT'S STILL NOT ALIGNED. WE HAVE THE COMMUNITY BASED PROGRAMS, OUTSIDE OF THE CAL LANE SYSTEM, RESPONSIBILITY FOR IHSS AND ANOTHER WITH RESPONSIBILITY FOR SKILLS. THE STATE ENTITY WON'T BE RESPONSIBLE. PROBABLY, THERE IS A HANDFUL OF PEOPLE**

**13:57:59 THAT FULLY UNDERSTAND HOW IT WORKS AND HOW IT COULD WORK WITH THE ALIGNMENT. SO I THINK ONE OF THE THINGS WITH THE GOVERNOR'S MASTER PLAN IS TO ADDRESS IHSS. I BELIEVE ONE OF OUR RECOMMENDATIONS IS TO TAKE MORE TIME AND FIGURE OUT WHETHER OR NOT IHSS AND HOME AND COMMUNITY BASED CARE PLANS CAN BE INTEGRATED. FOR A LONG**

**13:58:25 TIME, WE THOUGHT THE COUNTY COULD DO IT. NOW IT'S MOVED TO THE MANAGED CARE PLAN. IN SAN DIEGO, THINGS REALLY CHANGED WHEN IHSS CAME OUT OF THE SYSTEM AND WE REALLY HAD CONCERNS ABOUT HOW THAT WAS GOING TO WORK, AND THEY CAN'T SHARE INFORMATION WITHOUT INDIVIDUAL CONCERN. I THINK THAT IS A CHALLENGE. ONE OF THE THINGS**

**13:58:55 IN LIEU OF SERVICES, THAT COULD BE PROMISEING, BUT I THINK BACK TO CARE PLAN OPTION SERVICES, AND ONE ENTITY IN SAN DIEGO FUNDS THAT. PLAN OPTION SERVICES ARE THE ABILITY --**

**>> THE DIFFERENCE BETWEEN IN LIEU OF SERVICES -- SORRY. CARE PLAN OPTION --**

**13:59:27 WE PAY FOR THE LEVEL OF CARE THEY WANT. IT'S SOMETHING WE CAN'T SUSTAIN OVER TIME. IN LIEU OF SERVICES WOULD EVENTUALLY LET THE PLAN RECOVER THE COSTS.**

**>> THAT'S THE MAJOR DIFFERENCE, A2020-01-14T21:57:15.056**

**WE HAVE THE COMMUNITY BASED PROGRAMS,**

**13:59:27 2020-01-14T21:57:18.520**

**OUTSIDE OF THE CAL LANE SYSTEM,**

**2020-01-14T21:57:22.991**

**RESPONSIBILITY FOR IHSS AND ANOTHER WITH**

**2020-01-14T21:57:24.173**

**RESPONSIBILITY FOR SKILLS.**

**13:59:27 2020-01-14T21:57:29.061**

**THE STATE ENTITY WON'T BE RESPONSIBLE.**

**2020-01-14T21:57:32.634**

**PROBABLY, THERE IS A HANDFUL OF PEOPLE**

**2020-01-14T21:57:35.169**

**THAT FULLY UNDERSTAND HOW IT WORKS AND**

**13:59:27 2020-01-14T21:57:37.795**

**HOW IT COULD WORK WITH THE ALIGNMENT.**

**2020-01-14T21:57:41.992**

**SO I THINK ONE OF THE THINGS WITH THE**

**2020-01-14T21:57:45.394**

**GOVERNOR'S MASTER PLAN IS TO ADDRESS**

**13:59:27 2020-01-14T21:57:45.877**

**IHSS.**

**2020-01-14T21:57:48.736**

**I BELIEVE ONE OF OUR RECOMMENDATIONS**

**2020-01-14T21:57:53.011**

**IS TO TAKE MORE TIME AND FIGURE OUT**

**13:59:28 2020-01-14T21:57:55.270**

**WHETHER OR NOT IHSS AND HOME AND**

**2020-01-14T21:57:58.329**

**COMMUNITY BASED CARE PLANS CAN BE**

**2020-01-14T21:57:58.593**

**INTEGRATED.**

**13:59:28 2020-01-14T21:58:02.257**

**FOR A LONG TIME, WE THOUGHT THE COUNTY**

**2020-01-14T21:58:02.920**

**COULD DO IT.**

**2020-01-14T21:58:06.195**

**NOW IT'S MOVED TO THE MANAGED CARE**

**13:59:28 2020-01-14T21:58:06.851**

**PLAN.**

**2020-01-14T21:58:09.919**

**IN SAN DIEGO, THINGS REALLY CHANGED**

**2020-01-14T21:58:13.790**

**WHEN IHSS CAME OUT OF THE SYSTEM AND WE**

**13:59:28 2020-01-14T21:58:15.853**

**REALLY HAD CONCERNS ABOUT HOW THAT WAS**

**2020-01-14T21:58:18.920**

**GOING TO WORK, AND THEY CAN'T SHARE**

**2020-01-14T21:58:21.385**

**INFORMATION WITHOUT INDIVIDUAL CONCERN.**

**13:59:28 2020-01-14T21:58:23.254**

**I THINK THAT IS A CHALLENGE.**

**2020-01-14T21:58:26.924**

**ONE OF THE THINGS IN LIEU OF SERVICES,**

**2020-01-14T21:58:30.989**

**THAT COULD BE PROMISING, BUT I THINK**

**13:59:28 2020-01-14T21:58:33.259**

**BACK TO CARE PLAN OPTION SERVICES, AND**

**2020-01-14T21:58:37.525**

**ONE ENTITY IN SAN DIEGO FUNDS THAT.**

**2020-01-14T21:58:40.590**

**PLAN OPTION SERVICES ARE THE ABILITY**

**13:59:28 2020-01-14T21:58:41.845**

**--<br>**

**2020-01-14T21:58:44.707**

**>> THE DIFFERENCE BETWEEN IN LIEU OF**

**2020-01-14T21:58:46.774**

**SERVICES -- SORRY.**

**13:59:28 2020-01-14T21:58:55.058**

**CARE PLAN OPTION --**

**2020-01-14T21:59:00.286**

**WE PAY FOR THE LEVEL OF CARE THEY WANT.**

**2020-01-14T21:59:05.968**

**IT'S SOMETHING WE CAN'T SUSTAIN OVER**

**13:59:28 2020-01-14T21:59:06.232**

**TIME.**

**2020-01-14T21:59:10.892**

**IN LIEU OF SERVICES WOULD EVENTUALLY**

**2020-01-14T21:59:13.556**

**LET THE PLAN RECOVER THE COSTS.**

**13:59:28 2020-01-14T21:59:14.615**

**<br>**

**2020-01-14T21:59:20.121**

**>> THAT'S THE MAJOR DIFFERENCE, A**

**2020-01-14T21:59:26.353**

**(DH)<br>**

**13:59:29 2020-01-14T21:59:29.623**

**SO I UNDERSTAND THAT IT WAS NOT FUNDED**

**13:59:33 2020-01-14T21:59:33.094**

**AND THAT WOULD BE ONE STRONG**

**14:00:07 (DH)**

**SO I UNDERSTAND THAT IT WAS NOT FUNDED AND THAT WOULD BE ONE STRONG RECOMMENDATION THAT THE IN LIEU OF SERVICES IS FUNDED AND IT IS CLEAR AS TO WHAT IT COULD ACTUALLY COVER. I KNOW I'M GOING TO TALK ABOUT THE INTEGRATION AT THE STATE LEVEL A LITTLE BIT LATER AND I THINK THAT WILL BE VERY EXCITING. I GUESS I WILL JUST**

**14:00:12 FINISH UP BY SAYING THAT JUST BEING EVEN ABLE TO HAVE THIS DISCUSSION IS SO EXCITING. AND TO BE ABLE TO ENVISION, AGAIN, A CALIFORNIA WHERE THE SERVICES ARE INTEGRATED. THERE IS NOTHING LIKE IHSS ANYWHERE ELSE IN THE NATION. AND WE HAVE SO MUCH OF OUR MONEY IN THE PROGRAM, OUR STAFF HAVE WORKED SO HARD IN THE COUNTYS TO**

**14:00:39 DO A GOOD JOB WITH IHSS ASSESSMENT AND SERVICE, BUT THEY DON'T PROVIDE COORDINATED CARE AND WRAP A AROUND AND THAT IS NOT THEIR TIME OR MANDATE. THANK YOU.**

**>> NINA WEILER-HARWELL: I REALLY APPRECIATE THE DISCUSSION. I ACTUALLY JUST HAVE A QUESTION AND I'M NOT SURE IF THIS IS THE RIGHT PLACE TO PUT IT, BUT I WAS CURIOUS ABOUT**

**14:01:02 WHAT DISCUSSION WE MIGHT HAVE AROUND AN IHSS BUY IN, IT IS A SEGUE FOR SOMEONE WHO WOULD NORMALLY QUALIFY FOR IHSS BE ABLE TO BUY IN. AND I DON'T KNOW WHERE WE WOULD PLAN THAT DISCUSSION, BUT I'M JUST PUTTING IT OUT THERE.**

**14:01:34**

**>> JUST TO FLAG, THERE IS IHSS WITH A SHARE OF COST. SO IT IS NOT EXACTLY THE SAME AS IHSS BUY IN, XWU BUT THERE IS SOME TECHNICAL OPTION.**

**2020-01-14T21:59:35.357**

**RECOMMENDATION THAT THE IN LIEU OF**

**14:01:34 2020-01-14T21:59:37.227**

**SERVICES IS FUNDED AND IT IS CLEAR AS TO**

**2020-01-14T21:59:38.897**

**WHAT IT COULD ACTUALLY COVER.**

**2020-01-14T21:59:41.363**

**I KNOW I'M GOING TO TALK ABOUT THE**

**14:01:34 2020-01-14T21:59:43.020**

**INTEGRATION AT THE STATE LEVEL A LITTLE**

**2020-01-14T21:59:45.490**

**BIT LATER AND I THINK THAT WILL BE VERY**

**2020-01-14T21:59:45.959**

**EXCITING.**

**14:01:34 2020-01-14T21:59:48.439**

**I GUESS I WILL JUST FINISH UP BY**

**2020-01-14T21:59:53.130**

**SAYING THAT JUST BEING EVEN ABLE TO HAVE**

**2020-01-14T21:59:54.992**

**THIS DISCUSSION IS SO EXCITING.**

**14:01:34 2020-01-14T21:59:58.060**

**AND TO BE ABLE TO ENVISION, AGAIN, A**

**2020-01-14T22:00:00.319**

**CALIFORNIA WHERE THE SERVICES ARE**

**2020-01-14T22:00:00.577**

**INTEGRATED.**

**14:01:34 2020-01-14T22:00:04.442**

**THERE IS NOTHING LIKE IHSS ANYWHERE**



**2020-01-14T22:00:05.109**

**ELSE IN THE NATION.**

**2020-01-14T22:00:06.975**

**AND WE HAVE SO MUCH OF OUR MONEY IN**

**14:01:35 2020-01-14T22:00:10.872**

**THE PROGRAM, OUR STAFF HAVE WORKED SO**

**2020-01-14T22:00:13.340**

**HARD IN THE COUNTYS TO DO A GOOD JOB**

**2020-01-14T22:00:15.821**

**WITH IHSS ASSESSMENT AND SERVICE, BUT**

**14:01:35 2020-01-14T22:00:18.481**

**THEY DON'T PROVIDE COORDINATED CARE AND**

**2020-01-14T22:00:22.957**

**WRAP A AROUND AND THAT IS NOT THEIR TIME**

**2020-01-14T22:00:24.037**

**OR MANDATE.**

**14:01:35 2020-01-14T22:00:24.561**

**THANK YOU.**

**2020-01-14T22:00:25.620**

**<br>**

**2020-01-14T22:00:28.082**

**>> NINA WEILER-HARWELL: I REALLY**

**14:01:35 2020-01-14T22:00:29.555**

**APPRECIATE THE DISCUSSION.**

**2020-01-14T22:00:32.610**

**I ACTUALLY JUST HAVE A QUESTION AND**

**2020-01-14T22:00:35.476**

**I'M NOT SURE IF THIS IS THE RIGHT PLACE**

**14:01:35 2020-01-14T22:00:40.947**

**TO PUT IT, BUT I WAS CURIOUS ABOUT WHAT**

**2020-01-14T22:00:44.012**

**DISCUSSION WE MIGHT HAVE AROUND AN IHSS**

**2020-01-14T22:00:47.879**

**BUY IN, IT IS A SEGUE FOR SOMEONE WHO**

**14:01:35 2020-01-14T22:00:50.938**

**WOULD NORMALLY QUALIFY FOR IHSS BE ABLE**

**2020-01-14T22:00:51.998**

**TO BUY IN.**

**2020-01-14T22:00:54.061**

**AND I DON'T KNOW WHERE WE WOULD PLAN**

**14:01:35 2020-01-14T22:00:58.271**

**THAT DISCUSSION, BUT I'M JUST PUTTING IT**

**2020-01-14T22:00:58.736**

**OUT THERE.**

**2020-01-14T22:00:58.988**

**<br>**

**14:01:35 2020-01-14T22:01:06.871**

**<br>**

**2020-01-14T22:01:13.266**

**>> JUST TO FLAG, THERE IS IHSS WITH A**

**2020-01-14T22:01:13.928**

**SHARE OF COST.**

**14:01:35 2020-01-14T22:01:17.592**

**SO IT IS NOT EXACTLY THE SAME AS IHSS**

**2020-01-14T22:01:21.655**

**BUY IN, XWU BUT THERE IS SOME TECHNICAL**

**2020-01-14T22:01:23.856**

**OPTION.**

**14:01:35 2020-01-14T22:01:25.375**

**<br>**

**14:01:38 2020-01-14T22:01:37.865**

**<br>**

**14:01:41 2020-01-14T22:01:41.128**

**>> KAREN FIES:<br>**

**14:02:16**

**>> KAREN FIES:**

**>> KAREN FIES: SONOMA COUNTY. I THINK HE THE THE CONVERSATION IS REALLY INTERESTING AND IHSS, WHICH I KNOW VERY WELL IN MY COUNTY. AND I AGREE THERE NEEDS TO BE MORE CARE COORDINATION. AS SOCIAL WORKERS AND THE STAFF IN IHSS WANT**

**14:02:29 TO DO THE WORK THAT YOU ARE TALKING ABOUT. WE RECOGNIZE THE NEED OF INDIVIDUALS WHO ARE NOT ABLE TO DIRECT THEIR OWN CARE. WHAT WE NEED IS MORE FUNDING, THE CASE LOADS ARE ENORMOUS RIGHT NOW. AND EVERYTHING ALWAYS COMES BACK TO DISCUSSIONS ABOUT FUNDING.**

**14:03:01**

**>> LYDIA MISSAELIDES: HI. MY -- I WAS A LITTLE CONFUSED ABOUT THE NEW PROPOSAL UNDER CAL AIM FOR THE D SNPS. IT SOUNDS LIKE WHAT**  
**2020-01-14T22:01:44.383**

**>> KAREN FIES:**

**14:03:01 2020-01-14T22:01:48.194**

**SONOMA COUNTY.**

**2020-01-14T22:01:51.663**

**I THINK HE THE THE CONVERSATION IS**

**2020-01-14T22:01:53.758**

**REALLY INTERESTING AND IHSS, WHICH I**

**14:03:01 2020-01-14T22:01:55.820**

**KNOW VERY WELL IN MY COUNTY.**

**2020-01-14T22:01:59.289**

**AND I AGREE THERE NEEDS TO BE MORE**

**2020-01-14T22:02:01.594**

**CARE COORDINATION.**

**14:03:01 2020-01-14T22:02:05.276**

**AS SOCIAL WORKERS AND THE STAFF IN**

**2020-01-14T22:02:07.950**

**IHSS WANT TO DO THE WORK THAT YOU ARE TALKING ABOUT.**

**2020-01-14T22:02:09.689**

**WE RECOGNIZE THE NEED OF INDIVIDUALS**

**14:03:02 2020-01-14T22:02:14.960**

**WHO ARE NOT ABLE TO DIRECT THEIR OWN**

**2020-01-14T22:02:16.223**

**CARE.**

**2020-01-14T22:02:19.482**

**WHAT WE NEED IS MORE FUNDING, THE CASE**

**14:03:02 2020-01-14T22:02:21.350**

**LOADS ARE ENORMOUS RIGHT NOW.**

**2020-01-14T22:02:24.849**

**AND EVERYTHING ALWAYS COMES BACK TO**

**2020-01-14T22:02:26.113**

**DISCUSSIONS ABOUT FUNDING.**

**14:03:02 2020-01-14T22:02:30.985**

**<br>**

**2020-01-14T22:02:34.650**

**>> LYDIA MISSAELIDES:**

**2020-01-14T22:02:37.456**

**HI.**

**14:03:02 2020-01-14T22:02:43.329**

**MY -- I WAS A LITTLE CONFUSED ABOUT**

**2020-01-14T22:02:48.807**

**THE NEW PROPOSAL UNDER CAL AIM FOR THE D**

**2020-01-14T22:02:50.472**

**SNPS.**

**14:03:02 2020-01-14T22:02:53.740**

**IT SOUNDS LIKE WHAT YOU WERE**

**2020-01-14T22:02:57.810**

**DESCRIBING IS THAT THE MEDI-CAL MANAGED**

**2020-01-14T22:03:02.074**

**CARE PLAN D SNP WOULD NOT NECESSARILY BE**

**14:03:35 YOU WERE DESCRIBING IS THAT THE MEDI-CAL MANAGED CARE  
PLAN D SNP WOULD NOT NECESSARILY BE THE ONLY OPTION THEN FOR  
PEOPLE WHO ARE DUALS IN THAT PLAN? THEY COULD CHOOSE A NONMEDI-  
CAL PLAN TO BE THEIR D SNP? I HAD -- IS THAT CORRECT?**

**>> MAYA ALTMAN: THAT IS WHAT COULD HAPPEN AND IF THE STATE DOESN'T REGULATE, I USE THAT TERM**

**14:03:51 LOOSELY, REGULATE THE MARKET, AN INSURANCE COMPANY CAN OFFER A D SNP AND THEN ENROLL PEOPLE ON MEDI-CAL, BUT NOT GET MEDI-CAL THROUGH THAT PLAN. I KNOW IT IS CRAZY, BUT THEY CAN DO THAT.**

**>> MARTY LYNCH: A D SNP BY RECEPTION IS A MEDICARE ADVANTAGED PLAN, WHICH THE FEDERAL GOVERNMENT REGULATES. THE STATE HOWEVER, HAS SOME**

**14:04:19 CONTROL OVER THE MEDICAID DOLLARS A THAT MIGHT FLOW TO THAT PLAN. THE PLAN CAN ONLY TAKE THE MEDICARE SIDE IF IT CHOOSES.**

**>> SARAH STEENHAUSEN: WITH D SNPS, THERE ARE DIFFERENT LEVELS OF INTEGRATION. YOU CAN HAVE THE REGULAR, WHICH IS CONTRACTUAL. YOU CAN HAVE HIGHLY INTEGRATED D SNPS, WHICH IS A HIGHER LEVEL AND THEN FULLY**

**14:04:51 INTEGRATED D SNPS, WHICH IS THE WHOLE KIT AND KACABOODLE.**

**>> LYDIA MISSAELIDES: SO, OKAY. TWO EXPERIENCES; ONE, MY PERSONAL EXPERIENCE HAVING JUST ENROLLED IN MEDICARE. I PASSED THAT MAGIC AGE. I'M LIVING ON THE 2020-01-14T22:03:04.737**

**THE ONLY OPTION THEN FOR PEOPLE WHO ARE**

**14:04:51 2020-01-14T22:03:05.408**

**DUALS IN THAT PLAN?**

**2020-01-14T22:03:09.473**

**THEY COULD CHOOSE A NONMEDI-CAL PLAN**

**2020-01-14T22:03:11.144**

**TO BE THEIR D SNP?**

**14:04:51 2020-01-14T22:03:13.604**

**I HAD -- IS THAT CORRECT?**

**2020-01-14T22:03:15.869**

**<br>**

**2020-01-14T22:03:19.270**

**>> MAYA ALTMAN: THAT IS WHAT COULD**

**14:04:51 2020-01-14T22:03:23.576**

**HAPPEN AND IF THE STATE DOESN'T**

**2020-01-14T22:03:26.053**

**REGULATE, I USE THAT TERM LOOSELY,**

**2020-01-14T22:03:29.114**

**REGULATE THE MARKET, AN INSURANCE**

**14:04:51 2020-01-14T22:03:32.575**

**COMPANY CAN OFFER A D SNP AND THEN**

**2020-01-14T22:03:35.034**

**ENROLL PEOPLE ON MEDI-CAL, BUT NOT GET**

**2020-01-14T22:03:37.702**

**MEDI-CAL THROUGH THAT PLAN.**

**14:04:51 2020-01-14T22:03:39.971**

**I KNOW IT IS CRAZY, BUT THEY CAN DO**

**2020-01-14T22:03:40.348**

**THAT.**

**2020-01-14T22:03:42.406**

**<br>**

**14:04:52 2020-01-14T22:03:44.880**

**>> MARTY LYNCH: A D SNP BY RECEPTION IS**

**2020-01-14T22:03:47.634**

**A MEDICARE ADVANTAGED PLAN, WHICH THE**

**2020-01-14T22:03:49.298**

**FEDERAL GOVERNMENT REGULATES.**

**14:04:52 2020-01-14T22:03:51.723**

**THE STATE HOWEVER, HAS SOME CONTROL**

**2020-01-14T22:03:56.833**

**OVER THE MEDICAID DOLLARS A THAT MIGHT**

**2020-01-14T22:03:57.895**

**FLOW TO THAT PLAN.**

**14:04:52 2020-01-14T22:04:01.555**

**THE PLAN CAN ONLY TAKE THE MEDICARE**

**2020-01-14T22:04:04.015**

**SIDE IF IT CHOOSES.**

**2020-01-14T22:04:05.092**

**<br>**

**14:04:52 2020-01-14T22:04:06.753**

**>> SARAH STEENHAUSEN: WITH D SNPS,**

**2020-01-14T22:04:10.020**

**THERE ARE DIFFERENT LEVELS OF INTEGRATION.**

**2020-01-14T22:04:12.744**

**YOU CAN HAVE THE REGULAR, WHICH IS**

**14:04:52 2020-01-14T22:04:13.206**

**CONTRACTUAL.**

**2020-01-14T22:04:16.074**

**YOU CAN HAVE HIGHLY INTEGRATED D SNPS,**

**2020-01-14T22:04:18.937**

**WHICH IS A HIGHER LEVEL AND THEN FULLY**

**14:05:24 GOVERNMENT DOLE NOW AND I'M HAPPY ABOUT THAT. JUST MY LITTLE JOKE. IT IS SO FLIPPING COMPLICATED AND I GOT A PART B PENALTY BECAUSE I SIGNED UP LATE NOT REALIZING THAT YOU HAD TO DO IT IN 90 DAYS. IT IS SO FLIPPING COMPLICATED TODAY FOR THE MEDICARE PERSON, LET ALONE A DUAL, WHO HAS TO DEAL WITH TWO SYSTEMS THAT ARE**



**14:05:33 COMPLICATED. AND NOW YOU ARE GOING TO SAY THAT WE'RE GOING TO INTEGRATE INDIVIDUAL FOR PROFIT D SNPS WITH THE MEDI-CAL MANAGED CARE PLAN WHEN THERE IS NO RELATIONSHIP WITH THEM AND NOT ENOUGH FUNDING TO DO CARE COORDINATION BETWEEN THE TWO? I THINK THAT IS A NIGHTMARE WAITING TO HAPPEN AND WILL MAKE CAL MED CONNECT**

**14:06:03 LOOK LIKE A WALK IN THE PARK. WITH THE RED MEDICARE MANAGED ABILITY, ANTHEM IS THE ONLY PLAN THAT ADDED ADULT DAY SERVICES AND NUTRITION, WHICH I SUPPORT. WE'VE DONE RESEARCH ON THAT AND EXTREMELY IMPORTANT. ANYONE'S NUTRITION IS IMPORTANT. WE ARE NOT GETTING REFERRALS. THEY HAVE LIMITED THE EDHC BENEFIT TO ONE DAY PER**

**14:06:33 WEEK. ONE DAY PER WEEK. FOR MEDICARE ADVANTAGE WHERE THEY ADDED SOME LTSS BENEFITS. SO RIGHT NOW, MY IMPRESSION IS, IT IS NOT TAKING HOLD ACROSS THE COUNTRY STRONGLY. IT IS A LONG-TERM PROJECT AND THEY NEED TO HAVE ACTUARIAL DATA. THE POINT I WANT TO RAISE IS THAT A, FIRST POINT, I THINK CHAOS IS GOING TO HAPPEN IF**

**14:07:02 THAT IS NOT REGULATED FOR THE CONSUMER. AND NUMBER TWO, ADDING THE BENEFITS , RIGHT NOW, HONESTLY, I'M NOT SEEING THEM AS THAN A WAY OF TRYING TO ATTRACT SOME PEOPLE AND NOT REALLY DELIVER THE SERVICES. THESE PLANS DO NOT UNDERSTAND LTSS PERIOD. FULL STOP, THEY DON DON'T UNDERSTAND IT. THAT IS WHAT BOTHERS ME THAT WE**

**14:07:24 DIDN'T HAVE THE CAL AIM GROUP INCLUDED IN LTSS OR A SUBGROUP THAT COULD RAISE SOME OF THE ISSUES. I HAVE MORE TO SAY BUT I WILL GIVE UP MY TIME TO OTHERS. THAT WAS MY POINT.**

**>> JEFF THOM:**

**14:07:57 SO BEFORE I MAKE MY COMMENT ON A PERSONAL LEVEL, AS I STARTED LISTENING TO THIS, I REALIZE THAT I REALLY NEED TO GET MY DARN MEDICARE ADVANTAGE PLAN IN BRAILLE SO I CAN READ THE WHO WHOLE DARN THING. IT IS KIND OF SADLY 2020-01-14T22:04:21.406**

**INTEGRATED D SNPS, WHICH IS THE WHOLE**

**14:07:57 2020-01-14T22:04:26.070**

**KIT AND KACABOODLE.**

**2020-01-14T22:04:28.533**

**<br>**

**2020-01-14T22:04:30.454**

>> LYDIA MISSAELIDES: SO, OKAY.

14:07:57 2020-01-14T22:04:34.140

TWO EXPERIENCES; ONE, MY PERSONAL  
2020-01-14T22:04:36.404  
EXPERIENCE HAVING JUST ENROLLED IN  
2020-01-14T22:04:36.863  
MEDICARE.

14:07:57 2020-01-14T22:04:41.530

I PASSED THAT MAGIC AGE.  
2020-01-14T22:04:44.592  
I'M LIVING ON THE GOVERNMENT DOLE NOW  
2020-01-14T22:04:46.060  
AND I'M HAPPY ABOUT THAT.

14:07:57 2020-01-14T22:04:47.126

JUST MY LITTLE JOKE.  
2020-01-14T22:04:50.613  
IT IS SO FLIPPING COMPLICATED AND I  
2020-01-14T22:04:55.480  
GOT A PART B PENALTY BECAUSE I SIGNED UP

14:07:57 2020-01-14T22:04:58.552

LATE NOT REALIZING THAT YOU HAD TO DO IT  
2020-01-14T22:05:00.015  
IN 90 DAYS.

2020-01-14T22:05:02.687

IT IS SO FLIPPING COMPLICATED TODAY

**14:07:57 2020-01-14T22:05:04.971**

**FOR THE MEDICARE PERSON, LET ALONE A**

**2020-01-14T22:05:07.739**

**DUAL, WHO HAS TO DEAL WITH TWO SYSTEMS**

**2020-01-14T22:05:08.616**

**THAT ARE COMPLICATED.**

**14:07:57 2020-01-14T22:05:12.280**

**AND NOW YOU ARE GOING TO SAY THAT**

**2020-01-14T22:05:15.545**

**WE'RE GOING TO INTEGRATE INDIVIDUAL FOR**

**2020-01-14T22:05:18.611**

**PROFIT D SNPS WITH THE MEDI-CAL MANAGED**

**14:07:57 2020-01-14T22:05:21.479**

**CARE PLAN WHEN THERE IS NO RELATIONSHIP**

**2020-01-14T22:05:24.190**

**WITH THEM AND NOT ENOUGH FUNDING TO DO**

**2020-01-14T22:05:25.852**

**CARE COORDINATION BETWEEN THE TWO?**

**14:07:57 2020-01-14T22:05:29.565**

**I THINK THAT IS A NIGHTMARE WAITING TO**

**2020-01-14T22:05:33.633**

**HAPPEN AND WILL MAKE CAL MED CONNECT**

**2020-01-14T22:05:36.834**

**LOOK LIKE A WALK IN THE PARK.**

**14:07:57 2020-01-14T22:05:42.302**

**WITH THE RED MEDICARE MANAGED ABILITY,**

**2020-01-14T22:05:46.670**

**ANTHEM IS THE ONLY PLAN THAT ADDED ADULT**

**2020-01-14T22:05:49.144**

**DAY SERVICES AND NUTRITION, WHICH I**

**14:07:58 2020-01-14T22:05:49.944**

**SUPPORT.**

**2020-01-14T22:05:52.011**

**WE'VE DONE RESEARCH ON THAT AND**

**2020-01-14T22:05:52.748**

**EXTREMELY IMPORTANT.**

**14:07:58 2020-01-14T22:05:55.416**

**ANYONE'S NUTRITION IS IMPORTANT.**

**2020-01-14T22:05:57.079**

**WE ARE NOT GETTING REFERRALS.**

**2020-01-14T22:06:01.950**

**THEY HAVE LIMITED THE EDHC BENEFIT TO**

**14:07:58 2020-01-14T22:06:03.252**

**ONE DAY PER WEEK.**

**2020-01-14T22:06:05.328**

**ONE DAY PER WEEK.**

**2020-01-14T22:06:09.596**

**FOR MEDICARE ADVANTAGE WHERE THEY**

**14:07:58 2020-01-14T22:06:12.665**

**ADDED SOME LTSS BENEFITS.**

**2020-01-14T22:06:16.136**

**SO RIGHT NOW, MY IMPRESSION IS, IT IS**

**2020-01-14T22:06:19.394**

**NOT TAKING HOLD ACROSS THE COUNTRY**

**14:07:58 2020-01-14T22:06:19.856**

**STRONGLY.**

**2020-01-14T22:06:22.580**

**IT IS A LONG-TERM PROJECT AND THEY**

**2020-01-14T22:06:25.846**

**NEED TO HAVE ACTUARIAL DATA.**

**14:07:58 2020-01-14T22:06:29.113**

**THE POINT I WANT TO RAISE IS THAT A,**

**2020-01-14T22:06:33.385**

**FIRST POINT, I THINK CHAOS IS GOING TO**

**2020-01-14T22:06:35.248**

**HAPPEN IF THAT IS NOT REGULATED FOR THE**

**14:07:58 2020-01-14T22:06:35.542**

**CONSUMER.**

**2020-01-14T22:06:41.811**

**AND NUMBER TWO, ADDING THE BENEFITS ,**

**2020-01-14T22:06:45.886**

**RIGHT NOW, HONESTLY, I'M NOT SEEING THEM**

**14:07:58 2020-01-14T22:06:49.756**

**AS THAN A WAY OF TRYING TO ATTRACT SOME**

**2020-01-14T22:06:52.229**

**PEOPLE AND NOT REALLY DELIVER THE SERVICES.**

**2020-01-14T22:06:55.097**

**THESE PLANS DO NOT UNDERSTAND LTSS**

**14:07:58 2020-01-14T22:06:55.557**

**PERIOD.**

**2020-01-14T22:06:59.624**

**FULL STOP, THEY DOND DON'T UNDERSTAND**

**2020-01-14T22:06:59.891**

**IT.**

**14:07:58 2020-01-14T22:07:02.598**

**THAT IS WHAT BOTHERS ME THAT WE DIDN'T**

**2020-01-14T22:07:06.064**

**HAVE THE CAL AIM GROUP INCLUDED IN LTSS**

**2020-01-14T22:07:09.932**

**OR A SUBGROUP THAT COULD RAISE SOME OF**

**14:07:59 2020-01-14T22:07:10.191**

**THE ISSUES.**

**2020-01-14T22:07:12.261**

**I HAVE MORE TO SAY BUT I WILL GIVE UP**

**2020-01-14T22:07:14.537**

**MY TIME TO OTHERS.**

**14:07:59 2020-01-14T22:07:18.198**

**THAT WAS MY POINT.**

**2020-01-14T22:07:21.152**

**<br>**

**2020-01-14T22:07:24.620**

**>> JEFF THOM:**

**14:07:59 2020-01-14T22:07:30.046**

**SO BEFORE I MAKE MY COMMENT ON A  
2020-01-14T22:07:32.503  
PERSONAL LEVEL, AS I STARTED LISTENING  
2020-01-14T22:07:34.976  
TO THIS, I REALIZE THAT I REALLY NEED TO**

**14:07:59 2020-01-14T22:07:38.647  
GET MY DARN MEDICARE ADVANTAGE PLAN IN  
2020-01-14T22:07:42.707  
BRAILLE SO I CAN READ THE WHO WHOLE DARN  
2020-01-14T22:07:43.169  
THING.**

**14:07:59 2020-01-14T22:07:48.245  
IT IS KIND OF SADLY IRONIC THAT WE'RE  
2020-01-14T22:07:53.315  
STRG HAVING SOME OF THE SAME DISCUSSIONS  
2020-01-14T22:07:59.008  
WE HAD WHEN CAL MEDI-CONNECT WAS BEING**

**14:08:32 IRONIC THAT WE'RE STRG HAVING SOME OF THE SAME DISCUSSIONS  
WE HAD WHEN CAL MEDI-CONNECT WAS BEING PROPOSED. IHSS, I DON'T  
KNOW WHAT TO SAY, ARE IS SO MUCH ANGST IN THE DISABILITY COMMUNITY  
FOR VERY GOOD REASON ABOUT HAVING IHSS BECOME PART OF MANAGED  
CARE. THERE IS NO DOUBT ABOUT THAT. ON THE OTHER HAND, I HAVE BEEN  
WITH**

**14:08:48 AN ADVISORY COMMITTEE ON SOME NATIONAL HEALTH CARE, ONE  
NATIONAL HEALTH CARE COMPANY THAT APPEARED TO UNDERSTAND THE  
GENERAL THRUST OF WHAT THE IMPORTANCE OF IHSS WAS AND HOW IT HAD  
TO BE ADMINISTERED IN ORDER TO MAKE IT THE LIFE-SUSTAINING PROGRAM  
THAT IT IS. AND I REALLY THINK THAT YOU KNOW, LET'S FACE IT, WE'RE NOT**

**14:09:13 GOING TO HAVE ANY KIND OF ONE PAYER SYSTEM IN THIS  
COUNTRY, WE'RE JUST NOT. NO MATTER HOW MANY PEOPLE WANT IT, WE'RE  
NOT. WITH THE RESOURCE OF LIMBTATIONS WE HAVE LIMITATIONS WE**

**HAVE, THE IHSS PROGRAM IS BECOMING MORE AND MORE BURDENSOME IN TERMS OF THE TAXPAYER PROGRAM. I DON'T KNOW, I'M NOT SURE IF THE ONLY WAY WE CAN**

**14:09:46 MAKE THE IHSS PROGRAM SUSTAINABLE IS THROUGH MANAGED CARE. AND I AGREE THAT SOMEHOW OR OTHER, WE NEED TO HAVE A VERY ROBUST PILOT, WHICH SHOULD HAVE HAPPENED LONG BEFORE NOW, A VERY ROBUST MANAGED CARE PILOT TO SHOW 2020-01-14T22:08:00.013**

**PROPOSED.**

**14:09:46 2020-01-14T22:08:01.895**

**IHSS, I DON'T KNOW WHAT TO SAY, ARE IS  
2020-01-14T22:08:05.377**

**SO MUCH ANGST IN THE DISABILITY**

**2020-01-14T22:08:07.247**

**COMMUNITY FOR VERY GOOD REASON ABOUT**

**14:09:46 2020-01-14T22:08:10.525**

**HAVING IHSS BECOME PART OF MANAGED CARE.**

**2020-01-14T22:08:13.598**

**THERE IS NO DOUBT ABOUT THAT.**

**2020-01-14T22:08:20.684**

**ON THE OTHER HAND, I HAVE BEEN WITH AN**

**14:09:46 2020-01-14T22:08:23.353**

**ADVISORY COMMITTEE ON SOME NATIONAL**

**2020-01-14T22:08:25.815**

**HEALTH CARE, ONE NATIONAL HEALTH CARE**

**2020-01-14T22:08:30.687**

**COMPANY THAT APPEARED TO UNDERSTAND THE**

**14:09:46 2020-01-14T22:08:35.549**

**GENERAL THRUST OF WHAT THE IMPORTANCE OF**



**2020-01-14T22:08:38.823**

**IHSS WAS AND HOW IT HAD TO BE**

**2020-01-14T22:08:39.893**

**ADMINISTERED IN ORDER TO MAKE IT THE**

**14:09:46 2020-01-14T22:08:43.394**

**LIFE-SUSTAINING PROGRAM THAT IT IS.**

**2020-01-14T22:08:47.255**

**AND I REALLY THINK THAT YOU KNOW,**

**2020-01-14T22:08:49.314**

**LET'S FACE IT, WE'RE NOT GOING TO HAVE**

**14:09:46 2020-01-14T22:08:52.587**

**ANY KIND OF ONE PAYER SYSTEM IN THIS**

**2020-01-14T22:08:54.048**

**COUNTRY, WE'RE JUST NOT.**

**2020-01-14T22:08:55.838**

**NO MATTER HOW MANY PEOPLE WANT IT,**

**14:09:46 2020-01-14T22:08:56.517**

**WE'RE NOT.**

**2020-01-14T22:08:58.380**

**WITH THE RESOURCE OF LIMBTATIONS WE**

**2020-01-14T22:09:02.649**

**HAVE LIMITATIONS WE HAVE, THE IHSS**

**14:09:46 2020-01-14T22:09:05.520**

**PROGRAM IS BECOMING MORE AND MORE**

**2020-01-14T22:09:09.182**

**BURDENSOME IN TERMS OF THE TAXPAYER**

**2020-01-14T22:09:09.641**

**PROGRAM.**

**14:09:46 2020-01-14T22:09:12.735**

**I DON'T KNOW, I'M NOT SURE IF THE ONLY**

**2020-01-14T22:09:14.995**

**WAY WE CAN MAKE THE IHSS PROGRAM**

**2020-01-14T22:09:17.057**

**SUSTAINABLE IS THROUGH MANAGED CARE.**

**14:09:46 2020-01-14T22:09:21.691**

**AND I AGREE THAT SOMEHOW OR OTHER, WE**

**2020-01-14T22:09:26.153**

**NEED TO HAVE A VERY ROBUST PILOT, WHICH**

**2020-01-14T22:09:28.607**

**SHOULD HAVE HAPPENED LONG BEFORE NOW, A**

**14:09:47 2020-01-14T22:09:34.276**

**VERY ROBUST MANAGED CARE PILOT TO SHOW**

**2020-01-14T22:09:38.562**

**WHETHER PROPERLY ADMINISTERED, THE**

**2020-01-14T22:09:46.271**

**PROGRAM CAN BE WORKED WELL IN A MANAGED**

**14:09:47 2020-01-14T22:09:47.365**

**CARE CONTEXT.**

**14:10:20 WHETHER PROPERLY ADMINISTERED, THE PROGRAM CAN BE  
WORKED WELL IN A MANAGED CARE CONTEXT. IT HAS NOT SHOWN THAT YET,  
BUT I THINK IT NEEDS TO BE.**

**14:10:31**

**>> ANA ACTON: THANK YOU. THANKS FOR BRINGING BACK A LOT OF MEMORIES. SOMEHOW I FORGOT AND THOSE WERE TRAUMATIC MEMORIES. SO, I NEED CLARIFICATION BECAUSE THIS IS NOT REALLY MY P BAILIWICK AREA. WE HAVE THE MEDICARE MANAGED PLANS THAT ARE CURRENTLY JUST FOR MEDICARE. AND THEN WITH THE**

**14:11:01 CAL AIM PROPOSAL, THE DUAL ELIGIBLE SPECIAL NEEDS PLANS, WHAT DID YOU CALL THEM? D SNPS, SO IS THERE STATE STANDARDS? OR IS THAT PART OF WHAT WE'RE RECOMMENDING THAT THE STATE DEVELOP STANDARDS TO SAY IF YOU ARE GOING TO PLAY IN CALIFORNIA, YOU HAVE TO TAKE MEDI-CAL? OR I MEAN, EVERYONE IS GOING TO BE -- THERE IS GOING**

**14:11:24 TO BE A NEED FOR CERTAIN PEOPLE ON MEDICARE TO GET ACCESS. BUT IF YOU ARE A MANY, MANY, THOSE PLANS NEED TO BE ABLE TO ACCEPT THEM?**

**>> MAYA ALTMAN: I'M SORRY IT IS SO COMPLICATED. I DID NOT DESIGN THIS PROGRAM. BUT**

**14:11:50 YEAH, THE STANDARD -- WE'RE RECOMMENDING THAT THE STATE HAVE STANDARDS. AND ONE SIMPLE STANDARD IS, YOU HAVE TO ENROLL WITH A PLAN THAT HAS BOTH YOUR MEDICARE AND MEDICAID. NOT ENROLL WITH ONE PLAN THAT HAS MEDICARE AND ANOTHER WITH MED MEDICAID BECAUSE THERE IS NO INTEGRATION. I WILL GIVE YOU AN EXAMPLE, WE HAD SOMEBODY,**

**14:12:18 THIS WAS YEARS AGO WHO JUST WAS ON THE MEDICAID SIDE. MEDICAID PAYS FOR THE DEDUCTIBLES AND COPAYS THEY MIGHT DO WRAP AROUND SERVICES, TRANSPORTATION. SOME DME. THIS PERSON WAS IN MEDICARE AND HAD BEEN IN THE EMERGENCY ROOM A ONE TIME HUNDRED TIMES. WE DON'T KNOW THAT BECAUSE WE DON'T HAVE ANY OF THE MEDICARE INFORMATION.**

**14:12:47 THIS PERSON WAS CRYING OUT FOR COORDINATION. AND IF THEY GET -- IT IS DISTINCTION DISINTEGRATION. IT IS CRAZY.**

**>> ANA ACTON: OKAY, SO I LIKE THAT IDEA OF HAVING SOME MINIMUM STANDARDS. AND IT SOUNDS LIKE JUST HAVING**

**14:13:19 ACCESS TO A PLAN THAT WOULD FOR -- IF YOU ARE MEDI- MEDI-, YOU ENROLL IN ONE PLAN THAT COORDINATES CARE. THE NEXT PIECE I WANTED TO BRING UP AS THE CAL AIM IN LIEU OF SERVICES. AND REALLY TRYING TO THINK THROUGH THAT BECAUSE THERE IS SO MUCH OPPORTUNITY**

**THERE. THAT IS A HUGE PLACE FOR MANY OF US THAT ARE WORKING ON SOCIAL**

**14:13:41 DETERMINANT NAN OF HEALTH AND DOING THE LTSS. MY CONCERN IS REQUIRING THAT THEY ACTUALLY WORK COLLABORATIVELY WITH ORGANIZATIONS. BECAUSE WE KEEP ON PUSHING WORK COLLABORATIVELY WITH LOCAL PARTNERS TO GET THIS WORK DONE. AND WE DON'T SEE THAT PLAY OUT NECESSARILY. THAT HAS BEEN OUR EXPERIENCE. CAN PART OF OUR**

**14:13:59 RECOMMENDATION BE THAT YOU ARE NOT JUST TAKING ALL OF THE IN LIEU OF SERVICES IN HOUSE, BUT YOU ACTUALLY ARE REQUIRED TO PARTNER WITH ORGANIZATIONS THAT ARE PROVIDING THIS ARRAY OF SERVICES THAT ARE OUTSIDE WHAT IS TYPICALLY YOU KNOW, PAID FOR THROUGH MEDI-CAL?**

**14:14:25**

**>> MAYA ALTMAN: SO I THINK THAT IS A REASONABLE RELS RECOMMENDATION. I KNOW IT IS BEING ARGUED ABOUT IN SOME OF THE CAL AIM WORK GROUPS RIGHT NOW. AND THE PROBLEM IS THE STATE HAS -- THE STATE SAYS IT CANNOT REQUIRE PLANS TO CONTRACT WITH ANYBODY. BUT I THINK THE STATE REALLY NEEDS TO THINK HARD ABOUT HOW TO MAKE**

**14:14:53 THIS HAPPEN. THE COINS COUNTIES ARE REALLY CONCERNED. THE BEHAVIORAL HEALTH DEPARTMENTS, THEY ALL HAVE THE SAME CONCERN. I WOULD SAY THAT THE STATE, IF THEY CAN'T ABSOLUTELY REQUIRE, THERE NEEDS TO BE INCENTIVES PUT IN PLACE AT THE VERY LEAST. SECONDLY, I KNOW THIS IS HARD TO SAY, BUT LOCAL PLANS ARE -- THE BOARD MEMBERS**

**14:15:18 ARE APPOINTED BY THE BOARD OF SUPERVISORS. IF YOU GET THE BOARD AND YOU GET ON THOSE PLANS, THEY ARE POTENTIALLY I MEAN, THEY ARE LOCALLY CONTROLLED. IT IS JUST TAKEING THAT STEP AND GETTING ON THE BOARD OF THE LOCAL PLAN AND TELLING US WHAT THEY NEED TO DO. LISTEN LIMP**

**>> MARTY LYNCH: I WANT TO SAY TO YOUR POINT, AS**

**14:15:36 THE ALLIANCE ARE LOOKING AT THE HOME HEALTH, SOME OF US BOARD MEMBERS ARE SAYING WE WANT TO MAKE SURE YOU CONTRACT WITH COMMUNITY ORGANIZATIONS TO BUILD UP THAT CARE COORDINATION INFRASTRUCTURE, NOT JUST DO IT INSIDE THE PLAN. SO THE PLAN**

**14:16:04 DID IN FACT COME UP WITH A STRATEGY THAT INCLUDESD BOTH. THEY NEEDED INTERNAL STRUCTURE, BUT THEY BROUGHT ON A NUMBER OF OUTSIDE COMMUNITY-BASED ORGANIZATION CONTRACTORS. I DON'T KNOW WHAT DHCS CAN DO AND NOT DO IN TERMS OF REQUIREMENTS. BUT IN THE MEDICAL WORLD THERE IS SOMETHING CALLED NETWORK ADVOCACY,EQUACY. WHERE THE**

**14:16:27 STATE JUDGES IF YOUR NETWORK OF PROVIDERS IS ADEQUATE. IS I WONDER IF THERE IS SOMETHING THAT CAN BE DONE IN THIS AREA.**

**>> SARAH STEENHAUSEN: THAT RECOMMENDATION THAT WAS UP ON THE SCREEN ABOUT ACCESS STANDARD IS TRYING TO GET TO THAT POINT, MARTY. ENSURING THAT THERE IS A CORE SET OF SERVICES THAT ARE DEFINED AS**

**14:16:55 REQUIRED SERVICES IN THE CONTRACTS FOR D SNPS OR WHATEVER PLAN YOU ARE TALKING ABOUT, WHETHER IT IS MANAGED LTSS PLAN OR WHAT HAVE YOU. AS LYDIA CAN ATTEST TO CAN WITH CBAS, IT IS A MANAGED CARE BENEFIT STATE WIDE. BUT TRICKY WHEN YOU ONLY HAVE 30 OUT OF THE 58 COUNTIES. IT IS A TOUGH ONE BECAUSE YOU CAN'T REQUIRE PLANS TO**

**14:17:18 OPEN UP CBAS CENTERS. IT IS HARD, BUT IF YOU HAVE THE STANDARDS AS -- THIS GETS TO THE ISSUE OF INFRAPLANNING THAT WE'LL TALK ABOUT A LITTLE LATER. BUT I THINK IT IS SOMETHING IMPORTANT TO CONSIDER. LYDIA AND THEN WE HAVE DONNA ON THE PHONE AND KAREN.**

**>> MAYA ALTMAN: IT JUST SPARKS ANOTHER IDEA THAT WE CAN PUT IN THE ACCESS**

**14:17:45 CENTERS THAT YOU HAVE TO HAVE EXPERTISE IN LTSS WHOEVER YOU CONTRACT WITH. AND COMMUNITY-BASED EXPERTISE. WE CONTRACT WITH INSTITUTE ON AGING, WHICH IS OUR LOCAL LTSS ORGANIZATION IN THE SAN FRANCISCO BAY AREA. I THINK THERE ARE WAYS TO MASSAGE THE ACCESS STANDARDS TO GET AT A ISSUE THAT THEY REALLY NEED TO CONTRACT WITH A**

**14:18:14 LOCAL EXPERT.**

**>> SARAH STEENHAUSEN: DONNA, IS SHE ON? SHE DROPPED OFF. KAREN, YOU ARE UP.**

**>> THANK YOU. AND I'M SORRY I'M NOT THERE, BUT I'M SPARING YOU ALL MY GERMS. I'M REALLY CONCERNED ABOUT REVISITING THE CONVERSATION**

**14:18:43 ABOUT DMIEN KIND OF CARVE IN OF IHSS AND MANAGED CARE. WE'VE GONE THROUGH THIS FOR YEARS AND IT REALLY JUST TAKES ALL THE ENERGY OUT OF THE ROOM AND DIVIDES PARTNERS A OTHERWISE THAT OTHERWISE COULD BE WORKING SUCCESSFULLY TOGETHER. ARE ARE OTHER WAYS TO BUILD CASE MANAGEMENT AND OTHER KINDS OF THINGS THAT WERE DONE**

**14:19:09 UNDER THE SUPPORTS IP CONSTRUCT THAT HAS BEEN SET UP UNDER THE COUNTIES FOR A NUMBER OF YEARS. CONSUMERS BY IN LARGE REALLY PROTEST VERY STRONGLY ABOUT HAVING IHSS PUT UNDER MANAGED CARE. ANY KIND OF A LIMITED CARVE OUT IS GOING TO CREATE ALL KINDS OF FLAK**

**THAT I DON'T THINK WE NEED TO GO THROUGH WHEN WE HAVE DONE THAT FOR**

**14:19:34 SO MANY YEARS AND LEARNED SO MANY LESSONS. AND IT DIVIDES REALLY PROVIDES REALLY GOOD PARTNERS AND MOVING ON TO OTHER THINGS. I WANT TO BE REALLY CLEAR THAT I THINK THIS IS SOMETHING THAT SHOULD NOT BE IN THE RECOMMENDATIONS THAT ARE PUT FORWARD IN THE REPORT.**

**14:20:07**

**>> PETER MENDOZA: I THINK WE REALLY NEED TO ACKNOWLEDGE THERE IS A LOT OF FEAR FROM THE COMMUNITY. IT WAS LOUD AND CLEAR AND I HAVE BEEN INVOLVED IN LTSS MANY YEARS BOTH AS A CONSUMER AND AS SOMEONE WORKING IN THE 2020-01-14T22:09:48.520**

**IT HAS NOT SHOWN THAT YET, BUT I THINK**

**14:20:07 2020-01-14T22:09:50.601**

**IT NEEDS TO BE.**

**2020-01-14T22:09:53.260**

**<br>**

**2020-01-14T22:09:58.530**

**<br>**

**14:20:07 2020-01-14T22:09:59.395**

**<br>**

**2020-01-14T22:10:02.875**

**<br>**

**2020-01-14T22:10:04.739**

**>> ANA ACTON: THANK YOU.**

**14:20:07 2020-01-14T22:10:08.202**

**THANKS FOR BRINGING BACK A LOT OF**

**2020-01-14T22:10:08.518**

**MEMORIES.**

**2020-01-14T22:10:11.586**

**SOMEHOW I FORGOT AND THOSE WERE**

**14:20:07 2020-01-14T22:10:13.047**

**TRAUMATIC MEMORIES.**

**2020-01-14T22:10:18.110**

**SO, I NEED CLARIFICATION BECAUSE THIS**

**2020-01-14T22:10:22.576**

**IS NOT REALLY MY P**

**14:20:07 2020-01-14T22:10:24.582**

**BAILIWICK AREA.**

**2020-01-14T22:10:26.643**

**WE HAVE THE MEDICARE MANAGED PLANS**

**2020-01-14T22:10:28.913**

**THAT ARE CURRENTLY JUST FOR MEDICARE.**

**14:20:07 2020-01-14T22:10:32.179**

**AND THEN WITH THE CAL AIM PROPOSAL,**

**2020-01-14T22:10:34.840**

**THE DUAL ELIGIBLE SPECIAL NEEDS PLANS,**

**2020-01-14T22:10:35.698**

**WHAT DID YOU CALL THEM?**

**14:20:07 2020-01-14T22:10:45.577**

**D SNPS, SO IS THERE STATE STANDARDS?**

**2020-01-14T22:10:48.011**

**OR IS THAT PART OF WHAT WE'RE**

**2020-01-14T22:10:49.673**

**RECOMMENDING THAT THE STATE DEVELOP**

**14:20:07 2020-01-14T22:10:51.946**

**STANDARDS TO SAY IF YOU ARE GOING TO**

**2020-01-14T22:10:54.343**

**PLAY IN CALIFORNIA, YOU HAVE TO TAKE**

**2020-01-14T22:10:54.810**

**MEDI-CAL?**

**14:20:08 2020-01-14T22:11:00.277**

**OR I MEAN, EVERYONE IS GOING TO BE --**

**2020-01-14T22:11:02.762**

**THERE IS GOING TO BE A NEED FOR CERTAIN**

**2020-01-14T22:11:05.655**

**PEOPLE ON MEDICARE TO GET ACCESS.**

**14:20:08 2020-01-14T22:11:09.724**

**BUT IF YOU ARE A MANY, MANY, THOSE**

**2020-01-14T22:11:11.389**

**PLANS NEED TO BE ABLE TO ACCEPT THEM?**

**2020-01-14T22:11:14.453**

**<br>**

**14:20:08 2020-01-14T22:11:19.467**

**>> MAYA ALTMAN: I'M SORRY IT IS SO**

**2020-01-14T22:11:19.924**

**COMPLICATED.**

**2020-01-14T22:11:21.393**

**I DID NOT DESIGN THIS PROGRAM.**

**14:20:08 2020-01-14T22:11:24.458**

**BUT**



**2020-01-14T22:11:29.680**

**YEAH, THE STANDARD -- WE'RE**

**2020-01-14T22:11:30.946**

**RECOMMENDING THAT THE STATE HAVE**

**14:20:08 2020-01-14T22:11:31.211**

**STANDARDS.**

**2020-01-14T22:11:33.881**

**AND ONE SIMPLE STANDARD IS, YOU HAVE**

**2020-01-14T22:11:36.555**

**TO ENROLL WITH A PLAN THAT HAS BOTH YOUR**

**14:20:08 2020-01-14T22:11:38.423**

**MEDICARE AND MEDICAID.**

**2020-01-14T22:11:41.283**

**NOT ENROLL WITH ONE PLAN THAT HAS**

**2020-01-14T22:11:46.360**

**MEDICARE AND ANOTHER WITH MED MEDICAID**

**14:20:08 2020-01-14T22:11:47.822**

**BECAUSE THERE IS NO INTEGRATION.**

**2020-01-14T22:11:50.489**

**I WILL GIVE YOU AN EXAMPLE, WE HAD**

**2020-01-14T22:11:54.015**

**SOMEBODY, THIS WAS YEARS AGO WHO JUST**

**14:20:08 2020-01-14T22:11:55.682**

**WAS ON THE MEDICAID SIDE.**

**2020-01-14T22:12:00.756**

**MEDICAID PAYS FOR THE DEDUCTIBLES AND**

**2020-01-14T22:12:03.915**

**COPAYS THEY MIGHT DO WRAP AROUND**

**14:20:08 2020-01-14T22:12:04.784**

**SERVICES, TRANSPORTATION.**

**2020-01-14T22:12:07.051**

**SOME DME.**

**2020-01-14T22:12:09.714**

**THIS PERSON WAS IN MEDICARE AND HAD**

**14:20:08 2020-01-14T22:12:13.580**

**BEEN IN THE EMERGENCY ROOM A ONE TIME**

**2020-01-14T22:12:14.645**

**HUNDRED TIMES.**

**2020-01-14T22:12:16.714**

**WE DON'T KNOW THAT BECAUSE WE DON'T**

**14:20:08 2020-01-14T22:12:18.379**

**HAVE ANY OF THE MEDICARE INFORMATION.**

**2020-01-14T22:12:20.449**

**THIS PERSON WAS CRYING OUT FOR**

**2020-01-14T22:12:21.504**

**COORDINATION.**

**14:20:09 2020-01-14T22:12:27.776**

**AND IF THEY GET -- IT IS**

**2020-01-14T22:12:31.709**

**DISTINCTION DISINTEGRATION.**

**2020-01-14T22:12:35.182**

**IT IS CRAZY.**

**14:20:09 2020-01-14T22:12:38.258**

**<br>**

**2020-01-14T22:12:43.525**

**>> ANA ACTON: OKAY, SO I LIKE THAT IDEA**

**2020-01-14T22:12:45.788**

**OF HAVING SOME MINIMUM STANDARDS.**

**14:20:09 2020-01-14T22:12:47.848**

**AND IT SOUNDS LIKE JUST HAVING ACCESS**

**2020-01-14T22:12:55.924**

**TO A PLAN THAT WOULD FOR -- IF YOU ARE**

**2020-01-14T22:12:59.991**

**MEDI- MEDI-, YOU ENROLL IN ONE PLAN**

**14:20:09 2020-01-14T22:13:01.849**

**THAT COORDINATES CARE.**

**2020-01-14T22:13:04.116**

**THE NEXT PIECE I WANTED TO BRING UP AS**

**2020-01-14T22:13:06.182**

**THE CAL AIM IN LIEU OF SERVICES.**

**14:20:09 2020-01-14T22:13:09.046**

**AND REALLY TRYING TO THINK THROUGH**

**2020-01-14T22:13:10.706**

**THAT BECAUSE THERE IS SO MUCH**

**2020-01-14T22:13:12.371**

**OPPORTUNITY THERE.**

**14:20:09 2020-01-14T22:13:17.041**

**THAT IS A HUGE PLACE FOR MANY OF US**

**2020-01-14T22:13:19.956**

**THAT ARE WORKING ON SOCIAL DETERMINANT**

**2020-01-14T22:13:23.492**

**NANT OF HEALTH AND DOING THE LTSS.**

**14:20:09 2020-01-14T22:13:24.875**

**MY CONCERN IS REQUIRING THAT THEY**

**2020-01-14T22:13:27.925**

**ACTUALLY WORK COLLABORATIVELY WITH**

**2020-01-14T22:13:28.588**

**ORGANIZATIONS.**

**14:20:09 2020-01-14T22:13:32.262**

**BECAUSE WE KEEP ON PUSHING WORK**

**2020-01-14T22:13:34.120**

**COLLABORATIVELY WITH LOCAL PARTNERS TO**

**2020-01-14T22:13:36.180**

**GET THIS WORK DONE.**

**14:20:09 2020-01-14T22:13:38.437**

**AND WE DON'T SEE THAT PLAY OUT**

**2020-01-14T22:13:38.700**

**NECESSARILY.**

**2020-01-14T22:13:40.181**

**THAT HAS BEEN OUR EXPERIENCE.**

**14:20:42 SYSTEM AS WELL. AND THERE IS A LOT OF FEAR. THE IHSS ISSUE REALLY STOPPED A LOT OF THINGD FROM HAPPENING AND WE HAVE TO ACKNOWLEDGE THAT. SOME CASES, THERE ARE BENEFITS TOO, WE HAVE TO ACKNOWLEDGE THAT, TOO. WHATEVER NEXT STEPS WE TAKE, REMEMBER, IN**

**1974 WHEN IHSS WAS CREATED, WAS SUPPOSED TO BE A CONSUMER-DRIVEN PROGRAM.**

**14:20:59 OKAY? IT IS AN EXCELLENT PROGRAM. I DO WISH IT WAS A LITTLE MORE CONSUMER-HE DRIVENDRIVEN THAN IT IS NOW. BUT WE NEED TO MAKE SURE THAT WHATEVER WE DECIDE, THAT WE REALLY LOOK BACK AT THE HISTORY AND ALSO MAKE SURE THAT WE PUT THE WORDS PERSON-CENTERED, CONSUMER-DRIVEN BECAUSE THAT IS WHAT OUR COMMUNITY WANTS. I ALSO**

**14:21:29 WANTED TO MENTION THAT WE TALK ABOUT IT A LITTLE BIT LIMITED SERVICES. I FORGET WHETHER I SAID IT THIS YEAR OR ANOTHER COMMITTEE I SERVING ON. IN LIEU OF SERVICES, CAN WE FIND A DIFFERENT TITLE? THAT IS GOING TO CONFUSE THE COMMUNITY, TOO?. LET ME THROW ONE OUT, IF I COULD; SUPPLEMENTAL COMMUNITY SERVICES. BECAUSE THEY**

**14:22:01 ARE COMMUNITY-BASED SERVICES. SO SUPPLEMENTAL COMMUNITY-BASED SERVICES. IN LIEU SERVICES, IT SOUNDS LIKE I'M IN DENIAL. I CAN HEAR ALL THE PHONE CALLS THAT WE ARE GOING TO GET. SO WE NEED TO USE LANGUAGE PEOPLE 2020-01-14T22:13:42.063**

**CAN PART OF OUR RECOMMENDATION BE THAT**

**14:22:01 2020-01-14T22:13:44.360**

**YOU ARE NOT JUST TAKING ALL OF THE IN**

**2020-01-14T22:13:46.222**

**LIEU OF SERVICES IN HOUSE, BUT YOU**

**2020-01-14T22:13:49.493**

**ACTUALLY ARE REQUIRED TO PARTNER WITH**

**14:22:01 2020-01-14T22:13:51.359**

**ORGANIZATIONS THAT ARE PROVIDING THIS**

**2020-01-14T22:13:53.023**

**ARRAY OF SERVICES THAT ARE OUTSIDE WHAT**

**2020-01-14T22:13:56.086**

**IS TYPICALLY YOU KNOW, PAID FOR THROUGH**

**14:22:01 2020-01-14T22:13:56.345**

**MEDI-CAL?**

**2020-01-14T22:14:01.216**

**<br>**

**2020-01-14T22:14:03.687**

**>> MAYA ALTMAN: SO I THINK THAT IS A**

**14:22:01 2020-01-14T22:14:06.369**

**REASONABLE RELS RECOMMENDATION.**

**2020-01-14T22:14:09.635**

**I KNOW IT IS BEING ARGUED ABOUT IN**

**2020-01-14T22:14:11.903**

**SOME OF THE CAL AIM WORK GROUPS RIGHT**

**14:22:02 2020-01-14T22:14:12.169**

**NOW.**

**2020-01-14T22:14:17.060**

**AND THE PROBLEM IS THE STATE HAS --**

**2020-01-14T22:14:19.320**

**THE STATE SAYS IT CANNOT REQUIRE PLANS**

**14:22:02 2020-01-14T22:14:21.384**

**TO CONTRACT WITH ANYBODY.**

**2020-01-14T22:14:24.103**

**BUT I THINK THE STATE REALLY NEEDS TO**

**2020-01-14T22:14:26.368**

**THINK HARD ABOUT HOW TO MAKE THIS HAPPEN.**

**14:22:02 2020-01-14T22:14:30.827**

**THE COIN COUNTIES ARE REALLY CONCERNED.**

**2020-01-14T22:14:33.305**

**THE BEHAVIORAL HEALTH DEPARTMENTS,**

**2020-01-14T22:14:35.375**

**THEY ALL HAVE THE SAME CONCERN.**

**14:22:02 2020-01-14T22:14:37.643**

**I WOULD SAY THAT THE STATE, IF THEY**

**2020-01-14T22:14:40.311**

**CAN'T ABSOLUTELY REQUIRE, THERE NEEDS TO**

**2020-01-14T22:14:44.579**

**BE INCENTIVES PUT IN PLACE AT THE VERY LEAST.**

**14:22:02 2020-01-14T22:14:47.249**

**SECONDLY, I KNOW THIS IS HARD TO SAY,**

**2020-01-14T22:14:52.321**

**BUT LOCAL PLANS ARE PO -- THE BOARD**

**2020-01-14T22:14:54.588**

**MEMBERS ARE APPOINTED BY THE BOARD OF**

**14:22:02 2020-01-14T22:14:55.045**

**SUPERVISORS.**

**2020-01-14T22:14:57.714**

**IF YOU GET THE BOARD AND YOU GET ON**

**2020-01-14T22:15:02.245**

**THOSE PLANS, THEY ARE POTENTIALLY I**

**14:22:02 2020-01-14T22:15:04.101**

**MEAN, THEY ARE LOCALLY CONTROLLED.**

**2020-01-14T22:15:05.971**

**IT IS JUST TAKEING THAT STEP AND**

**2020-01-14T22:15:08.634**

**GETTING ON THE BOARD OF THE LOCAL PLAN**

**14:22:02 2020-01-14T22:15:12.298**

**AND TELLING US WHAT THEY NEED TO DO.**

**2020-01-14T22:15:15.572**

**LISTEN <br>**

**2020-01-14T22:15:17.631**

**>> MARTY LYNCH: I WANT TO SAY TO YOUR**

**14:22:02 2020-01-14T22:15:19.501**

**POINT, AS THE ALLIANCE ARE LOOKING AT**

**2020-01-14T22:15:23.336**

**THE**

**2020-01-14T22:15:26.126**

**HOME HEALTH, SOME OF US BOARD MEMBERS**

**14:22:03 2020-01-14T22:15:28.187**

**ARE SAYING WE WANT TO MAKE SURE YOU**

**2020-01-14T22:15:29.844**

**CONTRACT WITH COMMUNITY ORGANIZATIONS TO**

**2020-01-14T22:15:31.919**

**BUILD UP THAT CARE COORDINATION**

**14:22:03 2020-01-14T22:15:34.134**

**INFRASTRUCTURE, NOT JUST DO IT INSIDE**

**2020-01-14T22:15:34.592**

**THE PLAN.**

**2020-01-14T22:15:37.858**

**SO THE PLAN DID IN FACT COME UP WITH A**

**14:22:03 2020-01-14T22:15:41.523**



**STRATEGY THAT INCLUDESD BOTH.**

**2020-01-14T22:15:44.193**

**THEY NEEDED INTERNAL STRUCTURE, BUT**

**2020-01-14T22:15:46.457**

**THEY BROUGHT ON A NUMBER OF OUTSIDE**

**14:22:03 2020-01-14T22:15:49.120**

**COMMUNITY-BASED ORGANIZATION CONTRACTORS.**

**2020-01-14T22:15:54.030**

**I DON'T KNOW WHAT DHCS CAN DO AND NOT**

**2020-01-14T22:15:55.496**

**DO IN TERMS OF REQUIREMENTS.**

**14:22:03 2020-01-14T22:15:57.371**

**BUT IN THE MEDICAL WORLD THERE IS**

**2020-01-14T22:16:03.046**

**SOMETHING CALLED NETWORK ADVOCACY,EQUACY.**

**2020-01-14T22:16:05.917**

**WHERE THE STATE JUDGES IF YOUR NETWORK**

**14:22:03 2020-01-14T22:16:07.988**

**OF PROVIDERS IS ADEQUATE.**

**2020-01-14T22:16:11.463**

**IS I WONDER IF THERE IS SOMETHING**

**2020-01-14T22:16:13.332**

**THAT CAN BE DONE IN THIS AREA.**

**14:22:03 2020-01-14T22:16:15.199**

**<br>**

**2020-01-14T22:16:16.061**

**>> SARAH STEENHAUSEN: THAT**

**2020-01-14T22:16:17.727**

**RECOMMENDATION THAT WAS UP ON THE SCREEN**

**14:22:03 2020-01-14T22:16:19.988**

**ABOUT ACCESS STANDARD IS TRYING TO GET**

**2020-01-14T22:16:21.248**

**TO THAT POINT, MARTY.**

**2020-01-14T22:16:24.117**

**ENSURING THAT THERE IS A CORE SET OF**

**14:22:03 2020-01-14T22:16:27.974**

**SERVICES THAT ARE DEFINED AS REQUIRED**

**2020-01-14T22:16:30.833**

**SERVICES IN THE CONTRACTS FOR D SNPS OR**

**2020-01-14T22:16:32.698**

**WHATEVER PLAN YOU ARE TALKING ABOUT,**

**14:22:03 2020-01-14T22:16:35.566**

**WHETHER IT IS MANAGED LTSS PLAN OR WHAT**

**2020-01-14T22:16:35.908**

**HAVE YOU.**

**2020-01-14T22:16:41.787**

**AS LYDIA CAN ATTEST TO CAN WITH CBAS,**

**14:22:03 2020-01-14T22:16:46.256**

**IT IS A MANAGED CARE BENEFIT STATE WIDE.**

**2020-01-14T22:16:49.467**

**BUT TRICKY WHEN YOU ONLY HAVE 30 OUT**

**2020-01-14T22:16:50.935**

**OF THE 58 COUNTIES.**

**14:22:04 2020-01-14T22:16:54.206**

**IT IS A TOUGH ONE BECAUSE YOU CAN'T**

**2020-01-14T22:16:57.077**

**REQUIRE PLANS TO OPEN UP CBAS CENTERS.**

**2020-01-14T22:16:59.235**

**IT IS HARD, BUT IF YOU HAVE THE**

**14:22:04 2020-01-14T22:17:01.506**

**STANDARDS AS -- THIS GETS TO THE ISSUE**

**2020-01-14T22:17:03.978**

**OF INFRAPLANNING THAT WE'LL TALK ABOUT A**

**2020-01-14T22:17:04.643**

**LITTLE LATER.**

**14:22:04 2020-01-14T22:17:07.449**

**BUT I THINK IT IS SOMETHING IMPORTANT**

**2020-01-14T22:17:07.951**

**TO CONSIDER.**

**2020-01-14T22:17:11.410**

**LYDIA AND THEN WE HAVE DONNA ON THE**

**14:22:04 2020-01-14T22:17:13.476**

**PHONE AND KAREN.**

**2020-01-14T22:17:13.832**

**<br>**

**2020-01-14T22:17:17.078**

**>> MAYA ALTMAN: IT JUST SPARKS ANOTHER**

**14:22:04 2020-01-14T22:17:19.143**

**IDEA THAT WE CAN PUT IN THE ACCESS**

**2020-01-14T22:17:23.019**

**CENTERS THAT YOU HAVE TO HAVE EXPERTISE**

**2020-01-14T22:17:26.689**

**IN LTSS WHOEVER YOU CONTRACT WITH.**

**14:22:04 2020-01-14T22:17:29.777**

**AND COMMUNITY-BASED EXPERTISE.**

**2020-01-14T22:17:33.844**

**WE CONTRACT WITH INSTITUTE ON AGING,**

**2020-01-14T22:17:35.912**

**WHICH IS OUR LOCAL LTSS ORGANIZATION IN**

**14:22:04 2020-01-14T22:17:36.777**

**THE SAN FRANCISCO BAY AREA.**

**2020-01-14T22:17:39.440**

**I THINK THERE ARE WAYS TO MASSAGE THE**

**2020-01-14T22:17:42.908**

**ACCESS STANDARDS TO GET AT A ISSUE THAT**

**14:22:04 2020-01-14T22:17:44.862**

**THEY REALLY NEED TO CONTRACT WITH A**

**2020-01-14T22:17:45.728**

**LOCAL EXPERT.**

**2020-01-14T22:17:49.792**

**14:22:04 2020-01-14T22:17:59.418**

**<br>**

**2020-01-14T22:18:01.687**

**>> SARAH STEENHAUSEN: DONNA, IS SHE ON?**

**2020-01-14T22:18:03.767**

**SHE DROPPED OFF.**

**14:22:04 2020-01-14T22:18:05.238**

**KAREN, YOU ARE UP.**

**2020-01-14T22:18:05.699**

**<br>**

**2020-01-14T22:18:06.155**

**>> THANK YOU.**

**14:22:04 2020-01-14T22:18:09.229**

**AND I'M SORRY I'M NOT THERE, BUT I'M**

**2020-01-14T22:18:10.688**

**SPARING YOU ALL MY GERMS.**

**2020-01-14T22:18:13.777**

**I'M REALLY CONCERNED ABOUT REVISITING**

**14:22:05 2020-01-14T22:18:18.859**

**THE CONVERSATION ABOUT KIND OF CARVE IN**

**2020-01-14T22:18:21.123**

**OF IHSS AND MANAGED CARE.**

**2020-01-14T22:18:22.992**

**WE'VE GONE THROUGH THIS FOR YEARS AND**

**14:22:05 2020-01-14T22:18:25.657**

**IT REALLY JUST TAKES ALL THE ENERGY OUT**

**2020-01-14T22:18:28.527**

**OF THE ROOM AND DIVIDES PARTNERS A**

**2020-01-14T22:18:34.000**

**OTHERWISE THAT OTHERWISE COULD BE**

**14:22:05 2020-01-14T22:18:36.047**

**WORKING SUCCESSFULLY TOGETHER.**

**2020-01-14T22:18:39.310**

**ARE ARE OTHER WAYS TO BUILD CASE**

**2020-01-14T22:18:42.376**

**MANAGEMENT AND OTHER KINDS OF THINGS**

**14:22:05 2020-01-14T22:18:47.235**

**THAT WERE DONE UNDER THE SUPPORTS IP**

**2020-01-14T22:18:48.301**

**CONSTRUCT THAT HAS BEEN SET UP UNDER THE**

**2020-01-14T22:18:50.846**

**COUNTIES FOR A NUMBER OF YEARS.**

**14:22:05 2020-01-14T22:18:55.712**

**CONSUMERS BY IN LARGE REALLY PROTEST**

**2020-01-14T22:18:59.383**

**VERY STRONGLY ABOUT HAVING IHSS PUT**

**2020-01-14T22:19:00.844**

**UNDER MANAGED CARE.**

**14:22:05 2020-01-14T22:19:04.013**

**ANY KIND OF A LIMITED CARVE OUT IS**

**2020-01-14T22:19:06.680**

**GOING TO CREATE ALL KINDS OF FLAK THAT I**

**2020-01-14T22:19:08.544**

**DON'T THINK WE NEED TO GO THROUGH WHEN**

**14:22:05 2020-01-14T22:19:11.212**

**WE HAVE DONE THAT FOR SO MANY YEARS AND**

**2020-01-14T22:19:12.676**

**LEARNED SO MANY LESSONS.**

**2020-01-14T22:19:17.547**

**AND IT DIVIDES REALLY PROVIDES REALLY**

**14:22:05 2020-01-14T22:19:21.008**

**GOOD PARTNERS AND MOVING ON TO OTHER**

**2020-01-14T22:19:21.872**

**THINGS.**

**2020-01-14T22:19:24.935**

**I WANT TO BE REALLY CLEAR THAT I THINK**

**14:22:06 2020-01-14T22:19:28.586**

**THIS IS SOMETHING THAT SHOULD NOT BE IN**

**2020-01-14T22:19:30.853**

**THE RECOMMENDATIONS THAT ARE PUT FORWARD**

**2020-01-14T22:19:31.520**

**IN THE REPORT.**

**14:22:06 2020-01-14T22:19:41.598**

**<br>**

**2020-01-14T22:19:44.264**

**>> PETER MENDOZA: I THINK WE REALLY**

**2020-01-14T22:19:46.526**

**NEED TO ACKNOWLEDGE THERE IS A LOT OF**

**14:22:06 2020-01-14T22:19:47.591**

**FEAR FROM THE COMMUNITY.**

**2020-01-14T22:19:52.658**

**IT WAS LOUD AND CLEAR AND I HAVE BEEN**

**2020-01-14T22:19:55.124**

**INVOLVED IN LTSS MANY YEARS BOTH AS A**

**14:22:06 2020-01-14T22:19:58.993**

**CONSUMER AND AS SOMEONE WORKING IN THE**

**2020-01-14T22:19:59.606**

**SYSTEM AS WELL.**

**2020-01-14T22:20:01.271**

**AND THERE IS A LOT OF FEAR.**

**14:22:06 2020-01-14T22:20:08.339**

**THE IHSS ISSUE REALLY STOPPED A LOT OF**

**2020-01-14T22:20:10.610**

**THINGD FROM HAPPENING AND WE HAVE TO**

**2020-01-14T22:20:11.072**

**ACKNOWLEDGE THAT.**

**14:22:06 2020-01-14T22:20:15.340**

**SOME CASES, THERE ARE BENEFITS TOO, WE**

**2020-01-14T22:20:17.049**

**HAVE TO ACKNOWLEDGE THAT, TOO.**

**2020-01-14T22:20:22.924**

**WHATEVER NEXT STEPS WE TAKE, REMEMBER,**

**14:22:06 2020-01-14T22:20:27.409**

**IN 1974 WHEN IHSS WAS CREATED, WAS**

**2020-01-14T22:20:30.075**



**SUPPOSED TO BE A CONSUMER-DRIVEN PROGRAM.**

**2020-01-14T22:20:30.350**

**OKAY?**

**14:22:06 2020-01-14T22:20:33.335**

**IT IS AN EXCELLENT PROGRAM.**

**2020-01-14T22:20:35.197**

**I DO WISH IT WAS A LITTLE MORE**

**2020-01-14T22:20:39.666**

**CONSUMER-HE DRIVEN DRIVEN THAN IT IS NOW.**

**14:22:06 2020-01-14T22:20:42.341**

**BUT WE NEED TO MAKE SURE THAT WHATEVER**

**2020-01-14T22:20:45.609**

**WE DECIDE, THAT WE REALLY LOOK BACK AT**

**2020-01-14T22:20:48.676**

**THE HISTORY AND ALSO MAKE SURE THAT WE**

**14:22:06 2020-01-14T22:20:53.602**

**PUT THE WORDS PERSON-CENTERED,**

**2020-01-14T22:20:55.276**

**CONSUMER-DRIVEN BECAUSE THAT IS WHAT OUR**

**2020-01-14T22:20:56.340**

**COMMUNITY WANTS.**

**14:22:06 2020-01-14T22:20:59.995**

**I ALSO WANTED TO MENTION THAT WE TALK**

**2020-01-14T22:21:03.979**

**ABOUT IT A LITTLE BIT LIMITED SERVICES.**

**2020-01-14T22:21:07.440**

**I FORGET WHETHER I SAID IT THIS YEAR**

**14:22:06 2020-01-14T22:21:11.710**

**OR ANOTHER COMMITTEE I SERVING ON.**

**2020-01-14T22:21:14.177**

**IN LIEU OF SERVICES, CAN WE FIND A**

**2020-01-14T22:21:14.649**

**DIFFERENT TITLE?**

**14:22:06 2020-01-14T22:21:17.520**

**THAT IS GOING TO CONFUSE THE**

**2020-01-14T22:21:18.183**

**COMMUNITY, TOO?**

**2020-01-14T22:21:26.659**

**. LET ME THROW ONE OUT, IF I COULD;**

**14:22:07 2020-01-14T22:21:28.320**

**SUPPLEMENTAL COMMUNITY SERVICES.**

**2020-01-14T22:21:31.598**

**BECAUSE THEY ARE COMMUNITY-BASED**

**2020-01-14T22:21:32.059**

**SERVICES.**

**14:22:07 2020-01-14T22:21:38.936**

**SO SUPPLEMENTAL COMMUNITY-BASED**

**2020-01-14T22:21:39.671**

**SERVICES.**

**2020-01-14T22:21:44.946**

**IN LIEU SERVICES, IT SOUNDS LIKE I'M**

**14:22:07 2020-01-14T22:21:45.611**

**IN DENIAL.**

**2020-01-14T22:21:53.092**

**I CAN HEAR ALL THE PHONE CALLS THAT WE**

**2020-01-14T22:21:54.960**

**ARE GOING TO GET.**

**14:22:07 2020-01-14T22:21:58.442**

**SO WE NEED TO USE LANGUAGE PEOPLE**

**2020-01-14T22:21:59.105**

**UNDERSTAND.**

**2020-01-14T22:22:01.968**

**AND WHILE I HAVE THE MIC I WANT TO**

**14:22:07 2020-01-14T22:22:06.037**

**TALK ABOUT ONE MORE THING; THE WHOLE**

**14:22:40 UNDERSTAND. AND WHILE I HAVE THE MIC I WANT TO TALK ABOUT ONE MORE THING; THE WHOLE SPEND DOWN SHARE OF COST ISSUE. WHY DON'T WE CALL IT A COPAY? IF YOU TRY TO EXPLAIN AND I'M GOING TO -- WE ALL DO THIS ALL THE TIME AT OUR ILCS, WHEN YOU TRY TO EXPLAIN SPEND DOWN AND SHARED COST TO FOLKS, THEY DON'T UNDERSTAND IT. THEY**

**14:22:51 DON'T UNDERSTAND THERE IS A BENEFIT. WHY DON'T WE CALL IT A COPAY OR A DEDUCTIBLE? SOMETHING THAT PEOPLE ARE USED TO? THEY ARE PROBABLY STILL GOING TO HAVE ISSUES IT, I'M NOT SAYING THEY WON'T. WHEN YOU TRY TO EXPLAIN SPEND DOWN TO A RELATIVE OF SOMEONE WITH A DISABILITY OR THE PERSON WITH A DISABILITY DIRECTLY. I TRIED TO**

**14:23:23 COMPLAIN IS TO EXPLAIN IT TO ONE OF MY RELATEIVES THEY GOT MAD AT ME. AND IT HAPPENS ALL THE TIME, A LOT OF PEOPLE WHO ARE ELIGIBLE FOR IHSS COULD BER BETTER UNDERSTAND HOW THE PROCESS WORKS AND THEY ARE NOT TAKING ADVANTAGE OF THE SERVICE.**

**>> MARTY OMOTO: THE OTHER MARTY. ACTUALLY PETER, TO YOUR POINT ON THE IN LIEU OF**

**14:23:46 SERVICES, WHEN I WAS AT THE STATE HOLDER MEETING WHEN THEY WERE TALKING ABOUT CAL AIM AND WHATEVER IT IS NOW, THEY ACTUALLY DID MENTION IT IN LIEU THE SERVICES NAME WAS NOT THE BEST. AND THEY CAME UP WITH SOMETHING AND IT WAS JUST KIND OF LEFT THERE. IT DOES SOUND AWFUL AND YOU HAVE TO EXPLAIN TO PEOPLE THAT YOU ARE NOT TAKING**

**14:24:14 AWAY SOMETHING. THERE IS THAT. AND I JUST WANT TO SAY FROM A PERSONAL STANDPOINT, MY SISTER WITH DEVELOPMENTAL AND PHYSICAL DISABILITIES AND HOW DIFFICULT THE SYSTEM WAS ENCOUNTERING THE DIFFERENT TYPES OF SERVICES. AS MUCH AS I KNEW, IF I FOUND OUT ANYTHING AND I WAS A LEAD CONTACT, IT WAS ONLY ABOUT IF SOMETHING**

**14:24:43 RAN OUT. MEANING MOSTLY ON THE MEDICARE SIDE. AND TO GET A PHONE CALL AT 7 AM WHEN SHE WAS IN ACUTE CARE, THAT YOU HAVE TO TAKE YOUR SISTER OUT WITHOUT TELLING ME WHY. OTHER THAN HER MEDICARE IS RUNNING OUT AND ME SAYING, I DON'T HAVE TO TAKE HER OUT AND FINALLY I SAID NO, WE'RE NOT DOING ANYTHING AND THAT PISSED THEM OFF.**

**14:25:06 WE HAD THAT DISCUSSION YESTERDAY. BUT AS WE'RE TALKING TODAY AND WE'RE TRYING TO DO A MASTER PLAN THAT IS NOT JUST RECREATING THE MESS THAT WE ARE IN NOW, WE GOT TO BE AWARE OF, LYDIA, YOU RAISED THIS, TOO. HOW DO WE MAKE THINGS SIMPLER FOR THE FAMILIES THE PEOPLE RECEIVING SERVICES AND THE PROVIDERS AND EVERYBODY. AND I**

**14:25:32 THINK THE DANGER HERE IS THAT WE STILL END UP LIKE THE MERCURY, WE END UP BACK WHERE WE WERE BECAUSE WE LOOK AT THE SILOS AND SAY WE CAN'T DO THIS OR THAT. I THINK AT SOME POINT WE DO HAVE TO THINK BOLDLY AND LOOK AT HOW DO WE CHANGE THINGS. AND SOME OF THAT IS GOING TO BE INCREMENTAL, AND SOME WE CAN'T JUST RECREATE THE**

**14:25:55 MESS AND JUST CALL IT DIFFERENT LABELS. ALSO, I DO WANT TO -- I'M NOT QUITE SURE WHERE THIS FITS IN. BUT WHEN WE TALK ABOUT IHSS I AGREE WITH THE COMMENTS A KAREN AND PETER MADE, WE HAVE TO REMEMBER THERE ARE OTHER FORMS OF HOME CARE PROVIDED BY OTHER SYSTEMS FUNDED BY HOME AND COMMUNITY-BASED MEDICAID SERVICES. WE SEEM TO**

**14:26:19 FORGET THAT. REGIONAL CENTER SERVICES FOR INSTANCE IS JUST ONE. AND THAT IS FUNDED BY THE SAME FUNDING STREAM. IT IS MEDICAID, HOME COMMUNITY-BASED SERVICES. THEY HAVE HOME SUPPORTED LIVING. MANY OF THE WORKERS, THE MAJORITY, ARE ALSO IHSS WORKERS. AND THEY ARE FACED WITH THE SAME ISSUES OF GROWING COSTS AND**

**14:26:40 HOW DO YOU STABILIZE THE COSTS AND PROVIDE THE SERVICES. WORKFORCE ISSUES ARE THE SAME. WHEN WE HAVE THIS CONVERSATION,**

**THE GOVERNOR'S EXECUTIVE ORDER DID MENTION THE OTHER SYSTEMS OF SERVICES LET'S MAKE SURE WE DON'T FORGET IT. AS WE ARE COMING UP WITH SOLUTIONS, WE HAVE TO MAKE SURE THEY APPLY TO EVEN AND THE**

**14:27:06 INFORMATION HERE GETS TRANSMITTED OAF TO THE DEPARTMENT OF DEVELOPMENTAL SERVICES AND THEY ARE LOOKING AT SOME OF THE ISSUES. THE FEASIBILITY STUDY SHOULD BE SHARED BY ALL THE GROUPS WITHIN THE AGENCY. AND WE START REPLY APPLYING SOLUTIONS UNIVERSALLY. THAT IS WHAT THE OTHER MARTY SAYS.**

**14:27:34**

**>> NINA WEILER-HARWELL: MY HUSBAND'S NAME IS MARTY, DO I COUNT AS A MARTY? [LAUGHTER]**

**SO I GUESS I HAVE A THOUGHT AND THEN A QUESTION. SO I KNOW THAT WE REALLY APPRECIATE THE UNIQUENESS OF IHSS. THIS IS A PROGRAM THAT THE STATE SHOULD BE PROUD OF. THERE IS NO OTHER STATE THAT HAS ANYTHING LIKE THIS.**

**14:28:05 AND AARP STANDS BEHIND IT. THE QUESTION I HAVE IS, AND I APPRECIATE THE REMINDERS FROM KAREN AND PETER ABOUT THE CONCERNS ABOUT BRINGING THAT INTO AN MANAGED LONG-TERM SUPPORTS AND SERVICES. WHAT COULD SOME SOLUTIONS BE TO INTEGRATE IT IN A SEAMLESS FASHION, BUT NOT LOSE THOSE UNIQUE CONSUMER PERSON-CENTERED FEATURES?**

**14:28:35 BECAUSE WHAT I SEE IS AS I SAID, AND HOW -- WE WANT TO CREATE A SYSTEM WHERE SOMEBODY CAN MAKE A PHONE CALL OR GO INTO AN OFFICE AND WILL IS NOT ALL THIS COMPLICATION. IF I NEED IHSS, I GET IT. IF I GET IHSS IN THE WAY THAT THE CONSUMERS APPRECIATE IT AND. AND I DON'T HAVE ANY ANSWERS, BUT I KNOW WE HAVE REALLY SMART PEOPLE IN**

**14:29:06 THE ROOM. HOW DO WE DO THAT? HOW DO WE MAKE IT SEAMLESS? OPAQUE TO THE CONSUMERS THAT WHEN THEY GO IN, THEY GET THE BEST ASSESSMENT AND DIRECTED TO THE SERVICES THEY NEED IN A WARM HAND OFF MANNER WITHOUT ALL THE SILLINESS WE HAVE TO GO THROUGH? BY THE WAY, MY SON WAS JUST APPLYING FOR COLLEGE TODAY AND SPEAKING OF**

**14:29:31 SILLINESS AND HAVING TO GO OVER THINGS MULTIPLE TIMES, THAT IS WHAT HAPPENED BUT IT GOT DONE. P OF**

**TIME AND DISTANCE STANDARDS, THEY WERE PROPOSED IN THE PREVIOUS ADMINISTRATION IN MANAGED LONG-TERM SERVICES AND SUPPORTS. CAN YOU REMIND ME?**

**>> SARAH STEENHAUSEN: THEY WERE FOR OTHER SERVICES, BUT NOT COMMUNITY-BASED**

**14:29:55 LTSS. THEY HAVE THEM FOR SNPS.**

**>> NINA WEILER-HARWELL: WOULD YOU WOW, OKAY. THEN I WOULD DEFINITELY SUPPORT SOME KIND OF STATE PROPOSAL, AGAIN, IMPLEMENTING TIME AND DISTANCE STANDARDS FOR LTSS.**

**14:30:28**

**>> CARRIE GRAHAM: USUALLY I STAY QUIET, BUT I'M**

**>> IN TERMS OF IHHS, ONE OF THE POSITIVE FINDINGS THAT CAME OUT OF 2020-01-14T22:22:08.907**

**SPEND DOWN SHARE OF COST ISSUE.**

**14:30:28 2020-01-14T22:22:10.980**

**WHY DON'T WE CALL IT A COPAY?**

**2020-01-14T22:22:13.641**

**IF YOU TRY TO EXPLAIN AND I'M GOING TO**

**2020-01-14T22:22:17.922**

**-- WE ALL DO THIS ALL THE TIME AT OUR**

**14:30:28 2020-01-14T22:22:22.393**

**ILCS, WHEN YOU TRY TO EXPLAIN SPEND DOWN**

**2020-01-14T22:22:25.254**

**AND SHARED COST TO FOLKS, THEY DON'T**

**2020-01-14T22:22:25.721**

**UNDERSTAND IT.**

**14:30:28 2020-01-14T22:22:27.185**

**THEY DON'T UNDERSTAND THERE IS A**

**2020-01-14T22:22:27.450**

**BENEFIT.**

**2020-01-14T22:22:30.923**

**WHY DON'T WE CALL IT A COPAY OR A**

**14:30:28 2020-01-14T22:22:31.273**

**DEDUCTIBLE?**

**2020-01-14T22:22:34.180**

**SOMETHING THAT PEOPLE ARE USED TO?**

**2020-01-14T22:22:38.447**

**THEY ARE PROBABLY STILL GOING TO HAVE**

**14:30:28 2020-01-14T22:22:40.504**

**ISSUES IT, I'M NOT SAYING THEY WON'T.**

**2020-01-14T22:22:41.971**

**WHEN YOU TRY TO EXPLAIN SPEND DOWN TO**

**2020-01-14T22:22:45.988**

**A RELATIVE OF SOMEONE WITH A DISABILITY**

**14:30:28 2020-01-14T22:22:49.857**

**OR THE PERSON WITH A DISABILITY DIRECTLY.**

**2020-01-14T22:22:53.923**

**I TRIED TO COMPLAIN IS TO EXPLAIN IT**

**2020-01-14T22:22:58.784**

**TO ONE OF MY RELATEIVES THEY GOT MAD AT**

**14:30:28 2020-01-14T22:22:59.249**

**ME.**

**2020-01-14T22:23:01.519**

**AND IT HAPPENS ALL THE TIME, A LOT OF**

**2020-01-14T22:23:05.921**

**PEOPLE WHO ARE ELIGIBLE FOR IHSS COULD**

**14:30:28 2020-01-14T22:23:07.586**

**BETTER UNDERSTAND HOW THE PROCESS WORKS**

**2020-01-14T22:23:10.048**

**AND THEY ARE NOT TAKING ADVANTAGE OF THE**

**2020-01-14T22:23:10.503**

**SERVICE.**

**14:30:28 2020-01-14T22:23:11.969**

**<br>**

**2020-01-14T22:23:15.454**

**>> MARTY OMOTO: THE OTHER MARTY.**

**2020-01-14T22:23:21.928**

**ACTUALLY PETER, TO YOUR POINT ON THE**

**14:30:28 2020-01-14T22:23:24.386**

**IN LIEU OF SERVICES, WHEN I WAS AT THE**

**2020-01-14T22:23:26.368**

**STATE HOLDER MEETING WHEN THEY WERE**

**2020-01-14T22:23:28.237**

**TALKING ABOUT CAL AIM AND WHATEVER IT IS**

**14:30:29 2020-01-14T22:23:32.916**

**NOW, THEY ACTUALLY DID MENTION IT IN**

**2020-01-14T22:23:34.974**

**LIEU THE SERVICES NAME WAS NOT THE BEST.**

**2020-01-14T22:23:38.213**

**AND THEY CAME UP WITH SOMETHING AND IT**

**14:30:29 2020-01-14T22:23:40.626**

**WAS JUST KIND OF LEFT THERE.**

**2020-01-14T22:23:44.555**

**IT DOES SOUND AWFUL AND YOU HAVE TO**



**2020-01-14T22:23:46.219**

**EXPLAIN TO PEOPLE THAT YOU ARE NOT**

**14:30:29 2020-01-14T22:23:47.084**

**TAKING AWAY SOMETHING.**

**2020-01-14T22:23:48.142**

**THERE IS THAT.**

**2020-01-14T22:23:52.410**

**AND I JUST WANT TO SAY FROM A PERSONAL**

**14:30:29 2020-01-14T22:23:56.678**

**STANDPOINT, MY SISTER WITH DEVELOPMENTAL**

**2020-01-14T22:24:01.943**

**AND PHYSICAL DISABILITIES AND HOW**

**2020-01-14T22:24:05.209**

**DIFFICULT THE SYSTEM WASE ENCOUNTERING**

**14:30:29 2020-01-14T22:24:06.674**

**THE DIFFERENT TYPES OF SERVICES.**

**2020-01-14T22:24:09.545**

**AS MUCH AS I KNEW, IF I FOUND OUT**

**2020-01-14T22:24:12.822**

**ANYTHING AND I WAS A LEAD CONTACT, IT**

**14:30:29 2020-01-14T22:24:15.291**

**WAS ONLY ABOUT IF SOMETHING RAN OUT.**

**2020-01-14T22:24:18.562**

**MEANING MOSTLY ON THE MEDICARE SIDE.**

**2020-01-14T22:24:25.437**

**AND TO GET A PHONE CALL AT 7 AM WHEN**

**14:30:29 2020-01-14T22:24:28.103**

**SHE WAS IN ACUTE CARE, THAT YOU HAVE TO**

**2020-01-14T22:24:31.373**

**TAKE YOUR SISTER OUT WITHOUT TELLING ME**

**2020-01-14T22:24:31.639**

**WHY.**

**14:30:29 2020-01-14T22:24:33.497**

**OTHER THAN HER MEDICARE IS RUNNING OUT**

**2020-01-14T22:24:38.121**

**AND ME SAYING, I DON'T HAVE TO TAKE HER**

**2020-01-14T22:24:40.189**

**OUT AND FINALLY I SAID NO, WE'RE NOT**

**14:30:29 2020-01-14T22:24:42.668**

**DOING ANYTHING AND THAT PISSED THEM OFF.**

**2020-01-14T22:24:44.332**

**WE HAD THAT DISCUSSION YESTERDAY.**

**2020-01-14T22:24:47.802**

**BUT AS WE'RE TALKING TODAY AND WE'RE**

**14:30:30 2020-01-14T22:24:49.865**

**TRYING TO DO A MASTER PLAN THAT IS NOT**

**2020-01-14T22:24:51.927**

**JUST RECREATING THE MESS THAT WE ARE IN**

**2020-01-14T22:24:58.194**

**NOW, WE GOT TO BE AWARE OF, LYDIA, YOU**

**14:30:30 2020-01-14T22:24:59.057**

**RAISED THIS, TOO.**

**2020-01-14T22:25:02.005**

**HOW DO WE MAKE THINGS SIMPLER FOR THE**

**2020-01-14T22:25:04.072**

**FAMILIES THE PEOPLE RECEIVING SERVICES**

**14:30:30 2020-01-14T22:25:05.736**

**AND THE PROVIDERS AND EVERYBODY.**

**2020-01-14T22:25:08.997**

**AND I THINK THE DANGER HERE IS THAT WE**

**2020-01-14T22:25:11.864**

**STILL END UP LIKE THE MERCURY, WE END UP**

**14:30:30 2020-01-14T22:25:16.330**

**BACK WHERE WE WERE BECAUSE WE LOOK AT**

**2020-01-14T22:25:17.995**

**THE SILOS AND SAY WE CAN'T DO THIS OR**

**2020-01-14T22:25:18.266**

**THAT.**

**14:30:30 2020-01-14T22:25:20.758**

**I THINK AT SOME POINT WE DO HAVE TO**

**2020-01-14T22:25:23.218**

**THINK BOLDLY AND LOOK AT HOW DO WE**

**2020-01-14T22:25:23.882**

**CHANGE THINGS.**

**14:30:30 2020-01-14T22:25:27.747**

**AND SOME OF THAT IS GOING TO BE**

**2020-01-14T22:25:30.018**

**INCREMENTAL, AND SOME WE CAN'T JUST  
2020-01-14T22:25:33.299  
RECREATE THE MESS AND JUST CALL IT**

**14:30:30 2020-01-14T22:25:33.569  
DIFFERENT LABELS.**

**2020-01-14T22:25:38.463  
ALSO, I DO WANT TO -- I'M NOT QUITE  
2020-01-14T22:25:39.923  
SURE WHERE THIS FITS IN.**

**14:30:30 2020-01-14T22:25:42.397  
BUT WHEN WE TALK ABOUT IHSS I AGREE  
2020-01-14T22:25:45.870  
WITH THE COMMENTS A KAREN AND PETER  
2020-01-14T22:25:47.939  
MADE, WE HAVE TO REMEMBER THERE ARE**

**14:30:30 2020-01-14T22:25:49.801  
OTHER FORMS OF HOME CARE PROVIDED BY  
2020-01-14T22:25:52.996  
OTHER SYSTEMS FUNDED BY HOME AND  
2020-01-14T22:25:54.863  
COMMUNITY-BASED MEDICAID SERVICES.**

**14:30:30 2020-01-14T22:25:56.531  
WE SEEM TO FORGET THAT.  
2020-01-14T22:25:58.390  
REGIONAL CENTER SERVICES FOR INSTANCE  
2020-01-14T22:25:59.052**

**IS JUST ONE.**

**14:30:30 2020-01-14T22:26:01.722**

**AND THAT IS FUNDED BY THE SAME FUNDING**

**2020-01-14T22:26:02.182**

**STREAM.**

**2020-01-14T22:26:06.167**

**IT IS MEDICAID, HOME COMMUNITY-BASED SERVICES.**

**14:30:30 2020-01-14T22:26:09.634**

**THEY HAVE HOME SUPPORTED LIVING.**

**2020-01-14T22:26:14.329**

**MANY OF THE WORKERS, THE MAJORITY, ARE**

**2020-01-14T22:26:16.185**

**ALSO IHSS WORKERS.**

**14:30:31 2020-01-14T22:26:17.647**

**AND THEY ARE FACED WITH THE SAME**

**2020-01-14T22:26:20.723**

**ISSUES OF GROWING COSTS AND HOW DO YOU**

**2020-01-14T22:26:22.399**

**STABILIZE THE COSTS AND PROVIDE THE**

**14:30:31 2020-01-14T22:26:22.654**

**SERVICES.**

**2020-01-14T22:26:24.726**

**WORKFORCE ISSUES ARE THE SAME.**

**2020-01-14T22:26:26.589**

**WHEN WE HAVE THIS CONVERSATION, THE**

















































































































































**15:15:57 COMMITTEE, CARRIE, I DON'T KNOW. I'VE BEEN TALKING TO DR. LAURA AND WE HAVE SOME IDEAS. AND I DON'T KNOW IF WE CAN FIND A STUDENT OR SOMEBODY WHO CAN DO THIS, BUT WE TALKED ABOUT EARLIER THAT THERE ARE NOT LTSS ACCESS STANDARDS. I FOUND ONE FOR ADULT DAY SERVICES FROM THE ROBERT WOOD JOHNSON FUNDED STUDY. AND SO FOR EXAMPLE,**

**15:16:28 IF WE WERE TO THINK ABOUT THIS AT THE STATE LEVEL, THIS IS NATIONAL DATA, IT SAYS THAT THE GOAL ACROSS THE NATION SHOULD BE 8,520 ADULT SERVICES. AT THE TIME IT WAS PUBLISHED, THERE WERE 3,407. WHERE WE ARE TODAY AND WHAT THE GOAL MIGHT BE.**

**15:16:54 ESTIMATE WAS THAT 1.25% OF THE POPULATION OVER 60 WOULD BE ELIGIBLE OR INTERESTED IN ACCESSING ADULT DAY SERVICES. IF WE CAN IMAGINE FINDING THOSE KIND OF STANDARDS THEY MAY NOT BE PERFECT, BUT IF WE CAN IMAGINE FINDING THOSE STANDARDS FOR SOME OF THE KEY DATA POINTS THAT WE WANTED TO LOOK AT, THEN WE WOULD HAVE**

**15:17:20 GOAL TO TALK ABOUT AND MEASURE OURSELVES AGAINST OVER THE NEXT 10 YEARS.**

**THE OTHER THING, LAST THING I WANT TO SAY ABOUT THIS AND THEN WE CAN OPEN UP FOR DISCUSSION IS, WHEN YOU LOOK AT THESE COUNTY BY COUNTY SNAPSHOTS TIME, AND IT IS A SNAPSHOT IN TIME WHEN WE GOT A RECALL, IT GIVES YOU A PICTURE OF THE HAVE AND HAVE NOT**

**15:17:44 COUNTIES. AND WE ALL KNOW THAT INTUITIVELY AND FROM OUR EXPERIENCE, WE ALL KNOW THAT FROM A LOT OF DIFFERENT REALMS A WE TRAVEL IN. BUT TO SEE IT ALL PUT -- AND THIS IS VERY DENSE, I UNDERSTAND AND NOT FOR EVERYONE, WHEN YOU LOOK AT IT THIS WAY, IT IS REALLY STARTLING AND PARTICULARLY WHEN YOU LOOK AT THE COINS COUNTIES LIKE**

**15:18:15 HUMBOLDT. IT IS AN EXAMPLE OF A COUNTY THAT IS IN 2002, WAS NUMBER ONE IN THE 65 PLUS POVERTY LEVEL, FOR EXAMPLE. AND THE LOWEST -- WHAT ELSE WAS INTERESTING HERE -- 11TH IN THE PERCENTAGE OF DUAL ELIGIBLES AT THAT TIME.**

**15:18:40 SO I JUST SHARE THIS WITH YOU AS AN IDEA AND RECOMMENDATION THAT WE DO NEED A WAY TO DO THIS. I DON'T KNOW HOW WE FUND IT OR HOW IT HAPPENS. THAT IS SOMETHING I THINK WE COULD TALK ABOUT A LITTLE BIT MORE IN TERMS OF RESOURCES THAT ALREADY MAY EXIST IN THIS STATE. THE HARDEST PLACE TO GET THE DATA FROM AND AGGREGATE IT AT**

**15:19:06 THE COUNTY LEVEL WAS THE DEPARTMENT OF AGING. BECAUSE OF THE PSAS. WAS VERY HARD TO BREAK IS I IT DOWN TO THE COUNTY LEVEL, EXCEPT FOR THOSE AT COUNTY LEVEL TRIPLE A.**

**>> SARAH STEENHAUSEN: WHAT A WONDERFUL INTRODUCTION. I WANT TO SAY THIS IS A PERFECT SEGUE TO THE NEXT RECOMMENDATION AND I THINK WE CAN OPEN IT UP**

**15:19:37 A KFRS ON DATA AND INFRASTRUCTURE. THE OTHER THING IS DEVELOPING NOT RELATIVE TO MANAGED CARE, BUT A STAYED STATEWIDE INFRASTRUCTURE PLAN. HOW CAN WE USE DATA TO INFORM WHERE WE SHOULD BE AND SET STANDARDS AND THEN HAVE A FIVE YEAR OR SO PLAN FOR THE STATE TO FIGURE OUT THOUSAND WORK A HOW TO WORK ACROSS PRIVATE PUBLIC**

**15:20:00 PARTNERS TO REACH A GOAL FOR THIS PLAN. SOME OF WHAT YOU SAID STUCK OUT, HOW DO WE EVEN DEVELOP THE ACCESS STANDARDS? I DON'T KNOW THE EXTENT TO WHICH SAY CAREGIVER RESOURCE CENTERS. WE NEED TO THINK ABOUT THE WHOLE RANGE, ALL OF THE DIFFERENT SERVICES AND SUPPORTS AND HOW YOU GET THERE. THIS IS NOT SOMETHING THAT THE STATE**

**15:20:21 ALONE CAN FUND. AND I CAN THINK IT IS IT A REALLY IMPORTANT, IN TERMS OF PLANNING, A REALLY IMPORTANT ISSUE OF DATA AND INFRASTRUCTURE.**

**>> LYDIA MISSAELIDES: I JUST WANTED TO SUPPLEMENT WHEN YOU SAID BEFORE PATTY. AND PATTY AND I ARE BOTH**

**15:20:45 PASSIONATE ABOUT RURAL CARE. I THINK IT ALSO BEGS US TO ASK QUESTIONS THEN ABOUT WHY IS THIS COUNTY SO DIFFERENT FROM ANOTHER? THAT COULD LEAD US TO POSSIBLE SOLUTIONS BARRIERS, OF WHICH THERE ARE MANY.**

**>> PATTY BERG:**

**15:21:17 I'M ONLY OPENING MY MOUTH BECAUSE MY FRIEND SARAH SAID THIS IS AN IMPORTANT DISCUSSION PATTY, YOU NEED TO ADD YOUR TWO CENTS. SO I THINK I'M THE ONLY ONE HERE REALLY REPRESENTING RURAL AREAS I HAVE A FEW RECOMMENDATIONS GOING FORWARD. I HAVE A COUPLE THINGS, COUPLE COMMENTS. FIRST COMMENT, WE KNOW THAT CALIFORNIA'S**

**15:21:42 INFRASTRUCTURE AROUND HOME AND COMMUNITY-BASED SERVICES HAS STRUGGLED FOREVER TO KEEP UP WITH THE DEMAND FOR SERVICES. DUE IN PART TO THE FAILURE OF FINANCIAL INVESTMENTS, WE KNOW THAT WAS WELL, AND BUDGET CUTS OVER THE YEARS. AND I HAVE SAY THAT THE ONLY GOVERNOR I'M AWARE OF THAT PUT MONEY INTO SENIOR SERVICES WAS**

**15:22:14 DUKEEUKMEJIAN, THE BEST GOVERNOR WE EVER HAD.**















**ADULT DAY SERVICES.**

**2020-01-14T23:16:43.712**

**IF WE CAN IMAGINE FINDING THOSE KIND**

**2020-01-14T23:16:45.778**

**OF STANDARDS THEY MAY NOT BE PERFECT,**

**15:22:17 2020-01-14T23:16:48.244**

**BUT IF WE CAN IMAGINE FINDING THOSE**

**2020-01-14T23:16:52.240**

**STANDARDS FOR SOME OF THE KEY DATE DATA**

**2020-01-14T23:16:54.105**

**POINTS THAT WE WANTED TO LOOK AT, THEN**

**15:22:17 2020-01-14T23:16:56.188**

**WE WOULD HAVE GOAL TO TALK ABOUT AND**

**2020-01-14T23:16:58.847**

**MEASURE OURSELVES AGAINST OVER THE NEXT**

**2020-01-14T23:16:59.704**

**10 YEARS.**

**15:22:18 2020-01-14T23:17:00.070**

**<br>**

**2020-01-14T23:17:02.335**

**THE OTHER THING, LAST THING I WANT TO**

**2020-01-14T23:17:04.799**

**SAY ABOUT THIS AND THEN WE CAN OPEN UP**

**15:22:18 2020-01-14T23:17:07.467**

**FOR DISCUSSION IS, WHEN YOU LOOK AT**

**2020-01-14T23:17:11.131**



**HUMBOLDT.**

**15:22:18 2020-01-14T23:17:51.622**

**IT IS AN EXAMPLE OF A COUNTY THAT IS  
2020-01-14T23:17:57.892  
IN 2002, WAS NUMBER ONE IN THE 65 PLUS  
2020-01-14T23:17:59.954  
POVERTY LEVEL, FOR EXAMPLE.**

**15:22:18 2020-01-14T23:18:07.636**

**AND THE LOWEST -- WHAT ELSE WAS  
2020-01-14T23:18:11.315  
INTERESTING HERE -- 11TH IN THE  
2020-01-14T23:18:13.173  
PERCENTAGE OF DUAL ELIGIBLES AT THAT**

**15:22:18 2020-01-14T23:18:13.673**

**TIME.**

**2020-01-14T23:18:19.142**

**SO I JUST SHARE THIS WITH YOU AS AN  
2020-01-14T23:18:22.824  
IDEA AND RECOMMENDATION THAT WE DO NEED**

**15:22:51 THINK, ACROSS THE STATE. HOWEVER AS I WAS SAYING, ASIDE  
FROM PARTNER FOR MEDI-CAL RECIPIENTS SERVED RURAL AREAS, NO OTHER  
MANAGED CARE PLAN SURNTLY EXISTS TO SERVE RURAL AREAS, NONE. THAT  
IS THE TRUTH. THE LAST ONE PULLED OUT ABOUT 3 MONTHS AGO. I WAS  
GOING TO CARRY LEGISLATION THAT SAID TO KAISER AND EVERY HMO, YOU  
WANT**

**15:23:04 TO PRACTICE IN CALIFORNIA, YOU HAVE TO COVER THE ENTIRE  
STATE. BUT ANYWAY, IT DOESN'T HAPPEN. SO WHILE ACCESS STANDARDS  
EXIST FOR HEALTH CARE PROVIDERS, NO SUCH STANDARDS EXIST AS WE**



**KNOW FOR HOME AND COMMUNITY-BASED SERVICES. MAKING IT DIFFICULT TO ENSURE THAT CONSUMER ACCESS TO THESE SERVICES ON A STAYED**

**15:23:34 STATEWIDE BAY CONSIST ANDSIS AND ELIMINATE GEOGRAPHIC NECKITY INEQUITYIT, THESE ARE SOME OF THE CHALLENGES RURAL AREAS. I THINK THAT THE CALIFORNIA HEALTH AND HUMAN SERVICE AGENCY SHOULD HAVE PUT A SAFETY NET AND ACCESS STANDARDS FOR HOME AND COMMUNITY-BASED LONG-TERM CARE SERVICES THAT IDENTIFIES AND I'M GOING IT HAVE A**

**15:24:00 STRONG RECOMMENDATION ON THIS FOR THE PLAN, THAT IDENTIFIES THE BASIC SERVICE MEANT FOR EACH COUNTY. AND THEN I THINK THE STATE, I DON'T KNOW HOW THE STATE WOULD HANDLE IT, WHETHER THEY WOULD CONTRACT WITH AN ENTITY TO PERFORM A STATEWIDE NIFN INVENTORY TO ASSESS THE BASIC CORE SERVICES THAT PARTICULAR COUNTY, WITH PARTICULAR**

**15:24:24 ATTENTION -- SARAH AND I HAVE A DISAGREEMENT. SHE COUNTS 44 COUNTYS IN CALIFORNIA AS HAVING -- I DON'T CARE ABOUT 44, I CARE ABOUT 37 THAT ARE REALLY RURAL. OF THOSE 37 RURAL COUNTIES IS WHAT I WANT TO SEE. I WANT TO IDENTIFY WHAT THE GAPS ARE AND**

**15:24:53 WHERE INVESTMENT IS NEEDED TO ENSURE THAT BASIC SERVICE MIX IS IN PLACE. WE HAVE MAJOR CHALLENGES RURAL AREAS. I HAVE IDENTIFIED WHAT I BELIEVE TO BE -- AND I'M JUST GOING TO READ QUICKLY, THE 12 BASIC CORE SERVICES THAT SHOULD BE AVAILABLE AND ACCESSIBLE IN ALL 58 COUNTIES AND THESE ARE THE ONES THAT I THINK. THIS**

**15:25:22 IS HOW TO KEEP PEOPLE IN THEIR OWN HOME.**

**ADEQUATE PRIMARY CARE SERVICES. THIS IS NOT IN ORDER. WE SOME IN SOME AREAS WE DON'T HAVE ADEQUATE PRIMARY CARE ACCESS.**

**TWO, ADEQUATE ACCESS TO SPECIALISTS, WHICH COULD BE THROUGH TELEMEDICINE.**

**THREE, CASE CARE MANAGEMENT FOR ALL INCOME. THIS MIGHT TAKE THE FORM OF THE EXPANDED**

**15:25:52 PACE PROGRAM AND I ADORE, ARE EXPANDED MSP MODELS OR INFORMATION AND AS S IS ASSISTANCE, BRINGING BACK SERVICES LIKE LINKAGES. IN HOME CAREGIVING ACCESS FOR ALL INCOMES. FOR ALL INCOMES. IT IS NOT ENOUGH TO JUST ADDRESS THE**

**15:26:25 IHSS AND THE MEDI-CAL POPULATION. BECAUSE IF YOU DON'T HAVE DAUGHTERS, THAT IS OUR YOUR SOCIAL INSURANCE FOR CAREGIVERINGGIVING. IN RURAL AREAS --**

**FIVE, RESIDENTIAL HOUSING OPTIONS.**

**SIX, TRANSPORTATION. BOTH FOR 2020-01-14T23:18:23.689**



**AND LAST BUT NOT**

**15:27:10 LEAST BECAUSE IT IS WORKING IN RURAL AREAS, THE VILLAGES CONCEPT. WHICH ALLOWS ELDERS TO REMAIN IN THEIR OWN HOMES WITH ASSISTANCE PROVIDED BY NEIGHBORS AND VOLUNTEERS.**

**>> SARAH STEENHAUSEN: THANK YOU FOR YOUR RECOMMENDATION AND EXPANDED SUMMARY OF WHAT LYDIA ALSO HAD RECOMMENDED. I THINK YOUR RECOMMENDATIONS WILL**

**15:27:35 SEGUE WELL OFF EACH OTHER. I THINK WE SHOULD DISTINGUISH BETWEEN ACCESS STANDARDS FOR MEDI-CAL MANAGED CARE VERSUS AN INFRASTRUCTURE PLAN THAT IS JUST A GENERAL PLAN FOR ANTICIPATE OF EACH OF THE COUNTIES. VERY DIFFERENT CONVERSATIONS. BOTH EQUALLY AS IMPORTANT.**

**I WANT TO GO TO THE PHONE. DONNA BENTON HAS BEEN**

**15:27:59 WAITING PATIENTLY.**

**>> DR. DONNA BENTON: THANK YOU. FIRST OF ALL THANK YOU PATTY FOR YOUR LIST, WHICH INCLUDES A LOT OF IMS AROUND FAMILY CAREGIVING. LOOKING AT THE RECOMMENDATION THAT WE HAVE UP RIGHT NOW FOR THE INFRASTRUCTURE IN GENERAL, I WOULD SAY THAT PART OF WHAT WE NEED TO BEGIN TO THINK ABOUT, WHICH I DON'T**

**15:28:27 KNOW HAS COME UP, WE DO HAVE FAMILY WHERE FOR THE CAREGIVERS, THEY ARE LONG DISTANCE. AND THEN THEY WILL GO AND PICK UP THEIR RELATIVES, THIS JUST HAPPENED RECENTLY FOR US, FOR EXAMPLE. THEY WENT OVERNIGHT DURING THE HOLIDAYS TO PICK UP THEIR RELATIVE AND BROUGHT THEM HERE TO CALIFORNIA FROM A DIFFERENT STATE. AND THEN NOW**

**15:28:54 WHEN THEY CALLED US THEY SAID, MOM HAS HAD ALL OF THESE SERVICES WHENEVER WHENEVER WHEREVER SHE WAS, BUT NOW I HAVE TO WORK HOWEVER MANY MONTHS WITHOUT GETTING INTO THE SYSTEM FAST ENOUGH. I JUST WANTED TO -- IF THERE IS A WAY FOR US TO LOOK AT HOW WE CAN SPEED UP THINGS THAT ARE NOT NECESSARILY -- BETWEEN CALIFORNIA AND OTHER**

**15:29:17 STATES. BECAUSE WHAT I'M GIVING YOU IS NOT AN EXAMPLE THAT DOESN'T HAPPEN QUITE OFTEN WHEN RELATIVES GO. THEY PANIC AND BRING THE RELATIVES HOME AND NOW THEY ARE A CAREGIVER. THEY WERE LONG SDNS DISTANCE BEFORE AND NOW THEY ARE BRINGING THE RELATIVES INTO THE STATE OF CALIFORNIA BUT DID NOT ANTICIPATE ANY OF THE WAIT THAT**

**15:29:40 WOULD OCCUR FOR TRANSFER. SO THAT'S IT.**

**>> LYDIA MISSAELIDES: COUPLE OTHER THOUGHTS TO TOSS OUT TO YOU ALL BEFORE WE WRAP UP THIS SECTION AND MOVE ON. I THINK THIS IS**































































































**CONSENSUS.**

**2020-01-14T23:48:04.362**

**THIS IS A CHALLENGING ISSUE BECAUSE IT**

**2020-01-14T23:48:06.629**

**TALKS ABOUT REALIGNMENT.**

**15:48:50 2020-01-14T23:48:08.694**

**WE ARE NOT HERE TO BE POPULAR.**

**2020-01-14T23:48:11.563**

**WE ARE HERE TO TALK ABOUT WHERE THE**

**2020-01-14T23:48:14.224**

**PROBLEMS ARE IN THE SYSTEM.**

**15:48:50 2020-01-14T23:48:28.313**

**KAREN MAY HAVE PERSPECTIVE.**

**2020-01-14T23:48:28.985**

**<br>**

**2020-01-14T23:48:30.452**

**>> MY QUESTION --<br>**

**15:48:50 2020-01-14T23:48:31.715**

**>> KAREN IS ON THE PHONE.**

**2020-01-14T23:48:35.779**

**I DIDN'T HEAR MY HOMEWORK ASSIGNMENT.**

**2020-01-14T23:48:37.412**

**<br>**

**15:48:50 2020-01-14T23:48:41.891**

**>> THEY ARE WAXING POLITICAL FOR THE**

**2020-01-14T23:48:42.152**



**OLSON. THEY DID LIKE HALF INCREASE IN TAXES, THE OTHER HALF  
PRODUCTION TO PROGRAM. IN**

**15:50:28 1998 THEY CREATED THIS SUPER BYZANTINE FORMULA FOR THE  
LICENSE DIRECTLY FOR LOCAL GOVERNMENT. AS A RESULT, THEY CHANGED  
WHAT AT THE TIME WAS THE COUNTY SHARE FOR A NUMBER OF SOCIAL  
SERVICE PROGRAMS.2020-01-14T23:49:00.046**

**HONESTLY DON'T KNOW HOW MANY DON'T KNOW,**

**15:50:28 2020-01-14T23:49:04.927**

**BUT ONE OF THE REASONS IHSS IS SO**

**2020-01-14T23:49:09.797**

**COMPLICATED, IT'S ADMINISTRATIVELY**

**2020-01-14T23:49:12.265**

**COMPLICATED AND FINANCIALLY COMPLICATED**

**15:50:28 2020-01-14T23:49:14.932**

**BECAUSE OF BUDGET STRAINS, DIFFERENT**

**2020-01-14T23:49:16.803**

**SETS OF RULES.**

**2020-01-14T23:49:21.692**

**THE MOST COMPLICATED ELEMENT IS THAT**

**15:50:28 2020-01-14T23:49:27.158**

**THE STATE AND LOCAL FUNDING WAS**

**2020-01-14T23:49:29.436**

**ORIGINALLY CREATED IN 1991.**

**2020-01-14T23:49:36.112**

**IT CAME OUT OF A RECESSION OR PENDING**

**15:50:29 2020-01-14T23:49:38.579**

**RECESSION WITH THE DEFICIT.**

**2020-01-14T23:49:41.444**



**I WANT TO SAY IT WAS PETE OLSON.**

**2020-01-14T23:49:46.315**

**THEY DID LIKE HALF INCREASE IN TAXES,**

**15:50:29 2020-01-14T23:49:51.790**

**THE OTHER HALF PRODUCTION TO PROGRAM.**

**2020-01-14T23:49:56.256**

**IN**

**2020-01-14T23:50:02.071**

**1998 THEY CREATED THIS SUPER BYZANTINE**

**15:50:29 2020-01-14T23:50:08.547**

**FORMULA FOR THE LICENSE DIRECTLY FOR**

**2020-01-14T23:50:09.017**

**LOCAL GOVERNMENT.**

**2020-01-14T23:50:12.256**

**AS A RESULT, THEY CHANGED WHAT AT THE**

**15:50:29 2020-01-14T23:50:16.517**

**TIME WAS THE COUNTY SHARE FOR A NUMBER**

**2020-01-14T23:50:21.616**

**OF SOCIAL SERVICE PROGRAMS.**

**15:51:02 IT'S SUCH AN EXAMPLE OF POLITICAL STRATEGY.2020-01-14T23:50:30.706**

**IT'S SUCH AN EXAMPLE OF POLITICAL**

**15:51:02 2020-01-14T23:50:40.522**

**STRATEGY.**

**15:51:38 MANY OF THE COUNTIES HAD A 45% SHARE.**

**IT'S NOT AS PAINFUL FOR THE RHSS. IT'S SORT OF LIKE A COMPLICATED MOUNTAIN WHERE IT STARTS AT THE TOP AND**

**15:51:55 GOES TO DIFFERENT BUCKETS. THERE ARE RULES ABOUT WHICH THEY GO TO. WHEN THEY BLOW OVER WHERE THE OVERFLOW MONEY GOES, THERE ARE OTHER RULES. IF YOU TRY TO SHOW SOMEONE -- AND I HAVE TRIED IN OTHER INSTITUTIONS, IF YOU SAID,**

**15:52:27 HERE'S THE SECTION ON REALIGNMENT, THEY WOULDN'T KNOW WHAT THEY WERE READING OR THAT IT HAD ANYTHING TO DO WITH FUNDING. IT USES ALL DIFFERENT WORDS. IT'S IMPOSSIBLE TO UNDERSTAND.2020-01-14T23:51:06.813**

**MANY OF THE COUNTIES HAD A**

**15:52:28 2020-01-14T23:51:09.278**

**45% SHARE.**

**2020-01-14T23:51:15.164**

**<br>**

**2020-01-14T23:51:21.300**

**IT'S NOT AS PAINFUL FOR THE RHSS.**

**15:52:28 2020-01-14T23:51:24.585**

**IT'S SORT OF LIKE A COMPLICATED**

**2020-01-14T23:51:27.051**

**MOUNTAIN WHERE IT STARTS AT THE TOP AND**

**2020-01-14T23:51:29.715**

**GOES TO DIFFERENT BUCKETS.**

**15:52:28 2020-01-14T23:51:33.386**

**THERE ARE RULES ABOUT WHICH THEY GO TO.**

**2020-01-14T23:51:38.658**

**WHEN THEY BLOW OVER WHERE THE OVERFLOW**

**2020-01-14T23:51:44.073**

**MONEY GOES,**

**15:52:28 2020-01-14T23:51:48.888**

**THERE ARE OTHER RULES.**

**2020-01-14T23:51:51.955**

**IF YOU TRY TO SHOW SOMEONE -- AND I**

**2020-01-14T23:51:55.231**

**HAVE TRIED IN OTHER INSTITUTIONS, IF YOU**

**15:52:28 2020-01-14T23:51:59.307**

**SAID, HERE'S THE SECTION ON REALIGNMENT,**

**2020-01-14T23:52:00.971**

**THEY WOULDN'T KNOW WHAT THEY WERE**

**2020-01-14T23:52:03.435**

**READING OR THAT IT HAD ANYTHING TO DO**

**15:52:28 2020-01-14T23:52:04.112**

**WITH FUNDING.**

**2020-01-14T23:52:06.392**

**IT USES ALL DIFFERENT WORDS.**

**2020-01-14T23:52:11.460**

**IT'S IMPOSSIBLE TO UNDERSTAND.**

**15:52:28 2020-01-14T23:52:22.547**

**IT SHOULD BE REVAMPED.**

**2020-01-14T23:52:26.217**

**IT SHOULD BE PUTTING IT ALL ON THE**

**15:52:34 2020-01-14T23:52:34.284**

**TABLE OF CHANGE, A LOT OF ADD ONS OVER**

**15:53:07 IT SHOULD BE REVAMPED. IT SHOULD BE PUTTING IT ALL ON THE  
TABLE OF CHANGE, A LOT OF ADD ONS OVER HERE MAY HAVE IMMEDIATE**

**NEED. I BELIEVE MAXIMUM MONEY GRANT MONEY COMES OUT OF A PIECE OF ALIGNMENT. THERE IS AN INCREASE THAT CAME OUT OF IT A COUPLE OF YEARS AGO.**

**15:53:28 IT'S VERY UNWIELDING. I WOULD ARGUE IT'S NOT MEETING THE LOCAL NEED IN TERMS OF THE AMOUNT OF MONEY EXTENDED ON SERVICES. IT'S CREATING A BIZARRE REIMBURSEMENT SCENARIO. YOU ARE SUPPOSED TO CALL IT CASE WORKLOAD. IT'S A BIG HOT**

**15:53:52 MESS. I'M NOT EVEN GOING TO GET INTO THE CONSEQUENCES. THE RECOMMENDATION BEING THAT THE WHOLE THING WAS REVISITED IN ALL OF THE PROGRAMS AND WE START FROM THE BEGINNING.**

**15:54:25**

**>> WE NEED TO BE SURE PEOPLE CAN ACCESS SERVICES. DUE TO TIME WE SHOULD MOVE ON. KAREN? OKAY, AND THEN WE'LL MOVE ON.**

**>> IT'S JUST A MESS.2020-01-14T23:52:37.557**

**HERE MAY HAVE IMMEDIATE NEED.**

**15:54:25 2020-01-14T23:52:44.918**

**I BELIEVE MAXIMUM MONEY GRANT MONEY**

**2020-01-14T23:52:47.589**

**COMES OUT OF A PIECE OF ALIGNMENT.**

**2020-01-14T23:52:50.455**

**THERE IS AN INCREASE THAT CAME OUT OF**

**15:54:25 2020-01-14T23:52:53.928**

**IT A COUPLE OF YEARS AGO.**

**2020-01-14T23:53:03.332**

**IT'S VERY UNWIELDING.**

**2020-01-14T23:53:06.004**

**I WOULD ARGUE IT'S NOT MEETING THE**

**15:54:25 2020-01-14T23:53:10.067**

**LOCAL NEED IN TERMS OF THE AMOUNT OF**

**2020-01-14T23:53:12.923**

**MONEY EXTENDED ON SERVICES.**

**2020-01-14T23:53:22.405**

**IT'S CREATING A BIZARRE REIMBURSEMENT**

**15:54:25 2020-01-14T23:53:22.677**

**SCENARIO.**

**2020-01-14T23:53:24.747**

**YOU ARE SUPPOSED TO CALL IT CASE**

**2020-01-14T23:53:26.257**

**WORKLOAD.**

**15:54:25 2020-01-14T23:53:30.126**

**IT'S A BIG HOT MESS.**

**2020-01-14T23:53:37.404**

**I'M NOT EVEN GOING TO GET INTO THE**

**2020-01-14T23:53:39.068**

**CONSEQUENCES.**

**15:54:25 2020-01-14T23:53:42.129**

**THE RECOMMENDATION BEING THAT THE**

**2020-01-14T23:53:46.428**

**WHOLE THING WAS REVISITED IN ALL OF THE**

**2020-01-14T23:53:49.894**

**PROGRAMS AND WE START FROM THE BEGINNING.**

**15:54:25 2020-01-14T23:53:56.173**

**<br>**

**2020-01-14T23:54:00.857**

**>> WE NEED TO BE SURE PEOPLE CAN ACCESS**

**2020-01-14T23:54:02.923**

**SERVICES.**

**15:54:25 2020-01-14T23:54:08.394**

**DUE TO TIME WE SHOULD MOVE ON.**

**2020-01-14T23:54:10.460**

**KAREN?**

**2020-01-14T23:54:13.124**

**OKAY, AND THEN WE'LL MOVE ON.**

**15:54:26 2020-01-14T23:54:13.387**

**<br>**

**2020-01-14T23:54:16.453**

**>> IT'S JUST A MESS.**

**15:54:26 2020-01-14T23:54:26.330**

**<br>**

**15:54:28 2020-01-14T23:54:28.391**

**>> I'M HAPPY TO RELOOK AT THAT.**

**15:54:30 2020-01-14T23:54:30.650**

**I KNOW IT WILL BE A CHALLENGE TO**

**15:54:31 2020-01-14T23:54:31.326**

**RELOOK AT THAT.**

**15:55:06**

**>> I'M HAPPY TO RELOOK AT THAT. I KNOW IT WILL BE A CHALLENGE TO RELOOK AT THAT. THE WAY TO DO THAT, THE ACTUAL COST AND NOT JUST SOME FORMULA. WE NEED TO HAVE THE SCENARIO TO WORK WITH THE STATE FUNDING.**

**15:55:38**

**>>**  
**>>> I WOULD LIKE TO BE PART OF THE LONGER DELIBERATION ON IHSS. THE  
SUMMARY WAS GOOD. I FELT SICK AS YOU 2020-01-14T23:54:34.765**  
**THE WAY TO DO THAT, THE ACTUAL COST**

**15:55:38 2020-01-14T23:54:39.225**

**AND NOT JUST SOME FORMULA.**

**2020-01-14T23:54:51.195**

**WE NEED TO HAVE THE SCENARIO TO WORK**  
**2020-01-14T23:54:54.256**  
**WITH THE STATE FUNDING.**

**15:55:39 2020-01-14T23:55:16.184**

**<br>**

**2020-01-14T23:55:19.461**

**>>**

**2020-01-14T23:55:20.663**

**<br>**

**15:55:39 2020-01-14T23:55:26.132**

**>>> I WOULD LIKE TO BE PART OF THE**  
**2020-01-14T23:55:29.002**  
**LONGER DELIBERATION ON IHSS.**

**2020-01-14T23:55:32.674**

**THE SUMMARY WAS GOOD.**

**15:55:39 2020-01-14T23:55:35.541**

**I FELT SICK AS YOU WENT THROUGH THE**  
**2020-01-14T23:55:37.645**  
**DESCRIPTION.**

**15:56:12 WENT THROUGH THE DESCRIPTION.**

**>> THIS IS KAREN. CAN I DROP IN QUICKLY. VERY QUICKLY, I WANT TO POINT OUT THAT PUBLIC AUTHORITIES AND 2020-01-14T23:55:54.563**

**<br>**

**15:56:12 2020-01-14T23:55:56.839**

**>> THIS IS KAREN.**

**2020-01-14T23:55:59.106**

**CAN I DROP IN QUICKLY.**

**2020-01-14T23:56:03.367**

**VERY QUICKLY, I WANT TO POINT OUT THAT**

**15:56:13 2020-01-14T23:56:07.034**

**PUBLIC AUTHORITIES AND COUNTY ADMIN ARE**

**2020-01-14T23:56:08.092**

**SIGNIFICANTLY UNDERFUNDED.**

**2020-01-14T23:56:11.554**

**IF THERE IS GOING TO BE AN EFFORT TO**

**15:56:45 COUNTY ADMIN ARE SIGNIFICANTLY UNDERFUNDED. IF THERE IS GOING TO BE AN EFFORT TO DEAL WITH THE OVERALL COMPLICATED FUNDING STREAM, WE NEED TO DO A CONSIDERATION OF THAT. TWO, IT SEEMS COMPLICATED ON IHSS FUNDING, AND I CONFESS THAT IT IS. EACH AND EVERY CHANGE MADE REALLY SINCE THE PROGRAM STARTED, HAS BEEN TO**

**15:56:56 PROTECT THE PROGRAM TO PROVIDE MONEY FOR IT. THERE HAVE BEEN A LOT OF CREATIVE THINGS DONE, NOT ONLY IN IHSS, BUT EDUCATION FUNDING, COURT FUNDING AND ON, TO MAKE THE STATE BUDGET MORE COMPLICATED THAN IT USED TO BE, AND IT'S WITH THE BEST OF INTENT TO KEEP MONEY IN THE PROGRAM.**

**>> CAN I SAY ONE LAST THING? I HAVE BEEN**

**15:57:28 ASKED ABOUT DAY TWO IHSS. DO WE WANT TO MAKE IT A SUBJECT?**



>> YOU SHOULD BRING THAT TO IRK IHHS. IT'S A WAY TO SET THE AGENDA.  
THIS NEXT ISSUE, WE TOUCHED OVER IT IN OTHER POLICY DISCUSSIONS.  
IT'S AN ISSUE OF OUR 2020-01-14T23:56:14.447

DEAL WITH THE OVERALL COMPLICATED

15:57:28 2020-01-14T23:56:16.516

FUNDING STREAM, WE NEED TO DO A

2020-01-14T23:56:17.380

CONSIDERATION OF THAT.

2020-01-14T23:56:22.248

TWO, IT SEEMS COMPLICATED ON IHSS

15:57:28 2020-01-14T23:56:24.316

FUNDING, AND I CONFESS THAT IT IS.

2020-01-14T23:56:27.646

EACH AND EVERY CHANGE MADE REALLY

2020-01-14T23:56:28.922

SINCE THE PROGRAM STARTED, HAS BEEN TO

15:57:28 2020-01-14T23:56:31.531

PROTECT THE PROGRAM TO PROVIDE MONEY FOR

2020-01-14T23:56:33.117

IT.

2020-01-14T23:56:35.640

THERE HAVE BEEN A LOT OF CREATIVE

15:57:28 2020-01-14T23:56:39.712

THINGS DONE, NOT ONLY IN IHSS, BUT

2020-01-14T23:56:42.370

EDUCATION FUNDING, COURT FUNDING AND

2020-01-14T23:56:46.043

**ON, TO MAKE THE STATE BUDGET MORE**

**15:57:28 2020-01-14T23:56:49.108**

**COMPLICATED THAN IT USED TO BE, AND IT'S**

**2020-01-14T23:56:51.769**

**WITH THE BEST OF INTENT TO KEEP MONEY IN**

**2020-01-14T23:56:52.232**

**THE PROGRAM.<br>**

**15:57:28 2020-01-14T23:56:55.098**

**>> CAN I SAY ONE LAST THING?**

**2020-01-14T23:56:59.366**

**I HAVE BEEN ASKED ABOUT DAY TWO IHSS.**

**2020-01-14T23:57:02.624**

**DO WE WANT TO MAKE IT A SUBJECT?**

**15:57:28 2020-01-14T23:57:03.094**

**<br>**

**2020-01-14T23:57:08.976**

**>> YOU SHOULD BRING THAT TO IHHS.**

**2020-01-14T23:57:12.654**

**IT'S A WAY TO SET THE AGENDA.**

**15:57:29 2020-01-14T23:57:18.327**

**THIS NEXT ISSUE, WE TOUCHED OVER IT IN**

**2020-01-14T23:57:20.196**

**OTHER POLICY DISCUSSIONS.**

**2020-01-14T23:57:23.657**

**IT'S AN ISSUE OF OUR STATE LEVEL**

**15:57:29 2020-01-14T23:57:24.316**

**BUDGET STRUCTURE.**

**2020-01-14T23:57:26.583**

**WE ALWAYS TALK ABOUT THE FACT THAT**

**15:57:32 2020-01-14T23:57:32.088**

**THERE ARE INDIVIDUAL SILOS OF FUNDING,**

**15:58:04 STATE LEVEL BUDGET STRUCTURE. WE ALWAYS TALK ABOUT THE FACT THAT THERE ARE INDIVIDUAL SILOS OF FUNDING, BUT THERE ARE WAYS, AND OTHER STATES HAVE DONE THIS TO MERGE PROGRAMS TO HAVE A CONSOLIDATED BUDGET. IT'S A GLOBAL BUDGET WHERE YOU HAVE SERVICES ALIGNED ACCORDING TO INDIVIDUAL NEEDS INSTEAD OF WAIT LIST HERE BECAUSE**

**15:58:18 THE FUNDING DOESN'T ALLOW RESOURCES TO ANOTHER FUNDING STREAM. THIS GOES INTO THE BUCKET OF A LONG-TERM RECOMMENDATION. IT'S AN IMPORTANT CONSIDERATION ABOUT HOW WE BUDGET AT THE STATE LEVEL IMPACTING SERVICES. I THINK WE ARE USED TO HOW WE BUDGET. IT'S HARD TO THINK OF DOING IT DIFFERENTLY. IT'S A HARD QUESTION, BUT IT**

**15:58:48 HAS BEEN DONE. I WOULD LOVE TO GO INTO LONG-TERM CARE FINANCING STUDIES AS PART OF THE COMMUNITY CHOICES PROGRAM, TALK A LOT ABOUT THIS. THE STATE CAN REVISIT THE ISSUE, HAVE SOMEONE RESEARCH IT TO SEE WHAT IS POSSIBLE. NOW I'M GOING TO TALK ABOUT GLOBAL BUDGETING AND USING MANAGED CARE. TWO STEPPES.**

**15:59:17 SENTENCES. WE OPERATE UNDER BUDGETS FOR HEALTH AND POTENTIALLY OTHER SERVICES, MANAGED CARE PLANS. THE RECOMMENDATION IS THAT WE NEED**

**DH)**

**>> SARAH STEENHAUSEN: ANY OTHER COMMENTS? I THINK THAT IS SOMETHING THAT THE FINANCING WRITING**

**15:59:43 GROUP WILL BE HOPEFULLY TOUCHING ON BECAUSE IT IS IN RECOMMENDATIONS. DID YOU WAN TO MAKE A COMMENT, NINA?**

**>> NINA WEILER-HARWELL: JUST WE REALLY SUPPORT THIS RECOMMENDATION. IT BRINGS US BACK TO THE CONVERSATION WE HAD**

**EARLIER ABOUT SOME OF OUR BEST PRACTICES PROGRAMS AND HOW WE MADE THE BEST USE OF THE**

**16:00:11 MONEY WE DO HAVE. AND I UNDERSTAND WE ARE NOT GOING -- WE'VE GOT TO WORK MORE OR LESS WITHIN OUR MEANS, AND AGAIN, THIS WOULD REALLY ALLOW US TO PROVIDE SERVICES TO PEOPLE AS THEY NEED THEM, IN THE SETTING OF THEIR CHOICE. SO, I'M HAPPY TO SHARE AARP'S PUBLIC POLICY ON THIS. WE ACTUALLY HAVE A PUBLIC POLICY BOOK.**

**>>**

**16:00:40 SARAH STEENHAUSEN: GREAT. THANK YOU. NOW, THIS IS GOOD, NOW WE HAVE A HALF HOUR TO DISCUSS IF WE NEED IT, WAS THERE SOMEBODY ON THE PHONE THAT HAD A COMMENT? OKAY. THE NEXT ISSUE IS LEADERSHIP. AND ANA IS HERE TO TALK ABOUT, FIRST TO START TALKING ABOUT THE ISSUE OF STATE LEVEL STRUCTURING**

**16:01:01 , IT IS OUR DAILY SIGN OFF. IT IS LIKE, I'M DONE WITH THIS CALL.**

**>> ANA ACTON: OKAY,**

**16:01:32**

**>> SARAH STEENHAUSEN: I WAS JUST GOING TO SAY AS A PREFACE TO ANA'S REMARKS, THE KEPT CONCEPT BEHIND THIS LEADERSHIP, WE HAVE SO MANY PROGRAMS AND SERVICES THAT ARE OPERATED OUT OF DIFFERENT DEPARTMENTS ACROSS THE SYSTEM, WITHOUT A REALLY STEAM LINE VISION FOR HOW SERVICES ARE DELIVERED TO THIS WHOLE POPULATION. BECAUSE**

**16:01:56 IT IS RUN ACROSS MULTIPLE DEPARTMENTS. FOR YEARS THERE HAS BEEN THIS DISCUSSION ON WHETHER YOU CAN HAVE ONE ENTITY AT THE STATE LEVEL THAT IS REALLY FOCUSED ONEN SHER ENSURING THAT OLDER ADULTS AND PEOPLE WITH DISABILITIES CAN ACCESS SERVICES ACCORDING TO NEEDS AND PREFERENCES PROVIDING THE VISION AND PLANNING AND**

**16:02:22 PROGRAM IMPLEMENTATION OVERSIGHT. PATTY WAS WORKED ON THIS, BUT I WILL TURN IT OVER TO ANA TO TALK ABOUT IT AS WELL.**

**>> ANA ACTON: DO YOU REMEMBER A COUPLE MEETINGS AGO WHEN WE WERE SHOWN THE PERIODIC CHART OF SERVICES? AND SO TO SARRYAH'S POINT, WE HAVE THIS FRAGMENTED SYSTEM AND WE RECEIVE A LOT OF RECOMMENDATIONS**

**16:02:46 ON THIS PARTICULAR ISSUE ABOUT HOW FRAGMENTED THE PROGRAMS SERVICES ARE ACROSS MULTIPLE DIFFERENT DEPARTMENTS AND WHAT IF WE WERE TO CREATE A STATE LEVEL RESTRUCTURING OF BOTH FEDERAL AND STATE-FUNDED LONG-TERM SERVICES AND SUPPORTS FOR PEOPLE WITH DISABILITIES OLDER ADULTS. SO THAT MULTIPLE RECOMMENDATION AND I THOUGHT THAT I**

**16:03:12 WOULD JUST OPEN UP FOR DISCUSSION, BECAUSE THIS IS SOMETHING WE'VE HAD MULTIPLE BILLS PROPOSED OVER THE LAST YEAR. OVER MANY YEARS -- [LAUGHTER] AROUND THIS TOPIC. AND SO ONE OF THE EXAMPLES THAT IS GIVEN IN SOME OF THE RECOMMENDATIONS IS AROUND ON THE FEDERAL LEVEL, WE HAVE THE ADMINISTRATION ON COMMUNITY LIVING. SO THERE**

**16:03:34 WAS A FEW YEARS BACK WHERE THEY CONSOLIDATED OLDER AMERICANS ACT FUNDING, REHAB ACT, FUNDING FOR INDEPENDENT LIVING CENTERS, TRAUMATIC BRAIN INJURY, DISABILITY SERVICES ON THE ACL LEVEL. I WANT TO OPEN UP THE CONVERSATION AND I WANT TO MAKE SURE, BECAUSE THIS IS ONE OF MY PERSONAL CONCERNS WITH THIS, HOW DOES THE**

**16:04:05 RESTRUCTURING ON THE STATE LEVEL ENSURE GREATER ACCESS TO SERVICES FOR PEOPLE WITH DISABILITIES AT THE LOCAL LEVEL. PEOPLE LIVING WHERE EVER. BECAUSE ON THE ACL LEVEL, I CAN'T REALLY ARTICULATE TO YOU HOW IT HAS IMPROVED ACCESS SERVICES THROUGH ACL. SO HOW DO WE ENSURE THAT THAT HAPPENS UNDER A RESTRUCTURING?**

**>> SARAH**

**16:04:25 STEENHAUSEN: I LOVE THAT POINT AND I THINK THAT YOU ARE ABSOLUTELY RIGHT. ANYBODY CAN COME OUT WITH A PLAN TO RESTRUCTURE, BUT DOES THE PERSON AT THE LOCAL LEVEL REALLY CARE? WHERE IT CAN MAKE A DIFFERENCE IS WITH LEADERSHIP AND PLANNING AND THEN YOU SEE A DIFFERENCE. I WILL TURN IT OVER TO PATTY.**

**>> PATTY BERG: I**

**16:04:52 TOTALLY AGREE WITH WHAT SARAH JUST SAID, DEPENDS ON WHO IS THE LEADER ALSO IN THE DEPARTMENT OF COMMUNITY LIVING. I'M ASSUMING THAT IS GROG TO BE GOING TO BE KIM. AND ALSO MAJOR RESTRUCTURING WITHIN THIS DEPARTMENT. JUST LOOKING AT TITLE III, WHATEVER, PROGRAMMING. NO LONGER. BUT IT IS REAL AND I THINK MAKES**

**16:05:18 LEADERSHIP LIKE YOU AND YOU AND YOU, THIS IS WHO I'M NOMINATING FOR THE DEPUTY CABINET SECRETARY OF THE GOVERNOR'S OFFICE. I WANT EVERYBODY TO KNOW. I'M JUST SAYING. I'M GOING TO IT IS -- IT IS EVERYBODY BEING INVOLVED AND IT IS HAVING A REALLY GOOD LEADER. I'M BEEN**

**16:05:47 EXTREMELY IMPRESSED WITH KIM. EVEN THOUGH SHE DOES NOT HAVE A BACKGROUND IN AGING, SHE IS A GOOD LISTENER AND SHE FOLLOWS THROUGH AND I REALLY LIKE THAT. I THINK THOSE ARE REALLY GOOD QUALITIES. ONE OF THE THINGS THAT I'M GOING TO RECOMMEND IS -- AND I**

**HAVE A RECOMMENDATION FOR THAT, ACTUALLY -- IS THAT KIM CONSIDER BRINGING**

**16:06:19 IN OTHER STATES. WE TALKED VIRGINIA, NEVADA, COLORADO. WAS NEVADA? NEBRASKA, ONE THAT STARTED WITH AN N? MINNESOTA, OKAY. SHE THINKS IF OF BRINGING IN, WHO HAVE ALREADY DONE THE RESTRUCTUREING IN THEIR STATE, THAT COULD HELP IN THE REDESIGN. WHICH I THINK IS GOING BE EXTREMELY IMPORTANT. ON THE LEGISLATIVE SIDE, I ALSO**

**16:06:46 HAVE A RECOMMENDATION THAT WE HAVE A STANDING SENATE COMMITTEE ON AGING AND LONG-TERM CARE AND AN AGING COMMITTEE ON AGE AND LONG-TERM CARE. AGING AND LONG-TERM CARE DOES NOTHING BUT OLDER AMERICANS ACT PROGRAMS. IT IS LIKE A MINUSCULE AMOUNT OF BILLS THAT COME THROUGH THAT COMMITTEE. BUT WITH EXPANDED JURISDICTION,**

**16:07:13 WHICH MEANS THAT THEY WOULD HAVE A VERY POWERFUL COMMITTEE COMMITTEE; BOTH THE SENATE AND ASSEMBLY. SOME OF THE BILLS WILL BE DOUBLE REFERRED BECAUSE WE WOULD BE TAKING AWAY FROM HEALTH, HUMAN SERVICES, TRANSPORTATION, FROM HOUSING. IT IS GOING TO BE A VERY BIG AND**

**16:07:36 POWERFUL COMMITTEE ON BOTH SIDES. OF COURSE I HAVE TO CONVINCING THE PRO TEM AND THE TAKEER TO D SPEAKER TO DO THAT BECAUSE IS UP TO THEM TO DECIDE WHAT THE STAFN STANDING COMMITTEES ARE AND WHO WILL BE ON THEM.**

**>> SARAH STEENHAUSEN: WHAT IS IMPORTANT HERE IS THE THEMES AND THE STRUCTURE. WE'RE NOT TALKING ABOUT SPECIFIC**

**16:08:05 PEOPLE RIGHT NOW. AND I WOULD LIKE -- I SEE WE HAVE COMMENTS ARE MARTY AND ELLEN AND LYDIA? AND THEN WE'LL GO GO TO YOU.**

**>> LYDIA MISSAELIDES: I HAVEN'T READ THE MATERIAL ON THIS AND APOLOGIZE FOR THAT. I WANTED TO REMINDER, IF WE ARE MODELING THE FEDERAL DEPARTMENT, WHAT WOULD CORRELATE**

**16:08:27 BACK TO CALIFORNIA AND WHAT ABOUT THE REQUIREMENT FOR SINGLE AGENCY FOR THINGS LIKE MEDI-CAL?**

**>> SARAH STEENHAUSEN: THAT IS A GREAT QUESTION AND I DON'T THINK ANY OF THE RECOMMENDATIONS GO INTO DETAIL ON WHICH PROGRAMS. THAT IS A VERY IMPORTANT DISCUSSION. THE CONCEPTS, IF YOU THINK ABOUT IT, WE HAVE THE CAREGIVERS**

**16:08:53 RESOURCE AND ONE ON AGING. ILCS AT DOR AND THERE ARE A BUNCH OF PROGRAMS THAT PEOPLE USE ALL ACROSS THE DIFFERENT DEPARTMENTS. SO I DON'T THINK IT IS THE CONCEPT -- ISN'T LET'S COPY**

**WHAT ACL IS DOING, BUT WHAT THE STATE WOULD WANT AND HOW TO DESIGN THAT. I DON'T WANT TO PUT MARK ON THE SPOT, BUT I KNOW NEXT WEEK THE**

**16:09:17 DEPARTMENT WILL BE TALKING ABOUT THE NEW STRATEGIC VISION. IF YOU CAN SAY ANYTHING ABOUT THAT NOW, A WOULD BE SAW SAW AWESOME. WE'LL PASS IT OVER TO YOU AFTER WE HEAR FROM OTHER FOLKS.**

**>> MARTY LYNCH: I WOULD COMMENT ON THIS QUESTION, LOOK K AT SOME OTHER STATES AROUND THE COUNTRY, I THINK IT IS THE STATES THAT BRING IN**

**16:09:46 VISIONARY LEADERSHIP IN AGING AND HEALTH AND LONG-TERM SERVICES AND SUPPORTS THAT ACTUALLY RESTRUCTURE AND DO NEW THINGS OUTSIDE OF THE BOX. AND I THINK YOU GOT TO MAKE THE GOVERNOR HAS TO WANT TO DO THAT ALMOST TO MAKE THAT KIND OF A CHANGE. THAT KIND OF LEADERSHIP IS IMPORTANT. OF COURSE, I WOULD LOVE TO CESAR RASEE SARSARAH**

**16:10:14 IN THE GOVERNOR'S CABINET, BUT WE'RE NOT COMMENTING ON THAT ONE. THE OTHER THING I WOULD SAY ABOUT IT, I THINK AROUND THIS TABLE WHERE WE'RE HANDICAPPED IN A LOT OF WAYS, IS THAT AS YOU ALL KNOW, ALL THE MONEY'S IN HEALTH CARE WITH A SMALL AMOUNT OF MONEY IN AGING AND DEVELOPMENTAL DISABILITY AND SUCH. AND YOU KNOW, I JUST**

**16:10:44 THINK WE NEED TO LOOK AT LEADERSHIP THAT CROSSES NURSING FACILITIES, IHSS, SCHOOLS AS WELL AS AREA AGENCIES ON AGING AND OTHER TYPES OF AGING. TRADITIONAL PROGRAMS. AND WE HAVE TO BRIDGE THAT GAP OR ELSE WE'RE NOT GOING TO SOLVE THE LEADERSHIP PROBLEM. THANK YOU.**

**>> MAYA ALTMAN: ONE QUICK THING, I JUST WHAT MARTY RAISED, 16:11:14 ENHANCED CARE MANAGEMENT IN LIEU OF SERVICES. SUPPLEMENTAL COMMUNITY-BASED SERVICES? THE GOVERNOR'S BUDGET PROPOSED 1.4 BILLION DOLLARS FOR THOSE SERVICES. THERE ARE SOME REAL MONEY BEHIND THAT. THAT IS WHY WE NEED TO BUILD. THAT IS WHERE THE MONEY IS. IT IS IN THE GOVERNOR'S BUDGET, THE NEW NAME FOR CAL AIM, WHICH I**

**16:11:39 CANNOT REMEMBER. ENHANCED CARE MANAGEMENT IN LIEU OF SERVICES, 1.4 BILLION. 700 MILLION THE FIRST YEAR, AND 1 .4 IN THE NEXT YEAR. THAT IS A LOT OF MONEY.**

**>> ELLEN SCHMEDING: WE'LL TAKE IT. [LAUGHTER] JUST A QUICK COMMENT THAT WE'RE WORKING ON THE LEADERSHIP AND CROSS CUTTING AREA AND WE'RE SEEING A LOT OF RECOMMENDATIONS**

**16:12:06 ON THIS POP UP. BOTH FOR CABINET LEVEL INDIVIDUAL TO LEAD THE AGING DEPARTMENT AND COMMUNITY LIVING DEPARTMENT. AS WELL AS INTEGRATED DEPARTMENT. SO THERE IS A GROUND SWELL COMING OF PEOPLE THAT SUPPORT THIS. BUT THE ONE THING I WANT TO SAY IS THAT WE DID THIS AT THE LOCAL LEVEL AND I WAS WITH IHSS AT THE TIME AND WE**

**16:12:32 MERGED WITH THE TRIPLE A AND ADULT PROHIBIT ACTIVE SERVICES AND EVERYBODY GOT TOGETHER KICK AND SCHEME SCREAMING. I RENTED SALVAGED FURNITURE AND IT WAS THE KIND OF THING THAT PEOPLE SAID WOULD NOT WORK. THE SERVICES THAT SERVED SENIORS AND PERSONS DISABILITIES ARE INTEGRATED AT THE LEVEL LEVEL AN LOCAL LEVEL AND IT**

**16:12:50 TOOK MANY YEARS TO MAKE SENSE. AND YOU HAVE TO START SOMEWHERE, AND ALSO IT IS THE ACCOUNTABILITY PIECE. SOMEBODY HAS TO HAVE THE RESPONSIBILITY FOR THE MASTER PLAN, OTHERWISE IT WILL ENDS UP ON PATTY'S SHELF ALONG WITH THE OTHER PLANS.**

**16:13:21**

**>> NINA WEILER-HARWELL: THIS BRINGS ME TO THE LTSS SCORE CARD THAT AARP AND SCAN WILL BE PUTTING OUT AN YOUP UPDATE IN JUNE. WHEN WE TALK WILL LEADERSHIP, THE STATE IS IN THE TOP QUARTILE, CALIFORNIA IS ONE. WASHINGTON, OREGON, MINNESOTA, VERMONT, COLORADO, THESE ARE ALL STATES THAT WE WANT TO LOOK TO FOR LEADERSHIP.**

**16:13:45 THE STATE THAT GOT THERE FIRST WAS WASHINGTON. AND THEY ARE NEARBY. SO -- WASHINGTON AND OREGON, RIGHT. WE CAN ALSO TALK TO THEM ABOUT --**

**>> SARAH STEENHAUSEN: THAT IS REALLY HELPFUL AND I THINK JUST TO CLARIFY THE OTHER RECOMMENDATION THAT HAS**

**16:14:11 BEEN PUT ON THE TAIL TABLE AS ELLEN WAS REFERRING TO, THE ISSUE OF THE DEPARTMENT OBVIOUSLY STRONG LEADERSHIP, GREAT. BUT WHEN YOU GET TO CROSS AGENCIES, THAT IS WHEN IT GETS CHALLENGING. FOR ONE AGENCY TO GO TO ANOTHER AGENCY AND SAY WE NEED TO DO THIS TOGETHER, THAT MIGHT WORK, BUT IT MIGHT NOT. HOW DO YOU RESOLVE THAT**

**16:14:30 LEADERSHIP FROM THE GOVERNOR'S OFFICE? THE CONCEPT WAS, COULD THERE BE SOMEBODY IN THE GOVERNOR'S OFFICE, LIKE ANOTHER CABINET SECRETARY THAT IS RESPONSIBLE FOR OVERSEEING THE IMPLEMENTATION OF ALL OF THIS, THE PLANNING FOR OUR**

**16:14:54 POPULATION, OLDER ADULTS AND PEOPLE WITH DISABILITIES. BECAUSE IMPACTS ALL OF THE OTHER ENTITIES. THAT WAS WHERE THAT CONCEPT CAME FROM. ANA WANTED TO WEIGH IN. ACT ANTH**



**>> ANA ACTON: ON THAT LEVEL, WE TALKED ABOUT LONG-TERM CARE COUNCIL AND COMMITTEE AND WE TALKED AGING. ARE WE TALKING ABOUT AGING AND DISABILITY?**

**16:15:19 BECAUSE I WANT TO MAKE SURE THAT YOU KNOW, FROM MY PERSPECTIVE, IF WE'RE DOING THIS, IS NOT JUST AGING, IT IS ALSO DISABILITY AND. YOU MENTIONED THIS IS NOT JUST AN AGING CZAR, AGING AND DISABILITY CZAR AND WE'LL FIGHT OVER WHO GOES FIRST, DISABILITY OR AGING. JUST KIDDING. [LAUGHTER] WE'VE HAD THESE CONVERSATIONS IN THE**

**16:15:44 PAST. I JUST WANT TO PUT THAT OUT THERE TO MAKE SURE WE'RE ON THE SAME TABLE. JUST TO SPEAK AGAINST THE NO WRONG DOOR, THAT IS THE PIECE THAT WILL MAKE A STATE CONSOLIDATION WORK FOR THE INDIVIDUALS, IS THAT LOCAL LEVEL FOCUS ON NO WRONG DOOR. AS LONG AS WE KEEP THAT AT THE HEART AND AN IMPORTANT ELEMENT THAT IS OF VALUE**

**16:16:05 THAT IS THROUGHOUT THE PROCESS, I THINK WE CAN HAVE SUCCESS AND OTHER STATES HAVE. BUT I THINK WE CAN'T FORGET ABOUT THE INDIVIDUALS. THIS IS ALL ABOUT THE PEOPLE LIVING OUT ON THAT DIRT ROAD OR IN THAT APARTMENT COMPLEX THAT REALLY NEED ACCESS TO THE SERVICES .S KEEP KEEPING THAT PERSON-CENTERED PIECE ON THE LOCAL LEVEL**

**16:16:26 WILL CREATE THE CHANGE.**

**>> LYDIA MISSAELIDES: SO,, TWO QUICK THOUGHTS; ONE IS I USED TO THINK ABOUT THIS ISSUE BECAUSE IT HAS COME UP MANY, MANY, MANY TIMES IN**

**16:16:52 MY CAREER, THAT YOU KNOW AT THE STATE LEVEL, KIND OF MODEL WHAT WE WANT TO ENCOURAGE AT THE LOCAL LEVEL. LIKE WAS DESCRIBED WITH SAN DIEGO. WHAT ARE WE TRYING TO BOTTLE? AND THEN THE SECOND THOUGHT IS, WOULD THIS HELP MY ISSUE OF HAVING THREE DEPARTMENTS OVERSEEING ONE LITTLE PROGRAM THAT SERVES 37,000 VERY COMPLEX PEOPLE AS**

**16:17:19 WELL AS MY ADULT DAY PROGRAMS. I WILL THROW IN A FOURTH PROGRAM, ADULT DAY CARE FOOD PROGRAM, WHICH IS FIVE. AND THEN YOU THROW IN FIRE DEPARTMENTS TRIPLE AS AND ALL THAT. I DON'T KNOW HOW MUCH OTHER DEPARTMENTS WANT TO GIVE UP THEIR -- ESPECIALLY WITH FEDERAL RULES AND ALL THAT. IF IT COULD SOLVE SOME OF THAT CRAZINESS THAT**

**16:17:50 GOES ON IN MY WORLD, I'LL I'M ALL FOR IT. IF IT DOES NOT SOLVE THAT --**

>> SARAH STEENHAUSEN: THE LAST THING THAT WOULD BE HELPFUL IS ANOTHER EXERCISE IN REORGANIZING THAT DOES NOT ULTIMATELY -- THAT IS WHERE GOOD LEADERSHIP COMES IN. JEFF AND THEN MARK.

>> JEFF THOM: SO COMING FROM

16:18:16 THE PERSPECTIVE OF A SMALLER CONSTITUENCY, A CONSOLIDATION LIKE THIS CAN BE VERY THREATENING BECAUSE YOU GET LOST IN THE SHUFFLE. AND THAT IS WHY IT IS VERY IMPORTANT TO HAVE RECOMMENDATIONS SUCH AS THE PLANNING COUNCILS AND THE LEGISLATIVE COMMITTEES AS PATTY EXPRESSED. BECAUSE YOU NEED ENTRANCES TO GET INTO SO THAT

16:18:36 YOU DON'T GET LOST.

>> SARAH STEENHAUSEN: VERY GOOD POINT. THANK YOU, JEFF. THAT IS REALLY IMPORTANT. MARK?

>> MARK BECKLEY: THANK YOU. YOU KNOW, IT IS INTERESTING AND I'M GLAD THAT JEFF RAISED THE POINT AND LYDIA AS WELL. I THINK THE IMPORTANT THING ABOUT THESE ORGANIZATIONAL CONSIDERATIONS AND I WILL SAY THE

16:18:56 ADMINISTRATION HAS NO POSITION ON ANY SORT OF RESTRUCTURING PROPOSALS AT THIS MOMENT. THESE ARE ALL GOOD IDEAS AND GOOD THINKING. MY HISTORY WITH THE STATE, YOU KNOW, IT CAN BE POSITIVE AND NEGATIVE, RIGHT? YOU CAN BRING A BUNCH OF PROGRAMS TOGETHER, BUT IF THE CHANGE IS NOT MANAGED PROPERLY, IT DOES NOT ALWAYS HAVE THE

16:19:17 INTENDED RESULTS. AT THE LOCAL LEVEL, WHAT IS THE EFFECT? WE CAN BRING THE PROGRAMS TOGETHER, BUT IF WE HAVE NOT DEVELOPED THE RELATIONSHIPS AND THE LOCAL PARTNERS ARE STILL LOOKING TO A DIFFERENT STATE ENTITIES, CAN IT CREATE A LOT OF CONFUSION. AND YOU HAVE TO BE CAREFUL THAT YOU DON'T WANT SMALLER PROGRAMS TO BE BURIED IN

16:19:38 THE MIX. IF YOU BRING ON A LARGE PROGRAM AND THEY CONSUME ALL THE SPOTLIGHT, THEN THE SMALLER PROGRAMS CAN GET IGNORED. REGARDING THE STRATEGIC PLAN THAT CDA IS WORKING ON, THIS IS AN EFFORT WE STARTED BACK IN OCTOBER AND THEN

16:20:11 DOING A LOT OF -- I'M SORRY. I WILL MOVE. SORRY.

I DIDN'T SEE YOU BACK THERE, PATTY. SO WE'VE BEEN WORKING ON THE STRATEGIC PLAN SINCE OCTOBER AND A LOT OF INTERNAL WORKING. I CAN'T FLUSH OUT A 2020-01-14T23:57:36.961

BUT THERE ARE WAYS, AND OTHER STATES

**16:20:11 2020-01-14T23:57:39.838**

**HAVE DONE THIS TO MERGE PROGRAMS TO HAVE**

**2020-01-14T23:57:42.566**

**A CONSOLIDATED BUDGET.**

**2020-01-14T23:57:46.643**

**IT'S A GLOBAL BUDGET WHERE YOU HAVE**

**16:20:11 2020-01-14T23:57:49.938**

**SERVICES ALIGNED ACCORDING TO INDIVIDUAL**

**2020-01-14T23:57:52.007**

**NEEDS INSTEAD OF WAIT LIST HERE BECAUSE**

**2020-01-14T23:57:55.616**

**THE FUNDING DOESN'T ALLOW RESOURCES TO**

**16:20:11 2020-01-14T23:57:58.084**

**ANOTHER FUNDING STREAM.**

**2020-01-14T23:58:02.377**

**THIS GOES INTO THE BUCKET OF A**

**2020-01-14T23:58:02.841**

**LONG-TERM RECOMMENDATION.**

**16:20:11 2020-01-14T23:58:05.314**

**IT'S AN IMPORTANT CONSIDERATION ABOUT**

**2020-01-14T23:58:08.188**

**HOW WE BUDGET AT THE STATE LEVEL**

**2020-01-14T23:58:10.055**

**IMPACTING SERVICES.**

**16:20:11 2020-01-14T23:58:12.723**

**I THINK WE ARE USED TO HOW WE BUDGET.**

**2020-01-14T23:58:15.183**

**IT'S HARD TO THINK OF DOING IT**

**2020-01-14T23:58:15.442**

**DIFFERENTLY.**

**16:20:11 2020-01-14T23:58:18.312**

**IT'S A HARD QUESTION, BUT IT HAS BEEN**

**2020-01-14T23:58:18.634**

**DONE.**

**2020-01-14T23:58:23.900**

**I WOULD LOVE TO GO INTO LONG-TERM CARE**

**16:20:11 2020-01-14T23:58:26.204**

**FINANCING STUDIES AS PART OF THE**

**2020-01-14T23:58:28.878**

**COMMUNITY CHOICES PROGRAM, TALK A LOT**

**2020-01-14T23:58:29.344**

**ABOUT THIS.**

**16:20:11 2020-01-14T23:58:34.012**

**THE STATE CAN REVISIT THE ISSUE, HAVE**

**2020-01-14T23:58:35.877**

**SOMEONE RESEARCH IT TO SEE WHAT IS**

**2020-01-14T23:58:36.732**

**POSSIBLE.**

**16:20:12 2020-01-14T23:58:39.398**

**NOW I'M GOING TO TALK ABOUT GLOBAL**

**2020-01-14T23:58:42.869**

**BUDGETING AND USING MANAGED CARE.**

**2020-01-14T23:58:45.528**

**TWO STEPS.**

**16:20:12 2020-01-14T23:58:50.393**

**SENTENCES.**

**2020-01-14T23:58:53.055**

**WE OPERATE UNDER BUDGETS FOR HEALTH**

**2020-01-14T23:58:56.778**

**AND POTENTIALLY OTHER SERVICES, MANAGED**

**16:20:12 2020-01-14T23:58:57.077**

**CARE PLANS.**

**2020-01-14T23:59:01.195**

**THE RECOMMENDATION IS THAT WE NEED**

**2020-01-14T23:59:07.920**

**<br>**

**16:20:12 2020-01-14T23:59:10.218**

**DH)<br>**

**2020-01-14T23:59:12.693**

**<br>**

**2020-01-14T23:59:13.994**

**>> SARAH STEENHAUSEN: ANY OTHER COMMENTS?**

**16:20:12 2020-01-14T23:59:15.855**

**I THINK THAT IS SOMETHING THAT THE**

**2020-01-14T23:59:18.124**

**FINANCING WRITING GROUP WILL BE**

**2020-01-14T23:59:21.390**

**HOPEFULLY TOUCHING ON BECAUSE IT IS IN**

**16:20:12 2020-01-14T23:59:21.685**

**RECOMMENDATIONS.**

**2020-01-14T23:59:26.552**

**DID YOU WANT TO MAKE A COMMENT, NINA?**

**2020-01-14T23:59:27.822**

**<br>**

**16:20:12 2020-01-14T23:59:33.696**

**>> NINA WEILER-HARWELL: JUST WE REALLY**

**2020-01-14T23:59:35.183**

**SUPPORT THIS RECOMMENDATION.**

**2020-01-14T23:59:37.246**

**IT BRINGS US BACK TO THE CONVERSATION**

**16:20:12 2020-01-14T23:59:40.115**

**WE HAD EARLIER ABOUT SOME OF OUR BEST**

**2020-01-14T23:59:42.180**

**PRACTICES PROGRAMS AND HOW WE MADE THE**

**2020-01-14T23:59:44.448**

**BEST USE OF THE MONEY WE DO HAVE.**

**16:20:12 2020-01-14T23:59:46.510**

**AND I UNDERSTAND WE ARE NOT GOING --**

**2020-01-14T23:59:48.982**

**WE'VE GOT TO WORK MORE OR LESS WITHIN**

**2020-01-14T23:59:52.640**

**OUR MEANS, AND AGAIN, THIS WOULD REALLY**

**16:20:12 2020-01-14T23:59:55.305**

**ALLOW US TO PROVIDE SERVICES TO PEOPLE**

**2020-01-14T23:59:58.177**

**AS THEY NEED THEM, IN THE SETTING OF**

**2020-01-14T23:59:59.329**

**THEIR CHOICE.**

**16:20:13 2020-01-15T00:00:04.616**

**SO, I'M HAPPY TO SHARE AARP'S PUBLIC**

**2020-01-15T00:00:06.100**

**POLICY ON THIS.**

**2020-01-15T00:00:08.423**

**WE ACTUALLY HAVE A PUBLIC POLICY BOOK.**

**16:20:13 2020-01-15T00:00:10.894**

**<br>**

**2020-01-15T00:00:11.761**

**>> SARAH STEENHAUSEN: GREAT.**

**2020-01-15T00:00:12.021**

**THANK YOU.**

**16:20:45 LOT OF HE DETAILS IN TERMS OF WORDING. OUR GOAL IS TO PREVIEW THE PLAN AT THE COMMITTEE ON THE 21ST. WHAT I CAN SAY IS YOU WILL SEE A GOOD DOVETAIL. A LOT OF THE MASTER PLAN FOR AGING, VISION MISSION, VALUES, ARE WILL HE REFLECTED IN OUR OWN PLAN. WHAT I CAN TELL YOU IS WHAT THE MAJOR GOAL AREAS WILL BE. WE HAVE A GOAL**

**16:20:57 AROUND MASTER PLAN FOR AGING, DEVELOPMENT, IMPLEMENTATION, TIMEFRAMES AND KEY OBJECTIVES TIED TO THAT GOAL. THE SECOND GOAL IS AROUND QUALITY CUSTOMER SERVICE DELIVERY. WHAT DOES IT MEAN FOR CDA TO DELIVER THIS AND SPECIFIC OBJECTIVES ABOUT HOW WE INTEND TO IMPROVE THE SERVICE THAT CDA DELIVERS TO OUR PARTNERS. THIRD GOAL**

**16:21:26 IS ENGAGE AROUND AGE, THAT IS COMMUNICATIONS, HOW WE WILL COMMUNICATE, ADVOCATE FOR AND PROMOTE PROGRAMS. THE FINAL ONE IS**

**MORE OF A DEPARTMENT-SPECIFIC GOAL, BUT SHOULD HELP LOCAL AGENCIES AND PROVIDERS. CREATING A 21 \*CENTST CENTURY CDA. SURPRISE. IT IS HOW CAN WE RESTRUCTURE OUR OWN ORGANIZATION INTERNALLY TO BE MORE**

**16:21:48 EFFECTIVE, STREAMLINE OUR OPERATIONS, ACQUIRE NEWER, BETTER TECHNOLOGY AND TRULY PROVIDE SERVICES AT THE LOCAL LEVEL. A LOT OF WORK AROUND THAT. SO THAT IS JUST A PREVIEW.**

**>> SARAH STEENHAUSEN: THAT SOUNDS REALLY EXCELLENT AND LOOK FORWARD TO HEARING ABOUT IT. IS THERE ANY OTHER COMMENTS A PEOPLE THAT PEOPLE WANT TO MAKE**

**16:22:18 ABOUT THIS ISSUE? I CAN SEE PEOPLE PACKING UP THEIR BAGS. [LAUGHTER] I DON'T BLAME YOU. FOR OUR SAN MATEO AND BAY AREA OR RURAL AREA FOLKS. I WANT TO THANK MAYA AND MARTY FOR DOING A FABULOUS JOB PRESENTING AS WELL AS LYDIA, DONNA, EVERYBODY ELSE. [APPLAUSE] WE COVERED A LOT OF ISSUES A SHORT AMOUNT OF TIME. ARE IS DANGER**

**16:22:39 TO THAT AND I DON'T THINK WRE SOLVED THE PROBLEMS BY ANY STRETCH OF THE IMAGINATION, BUT AT LEAST THEY ARE BEING TALK DS ABOUT. THE WRITING GROUP PROCESS WILL HAVE A LOT OF OPPORTUNITY TO CONTINUE THE DISCUSSIONS. REALLY HARD ISSUES AND SOME OF THE TIME WE MIGHT WANT TO USE IN UPCOMING MEETINGS IS FIGURING OUT HOW WE ARE**

**16:23:06 GOING TO PRESENT SOME OF THE ISSUES.**

**ANY OTHER COMMENTS AREFROM ANYBODY? MARK, BEFORE YOU GO TO PUBLIC COMMENT?**

**>> THIS IS KAREN, CAN YOU IDENTIFY FOR THE ISSUE THAT KRISTINA RAISED AROUND FINANCING AND THE COMPLEXITY, WHICH WORK GROUP THAT THAT IS IN? STRAON**

**>> SARAH STEENHAUSEN: AFFORDABILITY AND FINANCING AND**

**16:23:34 NINA IS LEADING THAT GROUP.**

**>> OKAY.**

**>> NINA WEILER-HARWELL: I WILL BE QUICK. SO, AFFORDABILITY, JUST SO YOU KNOW, FOLKS, I SENT OUT A CALENDAR INVITE AND I JUST DID IT TO THE WHOLE**

**16:23:59 SUBCOMMITTEE. FOR OUR WRITING GROUP TO MEET NEXT TUESDAY, 4 TO 5. IT WILL BE A REALLY FUN DAY. AND IT IS READY FOR YOU GUYS TO REVIEW BEFORE WE SHARE. THAT'S IT. STAOEN STAOEB WE'LL SEND OUT THIS GRAPHIC TO**

**16:24:25**



>> SARAH STEENHAUSEN: WE'LL SENDS OUT THIS SEND OUT THIS GRAPHIC FOR EVERYBODY TO REVIEW.

>> LYDIA MISSAELIDES: THIS MAY BE OFF TOPIC, THERE IS THE TECHNICAL EXPERT PANEL THAT CNS IS PUTTING TOGETHER TO MEASURE OUTCOMES. I'M APPLYING FOR AND A COLLEAGUE OF MINE FROM TENNESSEE IS APPLYING. ANYONE IN THIS ROOM

16:24:49 APPLY FORGING FOR THAT? THAT DOES INFORM OUR WORK, PARTICULARLY THE RESEARCH COMMITTEE. ANYBODY?

>> SARAH STEENHAUSEN: THANK YOU FOR THAT.

>> MARK BECKLEY: THANK YOU. WELL, WE WILL MOVE INTO PUBLIC COMMENT THEN.

16:25:18 SO, ANYBODY ON THE PHONE? DO WE HAVE ANY PUBLIC COMMENT? WE HAVE ONE. SOMEBODY ON THE MONEY. LET'S GO AHEAD AND PLEASE SAY YOUR COMMENT.

>> CAN YOU HEAR ME?

>> MARK BECKLEY: YES.

>> I'M RANDY FROM CALIFORNIA DISABILITY RIGHTS. AND I RECOMMEND THAT WE DEAL WITH THE MASTER PLAN FOR AGING, WHAT THE COMMITTEE

16:25:46 RECOMMENDATIONS. RECOMMENDATIONS, DEVELOP A PUBLIC RECOMMENDATION FOR LONG-TERM SERVICES AND SUPPORTS TO PUT FORWARD. THAT EASES THE COST BURDEN OF LONG-TERM CARE FOR CALIFORNIA. IT SHOULD GIVE INDIVIDUALS ACCESS TO LONG-TERM CARE SERVICES AND SUPPORTS OF THEIR CHOICE AND ARE POEPT FOR APPROPRIATE FOR NEEDS. REDUCE THE

16:26:14 RELIANCE ON MEDI-CAL AND HELP MIDDLE INCOME FAMILIES. THE BENEFIT WILL ALSO SERVE THE NEED TO CALIFORNIANS, REGARDLESS OF RACE, ETHNICITY, SEXUAL GENDER. IT JUST MAKES SENSE AFTER I READ THE STATEMENT AND THE CALIFORNIA DISABILITY RIGHTS AGREES WITH THIS, THAT IS JUST MAKES SENSE THAT WE HAVE SOME KIND OF PUBLIC

16:26:36 FINANCING THROUGH THE STATE AND KEEP IT FUNDED. THAT IS THE BIGGEST THING OF ALL. INSURANCE COMPANIES ARE GOING TO DO WHAT THEY ARE GOING TO DO AND AGENCIES ARE GOING TO DO WHAT THEY ARE GOING TO DO. IF WE HAVE IT PUBLICLY FUNDED, IT IS NEVER GOING TO GO AWAY.

>> MARK BECKLEY: THANK YOU FOR YOUR COMMENT. IN THE ROOM?

16:27:09

**>> HI, I'M JULIET, MARIN'S ADRC COORDINATOR. IT WAS SO EXCITEING TO HEAR ALL OF THE EXPRESSED AND INTERESTED SUPPORT AROUND THE ROOM IF NO WRONG DOOR. I DID HEAR THAT, WHEN YOU TALKED ABOUT THE COMMUNICATION 2020-01-15T00:00:16.487**

**NOW, THIS IS GOOD, NOW WE HAVE A HALF**

**16:27:09 2020-01-15T00:00:20.552**

**HOUR TO DISCUSS IF WE NEED IT, WAS THERE**

**2020-01-15T00:00:22.615**

**SOMEBODY ON THE PHONE THAT HAD A COMMENT?**

**2020-01-15T00:00:23.876**

**OKAY.**

**16:27:09 2020-01-15T00:00:27.134**

**THE NEXT ISSUE IS LEADERSHIP.**

**2020-01-15T00:00:33.612**

**AND ANA IS HERE TO TALK ABOUT, FIRST**

**2020-01-15T00:00:35.476**

**TO START TALKING ABOUT THE ISSUE OF**

**16:27:41 BETWEEN THE SYSTEMS, THE NO WRONG DOOR. I JUST WANTED TO USE THIS MOMENT TO ADVOCATE, AGAIN, THAT WHEN WE'RE TALKING ABOUT AGING, MY 70-YEAR-OLD MOM DOES NOT WANT TO TALK ABOUT HER AGE, BUT THE FACT THAT HER HIP IS NOT OPERATING THE WAY IT DID 20 YEARS AGO WHEN WE WERE TALKING ABOUT AGING, AND AGING INTO DISABILITY. IF WE**

**16:27:53 CONTINUE TO KEEP AGING AND DISABILITY SEPARATE, WE'RE JUST ASKING TO CONTINUE A BROKEN AND DYSFUNCTIONAL SYSTEM. I ALSO WANTED TO EMPHASIZE AGAIN, THAT WITH AGING AND DISABILITY AND THE RESTRUCTURE, THAT IT IS REALLY A WONDERFUL OPPORTUNITY FOR US TO GET CREATIVE AND UTILIZE OTHER SUPPORTS. I LOVE THE IDEA -- REALLY**

**16:28:19 IT IS IMPORTANT WHAT ELLEN HAD BROUGHT UP EARLIER IS THAT THERE IS A HUGE RUSH IN TIME. FOR THINGS THAT ARE AS COMPLEX AS IHSS AND FINANCING OF LONG-TERM CARE BENEFIT, REALLY THIS IS JUST NOT ENOUGH TIME TO BE INTENTIONAL AND THOUGHTFUL. AND I WOULD LIKE TO ENCOURAGE LOOK K AT STATES LIKE OREGON, WASHINGTON, NEVADA,**

**16:28:46 NEW JERSEY, WISCONSIN. NO ONE HAS THE ONE CURE ALL ON HOW TO BRIDGE THE GAP AND SHARE DATA ACROSS THE SYSTEM. BUT OTHER STATES ARE TRYING AND IT COULD BE A DISSERVICE NOT TO LOOK. ALSO AS MOVING INTO HEALTH CARE, THIS IS AN OPPORTUNITY TO ATTRACT SOME OF THAT ATTENTION AS HEALTH CARE SYSTEMS ARE ACKNOWLEDGING MORE SOCIAL**

**16:29:14 DETERMINANTS OF HEALTH. AND THAT IS WHAT WE ARE ADDRESSING THROUGH ALL OF THE SERVICES WE ARE PROVIDING. AND IT IS THROUGH AN OUTCOMES AND DATA DRIVEN APPROACH, WE CAN CONTINUE TO WORK ON COLLABORATION ACROSS COMMUNICATIONS AND SERVICES.**

**>> FIRST OF ALL I WANTED TO THANK EVERYBODY HERE TODAY FOR A GREAT DISCUSSION.**

**16:29:46 I WOULD LIKE TO SUPPORT THE RECOMMENDATION FOR INTEGRATED CARE. ONE OF THE NATIONAL MODELS IS THE MED -- THE MODEL THAT WAS DEVELOPED WHICH INTEGRATES MEDICAL SERVICES. IF WE COULD STAND THE EXPAND THE MODEL AND CATCH THE POPULATIONS FURTHER UP STREAM. THAT COULD BE DONE THROUGH THE UNIVERSAL ASSESSMENT, THROUGH NO**

**16:30:18 WRONG DOOR THAT WE TALKED ABOUT. THAT CAN INTEGRATE ACROSS HEALTH CARE AND SOCIAL**

**>> THE MODEL IS TO HELP OLDER ADULTS. IT IS IMPORTANT TO MAINTAIN CLASSIFICATION. THAT'S A LINE IN THE 2020-01-15T00:00:40.943**

**STATE LEVEL STRUCTURING**

**16:30:18 2020-01-15T00:00:43.781**

**, IT IS OUR DAILY SIGN OFF.**

**2020-01-15T00:00:46.851**

**IT IS LIKE, I'M DONE WITH THIS CALL.**

**2020-01-15T00:00:52.117**

**<br>**

**16:30:18 2020-01-15T00:00:55.179**

**<br>**

**2020-01-15T00:01:01.037**

**>> ANA ACTON: OKAY,**

**2020-01-15T00:01:07.850**

<br>

16:30:18 2020-01-15T00:01:08.917

>> SARAH STEENHAUSEN: I WAS JUST GOING

2020-01-15T00:01:13.387

TO SAY AS A PREFACE TO ANA'S REMARKS,

2020-01-15T00:01:19.473

THE KEPT CONCEPT BEHIND THIS LEADERSHIP,

16:30:18 2020-01-15T00:01:21.340

WE HAVE SO MANY PROGRAMS AND SERVICES

2020-01-15T00:01:24.210

THAT ARE OPERATED OUT OF DIFFERENT

2020-01-15T00:01:25.903

DEPARTMENTS ACROSS THE SYSTEM, WITHOUT A

16:30:18 2020-01-15T00:01:29.565

REALLY STEAM LINE VISION FOR HOW

2020-01-15T00:01:31.825

SERVICES ARE DELIVERED TO THIS WHOLE POPULATION.

2020-01-15T00:01:34.498

BECAUSE IT IS RUN ACROSS MULTIPLE

16:30:19 2020-01-15T00:01:34.760

DEPARTMENTS.

2020-01-15T00:01:37.028

FOR YEARS THERE HAS BEEN THIS

2020-01-15T00:01:40.096

DISCUSSION ON WHETHER YOU CAN HAVE ONE













































































**16:37:49 2020-01-15T00:19:19.940**

**IF YOU BRING ON A LARGE PROGRAM AND  
2020-01-15T00:19:22.612  
THEY CONSUME ALL THE SPOTLIGHT, THEN THE  
2020-01-15T00:19:25.893  
SMALLER PROGRAMS CAN GET IGNORED.**

**16:37:49 2020-01-15T00:19:33.357**

**REGARDING THE STRATEGIC PLAN THAT CDA  
2020-01-15T00:19:35.819  
IS WORKING ON, THIS IS AN EFFORT WE  
2020-01-15T00:19:39.085  
STARTED BACK IN OCTOBER AND THEN DOING A**

**16:37:50 2020-01-15T00:19:40.553**

**LOT OF -- I'M SORRY.  
2020-01-15T00:19:41.620  
I WILL MOVE.**

**2020-01-15T00:19:42.479  
SORRY.**

**16:37:50 2020-01-15T00:19:42.748**

**<br>**

**2020-01-15T00:19:45.404  
I DIDN'T SEE YOU BACK THERE, PATTY.**

**2020-01-15T00:19:54.075  
SO WE'VE BEEN WORKING ON THE STRATEGIC**

**16:38:22 CARRIE: THIS WAS AN INCREDIBLY SUCCESSFUL MEETING.  
CONGRATULATIONS ON GETTING THROUGH THE COMPLICATED**

**INFORMATION. NEXT STEP IN TERMS OF CDA IS TO BE SURE TO HAVE THE CALENDAR INVITE FOR THE MEETINGS COMING UP. WE HAVE THE 21ST. WE HAVE THE 27TH. WE HAVE THE 30TH. WE HAVE THE 19TH. WE HAVE A LOT OF THINGS. ON THAT**