

**Long-Term Services and Supports (LTSS)
Advisory Committee Meeting
Meeting Notes**

October 3, 2014

Department of Rehabilitation, Room 242
721 Capitol Mall, Sacramento, California

Committee Members Present:

Teresa Favuzzi	Jessie Lorenz
Derrell Kelch	Maribel Marin
Kristen Ansell	Wes Mukoyama (via telephone)
Megan Dankmeyer	Greg Nevall (via telephone for for Carie Powell)
Louis Frick	Elsa Quezada
Michi A. Gates	Joe Rodrigues
Thomas Gregory	Anita Shumaker
Jay Harris	Bonnie Yamamoto
Eileen Koons	Anwar Zoueihid (via telephone for Jody Dunn)
Julie Lehman	

State Staff Present:

Ed Ahern, CDA
Lora Connolly, CDA
Ed Long, CDA
Joseph Billingsley
John Malhotra, DHCS
Jalal Haddad, DHCS
John Shen, DHCS
Rebecca Schupp, DHCS
Urshella Starr, DHCS

Documents: Posted on Community Choices web site

Agenda [DOC](#)

ADRC Fact Sheet 2013 [PDF](#)

Workgroup List [DOC](#)

Person-Centered Planning in 1915(c)(i) [DOC](#)

2402a Guidance: Person-Centered Planning [PDF](#)

HCBS Statewide Transition Plan [PDF](#)

Technical Assistance on the Independent Living Programs and Informational Update regarding the Transition from the Department of Education to ACL - [DOC](#)

http://www.acl.gov/NewsRoom/NewsInfo/2014/2014_09_29.aspx

Agenda Item 1: Opening

Committee Chairs Derrell Kelch and Teresa Favuzzi called the meeting to order and welcomed attendees. Committee members introduced themselves. Derrell Kelch reviewed the agenda.

Louis Frick asked if there were meeting minutes from the prior LTSS Advisory Committee meeting and if there would be minutes going forward.

Ed Long stated there would be notes from the October 3, 2014 LTSS Advisory Committee meeting and future meetings. These notes will use the same format the California Health and Human Services Agency's (CHHSA) Olmstead Advisory Committee uses for its meeting summaries. The LTSS Advisory Committee will have the opportunity to review, revise, and approve these notes. Notes will include a record of attendance, decisions, and discussion related to decisions.

Agenda Item 2: ADRC Update

- Lora Connolly and Ed Long provided an update on ADRC staff, designation, and funding.

On July 1, 2014, the ADRC Program moved from CHHSA to CDA. The former ADRC program lead, Karol Swartzlander, has taken position at the California Department of Social Services. Robin Jordan will begin as program lead on October 6, 2014 start date. Robin has extensive experience in both the public and private sectors, including experience

with managed care organizations and with the Arizona State Unit on Aging, where she established Arizona's ADRC program.

Existing ADRCs are going through a redesignation process based on the state's ADRC designation criteria (it's no longer 'new'). The San Diego, Riverside, Nevada County, San Francisco, and Alameda ADRCs have been redesignated; the Orange and five-county (Butte, Colusa, Glenn, Plumas, and Tehama) ADRCs are in process. The State is also considering what would constitute designation as an "emerging" ADRC, and plans to have further discussion with stakeholders on that subject.

The State continues to explore funding opportunities to support State and local ADRC efforts going forward. SILC is in the process of identifying the amount of funds it has to support new ADRC partnerships.

- Ed Ahern provided an update on Options Counseling and Person-Centered Planning.

More than 200 people have been trained in Options Counseling. New Options Counseling training opportunities will be available later in 2014 and in early 2015. LTSS Advisory Committee members are welcome to attend training. The State continues to provide technical assistance to both existing and emerging ADRCs about Options Counseling, and facilitates an Options Counseling Monthly Roundtable discussion about issues relevant to implementing the Options Counseling service.

Wes Mukoyama asked about whether there would be funding for ADRC moving forward. Lora Connolly said that there was a need to look at individual funding opportunities.

Public Comment: None

Agenda Item 3: Discuss Charter and Workgroups

Teresa Favuzzi asked how long the Committee would continue considering there is no definitive funding for ADRCs past June 2015. Ed Long said the committee will continue in providing input for both ADRC and CCT.

Ed Ahern outlined the framework for discussion of the conversation including: the need for more detail in the Charter related to the number LTSS Advisory Committee members, addition/removal of members, membership terms, etc.

There was extensive discussion about whether Committee members are intended to represent agencies or particular relevant skill sets. The value (and requirement) of having consumer representation on the Committee was raised. There was also discussion about the potential need for additional representation (e.g., mental health) on the Committee, and the need to specify a process for adding members to the Committee.

Ed Ahern reviewed the existing workgroups: (descriptions on web site)

- LTSS Infrastructure - Consolidated Waiver
- ADRC
- CCT/MFP

Derrell Kelch said that individuals should be encouraged to join workgroups and the workgroups should include individuals that are not part of the Committee. Teresa recommended that workgroups would report out to the Committee. However, Teresa identified several areas where discussion needs to occur including:

- What is the decision making process of the committee?
- What is the proxy policy for committee members?
- What is the process for adding new members?
- What considerations should be made in reference to workgroup size?
- What is the structure and function of workgroups?

Agenda Item 4: Brenda Premo (Chair, Olmstead Advisory Committee)
Kiyomi Burchill (Assistant Secretary, CHHSA)

Brenda Premo provided a history of the Olmstead Decision. She explained that the Olmstead Advisory Committee meets three times per year and has three workgroups: Housing, Transportation and Data. Olmstead includes significant amounts of information sharing. Brenda recommended that the LTSS Advisory Committee provide a regular update at Olmstead. She said

that Kiyomi and Olmstead could distribute information on behalf of the LTSS Advisory Committee.

Kiyomi Burchill discussed the makeup of the Committee including all state department representatives, individuals, advocates and a variety of other stakeholders. She also said there are good opportunities for information sharing particularly as they relate to ADRCs and CCT.

Brenda Premo explained that the Olmstead Committee gives specific recommendations on issues to the Secretary (Dooley). The Committee has dialog with the Secretary and State department leads related to these issues. More than taking positions on issues, the Olmstead Committee provides an opportunity for stakeholder dialogue – different perspectives are welcome and encouraged (e.g., health plans, advocates, consumers, service providers).

Agenda Item 5: Lunch and Learn – Update from CMS and/ACL

Elizabeth Leef, Pat Novey, Shawn Terrell

No Wrong Door

ACL, CMS, and the VA are working to support the movement toward a new system that takes a person centered approach to service delivery. There's a need to change the way LTSS are provided.

ADRCs have been around 10 years. The current vision is to support no wrong door systems for all populations. The entire system is wrapped around a person-centered planning approach. The goal is to streamline access to the variety of programs.

States need to coordinate at the state level in order to have partnerships be able to build the no wrong door systems locally.

HCBS Rule

Any state submitting a waiver amendment or renewal to CMS must submit a plan to achieve compliance with the new HCBS rule requirements (i.e.; transition plan). State must give 30 day notice for feedback on the amendment or renewal. Once that waiver is accepted by CMS it triggers a 120 day clock for the submission of a Statewide Transition Plan. That Plan covers all HCBS in the state (all waivers) – 1915 (c) and 1915 (i)

The state transition plan must be posted for comment for 30 days in order for stakeholder to provide feedback. The state needs to consider those comments and either a) modify the plan based on the feedback or b) explain why the changes recommended during the comment period are not integrated in the plan. This feedback must be included in the state's plan submission. The state must retain every public comment it receives.

If there are settings that the state thinks are HCBS but do not meet the revised standards, the state must identify why these should be considered as HCBS. There are certain settings that are automatically considered non-HCBS including ICF-MR/DD, hospitals; residential treatment centers; institutions for mental disease. If HCBS waiver funds are used to support people that are in settings determined to be institutional states are required to outline how individuals will be moved to a setting that meets the HCBS requirements or the process the state will undertake to make the setting compliant.

At this point no state has submitted an approved transition plan. Many have submitted a 'plan to plan.'

For the first time the requirements for person-centered planning are in the regulation. The requirements include ensuring people have opportunities to determine what types of services they want; who they want to provide them; where they want them provided; opportunities to seek employment; have the same access to the community as those not receiving HCBS.

There are very specific requirements for a person centered plan including individual goals; outcomes; being written in plain language with cultural competence. Individuals must be afforded informed choice around the services in order that the services meet the need of the consumer. The person-centered planning guidelines provide more detail.

Rebecca Schupp provided an overview of the process the State has taken surrounding the MSSP waiver renewal and the associated HCBS transition plan.

Derrell Kelch asked the speakers to describe the relationship between ACL and CMS in relation to the rule. CMS issued the rule and ACL works closely with them to implement it.

Affordable Care Act Section 2402(a) – Person-Centered Planning

The guidance letter from former Secretary Sebelius creates standards to be used across federal HHS agencies¹ (not states) in support of independent living. The new HCBS setting rule is CMS's plan to address Section 2402 (a). All HHS departments provide some type of HCBS services; it is the expectation that they will use the guidance as they move forward.

Discussion is underway on how to apply the person-centered planning guidance to OAA programs.

Agenda Item 6: Updates from DHCS

Role of Committee in relation to CCT:

Federal regulations require DHCS to have an advisory committee for Money Follows the Person (MFP); as the new CCT process is rolled out, the LTSS Advisory Committee can provide consumer and provider feedback on building networks that lead to transitioning individuals to the community. Much of this discussion could occur at the workgroup level.

New CCT Process – John Malhotra

DHCS is working to increase the number of CCT providers; the number of providers has grown from 21 to 27 to date. The majority of the CCT lead organizations are in Los Angeles and the Bay Area.

CCT's major tool is the newly restructured assessment which focuses on clinically appropriate services to support successful transitions. This process is aligned with the Assisted Living Waiver process and includes: outreach; identification; assessment; care planning; discharge. There is a need to ensure that this process focuses on person-centered planning.

The State has provided Power Point presentations to transition coordinators on person-centered planning; assessment and care planning. It also has facilitated a five-part housing training.

¹ HHS Agencies: Administration for Community Living (ACL); Agency for Healthcare Research and Quality (AHRQ); Agency for Toxic Substances and Disease Registry (ATSDR); Centers for Medicare & Medicaid Services (CMS); Food and Drug Administration (FDA); Health Resources and Services Administration (HRSA); Indian Health Service (IHS); Substance Abuse and Mental Health Services Administration (SAMHSA); Administration for Children and Families (ACF);

At this point, the State only has about 3 months of data; however, performance indicators have been developed and are available to all. Ultimately, the State would like to transition 9000 to 10,000 consumers annually.

Rebecca Schupp and Joseph Billingsley explained that funds set aside for the postponed LTSS Summit have been used to develop CCT outreach and marketing materials. These materials were distributed for review and feedback by the Committee. The Outreach and Education subcommittee can assist in the marketing and messaging.

Universal Assessment

Rebecca Schupp and Ed Long provided a detailed update on the Universal Assessment development project. A two-day retreat engaged stakeholders in identifying key questions for potential inclusion in the assessment tool. A Draft tool will be available in 2015.

HCBS Transition Plan Update – Jalaal Haddad

Submission of MSSP waiver triggered 120 day clock for submission of the HCBS Transition Plan. The first version of the draft transition plan is posted to DHCS' web site for comment. On October 21, 2014 there will be a stakeholder call for comments on the first version of the draft transition plan. The first version of the draft transition plan will be revised based on public comment. An additional stakeholder call will be held, after a second draft plan reflecting public comments is developed, and before its submission to CMS by December 20, 2014.

Housing Update – Urshella Starr

Ms. Starr provided an update on the Housing and Urban Development (HUD) 811 Program and other housing programs that will provide housing for people transitioning. The 811 application process is now open.

Consolidated Waiver Update – Rebecca Schupp

The five waivers being considered for inclusion in the consolidated waiver are:

SF-CLSB, AIDS, IHO, NF/AH, ALW, and MSSP

MDS Section Q – Rebecca Schupp

DHCS is developing a report to the Legislature on MDS Section Q implementation. Initial data indicate few many referrals for transition assistance are being made. CCT Lead Organizations are also MDS Local Contact Agencies. DHCS is doing outreach around MDS with associations.

Agenda Item 7: Workgroup Updates

Discussion of LTSS Committee Focus

Action: Ms. Favuzzi requested volunteers to work on committee process details as discussed under Agenda Item 3. Ms. Favuzzi and Mr. Kelch will chair the discussion; John Malhotra and Robin Jordan will staff this effort.

Agenda Item 8: Governor’s Interagency Committee on Veterans

This item was postponed.

Agenda Item 9: Wrap Up

Action: Committee members should provide Ed Ahern with feedback on the CCT marketing brochure. Ed Ahern will forward this information to DHCS.

Action: Discuss workgroups and the addition of Veteran workgroup. Discussion of chair of workgroups will continue. Send overview out to all members; what committees (to solicit volunteers). Victoria Jump will chair the ADRC workgroup.