This charter establishes the focus and purpose of the Long-Term Services and Supports (LTSS) Advisory Committee. The California Health and Human Services Agency (CHHS) and Department of Health Care Services (DHCS) are collaborating to establish an LTSS Advisory Committee to provide input on the implementation of the Money Follows Person (MFP), development of California LTSS infrastructure for Medi-Cal beneficiaries discharged from institutions, and the Aging and Disability Resource Connection (ADRC) initiative which serves all individuals in need of LTSS regardless of age, disability or income source.

The Department of Health Care Services (DHCS) is required by federal statute, SEC. 6071 [42 U.S.C. 1396a note] under the federal Medicaid MFP demonstration project to engage stakeholders, including consumers and family members, to provide meaningful, ongoing input to state policy makers. In California, the MFP program, called California Community Transitions (CCT), involves providers and organizations that serve seniors and persons with disabilities. An ADRC Advisory Committee was first established in September 2011. CHHS and DHCS will build upon the expertise of the ADRC Committee members with additional members – e.g., consumers, LTSS providers, housing developers, and managed care plans, etc. -- to ensure input from consumers and other expertise in the LTSS field.

Purpose

The purpose of this Advisory Committee is to engage expert input on ways to strengthen the ADRC program, CCT implementation and CA LTSS infrastructure, which includes a set of services available through managed care plans, fee-for-service State Plan, and various state waiver programs.

Objectives

- Provide input on CCT policies and procedures to enhance transitions from institution to community settings;
- Provide input on the development of ADRC monitoring procedures, continuous quality improvement and changes to ADRC Designation Criteria and Options Counseling standards;
• Assist in the development and positioning of ADRCs to assume key roles in CCT initiatives and local LTSS infrastructure development;
• Provide input on enhancing the capacity and coordination among LTSS providers, care management organizations, housing providers, and managed care plans to care of individuals discharged from institutions;
• Serve as ambassadors to promote expansion and increase the visibility of California’s ADRC and CCT initiatives.

Membership

CHHS and DHCS seek to reach a balance of stakeholder perspectives when selecting Committee members. While professional and technical expertise is always valued, consumer and family caregiver(s) membership will be prioritized. Membership shall be a cross-section of consumer representatives and designated representatives from a broad range of LTSS providers. LTSS providers include: ADRCs, Area Agencies on Aging, (AAAs), Independent Living Centers (ILCs), CCT Lead Organizations, Regional Centers, Mental Health providers, Health Care Plans, Veterans Services, Public Authorities, Foundations, Community-based Adult Services (CBAS) providers, Multipurpose Senior Services Program (MSSP) providers, Housing representatives and Associations. Representative from the following state departments will also be invited to participate in the Committee: Aging, Developmental Services, Housing and Community Development, Rehabilitation, Social Services, and Veterans Affairs.

CHHS and DHCS will jointly convene and staff the Committee. Members will assist in selecting a chairperson and establishing any sub-task groups that may be necessary to inform the Committee’s efforts.

Meeting Frequency and Time Commitment

The LTSS Advisory Committee will meet quarterly in Sacramento between January 2014 and December 31, 2016. The first meeting is scheduled for Friday, March 7, 2014, from 10:00 am - 4:00 pm. In addition to quarterly meetings, the time commitment is estimated to be approximately 3-4 hours per month for teleconferences, review of documents, responding to email, seeking local information, and other tasks. Members will be reimbursed for travel expenses to attend the meetings.