

EXECUTIVE COMMITTEE AGENDA ITEM DETAIL SHEET

ISSUE: Should the Council advocate for affordable and accessible transportation options for the I/DD community in the Los Angeles metro area?

SUMMARY: The Los Angeles Area Regional Advisory Committee (RAC) has recommended the full Council advocate for affordable and accessible transportation options for the I/DD community in the Los Angeles metro area.

BACKGROUND/ISSUES/ANALYSIS: The challenges for I/DD individuals to find affordable and accessible transportation options are well known. In, "Transportation Patterns and Problems of People with Disabilities", Sandra Rosenbloom notes the following:

"Transportation is an extremely important policy issue for those with disabilities. People with disabilities have consistently described how transportation barriers affect their lives in important ways. Over the last two decades the National Organization on Disability (NOD) has sponsored three successive Harris polls with people with disabilities, and respondents in each survey have reported that transportation issues are a crucial concern. In the last survey, undertaken in 2004, just under a third of those with disabilities reported that inadequate transportation was a problem for them; of those individuals, over half said it was a *major* problem. The more severe the disability of the respondent was, the more serious were the reported transportation problems (National Organization on Disability-Harris Interactive, 2004)."

According to MoveLA.org, the L.A. Metro Board is in the process of developing a Long Range Transportation Plan (LRTP) and a transportation funding ballot measure. Issues of accessible transportation for those with disabilities must be made a priority in both of these efforts. Increased mobility offers greater independence, employment and educational opportunities, and improved quality of life. The lack of accessible and affordable transportation is a large issue facing many people in Los Angeles County today. Transit users who have disabilities can find travel around the county even more challenging. A growing number of seniors in face similar obstacles to their mobility as they become less physically robust and incur disabilities, including those impacting their hearing and

vision. In L.A. County approximately one-third of adults over the age of sixty have one or more disabilities. According to national research adults with disabilities are twice as likely as those without disabilities to have inadequate transportation.

The goal is to include these in the LRTP and an inclusive transit ballot measure. Achieving the four objectives outlined below will result in valuable resources being used more effectively throughout the system.

1. Education:

- a. Increase outreach and education about what public transportation services are available for people with disabilities/seniors and how to use them;
- b. Increase governmental and public awareness about the needs of people with disabilities that create mobility challenges and obstacles;
- c. Improve training of transit employees to increase their awareness of the needs of those with disabilities (including training to deploy onboard ramps when requested, to allow additional time for seniors and those with disabilities to board and exit buses, providing a safe place to stand or sit, etc.).

2. Accessibility on Fixed Route Transit:

- a. Keep fares low and allow for subsidized transit for lower income people;
- b. Improve and expand 'first mile/last mile' options such as wheelchair accessible shuttles, taxis, and other ride-sharing opportunities;
- c. Ensure physical accessibility to public transit (i.e. install curb cuts, keep sidewalks in good repair and streets clear of obstructions);
- d. Build and maintain fully accessible, functioning rail and bus stations (elevators to platforms, clean and accessible restrooms, etc.);
- e. Integrate all transportation modes (Metro buses and rail, city buses, Access and other paratransit) to ease coordination of travel from both the sidewalk to bus and from county to county.

3. Funding for Access and other paratransit services:

- a. Fund reliable, timely Access and para-transit systems that span both local and county-wide destinations: including more vehicles, more drivers, better training for drivers about consumer needs;

- b. Improve communication between para-transit and public transit to make transfers between the systems easier and more effective;
- c. Fund the Volunteer Driver Program to allow more transportation options.

4. Enhanced Safety and Security:

- a. Expand the numbers of trained and visible staff providing security on buses and rail;
- b. Provide more staff on buses and rail to be helpful to people with disabilities;
- c. Increase safety precautions and ensure accessibility during the construction of rail lines and other roadway repairs and improvements;
- d. Increase awareness and options of how to avoid conflict in shared space with wheelchairs, bicycles, strollers, etc.

RECOMMENDATION:

COUNCIL STRATEGIC PLAN OBJECTIVE:

ATTACHMENTS: None.

PREPARED: Bob Giovati

EXECUTIVE COMMITTEE AGENDA ITEM DETAIL SHEET

ISSUE: Should the Council send a letter to the Federal Transit Administration on behalf of Access Services, asking the FTA to allow Access Services to keep its current fare setting method?

SUMMARY: Access Services is petitioning the FTA for a rulemaking that would amend applicable regulations to permit coordinated paratransit systems like Access Services to have a coordinated fare. The federal government is forcing entities like Access Services to switch to a so-called dynamic fare system, in which fares are primarily set based on demand.

BACKGROUND/ISSUES/ANALYSIS: Access Services, a local public entity, is the Los Angeles County Consolidated Transportation Services Agency ("CTSA") and administers the Los Angeles County Coordinated Paratransit Plan ("Plan") on behalf of the County's 43 public fixed route operators (i.e., bus and rail). Access Services acts as a state mandated facilitator charged with the development and implementation of regional coordination of social service transportation to seniors, persons with disabilities, the young, and the low-income disadvantaged. Access Services is governed by a nine-member board of directors.

Access uses a simple, two-tier coordinated fare that has been in existence for nearly twenty years. The FTA has said the Access fare structure does not meet federal requirements. In response, Access Services is proceeding with a modified fare structure which is in the proposal phase for public review and comment, and an upcoming hearing.

Access is concerned that any new fare system would be significantly more complex and lead to confusion amongst clients. They are also concerned that a new fare system could lead to fewer riders, as well higher fares for certain clients, many of whom live on fixed-incomes.

RECOMMENDATION:

COUNCIL STRATEGIC PLAN OBJECTIVE:

ATTACHMENTS: None.

PREPARED: Bob Giovati

EXECUTIVE COMMITTEE AGENDA ITEM DETAIL SHEET

ISSUE: Should the Council advocate for the Lanterman Coalition to support, not only a 10% investment in provider rate increases, but also for restoration of suspended and capped services?

SUMMARY: The Lanterman Coalition, consisting of the 19 statewide organizations of the California Developmental Services system, has urged a 10% increase in the IDD system to stop the current funding crisis from escalating, and to stabilize the system. The SCDD is a member of the Lanterman Coalition.

BACKGROUND/ISSUES/ANALYSIS: The Lanterman Coalition web site, states: “ The Lanterman Developmental Disabilities Act is a promise. It’s a California law that guarantees people with developmental disabilities receive the quality services they deserve to help them reach their full developmental potential, while empowering them to live as independently as possible in integrated communities of their choice.

Today it’s a broken promise. Long-term funding shortfalls that were exacerbated by more than \$1 billion in cuts during the Great Recession have left the Lanterman Act severely underfunded. Many services have been decimated and community based providers across California are being forced to lower standards, slash programs and shut their doors. While much of the economy has recovered from the deep recession, the state’s system of care under the Lanterman Act remains in real jeopardy. We need a 10% across the board increase for regional centers and community providers.”

According to the 2015 Association of Regional Center Agencies (ARCA) report entitled, “On The Brink of Collapse”, “California’s developmental services system has no waitlist and offers services to both individuals with more significant needs that qualify for federal funding as well as those with less significant needs who do not. In spite of its broader entitlement, California spends less on its developmental services system for each resident of the state than most other states in the nation. When taking into account the relative wealth of each state, California’s performance is even lower and continues to decline. At this point, California spends *the least amount* of any state on services for each individual with a developmental

disability that qualifies for community-based services eligible for federal funding (through federal/state agreements known as "Medicaid Waivers").

Without question, relative funding levels for California's community-based developmental services system have fallen in the last two decades, with the most precipitous decline seen during the Great Recession, which began in late 2007. Many service providers are now making the difficult choice to either trim service standards and expectations or to close up shop. The balance is beginning to tip with more providers each year deciding to discontinue services and inadequate numbers of new providers willing to fill the gap.

California's community-based service system for people with developmental disabilities, once the pride of the nation, has fallen to the very bottom due to chronic underfunding and indifference. This underfunding has been noted repeatedly over the last two decades, and the system has been engaged in the struggle to manage the impacts and consequences of the underfunding since. Actions during the recent recession have pushed the community system to the tipping point and only immediate relief will prevent the collapse of the system, a system that has increasingly struggled under the weight of inadequate funding to provide appropriate services and supports to allow individuals to achieve meaningful, integrated lives in the community."

RECOMMENDATION:

COUNCIL STRATEGIC PLAN OBJECTIVE:

ATTACHMENTS: None.

PREPARED: Bob Giovati

EXECUTIVE COMMITTEE AGENDA ITEM DETAIL SHEET

ISSUE: Should the Council advocate for the restoration and increase in Medi-Cal and Denti-Cal rates so as to ease the current crisis that has led to a critical shortage in health care providers?

SUMMARY: The Los Angeles Regional Advisory Committee (RAC) has recommended the Council advocate for the restoration and increase in Medi-Cal and Denti-Cal rates.

BACKGROUND/ISSUES/ANALYSIS: The Medi-Cal and Denti-Cal programs in California suffered severe cuts during the economic slowdown of recent years. Medi-Cal is California's Medicaid program. This is a public health insurance program which provides needed health care services for low-income individuals including families with children, seniors, persons with disabilities, foster care, pregnant women, and low income people with specific diseases. Medi-Cal is financed equally by the State and federal government. Dental Services (Denti-Cal) are currently provided as one of the many benefits under the Medi-Cal program.

A 2014 LA Times article stated there were approximately 11 million Californians on Medi-Cal – about 30% of our population – and that number was expected to grow as more people became eligible for the program under the Affordable Care Act.

According to a February 2014 article in Kaiser Health News, most adults – with the exception of patients in long-term care and some pregnant women — had been cut out of the Denti-Cal program five years ago amid the Great Recession. Though the state has reinstated some coverages, it limits the circumstances under which procedures like extractions and root canals can be paid for and is not picking up the tab for partial dentures and implants, which had been covered five years ago.

California Healthline reported in January of 2015 Reimbursement rates dropped Jan. 1 for Medi-Cal primary care providers in two ways:

- 1) A provision of the Affordable Care Act temporarily set primary care reimbursement rates at Medicare levels, significantly higher than Medicaid payments. The increase lasted two years and expired on Jan. 1.

2) A state reduction in Medi-Cal reimbursement for primary care providers hit on the same day. The 10% rate cut, approved by the California Legislature in 2011, was held up while the matter was thrashed out in court. Last year, the courts upheld the state's right to reduce provider reimbursement and health care officials decided to implement the cutbacks in phases. The last phase, which includes primary care providers, went into effect Jan. 1.

The federal drop is much more precipitous, but it's the combination of the two rate decreases that has Francisco Silva concerned. Silva, vice president of legal affairs at the California Medical Association, said primary care providers who see a lot of Medi-Cal patients will have to scale back or stop seeing those beneficiaries.

"That's about 60% less, when you combine both cuts," Silva said. "We're very concerned. It's really concerning for the sustainability of those practices with a large Medi-Cal patient base. When you look at the financial solvency data ... there's a strong correlation between solvency and patient load."

Since providers lose so much on each Medi-Cal patient, they can't afford to care for too many of them, Silva said.

"These cuts will have a devastating impact on the ability of doctors to see those patients," he said.

In conclusion, with abysmal reimbursement rates and an inordinate amount of administrative red tape, doctors and dentists are disinclined to even want to deal with Medi-Cal patients.

RECOMMENDATION:

COUNCIL STRATEGIC PLAN OBJECTIVE:

ATTACHMENTS: None.

PREPARED: Bob Giovati

EXECUTIVE COMMITTEE AGENDA ITEM DETAIL SHEET

ISSUE: Should the Council advocate for a restoration of the state's share of SSI payments?

SUMMARY: The Los Angeles Area Regional Advisory Committee (RAC) has recommended the full Council advocate for a restoration of the state's share of SSI payments, which were cut during the recession.

BACKGROUND/ISSUES/ANALYSIS: SSI stands for Supplemental Security Income. SSI is a federal program that provides monthly cash payments to people in need. SSI is for people who are 65 or older, as well as blind or disabled people of any age, including children. In California (as in most other states), recipients receive an additional supplementary payment which increases their monthly benefit amount above the federal allocation. California sets its own guidelines regarding what the amount of the supplement, and who receives it.

According to a November 2014 report by the California Budget & Policy Center, in November 2009, state policymakers put into effect the third in a rapid series of cuts to Supplemental Security Income/State Supplementary Payment (SSI/SSP) grants, which are funded with both federal (SSI) and state (SSP) dollars. These state cuts reduced the monthly SSP grant for couples from \$568 in January 2009 to \$396 by November of that same year. The monthly SSP grant for individuals fell from \$233 at the outset of 2009 to \$171 by November. Less than two years later — in July 2011 — state policymakers put in place an additional \$15-per-month cut, dropping the SSP grant for individuals to \$156 per month.

The SSP cuts in 2009 came as the Great Recession gripped California and state lawmakers looked for ways to reduce spending in the face of a two-year, \$60 billion budget shortfall. Today, although the state's economy and finances have been slowly recovering from the downturn, low-income Californians who rely on SSI/SSP cash assistance have been left behind. While the SSI portion of the grant has modestly increased in recent years due to *federal* cost-of-living adjustments (COLAs), the state's SSP portion remains frozen at recession-era levels: \$396 for couples and \$156 for individuals, the minimum levels allowed by federal law. Why haven't SSP grants gone up? Because — in addition to reducing SSP grants in 2009 — state policymakers eliminated the annual *state* COLA. As a result, the

state's portion has not been increased to reflect changes in California's cost of living over the past several years.

Without a doubt, these budget cuts substantially lowered the state's costs for SSI/SSP. In 2007-08, the year the Great Recession struck, the state spent about \$3.8 billion on its share of SSI/SSP cash assistance (in 2014-15 dollars). Fast forward seven years: California will spend a projected \$2.5 billion on SSI/SSP grants in the current fiscal year — more than one-third *below* the 2007-08 level. This substantial drop in state spending has occurred even as the number of Californians enrolled in SSI/SSP has increased, rising by 6 percent — to 1.3 million — since 2007-08.

But these state “savings” have come at a tremendous cost to low-income seniors and people with disabilities. SSI/SSP cash assistance once uniformly lifted recipients out of poverty, but no more: Today's maximum grant for individuals equals just 90 percent of the federal poverty line, jeopardizing the ability of seniors and people with disabilities who rely on these grants to afford basic necessities such as food and housing. The value of SSI/SSP grants has fallen so sharply in recent years that the state's SSP portion would have to increase by *nearly \$100 per month* in order to bring the total grant for individuals up to the 2014 poverty line.

RECOMMENDATION:

COUNCIL STRATEGIC PLAN OBJECTIVE:

ATTACHMENTS: None.

PREPARED: Bob Giovati