COMMUNITY SERVICES AGENCY

Ken R. Patterson
Director

251 E. Hackett Road
P.O. Box 42, Modesto, CA 95353-0042

Phone: 209.558.2500 Fax: 209.558.2558

STANISLAUS COUNTY
IHSS ADVISORY COMMITTEE MEETING
MINUTES

02/28/03

Committee Members Present:	Jeffrey Lambaren	Madelyn Amaral	Rose Martin
	Ora Scruggs	Jose Acosta	Connie Muller
	George Sharp	Christine Munoz	Linda White
Committee Members Absent:	Kenny Brown	Dwight Bateman	
IHSS Staff Present:	Jan Holden	Larry Baptista	
CSA Staff Present:			

OPENING REMARKS by CHAIRMAN JEFFREY LAMBAREN
- Meeting called to order at 1:07p.m.
- Announcement made for public comment.

PUBLIC COMMENT
- No public comments were presented.

ACCEPTANCE OF MINUTES
- February 14, 2003 minutes: Motion M/S/A to accept minutes with no corrections.

BUDGET UPDATE by Jan Holden
- Jan Holden said there is nothing new to report and the State budget is still in flux.
- Jan said the Legislative Analyst Office recommended that all the Department of Aging programs be consolidated into the Department of Social Services.
- The Governor's proposal recommends that the IHSS program be realigned meaning that the total costs would defer to the Counties along with an increase in sales tax to pay for it. The legislative analyst disagreed with the Governor's recommendation and said that the IHSS program should be split 50% county and 50% state share.

- The legislative analyst also stated that the realignment of Adult Protective Services makes sense.
- Jan said the the CEO's office gave the County budget update and although the County budget appears to be okay for this year, next year is still unknown.

PROCESS/UNION ORGANIZATION
- No new information was available.

OLMSTEAD UPDATE by George Sharp
- Passed out copies of the Olmstead Update draft.
- Committee reviewed and discussed the outline of the draft.
- George envisions that housing will be the biggest obstacle to the Olmstead implementation.
- George said that President Bush has proposed 1.75 billion to the States to help implement Olmstead.
- The Olmstead is to be implemented by April 1, 2003.

HOMEMAKER MODE UPDATE by Jan Holden
- Jan Holden is hoping to get approval to hire 4 homemakers plus one supervisor on the Board's agenda sometime in March.
- Jeff suggested for staff to write a letter of support for the approval of the Homemakers.

IHSS PROGRAM UPDATE by Jan Holden
- Passed out copies of compliance letter and reviewed copies of the County Fiscal Letter (CFL).
- Reviewed each letter and discussed.
- Jeff Lambaren asked CSA Staff to gather information on the breakdown costs of the IHSS program and bring that information to a future meeting.

QUESTIONS AND ANSWERS
- Madelyn Amaral asked if the committee should insert the mission statement into the bylaws.
- Motion M/S/A: to insert the mission statement into the committee bylaws.

AGENDA ITEMS FOR NEXT MEETING
- Budget Update
- Olmstead Update
- Union Process
- Homemaker Update
- Approval of letter supporting the hiring of County Homemakers
- Employee/Employer Relations Ordinance
- Public Authorities in other Counties
- Written report from PHN Judy Bournival on Senate Sub-Committee on Aging and Long-term Health Care hearing on February 18, 2003, attended by IHSS Advisory Committee member Ora Scruggs.

Meeting adjourned @ 2:00 p.m.
Larry Baptista, Recorder

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
GRAY DAVIS, *Governor*
DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814

February 3, 2003

COUNTY FISCAL LETTER (CFL) NO. 02/03-42

TO: ALL COUNTY WELFARE FISCAL OFFICERS
ALL COUNTY WELFARE DIRECTORS

SUBJECT: FISCAL YEAR (FY) 2002/03 PLANNING AUGMENT TO IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM ADMINISTRATIVE ALLOCATION AS A RESULT OF WELFARE & INSTITUTIONS CODE SECTION 12302.25

REFERENCE: COUNTY FISCAL LETTER (CFL) NO. 02/03-28 DATED SEPTEMBER 24, 2002

Contingent upon Legislative approval of the appropriate FY 2002/03 budget documents, the amounts identified on the enclosed attachment are your planning allocation augmentations for IHSS Administration current year allocation.

This new premise reflects the current year cost of administrative activities necessary for counties to act as the employer of record for IHSS providers under Welfare and Institutions Code Section 12302.25.

For the current year, the estimated funding need for each of the participating counties was determined based on data received from two or more counties, by the Department of Social Services Disability and Adult Programs Branch in conjunction with the Estimates Branch.

Please contact your county analyst in the County Financial Analysis Bureau at (916) 657-3806, if you have questions concerning this allocation.

Sincerely,
Original Document Signed By
Gloria Merk On 2/3/03
GLORIA MERK
Deputy Director
Administration Division

Attachment

c: CWDA

IHSS AUGMENTATION FOR FY 2002/03
COUNTY EMPLOYER OF RECORD

Attachment CFL 02/03-42

Counties	Total	Federal	State	County
ALAMEDA	$0	$0	$0	$0
ALPINE	$135,000	$64,895	$49,074	$21,032
AMADOR	$135,000	$64,895	$49,074	$21,032
BUTTE	$0	$0	$0	$0
CALAVERAS	$0	$0	$0	$0
COLUSA	$0	$0	$0	$0
CONTRA COSTA	$0	$0	$0	$0
DEL NORTE	$0	$0	$0	$0
EL DORADO	$0	$0	$0	$0
FRESNO	$0	$0	$0	$0
GLENN	$0	$0	$0	$0
HUMBOLDT	$0	$0	$0	$0
IMPERIAL	$0	$0	$0	$0
INYO	$0	$0	$0	$0
KERN	$0	$0	$0	$0
KINGS	$0	$0	$0	$0
LAKE	$0	$0	$0	$0
LASSEN	$0	$0	$0	$0
LOS ANGELES	$0	$0	$0	$0
MADERA	$0	$0	$0	$0
MARIN	$0	$0	$0	$0
MARIPOSA	$135,000	$64,895	$49,074	$21,032
MENDOCINO	$0	$0	$0	$0
MERCED	$0	$0	$0	$0
MODOC	$0	$0	$0	$0
MONO	$0	$0	$0	$0
MONTEREY	$0	$0	$0	$0
NAPA	$0	$0	$0	$0
NEVADA	$0	$0	$0	$0
ORANGE	$0	$0	$0	$0
PLACER	$0	$0	$0	$0
PLUMAS	$0	$0	$0	$0
RIVERSIDE	$0	$0	$0	$0
SACRAMENTO	$0	$0	$0	$0
SAN BENITO	$0	$0	$0	$0
SAN BERNARDINO	$0	$0	$0	$0
SAN DIEGO	$0	$0	$0	$0
SAN FRANCISCO	$0	$0	$0	$0
SAN JOAQUIN	$0	$0	$0	$0
SAN LUIS OBISPO	$0	$0	$0	$0
SAN MATEO	$0	$0	$0	$0
SANTA BARBARA	$0	$0	$0	$0
SANTA CLARA	$0	$0	$0	$0
SANTA CRUZ	$0	$0	$0	$0
SHASTA	$0	$0	$0	$0
SIERRA	$0	$0	$0	$0
SISKIYOU	$0	$0	$0	$0
SOLANO	$0	$0	$0	$0
SONOMA	$0	$0	$0	$0
STANSLAUS	$392,000	$188,434	$142,496	$61,070
SUTTER	$0	$0	$0	$0
TEHAMA	$0	$0	$0	$0
TRINITY	$0	$0	$0	$0
TULARE	$0	$0	$0	$0
TUOLUMNE	$135,000	$64,895	$49,074	$21,032
VENTURA	$0	$0	$0	$0
YOLO	$0	$0	$0	$0
YUBA	$0	$0	$0	$0
TOTAL	**$932,000**	**$448,012**	**$338,791**	**$145,196**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, California 95814

GRAY DAVIS, Governor

February 10, 2003

Mr. Ken Patterson
Stanislaus County Welfare Director
251 East Hackett Road
P. O. Box 42
Modesto, California 95353-0042

Dear Mr. Patterson:

In 1999, the California Legislature enacted Assembly Bill (AB) 1682, Chapter 90, Statutes of 1999, which requires each California county, by January 1, 2003, to either act as, or establish, an employer of In-Home Supportive Services (IHSS) individual providers for purposes of collective bargaining. AB 2235, Chapter 1135, Statutes of 2002 imposed a new reporting requirement on the counties. Each county is required to report on its compliance, by January 15, 2003 with the "employer" requirement of AB 1682, Chapter 90, Statutes of 1999, as well as provide specific supporting documentation. As of January 15, 2003, we are in receipt of your report and documentation.

Your report indicates you have chosen to meet the obligations of AB 1682 by providing IHSS through the Homemaker mode and Individual Provider mode, using the County Administered method of service delivery. You also provided the documentation required demonstrating compliance under AB 2235 for your service delivery options.

You have met the statutory reporting requirements for demonstrating compliance with AB 1682. For further information, you may wish to contact Patricia Johnston, Chief of the Policy Operations Bureau at (916) 229-4000.

Sincerely,

Alan Stolmack /cs

ALAN STOLMACK, Chief
Adult Programs Branch
Disability and Adult Programs Division

c: IHSS Program Manager

Draft 2/25/03

I. INTRODUCTION

II. BACKGROUND

III. PLANNING PROCESS

IV. CURRENT PROGRAMS AND EFFORTS

V. RECOMMENDED FUTURE ACTIONS

The following lists some next steps for improving the long-term care system so that California residents will have available an array of community care options that allow them to avoid unnecessary institutionalization. The "Guiding Principles" are meant to govern all activities. The "Policy Goals" describe the policy goals to be pursued in order to improve the long term care system, and the bullets under each of the goals indicate the strategies to be implemented to reach those policy goals. Note that some of the recommended future actions require additional funding. These funding requirements are identified in the text discussing the relevant item, below.

Guiding Principles

- A person living in a community must be given the opportunity to fully participate in the community's services and activities through his/her own choices and in the least restrictive manner.
- Honor consumer choice.
- Emphasize self-determination by consumers of their own lives.
- Promote informed choice for consumers.
- Consumers should be involved in the planning.
- Provide an opportunity for interested persons; including individuals with disabilities and their representatives, to be integral participants in *Olmstead* plan development and follow-up.
- Olmstead planning should involve the entire community (including vendors, providers, family members and other stakeholders).
- Emphasize community inclusion.
- Plan should cover everyone under the Olmstead decision, regardless of age.
- Planning should include choice of services, flexibility, and the opportunity to change services when change is needed.
- Services should start in the community.
- Services should be to support individuals, not to take care of them.
- Services should be culturally competent.

State Commitment

Policy Goal: Ensure commitment from the Long Term Care Council (LTC Council) and its constituent departments that the rules, regulations, and laws of the State are consistent with the principles of the Olmstead decision.

- The LTC Council will review and monitor the implementation of the Olmstead Plan, with the involvement of consumers and stakeholders. The plan shall be updated by April 1, of each odd-numbered year. The next update, for example, could focus on needs of specific populations.
- LTC Council departments will review their strategic plans to see that they are consistent with the principles of the Olmstead decision and present their findings and any recommended changes by the Fall 2003 meeting.
- CHHSA Directors who are members of the Long Term Care Council will report at the quarterly Council Meetings on key activities engaged in by their Departments that support the achievement of Olmstead Plan policy goals, including reviewing and revising regulations and policies.

Data

Policy Goal: Develop and improve information and data collection systems to improve the long-term care system so that California residents will have available an array of community care options that allow them to avoid unnecessary institutionalization. Collect aggregate data on unmet needs for supports, services, and community options. Use aggregate data to develop resource requests.

- The Long Term Care Council will immediately begin to identify data needs, based on internal review and consumer/stakeholder input to the Olmstead Plan. Consumers and stakeholders will be asked to review and comment on the identified needs. The Council will identify the data needed for purposes of planning for assessments for persons in institutions, care planning for individuals and services needed for transition, assessments for diversion from institutions, and care planning for individuals and services needed for diversion. Data needed may include, but not be limited to:

    a. Identify all individuals living in publicly funded institutions.
    b. Determine, of the individuals so identified, those who seek community placement and whose treating professionals have identified this as a feasible option
    c. Length of time between when the person was assessed as appropriate for community services and when the individual received the needed community service, including waitlist information.
    d. Unmet community service needs and the gap between existing services and consumer needs
    e. Reasons persons are at-risk for institutionalization for purposes of diversion efforts.
    f. What services are needed to divert individuals from unnecessary institutionalization.
    g. Numbers of people diverted from institutionalization.
    h. Numbers of people not diverted due to lack of community based services.

  The Council should clearly identify what data is currently available, for example what information is available for persons residing in mental health institutions or information gathered through other organizations. The Council should also ensure any activities are compliant with confidentiality and HIPAA rules. Subject to additional resources, the Council will contract for the services of a consultant to collect the data and incorporate it into a data base for use by State departments.

  Once the database is available, the LTC Council will convene a meeting with consumers and stakeholders to review the data, identify trends and issues,

recommend actions for improvement in the programs and identify areas for needed cost projections. This activity would be ongoing.

- DHS will request approval from the federal government to have access to Minimum Data Set (MDS) evaluations for Medi-Cal eligible individuals being placed in nursing facilities. The MDS contains a data regarding an individual's needs that can help provide an initial identification of those individuals in nursing homes who are candidates for more in-depth assessment and transition activities.

Comprehensive Care Coordination

Policy Goal: Develop and implement a comprehensive plan that will improve the long-term care system so that California residents will have available an array of community care options that allow them to avoid unnecessary institutionalization.

- The LTC Council will immediately begin to prepare a conceptual design for a comprehensive assessment and care coordination system for individuals placed in, or at risk of placement in, nursing facilities. The Council will solicit consumer and other stakeholder comment and review on the conceptual design. This comprehensive system would include elements such as the following:

    a. A state level entity responsible for system administration.
    b. Community care coordination services that build upon existing service systems.
    c. A database containing information on individuals residing in nursing homes, those at risk of placement, and those who have been placed.
    d. A standardized assessment process for all NF residents that includes consumer and family participation as well as professional team members. This process should build upon the past work related to the LTC Council's California Uniform Assessment Instrument project.
    e. A standardized diversion process for individuals at risk of placement in a nursing facility. Multi-disciplinary teams should be used for those who need it, such as persons with Alzheimer's disease and related dementia.
    f. Required linkages and protocols between hospitals, physician's offices, nursing facilities and the local community care coordination services.
    g. Care coordination for each consumer.
    h. The development of a care plan, including needed services and supports for each consumer.
    i. Training for care coordinators in obtaining needed services; establishment of linkages with all needed services (e.g. Local housing agencies.)
    j. A process for assessing unmet community service and support needs, including family caregiver support needs, and requesting resources to respond to those needs.
    k. A system to measure and report the outcomes of individuals placed in care plans.
    l. The implementation of the care plan, with necessary consumer follow-up by the care coordinator.
    m. A process for annual updates of consumer care plans.
    n. A process for appealing items included in or excluded from the care plan.

o. A process for monitoring any waiting lists that arise and initiating actions to assess that such lists move at a reasonable pace.
p. The development of information on all available funding options, and creation of a budget methodology to ensure adequate system funding.
q. The structuring of funding sources into a coherent system of long tem care.
r. Identification of the procedures and regulations to be established by the state oversight entity to ensure system effectiveness and quality, and to ensure that its services reflect and are accessible by the cultural diversity of California's population.

Subject to additional resources, begin to implement pilots to test the newly designed assessment/care planning system for persons in or at risk of placement in nursing facilities, in 3-5 locations that represent the diversity of California's urban, rural, valley and coastal communities. Additional resources will be required for staffing to perform oversight, administration and support for the pilot projects. Document the organizational structure and operating procedures, and contract for an independent evaluation to identify practices that work and those that do not work as well. Additional resources will be required for the evaluation contractor. The evaluation will include recommendations for changes in operating procedures, and/or for additional pilots to test alternative and innovative service delivery options. The evaluation will identify steps to be taken towards full statewide implementation of a comprehensive assessment and care coordination system. Subject to additional resources, expand the system statewide.

- The DMH, with consumers, stakeholders, and counties, will immediately begin to develop recommendations to ensure a comprehensive assessment and care-planning system is in place for individuals placed in, or at risk of placement in, institutions due to mental health conditions. The recommendations could include components mentioned in the items "a" through "r" above, and should be integrated into existing county mental health programs. The recommendations should include an implementation schedule and identify needs for additional resources. The recommendations could build upon counties' Adult System of Care or Children's System of Care. A major focus of the system should be on diverting individuals from entering long term care institutions by developing community based services and supports that meet their needs.
- The DHS Office of Long Term Care will issue a Request for Applications for up to five development grants and up to five planning grants to local entities intending to implement Long Term Care Integration (LTCI) projects. LTCI projects directly address Olmstead goals by implementing comprehensive and coordinated long-term care systems at the county level.

- DHS will support Long Term Care Integration Pilot Projects and identify ways to coordinate access to services, to organize funding sources and to alleviate

the barriers to implementation. Provide technical assistance to LTCI participating counties in order to increase local capacity to divert or transition persons from nursing homes to home and community based services. If determined feasible, support efforts to pilot test LTCI projects administered by non-government entities.

- Enact legislation to make permanent the Program for All-Inclusive Care for the Elderly (PACE).
- DHS will plan for expanding the number of PACE sites statewide with a long-term goal of establishing 10 PACE organizations in California.

Assessment

Policy Goal: Provide timely assessments for persons in institutions to determine supports and services needed for individuals who do not oppose community placement to live in the community. Provide assessments for persons living in the community, who are at risk of placement in an institution or more restrictive setting, to remain in the community in the least restrictive setting. Assessments should result in an informed choice for the consumer as to the most appropriate and integrated setting.

- The LTC Council departments will review all existing assessment procedures used for individuals residing in institutions and for individuals at-risk for placement in institutions, for consistency with the *Olmstead* principles and parameters listed below. The departments shall report at the LTC Council meetings, recommended changes for improvement and identification of any additional resources that would be needed. The parameters shall include, but not be limited to:

    a. Assessments should be used to determine the specific supports and services that are appropriate for the person and that he or she needs to live in, or remain in the community, including those needed to promote the individual's community inclusion, independence and growth, health and well being.
    b. Assessment tools and/or planning processes must not act as artificial barriers to individuals moving swiftly to the community.
    c. The individual assessment/planning process should be "person-centered" and focus on the person's goals, desires, cultural and language preferences, abilities and strengths as well as relevant health/wellness/ behavioral issues and skill development/training needs.
    d. People should always be involved in their own assessment/ planning process and must be provided with information in a form they can understand to help them make choices and consider options. Individuals must be given understandable information about the results of their assessments and plans, in writing, and sign off on these documents.
    e. Family members, friends or support people have an important role in the assessment/planning process, to the extent desired by the person with a disability. Assessments should include the individual's "circle of support".
    f. People must have the supports which best enable them to communicate, e.g., communication devices or the presence of people

who can best interpret for them.

g. Reduce duplicative assessments.
h. Should be conducted on a defined, periodic basis that reflects the need and situation of the individual.
i. Peer support and/or independent advocates should be available to assist individuals in the assessment/planning process.
j. Professionals who prepare assessments and/or participate in planning must be qualified. In order to be qualified, a professional must have knowledge in their field of relevant professional standards and core competencies related to community-based services (including knowledge of the full variety of community living arrangements).
k. Professionals who work in the community—e.g., Centers for Independent Living or other community organizations or experts that provide or design community-based support—must be involved in assessment and planning.
l. Assessments and determinations as to the most integrated setting must be based on the individual person's needs and desires for community services and not on the current availability or unavailability of services and supports in the community.
m. Information should be provided to consumers regarding the opportunity to be assessed for placement; on the objective or purpose of assessment; on how to access the system for an assessment; on the timeline for implementation of potential plans and outcomes; on any entitlement to services; on consumer rights; on the option to change living situations, test different options, and change his or her mind; on how to obtain a peer/community advocate; or consumer's individual risk factors faced when moving out of an institution.
n. If an individual is unsatisfied with recommendations made or results, she or he must have the right to appeal and be informed of how to do so.
o. Assessments should clearly identify the range of services needed and preferred to support the person in the community, including where appropriate, housing, residential supports, day services, personal care, transportation, medical care, and advocacy support.

- DDS will assess all residents at Agnews Developmental Center to determine the services and supports that will be needed to transition from Agnews to another living arrangement in preparation for the proposed closure of Agnews in June 2005. All activities will be conducted consistent with the *Olmstead* principles emphasizing informed choice.
- DDS and DHS will seek a federal Home and Community-Based Services Independence Plus Waiver to fund the continuation and expansion of self-determination for regional center consumers.
- The LTC Council will identify options to reach residents in institutions in order to inform and educate them regarding the Olmstead decision.

Diversion

Policy Goal: Develop a care plan for each consumer that identifies the needed and preferred supports and services to divert individuals from entering institutions and to ensure that the individual is served in the most integrated setting appropriate.

- The LTC Council departments will review current procedures for care planning that diverts persons from placement in institutions for consistency with the Olmstead principles and parameters listed below. The departments shall report at the LTC Council meetings, recommended changes for improvement and identification of any additional resources that would be needed. The parameters shall include, but not be limited to:

    a. The care plan should consider a full array of services, not just what is currently available.
    b. Care plans, based on the assessments, should clearly identify the range of services needed and preferred to support the person in the community, in all relevant areas, including where appropriate, housing, residential supports, day services, personal care, transportation, medical care, and advocacy support.
    c. Provide care coordination for each consumer to connect the individual with community providers and assist in any transition activities as necessary. Clarity as to who is responsible to connect the individual with community providers.
    d. Care planning should be conducted on a defined, periodic basis and include follow-up with consumers on the care plan and updates as necessary.
    e. Persons involved in the transition/planning process should be qualified and knowledgeable of community living options, such as including experts in transportation and housing.
    f. Consumer and families should be educated about community placement.
    g. All materials should be clear and understandable to the consumer.
    h. Care planning should be person centered and consumer driven.
    i. Data regarding unmet needs should be used to identify need for more services for the individual and in the aggregate.

- The LTC council departments will evaluate existing crisis response programs and report to the LTC council on identifying recommended models that could be incorporated in counties without existing programs. The models should focus on timely actions that can maintain an individual in community settings with appropriate services and supports. Stakeholders and counties should participate in this activity.

- The Department of Developmental Services will use the Regional Resource Development Project approach currently required by WIC 4418.7 for people whose community home is failing and for whom developmental center placement is a likelihood to assist regional center consumers at risk of institutionalization.

Transition

Policy Goal: Develop a care plan for each consumer that identifies the needed and preferred supports and services to transition individuals from institutions and to ensure that the individual is served in the most integrated setting appropriate.

- The LTC Council departments will review current discharge planning procedures for consistency with the *Olmstead* principles and parameters listed below. The departments shall report at the LTC Council meetings, recommended changes for improvement and identification of any additional resources that would be needed. The parameters shall include, but not be limited to:

    a. The care plan should consider a full array of services, not just what is currently available.
    b. Care plans, based on the assessments, should clearly identify the range of services needed and preferred to support the person in the community, in all relevant areas, including where appropriate, housing, residential supports, day services, personal care, transportation, medical care, and advocacy support.
    c. Provide care coordination for each consumer to connect the individual with community providers and assist in any transition activities as necessary. Clarity as to who is responsible to connect the individual with community providers.
    d. Care planning should be conducted on a defined, periodic basis and include follow-up with consumers on the care plan and updates as necessary.
    e. Persons involved in the transition/planning process should be qualified and knowledgeable of community living options, such as including experts in transportation and housing.
    f. Consumer and families should be educated about community placement.
    g. All materials should be clear and understandable to the consumer.
    h. Care planning should be person centered and consumer driven.
    i. Data regarding unmet needs should be used to identify need for more services for the individual and in the aggregate.

- The DHS Office of Long Term Care will work with a county that is assessing the potential for the MDS-Home Care assessment tool to be used as a mechanism to transition nursing facility residents to a community setting.
- DSS and DHS will evaluate the cost to increase IHSS hours to the maximum allowed during the first 90 days after an individual transitions from an institution to the community. This transition period is when consumers,

especially those living alone, are most vulnerable to transfer trauma that can result in re-institutionalization.

- Expand the DHS Medical Case Management Program by increasing the service capacity in Los Angeles, the San Francisco Bay Area, and Fresno, and by opening up a new office in Redding.
- DDS will continue the downsizing eleven large residential facilities, moving persons with developmental disabilities to smaller community homes, and will survey its regional centers to identify additional facilities for downsizing.
- Establish a "Regional Service Hub" as part of the Bay Area Project to meet the service and support needs of persons with developmental disabilities residing in the Bay Area region, including Agnews Developmental Center residents moving to the community. The Regional Service Hub is proposed to utilize Agnews Developmental Center staff expertise to meet consumer service and support needs that are difficult to procure in the region.
- The Department of Aging and the Department of Health Services will explore expanding the existing authority for nursing home residents to make transition visits to adult day health care programs. These visits assist nursing home residents in determining whether the services of adult day health care programs can meet their needs, which in turn will help them gauge the feasibility of community living.

Community Service Capacity

Policy Goal: Develop a full array of community services so that individuals can live in the community and avoid unnecessary institutionalization, including participating in community activities, developing social relationships, and managing his or her personal life by exercising personal decisions related to, among other things, housing, health care, transportation, financial services, religious and cultural involvement, recreation and leisure activities, education and employment. Services should be appropriate to individuals living with and without family or other informal caregivers. Increase capacity for local communities to divert consumers from institutionalization and re-institutionalization. Support family caregivers by providing an array of information and services that will allow them to support a family member with disabilities in their home.

- The Department of Health Services will request approval from the federal Centers for Medicaid and Medicare Services to expand by 300 the number of Nursing Facility waiver slots, in order to serve everyone currently on the waiting list.
- The LTC Council will identify state actions that could be used to improve the availability of paratransit services based on consumers' need for services, coordinate paratransit services across transit districts, and expand rural services.
- The LTC Council departments will analyze their current waitlists and report at the quarterly LTC Council meetings on the status and movement of those waitlists describe efforts to ensure waitlists move at a reasonable pace.
- Subject to additional resources, expand programs that assist consumers in living in the community. These includes programs that provide in-home care and services; transportation and housing; nutrition; care management; caregiver assistance; day programs; and other services and supports.
- The DOR will implement a Workforce Inclusion Initiative. This initiative supports the goals of equality of opportunity, full participation, independent living, and economic self-sufficiency for people with disabilities. Working in cooperation with the State Employment Development Department, this initiative will increase the employment of individuals with disabilities by assuring that they are able to access the full array of state and local employment programs.
- The DOR will work with one-stop career centers to enhance the centers' abilities to establish policies regarding working with persons with disabilities.
- DHS will support the use of social health maintenance organizations, which utilize community-based organizations to provide social and health care services and supports, which allow participants to avoid nursing facility placement.
- To promote human resource development, DMH will develop and disseminate to county mental health departments a technical assistance

manual on working with high school career academies in promoting career paths into mental health professions.

- The Health and Human Services Agency will evaluate the projects funded under the Governor's Caregiver Training Initiative and identify additional job training and skills training that would be beneficial for direct-care staff.
- The Department of Social Services will explore the need for and feasibility of licensing assisted living type facilities for younger individuals with disabilities
- The Department of Social Services will review licensing regulations and statutes to identify any barriers to placement or retention in community care facilities, including looking at social rehabilitation facility models and developing residential treatment alternatives to acute and long-term institutional care.
- Subject to additional resources, provide additional rate increases for community long term care service providers.
- Subject to additional resources, expand caregiver resource support services in order to allow them to serve more family caregivers.
- Subject to additional resources, develop and implement strategies to increase the supply of health professionals and other paid caregivers.

Housing

Policy Goal: Seek ways to expand the availability of housing options for persons with disabilities. A person's living environment must be such that it is not limited to the usual housing supply of the community and can be augmented by supports that facilitate the full inclusion of the person into the community.

- Subject to the availability of additional resources, the HCD will develop a database of housing resources available to persons with disabilities in each city and county. Information will be collected on the number of Section 8 housing vouchers available; number of subsidized public housing units; number of subsidized units that are accessible; number of subsidized accessible units that are occupied by people without disabilities; the number of bedrooms and bathrooms in each unit; and any other data deemed relevant for planning purposed by the department. This information would be made available to the public in a data base where individuals can learn about the availability of accessible and affordable housing in their community. HCD will encourage local public housing agencies to make this information locally available, and to identify units as accessible or convertible. Additional resources will be needed to collect, maintain, and disseminate the data.
- The Department of Housing and Community Development will implement Proposition 46, including the supportive housing program and Grants for Ramps program. To the extent permitted under state law, HCD will ensure that housing for persons with disabilities is a priority use for Proposition 46 funds. HCD will award State dollars only to projects that require that ground floor apartments be reserved for individuals with disabilities, and that require all apartments to be convertible for use by persons with disabilities.
- The HCD will review programs, services and funds for accessibility and Local Government Housing Elements to insure that they include adequate sites for all housing needs including households with special needs. HCD will provide local housing entities with information on the Olmstead decision and emphasize the importance of making housing available in order to meet Olmstead goals. HCD will require that Consolidated Plans and Housing Elements reflect Olmstead goals as a condition of certification. The HCD will consider establishing an Olmstead Ombudsman and grievance procedures to process reports of non-compliance.
- Increase local capacity for home modification by providing planning grants from local Community Development Block Grant (CDBG) funds. Utilize funding from the CDBG program, the HOME Investment Partnership Act Proposition 46 funds and other sources to increase funding for home modifications.
- Subject to additional resources, add rental housing after Proposition 46 resources are allocated, and resources for housing specifically designed to meet the needs of individuals with disabilities.
- Subject to additional resources, expand DMH's Supportive Housing projects.

- Subject to additional funding, provide funding for county planning grants to co-plan housing and transit.
- The Department of Housing and Community Development will request that the federal Housing and Urban Development commit to a major expansion of federal rental assistance so that each eligible household or person can get aid .

"Money Follows the Individual" and Other Funding

Policy Goal: Develop a "Money Follows the Individual" model to provide resources for individuals to live in the community rather than an institution. Seek opportunities to increase resources and funding options.

- Identify new federal funding sources and apply for grants that further the Olmstead principles.
- Evaluate the options of expanding the HCBS waivers.
- The Department of Health Services will explore proposing to the Centers for Medicare and Medicaid Services that the existing institutional bias in funding in the Medicaid program be replaced by a new policy. The new policy would specify that long term care services are to be provided in community settings whenever feasible.
- The LTC Council, with input from consumers and stakeholders, will design one or more models for programs in which "the money follows the person" for individuals seeking to move from institutions, and implement pilot programs to test each model. Based on evaluations from the pilots, the models would be expanded statewide. Additional resources would be needed to develop and implement the pilots and statewide system.

Consumer Information

Policy Goal: Information regarding services should be available to persons with disabilities in order to make informed choice and for care planners for planning purposes. No individual with disabilities should be prevented from living in the community due to a lack of information. To meet this goal, the State should facilitate the development of information, education and referral systems, and ensure that this information is available to communities so that community planning can be conducted to address the needs of that community's disabled population.

- DSS will evaluate the option of opening the IHSS registries for use by all individuals, while ensuring compliance with confidentiality rules.
- The CDA will incorporate the Alliance for Information and Referral Systems (AIRS) standards into the California Code of Regulations and train general Information and Referral providers and Area Agency on Aging Information and Assistance providers accordingly. Utilizing these standards will help ensure that the AAAs are best enabled to provide information to families and stakeholders than can help them meet their care needs in their home communities.
- The DHS will, upon request, provide outreach and training on Medicaid Home and Community-based Services Waiver programs to state and local entities including potential providers of services, regional centers, and hospital nursing facilities on available services, waiver capacity, and applications for service.
- The LTC Council will continue to provide consumer information via the internet at www.calcarenet.ca.gov, and will identify ways to expand internet and hard copy access to comprehensive information about community-based services, including information on crisis services, by improving the existing systems and developing new ones as appropriate. This could include a directory of all relevant Internet sites. Additionally, the LTC Council will develop hard copy materials for distribution to the public in regular text and alternative formats, including non-English languages. Additional resources may be needed to develop materials, disseminate information, develop new internet based systems.
- The LTC Council will request assistance from consumers and stakeholders to identify and document best practices, based on the input received through the Olmstead forums, and make this information available to policy makers and other interested parties.

Community Awareness

Policy Goal: Educate communities regarding the Olmstead decision. Provide background information on the Americans with Disabilities Act and the Fair Housing Amendments Act to community decision makers, to ensure that they take the needs of individuals with disabilities into account when making decisions regarding public services and resources.

- The LTC Council will inform and advise state and local entities, including the courts, regarding the Americans with Disabilities Act (ADA), the federal and state Fair Housing Amendments Acts (FHA), and the Olmstead decision, and seek the assistance of local and grass roots disability groups in this activity. The Council will also share this information with local and grass roots disability groups and request their assistance in similarly informing and educating these entities.
- The LTC Council, subject to additional resources, would hire a consultant to develop, in concert with consumers and stakeholders, a public awareness campaign to ensure that the public is aware of the existence of long term care options other than institutional options. Additional resources would be required to hire a consultant to produce and implement the public awareness campaign.

Quality Assurance

Policy Goal: Improve quality assurance based on desirable outcomes and measures.

- The LTC Council departments will review their current quality assurance efforts for consistency with the criteria below, which are intended to promote the use of outcome based models. The departments will identify any instances in which their current efforts do not meet the criteria, and specify the improvements that will be made. The departments will report their findings and recommendations to the Long Term Care Council. The criteria include:
    a. Service, quality and program standards, as appropriate.
    b. Measurable and measured outcomes. Outcome measures should allow for an acceptable level of risk management by care planners and the consumer.
    c. Data collection and key indicator reporting.
    d. Fraud, abuse and exploitation prevention, including ombudsman
    e. Grievance and Appeals process.
    f. Monitoring, auditing and evaluation methodology, considering the use of tools such as program accreditation and certification.
    g. Education and training for providers and family caregivers. For example, training should include training that is provided by consumers, or long-term care facilities should include independent living training.
    h. Peer support.
    i. Consumer rights.
    j. Examine evidence-based practices: successful community models should be used to assist clients during transition and diversion.
    k. Provide incentives/awards for good practices.
    l. People should be allowed to live in their own homes without intrusive oversight.
    m. Publication of results, such as Medicaid Waiver quality assurance and performance monitoring activities that are required by CMS.

- DSS will develop training, educational materials and other methods of support to (1) aid IHSS consumers to better understand IHSS and to develop skills required to self-direct their care, and (2) aid providers in better meeting the needs of consumers.
- DSS will revise regulations to further strengthen the criminal background check process for those who operate, own, live or work in community care licensed facilities.
- Make available on DMH web site and in hard copy, mental health performance outcome measures as provided to the State Quality

Improvement Council.

- CDA will monitor and improve Area Agency on Aging Information Assistance services to ensure program consistency statewide.
- CDA will encourage general information and referral providers and Area Agency on Aging Information and Assistance workers to become certified Information and Assistance/Referral (I&A/R) specialists through the California Association of Information and Referral Specialists (CAIRS), the California AIRS associate.
- The DSS will evaluate the IHSS enhancements made pursuant to AB 1682, including a provider registry, provider referral system and qualifications investigations, to determine the impact on service quality.
- The DMH will recommend that the Mental Health Planning Council (MHPC) review state and local mental health quality improvement plans to identify modifications that should be made to include a section on IMDs/SNFs/MHRCs in order to ensure that the MHPC's platform statements on in-facility focus and IMD transition are addressed:
    a. In-facility focus: Guided by client self-determined goals, facilities should provide treatment, recovery, and support services that prepare the client for successful placement into the community.
    b. IMD Transition: The client's community placement goal should be identified at admission and be the organizing focus of treatment, rehabilitation, and support services. Discharge planning should identify treatment and recovery services and enlist the support of family and friends to ensure a successful transition to community placement.

  The MHPC will make recommendations to state and local entities as needed.

- DMH will audit statewide the extent to which county Mental Health Plans are providing covered Medi-Cal Specialty Mental Health Services consistent with statewide medical necessity criteria, including but not limited to the provision of the following services:
    a. Individual Mental Health Services.
    b. Targeted Case Management/Brokerage Services.
    c. Crisis Residential Treatment Services.
    d. Adult Transitional Residential Treatment Services.
    e. Crisis Intervention Services.
- Revise the current DDS quality assurance systems into a "Quality Management Model" utilizing the Centers for Medicaid and Medicare framework. This model incorporates within it the quality measures identified through DDS' Service Delivery Reform effort.

Appendices

A. Inventory of existing long-term care services
B. List of local Forums
C. Summaries of input receive via Olmstead Forums and Surveys
D. Workgroup meeting agendas
E. Summaries of stakeholder recommendations made at Olmstead Work Group meetings
F. Other stakeholder input
G. Listing of Work Group Participants