DRAFT FOR DISCUSSION ONLY

Based on input received from the Olmstead Advisory Committee:

POLICY GOAL: The Olmstead Advisory Committee Diversion Work Group recommends the following Diversion policy statement be adopted by the State of California to establish and disseminate a uniform vision against which policies, processes, rules and regulations will be measured for consistency with this Diversion policy. It is the policy of the State of California to accomplish the following objectives: lessen the state's reliance on institutional care and services by increasing the use and capacity of home and community-based services; foster and promote an individual's informed choice as to his/her living arrangement; increase an individual's ability to participate, live and work in their community and create processes that divert individuals from institutions.

DIVERSION - DEFINITION AND OLMSTEAD CONNECTION: Home and Community Based Services (HCBS) refers to services and supports that assist an individual in living at home and within their community. Home and community based services encompass a range of community supports and services, including acute care, personal care services, social services, community-based health services, day services, in-home services, caregiver services, transportation, and housing – all of which must support an individual's choice to remain living at home and avoid unneeded institutionalization. Diversion of individuals from unnecessary use of institutional care or services is a key policy goal of the State of California identified in the Olmstead Plan.

PROBLEM STATEMENT: It is widely recognized that existing federal and state laws create an "institutional bias" which means that California must adopt and implement stronger policies and processes that divert an individual from institutional care when that care is not consistent with the individual's choice.

Diverting individuals from institutionalization requires that communities throughout the state have services and supports available to serve the individual in the home and community. A variety of barriers can prevent an individual from accessing the necessary home and community-based services and lead to unnecessary institutionalization. These barriers that include:

- The Medicaid "institutional bias": Medicaid's institutional bias is one of the main factors contributing to lack of community capacity, thereby impacting an individual's ability to remain in the community. Medicaid is the major source of public financing for long-term services and supports for people with disabilities. Medicaid law requires states to provide institutional services to all eligible persons as a mandatory benefit, and permits (but does not require) states to offer home and community-based services in the community through a Medicaid waiver, whose rules limit eligibility and "statewideness" and funding . This federal policy is referred to as the "institutional bias."
- A lack of clear state policy and fiscal resources, hinders development of efficient systems, supports and services in the community.
- Federally funded programs (including Medi-Cal and other home and community-based services) operate under differing rules and standards, creating state-level system fragmentation. The state has little ability to influence these federal issues.
- Absence of data: There is no systemic understanding of where the gaps in services are across the state, how many people are at risk of institutionalization and need alternative services, what services are needed, and how many people are institutionalized but would prefer to live in the community.

Recommendation	Status of current efforts/Committee Comments/Priority Level

DIVERSION RECOMMENDATIONS: PREVENTING/AVOIDING UNNECESSARY INSTITUTIONALIZATION

A) INCREASE COMMUNITY EDUCATION and AWARENESS ABOUT COMMUNITY OPTIONS	
A1) State Leadership: **A Philosophical Commitment** Develop a state vision and policy regarding the importance of home and community-based services and increasing access to such services for individuals at-risk of or living within institutions. *(Revised by Olmstead Diversion Workgroup)*	Work group rated this one of its highest priorities. Other States: In Vermont, the passage of Act 160 in 1999 required reductions in nursing home care and increases in community-based care across the state. States with a mandate for change from the leadership have an advantage as well. For example, the Governor's Office of Health Care Policy in Pennsylvania considers the rebalancing of long-term care a priority and this fosters cooperation among state agencies. In Oregon, language in the original legislation to promote community-based care laid out a vision for a new system of care and the transition to community-based long-term care became the focus of state program management. Since 1981, when Oregon received the first home and community-based services waiver, the philosophy and standard practice in the state has been to provide as much long-term care as possible in community-based settings. Thus, all program operations are essentially geared to promoting diversion from nursing homes and relocation for nursing home residents who request care in the community. (*Exerpt from Kaiser Family Foundation, Strategies to Keep Consumers Needing LTC in the Community, October 2005)*

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A2) Public Awareness and Community Education: HHS Agency and Departments, in concert with stakeholders and consumers, develop a comprehensive public awareness and education campaign. The campaign would seek to educate the public, providers, state workers, advocates, and consumers about Olmstead and an individual's right to home and community-based care. The campaign would consist of the following:	Work group rated this one of its highest priorities
i) Contract with a consultant to develop an education campaign geared at raising awareness of home and community-based alternatives to institutionalization, using print, digital and televised media resources. *(Source: Olmstead Advisory Committee)*	DOR has committed $20,000 in its State Plan for Independent Living to develop a public education campaign to inform the public about choices of home and community based care versus institutional care. These funds will be used as seed money to hire a grant writer to obtain private funds for this purpose.
ii) Department of Health Services (DHS): 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, state ombudsmen, IHSS staff, Independent Living Centers, Area Agency on Aging staff, and hospital nursing facilities on available services, waiver capacity, and applications for service *(Source: Olmstead Plan)*	DHS In-Home Operations (IHO) administers three Home and Community Based Services (HCBS) Waivers that are designed to offer safe and appropriate home care to individuals in lieu of institutional placement. IHO conducted a videotaped training session for staff and providers to ensure consistency in training. The video provided an overview of IHO home and community-based service waivers. IHO continues to provide ongoing in-services to community agencies (IHSS, CDS, regional centers, etc.) on the availability of IHO waivers. IHO is actively working with discharge planners at Laguna Honda and targeted case managers from the City and County of San Francisco to facilitate community transition efforts for beneficiaries at Laguna Honda. IHO plans to conduct outreach to sub-acute facilities in the third quarter of 2005, to provide information on IHO waivers to inpatient sub-acute beneficiaries who may be interested in transitioning into the community.

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iii) All HHS Departments: 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), the Olmstead decision, and other related state and federal statutes, and seek the assistance of local and disability organizations in this activity. *(Source: Olmstead Plan)* iv) ***Moved to Implementation/Oversight:*** Build off the recommendations of the CalCareNet Portal Enhancement Project and enhance home and community-based services information avialbale on www.calcarenet.ca.gov (*source: Olmstead Plan)* v) Professional Education: Institute curriculum requirements and/or continuing education requirements for doctors, nurses, hospital discharge planners and other related professionals and paraprofessionals to educate about Olmstead and service implications for the impacted population of seniors and persons with disabilities.	The Department of Rehabilitation, through its Disability Access Section" performs activities related to provision of information and technical assistance on ADA, as well as State laws such as Title 24, related to disability access. DDS provides an extensive series of links on its website, including federal agencies and national organizations which provide comprehensive analyses of current federal statutes and court decisions.

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B1) Improve the availability of and access to paid caregivers: Health and Human Services Agency and Labor and Workforce Development Agency develop and implement further strategies to increase and stabilize the recruitment, education, training, and retention of health professionals and other paid caregivers. Other activities include the following: i) Development of on-line caregiver registry.*(Source: Olmstead Advisory Committee, modified from the Olmstead Plan).*	The work group identified caregiver issues as one of its top priorities, particularly in supporting non-paid caregivers and in providing living wages for paid caregivers. Work group notes that everything the state does to support both formal and informal caregivers and attendants is vitally important and has the added advantage of being relatively easy to do with a high return on the state's investment. DSS is implementing a $1.385 million from federal government to develop training and educational materials. Governor sponsored the Nurse Education Initiative, a $90 million five-point plan to reduce the state's nursing shortage.
ii) Evaluate the option of opening the Public Authorities IHSS registries for use by all individuals and the impact on consumer information, while ensuring compliance with confidentiality rules. *(Source: Olmstead Plan)*	The California Association of Public Authorities has expressed concern over the proposal to open IHSS Public Authority registries and has several questions that need to be considered if committee decides to move forward with this proposal. The DSS Adult Programs Branch established a committee to discuss the development of opening Public Authorities registries to all consumers. A few of the issues/concerns raised in the meetings include: logistics – how to develop the list; who would maintain it; the cost to establish and maintain it; the definition of "public" – for example, should the registries be limited to just IHSS consumers? Further meetings have not yet been scheduled. In addition, DSS is in the process of expanding the IHSS registries at the county level to one master registry at the state level.
B2) Support for Informal and Unpaid Caregivers: **i)** Extend sunset date for the existing tax credit for caregivers, per AB 298 (Berg). This bill extends the sunset date of the credit from tax years beginning before January 1, 2005 to tax years beginning before January 1, 2011. *(Source: Olmstead Advisory Committee)*	Existing law grants a non-refundable income tax credit to eligible caregivers of $500 for each applicable individual for whom the taxpayer is an eligible caregiver for a tax year. An applicable individual is any person certified with long-term needs for a period of at least 180 consecutive days. An eligible caregiver is anyone

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ii) Support family caregivers by providing an array of services and information (including through the CalCareNet project) that will allow them to support a family member with disabilities in their home *(Source: Olmstead Work Group Forum, 2002: Transition, Planning and Diversion).*	providing care to the following individuals: 1) the taxpayer; 2) the taxpayer's spouse; or 3) a dependent of the taxpayer. No credit is allowed to an eligible caregiver whose adjusted gross income (AGI) equals or exceeds $100,000 for a tax year. Currently, the Caregiver Resource Centers (11 in California) offer services to caregivers, including respite relief. The Older Americans' Act Title IIIE National Family Caregiver Program also allows programs to provide respite assistance to caregivers. Other services that provide respite outside of the home such as adult day programs and adult day health care are not widely available. Policies and a process for directing new services or expanded services to areas of unmet or under-met need should be developed.
iii) Increase wages for paid caregivers to "living wage" levels across the state (*Source: Olmstead Advisory Committee Diversion work group)*	
C) INCREASE THE QUANTITY OF ACCESSIBLE AND AFFORDABLE HOUSING OPTIONS	
C1) Department of Housing and Community Development (HCD): Develop a database of housing resources available to persons with disabilities in each city and county. *(Source: Olmstead Plan)*	A one-stop shop database for grants, "GetGrants," was developed as an inter-agency effort. This lists the most current funding available for housing needs from government agencies. http://getgrants.ca.gov/
C2) ***Moved to Parking Lot:*** Review programs, services, and funds for accessibility and Local Government Housing Elements to isnure that they include adequate sites for all housing needs including housing with special needs *(source: California Olmstead Plan)*	
C3) ***Moved to Parking Lot:*** HCD: Increase local capacity for home modification by providing Community Development Block Grant funds (*source: California Olmstead Plan)*	

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C4) HCD: after Proposition 46 funds are depleted, establish an affordable housing trust fund that would provide a permanent funding source for affordable housing. *(Source: Olmstead Plan and stakeholders)*	California does not have a permanent source of funding. Currently, affordable housing projects are supported with funds from Proposition 46, an initiative that authorized the sale of $2.1 billion in bonds. Those funds are expected to be exhausted in the summer of 2007. There are currently on-going discussions among housing advocates regarding establishment of a permanent funding source for affordable housing, upon depletion of Proposition 46 funds.
C5) ***Moved to Parking Lot:*** HCD: Give counties planning grants to co-plan housing and transit (*source: California Olmstead Plan)*	
C6) DMH: Expand supportive housing projects *(Source: Olmstead Plan)*	The Chronic Homelessness initiative is a collaboration between the Health and Human Services Agency and the Business, Transportation and Housing Agency create 400-500 units of permanent housing with services for chronically mentally ill populations.
C7) ***Moved to Parking Lot:*** Notify operators of HUD housing regarding access requirements for publicly subsidized housing (*source: Olmstead Plan)*	
C8) ***Moved to Implementation/Oversight:*** HCD: Develop a Universal Design/Visitability ordinance that can be adopted by local governments (*source: California Olmstead Plan)*	
C9) ***Moved to Parking Lot:*** HCD: request that the federal Housing and Urban Development commit to a major expansion of federal rental assistance (*source: California Olmstead Plan)*	
C10) Expand public health nursing services in low income senior and adults with disabilities housing complexes *(Source: Olmstead Advisory Committee member).*	For the residents of these apartments, there is no other option but a nursing home when they can no longer live independently. Many of these persons are also Medi-Cal eligible. Every county has public health nurses who have been shown to make a tremendous difference in promoting healthy life style choices as well as encouraging chronic disease management among senior housing residents.
C11) ***NEW:*** Conduct comprehensive Universal Design cost	

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analyses to understand specific costs for builders and consumers. Explore opportunities for expansion of Universal Design in new housing construction and address cost issues. *(Source: Olmstead Advisory Committee meeting)*	
C12) ***NEW:*** Preserve existing housing stock and provide funding for accessibility and home modifications *(source: Olmstead Advisory Committee meeting)*	Vermont's *Home Access* Program provides funding for home modifications.
D) INCREASE ACCESS TO TRANSPORTATION	

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D1) Expand Availability of Transit and Paratransit Services *(Source: Olmstead Plan and Olmstead Advisory Committee Workgroup)*	Work group identified this as a high priority item. Transportation or the lack of it can make a big difference in the successful return home of an individual after hospitalization. Disabled individuals and seniors who do not drive need low-cost mobility options to access health, social, and other community services. Many could take public transit, but the housing and service facilities they travel between are not located on transit routes. State departments continue to fund, license, and contract for the establishment of new facilities, and relocation of existing facilities, to outlying areas away from transit, making access difficult for the disabled and their caregivers. More travel training programs are also required to enable persons with disabilities and seniors to utilize public transit. Many disabled individuals and seniors who do not drive cannot use public transit and need more specialized paratransit services. However, an emerging issue is preventing paratransit providers from serving all those in need as follows: Federal law requires public transit to provide, or contract for, ADA complementary paratransit service within ¾ miles of existing fixed routes. Historically, most transit agencies have provided funds for services on a more regional basis. However, as revenues have been diminishing, many transit agencies are now restricting funding ADA trips to those both starting and finishing within the ¾ mile fixed route limit. In addition, transit agencies have been cutting "nonproductive" routes, often in areas having large concentrations of disabled individuals and seniors. Once the route is cut, the transit agency no longer pays for ADA complementary service to those areas. The Long Range Strategic Plan on Aging's Transportation Task Team (TTT) recommends HHS Agency departments amend their housing and social service funding and licensing application eligibility criteria to include consideration of direct access to transit in the location of all new service facilities, and at the time contracts for services at existing locations are reviewed for renewal. Some travel training programs exist for disabled individuals and seniors but are not widespread. Testimony was provided to the CA Dept of Aging at their April 29, 2005 State Plan on Aging Public Hearing in this regard. Public transit agencies need to work more closely with CTSAs, paratransit providers, and consumer advocacy groups to ensure services are continued. CTSAs need the authority to act as mobility managers and develop local coordination plans requiring public transit to evaluate the impacts of route and service cuts on disabled individuals and seniors.

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D2) Improve Medical Care Transportation Access: Medi-Cal Non-Emergency Medical Transportation: Change reimbursement to allow transit as an eligible reimbursable transportation cost; to include income-level as a criteria for receipt of Medi-Cal reimbursement for NEMT *(Source: Transportation stakeholders, California Association for Coordinated Transportation)*	California's Medi-Cal Non-Emergency Medical Transportation (NEMT) policies base eligibility for medical trip reimbursement on physical ability, not economic need. As a result, many Medi-Cal recipients miss medical appointments due to lack of transportation alternatives. Medi-Cal doesn't pay for public transportation to medical appointments, but only reimburses through the NEMT system. Cost-per-trip is expensive; The system could eventually save money with consolidated brokerage NEMT system and obtaining funds for public transportation reimbursement. California provides one-fifth the number of NEMT trips per-capita to its Medi-Cal population, but at more than three times the average cost per trip, than other state Medicaid programs. No effort is currently underway to reform these aspects of Medi-Cal policy. The Olmstead Advisory Committee Diversion workgroup/transportation stakeholders and the California Association for Coordinated Transportation recommend that the Medi-Cal Program be reformed to allow transit as an eligible reimbursable transportation cost; to include income-level as a criteria for receipt of Medi-Cal reimbursement for NEMT, and to simplify the process for paratransit providers to be certified vendors. Pilot programs could be established to test to use of bus passes, brokerages, and other options to improve access to services and reduce costs per trip.
D3) Address Mobility Management and Coordination Issues: Provide a continuum of services through Consolidated Transportation Service Agencies (CTSAs) to take the lead in facilitating coordinated transportation services for consumers; promote regional connectivity; and maximize the use of state funds. Strengthen CTSAs by increasing funding & authority; establishing them as mobility management centers, and as the source of consumer mobility training *(Source: Transportation Task Team stakeholders of the Strategic Plan on Aging)*	State law allows regional transportation planning agencies to establish CTSAs to consolidate and coordinate social service transportation services. CTSAs are not mandated and only exist in some regions. They are supposed to perform service coordination between transportation and health/human services. Not all CTSAs are providing true coordination and related mobility management functions. The current system is fragmented and there is a lack of incentives to coordinate or improve services, resulting in limited access to services and high costs to the State. The LRSPA Transportation Task Team is working with Caltrans, HHS and BTH Agencies, and the California Association for Coordinated Transportation on a Governor's Action Request for an Executive Order, and accompanying MOU between BTH and HHS Agencies, to establish a California Mobility Council, Mobility Task Force, and establish CTSAs as Mobility Management Centers.

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E) DESIGN AND IMPLEMENT A COMPREHENSIVE SERVICE DELIVERY SYSTEM THAT INTEGRATES FUNDING	
E1) ***Moved to Parking Lot:*** LTC Council: LTC Council: Prepare a conceptual design for a comprehensive assessment and service coordination system for individuals placed in, or at risk of placement in, publicly funded institutions *(Source: Olmstead Plan).*	
E2) ***Moved to Parking Lot:*** Develop recommendations to ensure a comprehensive assessment and service-planning system is in place for individuals placed in, or at risk of placement in, institutions due to mental health conditions. (*Source: California Olmstead Plan)*	
E3) Support Acute and Long Term Care Integration: i. Develop a coordinated system of care that integrates the full continuum of both acute and long term care financing and service delivery so that there is an emphasis on home and community based services in lieu of institutional placements. *(Source: Members of the Olmstead Advisory Committee, and other stakeholders)*	Work group identified this item as a high priority. California's acute and long term care system has long been plagued with system fragmentation stemming from a multiplicity of funding streams, assessment procedures, and lack of coordination between the medical and social systems of care. This fragmentation can lead to higher-than-necessary rates of hospitalization, nursing home expenditures, with a lack of coordination between primary, acute, long term care systems. Work group notes that the fragmentation between acute care and long-term, community-based care causes untold numbers of older persons to end up in nursing homes inadvertently. This type of institutional placement is preventable, and requires the integration of acute care with long-term care services. Other issues include the importance of addressing issues that impact integration of funding streams: how to achieve integration without harming existing programs and how to protect workforce.

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ii. Research the New Federal "Special Needs Plans": Provide opportunities to develop a state Medi-Cal contract option that enables dually eligible beneficiaries to enroll in a single plan that provides Medicare and Medi-Cal covered services and include use of home and community-based services within the benefits package. *(Source: Olmstead Advisory Committee members)*	No integration program is currently underway. As part of the 2005-06 budget, the Governor proposed a program of Acute and Long Term Care Integration (ALTCI) to address the problems posed by acute and long-term care system fragmentation. ALTCI health plans, as proposed, would offer a comprehensive scope of services that would manage the full continuum of care including primary care, acute care, drugs, emergency care, dental services, home and community-based services and long term care, and interdisciplinary care management. The proposal did not make it through the Legislature and was therefore not included in the final version of the Governor's Budget. NOTE re SNPs: Medicare Special Needs (SNP) plans are a subset of Medicare Advantage managed care plans that provide only the Medicare covered benefits to individuals eligible for both Medicare and Medi-Cal. These are federally approved plans for Medicare benefits only. An enhanced SNP plan would build off the federal SNP model and coordinate Medicare and Medi-Cal covered benefits in order to break system fragmentation, improve service delivery of acute and primary care, and simplify health care access for enrollees. The Olmstead Advisory Committee Diversion Work Group is interested in the concept of using Special Needs Plans for purposes of integration, but would like more information on how this could be achieved. Development of plans should be predicated upon the plans' intent to meet the goals of Olmstead and enhance access to HCBS, integrate services based on the consumers' choice, and develop a range of services that maximize and individual's opportunity to remain at home and avoid institutionalization.
E4) ***Moved to Above Item #E3:*** Research the New Federal "Special Needs Plans"	

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E5) Address state and Federal Medicaid issues: i) Modify the state Medicaid plan, by providing home and community-based services as part of the plan, rather than part of a "waiver" *(Source: Olmstead Work Group Forum, 2002: Transition, Planning and Diversion).* ii) Address the institutional bias and specify that LTC services are to be provided in community settings whenever feasible. *(Source: Olmstead Plan)*	Work group identified these issues as a high priority. Federal law determines what services can be part of a state plan. Historically, Medicaid covered only institutional long-term care services, but over the past two decades, the proportion of long-term care financing directed to community-based services and the number of persons receiving services in the community has grown considerably. 68%of federal Medicaid LTC service spending remains institutionally based, while 32% of Medicaid long-term spending is directed to the community. The Medicaid law requires states to provide institutional services to all eligible persons as a mandatory benefit, and permits (but does not require) states to make services available in the community. This federal government policy is referred to as the "institutional bias." The three ways state Medicaid programs can provide home and community-based services are 1) through the home health benefit (a mandatory Medicaid benefit that historically has emphasized skilled, medically-oriented services in the home, but states have the discretion to cover a number of therapeutic services); 2) through one of several optional state plan services (including personal care, rehabilitation services, private duty nursing, physical therapy, occupational therapy, and transportation services); and 3) through home and community-based services waivers. Some of California's Medi-Cal home and community-based services include the In Home Supportive Services program (a state plan benefit), the Adult Day Health Care Program (a state plan benefit), the six 1915(C) waivers including the AIDS waiver, the developmentally disabled waiver, the In-Home Medical Care waiver, the Nursing Facility A/B waiver, the Nursing Facility Subacute waiver, and the Multipurpose Senior Services Program waiver. The 2006 Medicaid Reconciliation Bill contains a House provision to permit states to move existing waivers that have expired into the

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	Medicaid State Plan with certain conditions and with permission to waive statewideness, comparability and income eligibiltity rules. The state should monitor the status of this provision as the budget bill emerges from Congress and be prepared to analyze the potential for streamlining and integrating existing waivers into the state plan.
E6) ***Moved to Implementation/Oversight:*** Implementation of Medicare Modernization Act: Assure that transition to Medicare Part D provides beneficiaries with uninterrupted access to pharmacy and medical needs.	
E7) IMPROVE AND INTEGRATE ASSESSMENT TOOLS AND PROCESSES ACROSS SERVICE SETTINGS: i) **–** Develop uniform or coordinated assessment tool and protocol (*Source: Olmstead Advisory Committee)*	Note; The Olmstead Advisory Committee's Assessment Work Group is currently researching this issue and has placed it as a high priority. Programs use assessments to perform a variety of functions, including functional eligibility determinations, financial determinations, individual preferences, and care plan development. Assessments vary with respect to the functions performed, the populations assessed, the level of automation, the extent of integration with other systems, the administration of the assessments, and the questions included within the assessments. The current array of categorical long term care programs offered to seniors and persons with disabilities who have long term care needs in California are provided by a variety of local and state health and social services agencies with multiple funding sources. Each home and community-based program is designed with its own unique eligibility criteria, assessment tool and protocol. It is not uncommon for an individual needing assistance with activities of daily living to be assessed by three or four separate organizations in order to patch together various services and supports that enable him/her to remain in the community instead of being admitted to a nursing facility. The Governor's budget of 2005-06 called for development of a

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ii) ***Moved to Parking Lot:*** LTC Departments: Using existing resources, review all existing assessment procedures used for individuals residing in or at-risk of placement in institutions, for consistency with Olmstead principles. *(Source: California Olmstead Plan)*	uniform assessment tool and protocol as part of the Acute and Long Term Care Integration (ALTCI) projects. However, the ALTCI projects were not adopted by the Legislature as part of the final budget package; therefore, the assessment tool has not been implemented.

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F) IMPROVE ACCESS TO HOME AND COMMUNITY BASED SERVICES	
F1) ***Moved to Parking Lot:*** LTC Council Departments: Review current service planning procedures for effectiveness in diverting persons from placement in institutions *(Source: Olmstead Plan)*	
F2) ***Moved to Parking Lot:*** LTC Council Departments: Evaluate existing crisis response programs and identify recommended models that could be adopted by counties *(Source Olmstead Plan)*	
F3) ***Moved to Parking Lot:*** Department of Developmental Services (DDS): Expand use of Regional Resource Development Project to all individuals for whom any type of institutional placement is likely *(Source: Olmstead Plan).*	
F4) Rebalance fiscal incentives: i) ***Moved to Item E-5:*** Modify the state Medicaid plan, by providing home and community-based services as part of the plan, rather than part of a "waiver." (Source, Olmstead Work Group Forum, 2002: Transition, Planning and Diversion). *ii)* Rebalance the fiscal reimbursement system in counties and ensure that the fiscal incentive encourages home and community-based services, rather than institutionalization. (*Source: Olmstead Advisory Committee members and Olmstead Plan)*	
F5) Expand programs that assist consumers with living in the community *(Source: CA Olmstead Plan)*	The committee has not identified specific programs for expansion. ADHC program operations under the state plan and develop a timetable for removing the moratorium on DHS Certification in concert with targeted expansion of the program. -NF AB Waiver Expansion: SB 643 (Chesbro, Chapter 551,

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	Statutes of 2005). Legislation requires addition of 500 slots to NF A/B Waiver; committee will monitor implementation and addition of 500 slots. -Multipurpose Senior Services Program (MSSP): The program has been flat funded and has had one small funding increase since its inception in 1983. An ever increasing number of elders served by MSSP have very complex medical and psychosocial needs requiring an intense level of service. The ability of the program to continue to address these needs has been shrinking due to stagnant funding and annually increasing health care and labor costs Examples of program expansion: - The In Home Supportive Services (IHSS) program reports a 40% caseload increase since 2000. Over the past five years, the IHSS program has grown from 248,697 cases in Fiscal Year 2000-01 to 348,783 cases in 2004-05. -Using DOR and the State Independent Living Council (SILC) nursing home transition funds, 26 consumers have been transitioned out of nursing homes (since August 2003 through March 2005), with an additional 16 for which funding has been authorized with plans in place for transition. -Proposition 63, the Mental Health Services Act, offers opportunities for program expansion based on needs identified in each county -The Governor's Chronic Homeless Initiative will create 400-500 units of permanent housing with services for chronic mentally ill populations.
F6) Olmstead Departments: Evaluate the options of expanding the HCBS waivers, particularly for populations not yet served, which will enable individuals to transition out of, or be diverted from entering institutions. *(Source: California Olmstead Plan)*	DHS reports that there is annual increase in the number of slots in the following HCBS Waivers: Nursing Facility A/B Waiver: 110 slots Nursing Facility Sub-acute Waiver: 50 slots In-Home Medical Care: 50 slots Developmental Disabilities: 5,000 slots

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	The current number of enrollees in the Multipurpose Senior Services program (MSSP) Waiver is 10,719. The program has been flat-funded for the previous four-years which have prohibited an increase in the number clients enrolled. The Assisted Living Waiver Pilot Project (ALWPP) is scheduled for implementation January 2006. The ALWPP will be tested in three counties: Sacramento, San Joaquin and Los Angeles. The ALWPP has a total capacity of 1000 beneficiaries over three years. DMH has developed a Request for Proposal to recruit a consultant to evaluate the options of expanding the HCBS waivers. DDS has approved a State Plan Amendment for Targeted Case Management, resulting in $19.4 million increased federal financial participation. In addition, DDS' Home and Community-Based waiver was amended to include "specialized therapeutic services" and vouchered respite. DDS' Home and Community-Based waiver has increased its enrollment cap to 70,000.
F7) ***MOVED to Parking Lot*** DSS: 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 residential treatment alternatives to acute and long-term institutional care. (*Source: California Olmstead Plan)*	

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F8) ***Moved to Parking Lot:*** DSS: 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 residential treatment alternatives to acute and long-term institutional care *(Source: California Olmstead Plan)*	The Governor's FY 2005-2006 Budget includes funding for the implementation of an Independence Plus 1915(c) waiver for the expansion of the Self-Directed Services Program at DDS and at the regional centers. DDS and DHS are finalizing the waiver for submission to CMS.
F9) ***Moved to Implementation/Oversight:*** DDS and DHS: Seek a federal Home and Community-Based Services Independence Plus Waiver to fund the continuation and expansion of self-determination for regional center consumers. *(Source: California Olmstead Plan)*	
F10) ***Moved to Parking Lot:*** DHS: Expand the Medical Case Management Program (*Source: California Olmstead Plan)*	
G) INCREASE EMPLOYMENT OPPORTUNITIES FOR PERSONS WITH DISABILITIES	
G 1) ***Moved to Implementation/Oversight:*** Department of Rehabilitation: Implement the Workforce Inclusion Initiative (*Source: California Olmstead Plan)*	
G 2) Department of Rehabilitation: Work with One-Stop Career Centers to enhance the Centers' abilities to establish policies regarding working with persons with disabilities. *(Source: California Olmstead Plan)*	
G 3) Enable persons with disabilities who are disabled in state services to purchase PERS Long Term Care Insurance *based on AB 1643 (Jones, 2005). *(Source: Olmstead Advisory Committee Member and stakeholders)*	The Public Employees' Long-Term Care Act provides long term care insurance coverage for members of CalPERS. The coverage of the Act has been expanded over time to include persons covered by various retirement systems and to extend eligibility to parents, siblings, and parents of siblings of covered individuals. However, persons with disabilities who do not meet the underwriting criteria cannot get coverage in PERS LTC Insurance. As a result, persons excluded from the long-term care insurance plan cannot obtain long-term services when needed. AB 1643 is currently held in Senate Appropriations Committee. This bill requires the PERS board to conduct a study regarding: - Expected costs of providing LTC Insurance coverage without

Recommendation	Status of current efforts/Committee Comments/Priority Level
	underwriting criteria; -The feasibility and desirability of various options including, charging increased premiums for enrollees not subject to underwriting and imposing increased waiting periods for those not subject to underwriting; - A proposal for a LTC Insurance program that would maintain the financial stability of the plan while balancing the need to cover the maximum number of individuals with the fewest restrictions on coverage; and - Other options for ensuring that persons now excluded from the long-term care insurance plan are able to obtain long-term services when needed and are not discouraged from seeking employment in order to continue receiving public benefits.
H) DEVELOP, IMPROVE AND MONITOR QUALITY ASSURANCE EFFORTS ACROSS ALL DEPARTMENTS ***Note: The entire section H has been moved to the Parking Lot.***	
I) DEVELOP POLICIES AND SYSTEMS TO ENHANCE THE COLLECTION, ANALYSIS AND ACCESSIBILITY TO DATA THAT INFORM DECISIONS ABOUT CONSUMER'S CHOICE OF SERVICES, LIVING ARRANGMENTS, QUALITY, AND POLICY	
I 1) ***Moved to Parking Lot:*** LTC Council: Identify data needed for purposes of planning for assessments for persons in and transferring out of institutions, assessments for diversion from institutions, service planning and resource development. *(Source: California Olmstead Plan)*	

Recommendation	Status of current efforts/Committee Comments/Priority Level
I 2) DHS: Request access to the Minimum Data Set (MDS) evaluations for Medi-Cal eligible individuals who are placed in nursing facilities. The MDS contains some resident data that could help identify those individuals in nursing homes who are candidates for transition into the community. (*Source: California Olmstead Plan)*	The Center for Medicare and Medicaid Services (CMS) has recently agreed to allow states to access the MDS information to identify the persons in nursing homes who have stated that they want to live in the community. The Olmstead Advisory Committee data workgroup is currently considering use of MDS and how a data agreement could be structured