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POLICY GOAL (*from Olmstead Plan)*: Divert individuals from entering institutions and ensure that they are served in the most integrated setting appropriate, based on informed consumer choice.

PREVENTING/DIVERTING INSTITUTIONALIZATION

A) COMMUNITY EDUCATION AWARENESS / CONSUMER INFORMATION				
A1) Develop "Tool Kit" for state leadership and community stakeholders to educate individuals about Olmstead *(submitted by Olmstead Diversion Workgroup)*		Some Independent Living Centers are developing model tool kits		
A2) DSS: 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 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. This is the first step in the process for developing a broader use for the registry.		

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A3) Department of Aging: Train general Information and Referral providers and Area Agency on Aging Information and Assistance providers according to the Alliance for Information and Referral Systems (AIRS) standards. *(Source: Olmstead Plan)*		The Department is coordinating with the California Association of Area Agencies on Aging to provide this training.		
A4) 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, 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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A5) Continue to provide consumer information via www.calcarenet.ca.gov, and 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. *(Source: Olmstead Plan)*		On May 1, 2005, HHS launched the CalCareNet Portal Enhancement Project. The project contractors will assess the availability of information on home and community-based services on the Internet, develop enhancements to the current CalCareNet portal, and recommend a system maintenance model.		
A6) 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)*		The Department of Rehabilitation, through its Disability Access Section" performs all of these 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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A7) Long Term Care Council: 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. *(Source: Olmstead Plan)*		DOR's State Plan for Independent Living has set aside $20,000 of seed money to hire a grant writer to obtain private funds for a public education campaign that will inform the public of choices about home and community based living.		
A8) Develop and on-line caregiver registry *(Source: Olmstead Work Group Forum, 2002: Transition, Planning and Diversion)*				
A9) LTC Council Departments: Identify options to reach residents in institutions in order to inform and educate them regarding the Olmstead decision. *(Source: Olmstead Plan)*		The LTC Council has not addressed this issue. However, 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.		
B) CAREGIVERS - PAID AND UNPAID				
B1) Extend sunset date for the existing tax credit for caregivers, per AB 298 (Berg). This bill extends the sunset date of the		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		

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credit from tax years beginning before January 1, 2005 to tax years beginning before January 1, 2011. *(Source: Olmstead Advisory Committee)*		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 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.		
2) 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 *(Source: Olmstead Plan)*				
B3) LTC Departments: Develop and implement further strategies to increase and stabilize the recruitment, education, training, and retention of health professionals and other paid caregivers. *(Source: Olmstead Plan)*		Ongoing: DSS is implementing a $1.385 million from federal government to develop training and educational materials. DHS strategic plan focuses on shortages in public health workforce. Governor sponsored the Nurse Education Initiative, a $90 million five-point plan to reduce the state's nursing shortage.		
B4) HHS: Evaluate the projects funded under the Caregiver Training Initiative and identify additional job and skills training				

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that would be beneficial for direct-care staff. *(Source: Californi Olmstead Plan)*				
B5) Develop respite services for caregivers *(Source: Olmstead Work Group Forum, 2002: Transition, Planning and Diversion)*	Many caregivers are left without respite, and cannot afford to leave loved ones. This leads to caregiver stress and burnout.			
C) ACCESSIBLE AND AFFORDABLE HOUSING				
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) Review programs, services and funds for accessibility and Local Government Housing Elements to insure that they include adequate sites for all housing needs including housing with special needs. (Source: California Olmstead Plan)		HCD reviews housing elements of cities and counties for five-year planning periods. The housing element requires analysis of housing needs of persons with disabilities, and local efforts to remove governmental constraints that hinder the locality from meeting the need for housing for persons with disabilities, or provide reasonable accommodations for housing designed for persons with disabilities.		
C3) HCD: Increase local capacity for home modification by providing Community		HCD administers 30% of CDBG funds allocated to California with local governments administering the balance.		

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Development Block Grant (CDBG) funds. *(Source: Olmstead Plan)*		HCD has no authority to require local governments to use CDBG funds for any specific activity. The state-administrated portion of CDBG has a high usage for the activity of housing rehabilitation, including home modification.		
C4) HCD: after Proposition 46 funds are depleted, establish a permanent funding source for affordable housing/ affordable housing trust fund. *(Source: Olmstead Plan and stakeholders)*	Significant resources for establishment of Affordable Housing Trust Fund.	There are currently on-going discussions with housing advocates regarding establishment of a permanent funding source for affordable housing, upon depletion of Proposition 46 funds.		
C5) HCD: Give counties planning grants to co-plan housing and transit. *(Source: Olmstead Plan)*		Planning for housing relative to transportation is promoted in the housing elements of cities and counties, which are reviewed by HCD, as well as in many State and local financial assistance awarded to affordable housing developments. Additionally, the Governor's May Revision proposes an increase of $5 million to provide grants to metropolitan planning organizations (MPOs) to produce regional "blueprint" planning documents in cooperation with Councils of Government to develop plans that will guide future development and land use decisions, including those related to transportation, economic development and housing. Councils of Governments (COGs) such as SCAG are planning to better coordinate the regional transportation plans and regional housing		

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		needs plans they prepare, with participation from HCD.		
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) HCD: Notify operators of HUD housing regarding access requirements for publicly subsidized housing *(Source: Olmstead Plan)*	HCD currently lacks funding for outreach and education to the general public in this area.	HCD's State Housing Law staff responds to requests for assistance from architects and local building officials only. HCD presently is proposing amendments to the California Building Standards Code that reorganize and clarify the exiting covered multi-family dwelling unit accessibility standards. These amendments are intended to foster a better understanding of the requirements among both builders and local officials.		
C8) HCD: Develop a Universal Design/Visitability Ordinance that can be adopted by local governments. *(Source: Olmstead Plan)*		Public hearings occurred and public comments were solicited in late 2004 on both the proposed draft model Universal Design ordinances and the Universal Design checklist. As a result of the voluminous comments from a variety of interest groups, HCD is assessing what changes are appropriate for final ordinances that balance the interests of all stakeholders in the new housing arena.		

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C9) HCD: Request that the federal Housing and Urban Development commit to a major expansion of federal rental assistance. *(Source: Olmstead Plan)*		California currently has approximately 295,000 rental assistance vouchers (Section 8) with over $2.5 billion annually. Pending federal legislation could significantly reduce the availability of Section 8 vouchers and funding over the next five years. There is no foreseeable major expansion to this program.		
D) ACCESS TO TRANSPORTATION				
D1) LTC Council Departments: Identify state actions to improve the availability of paratransit services *(Source: Olmstead Plan)*				
D2) Medi-Cal Non-Emergency Medical Transportation: Changing 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 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.			

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D3) Support pedestrian-oriented services by improving connections between destinations with safe pedestrian travel routes and improving pedestrian access to transit services *(Source: Transportation Task Team stakeholders of the Strategic Plan on Aging)*				
D4) 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 *(Source: Transportation Task Team stakeholders of the Strategic Plan on Aging)*	The current system is fragmented and there is a lack of incentives to coordinate or improve services. CTSAs are established in state statute for regional transportation planning agencies to establish to consolidate social service transportation. CTSAs are not mandated in each region, but once established- they are required to perform service coordination between transportation and health/human services.			
D5) Strengthen CTSAs by increasing funding & authority; establishing them as mobility management centers-the source of consumer mobility training *(Source: Transportation Task Team stakeholders of the Strategic Plan on Aging)*				

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E) SERVICE COORDINATION				
E1) 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) DMH: 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)*		DMH is overseeing the Alternatives to Mental Health Institutions projects. The IMD Alternatives projects grew out of recommendations from the LTC Council and the California Mental Health Planning Council. DMH allocated funds for two activities aimed at focusing on improvements in comprehensive service coordination and expanding the possibilities for individuals with serious mental illness currently residing in IMDs to live in the least restrictive setting possible.		

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F) INTEGRATED ACUTE AND LTC SERVICES				
F1) Support Acute and Long Term Care Integration: 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)*	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.	No program underway; Legislature did not include program in final budget package sent to Governor. 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 interdisciplinary care management, primary care, acute care, drugs, emergency care, dental services, home and community-based services and long term care.		
F2) Support the new federal "Special Needs Plans" and 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)*	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.			

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G) DIVERSION –MISCELLANEOUS				
G1) LTC Council Departments: Review current service planning procedures for effectiveness in diverting persons from placement in institutions *(Source: Olmstead Plan)*		Not implemented due to lack of resources		
G2) LTC Council Departments: Evaluate existing crisis response programs and identify recommended models that could be adopted by counties *(Source Olmstead Plan)*		Not implemented due to lack of resources.		
G3) 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).*		No resources have been made available for expansion of this program.		
G4) 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).*	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	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.		

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	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.			
G5) 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)*	Current law requires California counties to pay a share-of-cost for In-Home Supportive Services and other home and community-based services, but do not pay share-of-cost for services provided in nursing homes. As a result, counties have a fiscal incentive to place Medi-Cal LTC recipients in nursing homes, rather than keeping them at home and in the community as they pay more for community-based services such as IHSS.			

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G6) Work with CMS to address the institutional bias and specify that LTC services are to be provided in community settings whenever feasible. *(Source: Olmstead 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. Sixty-eight percent of federal Medicaid long-term 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 State of California has little ability to address the institutional bias without a change in federal law.			
H) COMMUNITY CAPACITY				
H1) Expand programs that assist consumers with living in the community *(Source: CA Olmstead Plan)*		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		

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		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.		
H2) Department of Social Services (DSS): Explore the need and feasibility of licensing assisted living facilities for younger persons with disabilities *(Source: CA Olmstead Plan)*				
H3) 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)*		Status: DSS identified and addressed the following barriers to placement in community care facilities: -Residential Care Facilities for the chronically Ill can now accept persons other than HIV and AIDS clients who are terminally ill -Per SB 962, DDS and DSS will administer a pilot project to provide health care and intensive support services to adults with developmental disabilities who currently reside in Agnews Developmental Center.		

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H4) 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)*		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.		
H5) DHS: Expand the Medical Case Management Program. *(Source: California Olmstead Plan)*	The Medical Case Management Program is designed to provide integrated care and case management services for complex, chronically ill, full-scope Medi-Cal beneficiaries.	DHS reports that, to date, the MCM program has case-managed over 37,000 Medi-Cal beneficiaries. During the period of January 2003 through September of 2004, MCM opened 3,328 cases. The 3,328 cases opened represent an approximate 12 percent increase over the cases opened for Fiscal Year 2003-04, which were 2,928. During the period of October 2004 - March 2005 (6 months), the MCM Program has opened approximately 2,262 additional cases, which equates to an average of 377 cases per month.		
H6) 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 The current number of enrollees in the Multipurpose Senior Services program (MSSP) Waiver is 10,719. The program has		

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		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.		

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I) EMPLOYMENT				
I 1) Department of Rehabilitation: Implement the Workforce Inclusion Initiative (*Source: California Olmstead Plan)*		The Workforce Inclusion Act (AB 925, Chapter 1088, Statutes of 2002, W&1 Code 14007.95 and 14132.955), directs the California Labor and Workforce Development (CLWDA) and California Health and Human Services Agencies to collaborate on the development of a comprehensive strategy that will lead to the employment of persons with disabilities to be on parity with that of persons without disabilities. The Governor's Committee on Employment of Persons with Disabilities (GCEPD) serves as the lead entity in this effort with representation from DOR, DMH, DSS, and DDS. The Committee has prepared a comprehensive strategy on the employment of persons with disabilities, which has been released and is available on the Internet at http://edd.ca.gov/ONE-STOP/disabilities.htm. In addition, DOR and DHS, along with other stakeholders, are active partners in the California Health Incentive Improvement Project (CHIIP), which works with the Governor's Committee to increase access to employment for persons with disabilities.		

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I 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)*		DOR is a partner with the Employment Development Department, through the Federal Workforce Investment Act and the Workforce Inclusion Act. DOR continues to provide training to On-Stop Career Centers.		
I 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 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.		

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J) Quality Assurance				
J1) LTC Council Departments: Review current quality assurance efforts for consistency to promote the use of outcome based models. *(Source: California Olmstead Plan)*		DHS is developing Quality Assurance standards specifically for seniors and persons with disabilities. In July of 2004, DSS initiated development process for a comprehensive statewide Quality Assurance (QA) initiative as part of the Governor's 2004-05 Budget, which includes measures designed to improve the integrity of the assessment process in the IHSS program. The Department of Developmental Services has designed a conceptual model for a statewide quality management system which is based upon the CMS Quality Framework. At the core of the model are outcomes for consumers and families; all system structures are designed support and produce these outcomes. The model will establish clear expectations for performance, will collect and analyze data to determine if the expectations are met, and will ensure that any deficiencies are corrected.		

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J2) Department of Mental Health: Work with the Mental Health Planning Council (MHPC) to review state and local mental health quality improvement plans. *Source: California Olmstead Plan)*				
J3) DSS: 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. *(Source: California Olmstead Plan)*		In September of 2002, DSS received a $1.385 million Real Choice Systems Change Grant from the federal government to develop training, educational and other materials for IHSS recipients and providers. DSS also developed training for county staff to implement AB 1682.		
J4) Department of Aging (CDA): Monitor and improve Area Agency on Aging Information Assistance services to ensure program consistency statewide. *(Source: CA Olmstead Plan)*		This item has not been implemented due to lack of resources.		
J5) CDA: Encourage general information and referral providers and Area Agency on Aging Information and Assistance workers to become certified I&A/R specialists. *(Source: California Olmstead Plan)*		This item has not been implemented due to questions regarding the reliability of the certification test.		

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J6) DSS: 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. *(Source: California Olmstead Plan)*		A survey on the service quality of Public Authorities is conducted annually and a report of findings is provided to the Legislature.		
J7) DMH: 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. *(Source: California Olmstead Plan)*		This is an on-going activity conducted by Medi-Cal Compliance within DMH.		
J8) DDS: Revise the current DDS quality assurance systems into a "Quality Management Model" utilizing the Centers for Medicaid and Medicare framework. *(Source: California Olmstead Plan)*		In 2003, DDS developed a conceptual model for a statewide Quality Management system that is consistent with the CMS Quality Framework. In the Governor's proposed Fiscal Year 2005-2006 Budget, resources have been proposed to continue planning and implementation of the system.		

Recommendation	Background/Problem/Analysis	Status of current efforts	Comments/ Notes	Priority Level A=Must Do B=Good to Do C= Would like to do but lesser priority
K) Assessment				
K1) Develop uniform or coordinated assessment tool and protocol *(Source: Olmstead Advisory Committee workgroup)*	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 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.		

Recommendation	Background/Problem/Analysis	Status of current efforts	Comments/ Notes	Priority Level A=Must Do B=Good to Do C= Would like to do but lesser priority
K2) LTC Council 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)*		The LTC Council departments have not formally reviewed all existing assessment procedures. However, through efforts of the California Pathways/Money Follows the Person (MFTP) grant, a model for uniform assessment and transition and protocol is being developed. Part of this project entails evaluation of existing assessment instruments and recommended changes. In addition, DSS initiated a development process for a statewide Quality Assurance (QA) Plan for the In-Home Supportive Services Program (IHSS). A major component entails standardizing assessments to ensure recipients' needs are appropriately assessed.		

Recommendation	Background/Problem/Analysis	Status of current efforts	Comments/ Notes	Priority Level A=Must Do B=Good to Do C= Would like to do but lesser priority
L) Data				
L1) 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)*		The LTC Council has not addressed this item. However, through the Money Follows the Person Grant, the state will be provided with case encounter and cost data that will provide the basis for policy recommendations for Money Follows the Person initiatives in California. The project team will produce cost and encounter data that form the basis for one or more financing model(s) for money follows the person, as well as cost and other information regarding ongoing or one-time services needed by nursing facility residents in order to transition to community living.		
L2) 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.		