

## **Items not included in Diversion Policy Matrix Options**

**document:** The diversion workgroup is focused on developing policy recommendations that prevent institutionalization with the goal of serving consumers in the most integrated setting of their choice. The Diversion workgroup is prioritizing recommendations for diversion from the Olmstead Plan and other sources. Therefore, those items from the Olmstead Plan that are not applicable to diversion or have already been implemented are not included in the policy matrix. These items are listed below.

### ***Diversion policy recommendations that have already been implemented from the Olmstead Plan***

#### **DHS: Enact legislation to make permanent the Program for All Inclusive Care for the Elderly (PACE).**

Implementation update: Legislation in 2003 (AB 798) enabled the PACE program to be made permanent. Legislation in 1998 (AB 2583) authorized 10 new sites for the PACE program. Program expansion of PACE has been delayed due to staff resource limitations within the Department; these staff positions are necessary to process applications and oversee the PACE program.

#### **DHS: Request approval from the federal Center for Medicare and Medicaid Services (CMS) to expand by 300 the number of Nursing Facility waiver slots in order to serve everyone currently on the waiting list.**

Implementation Update: Governor Schwarzenegger signed SB 643 (Chesbro, Chapter 551, Statutes of 2005) to expand access home and community based services by increasing the number of slots available in the Nursing Facility A/B Waiver. Specifically, the bill:

- Requires, under specified conditions, DHS to seek 500 more slots in the home- and community-based Level A/B nursing facility waiver waivers.

- Requires DHS to reserve 250 of these slots for residents residing in facilities and transitioning out of facilities.
- Requires DHS to expedite waiver processing so that persons who are being discharged from hospitals can return to the community instead of going into a nursing home.
- Amends Level A/B waivers to add the following services which will help facilitate transition back into the community:
  1. One-time community transition services, up to \$5,000; and
  2. Habilitation services which include prevocational, educational, and supported employment services

**DHS: Support the use of Social Health Maintenance Organizations (HMO), which utilize community-based organizations to provide social and health care services and supports, thus avoiding nursing facility placement.**

Implementation update: DHS continues to support the Senior Care Action Network (SCAN), California’s social HMO (SHMO). The SCAN program SHMO model is transitioning into a federal “Special Needs Plan” model and will no longer be referred to as a demonstration SHMO project.

***Policy Recommendations from the Olmstead Plan that are not directly applicable to Diversion Workgroup***

**LTC Council Departments: Using existing resources, review current discharge planning procedures for consistency with Olmstead.**

Implementation update: The LTC Council has not convened on a regular basis, and as an entity has not addressed this issue. DHS, through the Money Follows the Person grant, is currently developing a uniform assessment and transition protocol.

**DHS Office of Long Term Care: Work with a county to assess the potential use of the MDS-Home Care assessment tool as a mechanism to transition nursing facility residents to a community setting.**

Implementation update: San Mateo County is currently reviewing the use of this tool and will share its findings with the Department.

**DSS and DHS: Subject to the availability of resources, evaluate the cost to increase IHSS hours to the maximum allowed during the first 90 days after an individual moves from an institution to the community. This 90-day transition period is when consumers, especially those living alone, are most vulnerable to transfer trauma that can result in re-institutionalization.**

Implementation update: A cost analysis and evaluation has not been conducted. However, through the IHSS Quality Assurance initiative, DSS will seek to standardize program operations and establish methodologies that will ensure individuals' needs are aligned with the necessary hours of support.

**DDS: Continue downsizing the state's eleven large residential facilities (community care facilities) and moving persons with developmental disabilities into smaller community homes and survey its regional centers to identify additional facilities for downsizing.**

Implementation update and background: Since July of 2000 when DDS initiated a funding process to assist with the downsizing of large residential facilities, 13 facilities have downsized representing over 600 beds now billable to the waiver or Medi-Cal certified. There are currently 4 facilities in the process of downsizing representing 150 persons. There are another 25 large facilities, representing over 600 beds, which meet waiver criteria for large facilities and have been approved for the waiver. Continued funding of the Downsizing initiative provides an essential resource necessary for regional centers to assist with downsizing of the remaining large facilities or assist them in making the changes necessary to become eligible for Federal Financial Participation as a large facility. A survey of regional

centers in 2005 will be used to identify and gather funding information for facilities to be considered for downsizing during the 2005/06 FY. More than \$10 million has been expended since FY 2000-01 for downsizing.

In addition to its downsizing efforts of large residential facilities, DDS continues to plan for the closure of the Agnews Developmental Center and transition residents into the community, ensuring continuity of services between the developmental center and the community, and developing an enhanced community service delivery system in the Bay Area. Of the 376 residents at Agnews as of June 30, 2004, it is estimated that 326, or more than 85 percent, will be transitioned into the community through innovative housing development and the use of existing Agnews staffing resources. The remaining 50 residents will be transferred to other developmental centers, as determined by individual assessment and family preference. The majority of residents are likely to move to Sonoma (see Appendix 1 for more information).

**CDA and DHS: Explore expanding the existing authority for nursing home residents to make transition visits to Adult Day Health Care programs to gauge the feasibility of community living.**

Implementation update: Regulations permit nursing home residents to visit Adult Day Health Care (ADHC) programs without a Treatment Authorization Request (TAR). Current regulations specify that an individual can only have three TAR-free days in their lifetime. Due to changes pending to the ADHC program, transition days will be re-evaluated in the context of the Waiver or State Plan Amendment. Currently, DHS is exploring the feasibility of combining "transition" days with "assessment" days and allowing a maximum of three days per 12 months.

**LTC Council: Identify options to reach residents in institutions in order to inform and educate them regarding the Olmstead decision.**

Implementation update: 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.

**LTC Council Departments: Identify new federal funding sources and apply for grants that will transition individuals out of, and divert others from entering, institutions.**

Implementation update:

1. CDA has received two new federal grants that help divert individuals from entering institutions. The Aging and Disability Resource Center Grant (Real Choice Systems Change for Community Living) seeks to provide the public with easily accessible information, counseling and/or assistance and program linkage on aging and long-term support options, benefits counseling, LTC planning, health promotion and home and community-based supports. In addition, the Federal Administration on Aging awarded CDA a three-year grant to establish an Asian and Pacific Islander Dementia Care Network to improve the quality and availability of home and community-based services for California's growing Asian and Pacific Islander (A/PI) senior population. The goal of the program is to enhance the capacity of local health and social service providers to serve Vietnamese, Korean and Chinese dementia-affected families by improving statewide policies and practices on culturally competent dementia care, developing community collaboratives to facilitate access to services, and developing caregiver and professional training programs.
2. DOR awarded the Westside Center for Independent Living a \$122,000 grant, as a pilot for potential

replication, to develop an infrastructure to facilitate the transition of people with disabilities from institutional settings to community settings. In addition, the grant seeks to prevent institutionalization through collaboration with hospitals, rehabilitation and key personnel who can help facilitate community living options. This funding comes from the Federal Department of Education, Rehabilitation Services Administration under Title VIIB of the Rehabilitation Act.

3. DHS received a Medicaid Infrastructure Grant for the California Health Incentives Improvement Project that seeks to improve employment outcomes for and promote self-sufficiency of people with disabilities, with an emphasis on health care and personal assistance services. The Department also received a Real Choice Systems Change grant for “Money Follows the Person” as previously described.
4. In 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.

**LTC Council: Design one or more models for programs in which "The Money Follows the Person" for individuals seeking to move from institutions.**

Implementation update: This is in progress, through a Real Choice Systems Change grant called “California Pathways”/Money Follows the Person.

**DSS: Revise regulations to further strengthen the criminal background check process for those who operate, own, live or work in community care licensed facilities.**

Implementation update: Completed. Regulations now require all adults to obtain a criminal record clearance prior to employment or

presence in a licensed facility. DSS has completed system automation enhancements that promote better tracking of arrest only and child abuse index information. Current statute allows IHSS recipients the ability to request criminal background checks (including fingerprinting) of their provider. Forty-three percent of the IHSS providers are family members and typically there are no criminal background checks requested.

**DMH: Make available on the DMH web site and in hard copy, mental health performance outcome measures as provided to the State Quality Improvement Council.**

Implementation update: The California Community Mental Health Performance Outcomes Report is available and was posted on the DMH website in August of 2004.