

Update on the Implementation of the California Olmstead Plan May 2005

This document provides an update on the state's implementation of the Olmstead Plan, focusing on the 2003 California Olmstead Plan's "Recommended Future Actions" section of the plan. The plan divides the Recommended Future Actions into the following components: state commitment, data, comprehensive service coordination, assessment, diversion, transition, community service capacity, housing, money follows the individual and other funding, consumer information, community awareness, and quality assurance. Within each section, there are corresponding policy goals and recommended actions. The following summarizes the state's advances in implementing the recommended actions, with explanation of progress-to-date.

State Commitment

Policy Goal: The rules, regulations, and laws of the state are consistent with the principles of the Olmstead decision.

Recommended Action Items and Implementation Update:

- Health and Human Services Agency: Establish an Olmstead Advisory Group and review, update, and monitor implementation of the Olmstead Plan.

Implementation update: The Health and Human Services Agency (HHS) convened the Olmstead Advisory Committee, as required under Executive Order S-18-04. The Governor's Executive Order directed HHS to establish the Olmstead Advisory Committee to inform the Administration's understanding of the current system of care and provide leadership in developing future initiatives. The Committee will be responsible for reviewing, updating and monitoring implementation of the Olmstead Plan.

- LTC Council Departments: Review department strategic plans for consistency with the principles of the Olmstead decision.

Implementation update: Several of the Long Term Care (LTC) Council departments have reviewed and updated the strategic plans to ensure consistency with Olmstead. The Department of Aging (CDA) is in the process of developing its 2005-2009 State Plan and the Olmstead principles have been instrumental in shaping its priorities for the upcoming four-year period. The Department of Developmental Services (DDS) updated its strategic plan in 2003, and it is also consistent with Olmstead. The Department of Rehabilitation's (DOR) State Plan for Independent Living for 2005-2007 places Olmstead as a priority. A key component of the Department of Health Services' (DHS) five-year strategic plan includes fostering a more integrated service delivery system in order to more effectively and efficiently serve the people of California. The Department of Social Services (DSS) does not have a strategic plan. The Department of Mental Health (DMH) has not adopted a strategic plan since 1998-1999.

- LTC Council Departments: Report at LTC Council meetings on key activities that support the achievement of Olmstead Plan policy goals.

Implementation update: Due to the change in Administration at the state level in the fall of 2003, the LTC Council did not convene until August of 2004. The August 2004 LTC Council meeting reviewed activities-to-date in implementing the Olmstead Plan, discussed unresolved efforts and barriers, and priority actions going forward. The Secretary of HHS is seeking feedback from the Olmstead Advisory Committee to determine how to most effectively focus and utilize the LTC Council going forward.

Data

Policy Goal: Improve information and data collection systems to improve the long-term care system so that California residents will have available an array of community care options that allow them to avoid unnecessary institutionalization.

Recommended Action Items and Implementation Update:

- 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.

Implementation update: The Long Term Care Council has not implemented this item, as a lack of resources has prevented the state from procuring a contract for the services of a consultant to collect the unavailable data and incorporate it into a database. 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 (see Appendix 1, background materials, for more information on the Money Follows the Person grant).

- 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.

Implementation update: 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. HHS is currently working with DHS, the Office of Statewide Health Planning and Development (OSHPD), and the University of Southern California Center for Long Term Care Integration to identify ways to use the data, and how to structure a data use agreement with CMS. HHS will be seeking the input of the Olmstead Advisory Committee on this item.

Comprehensive Service Coordination

Policy Goal: Implement a comprehensive service coordination system that will improve the long-term care system so that California residents, regardless of disability, will have available an array of community service options that allow them to avoid unnecessary institutionalization.

Recommended Action Items and Implementation Update:

- 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. Identify elements of the conceptual design that could be implemented within existing resources and develop recommendations for implementation.

Implementation update: The LTC Council has not prepared a conceptual design for a comprehensive assessment and service coordination system. However, the Money Follows the Person grant seeks to develop and field test a model for a uniform assessment and transition protocol, in order to transition persons out of nursing homes who wish to live in the community.

- 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.

Implementation update: 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. San Francisco and Merced counties received grants for two years to implement pilot IMD transition projects, slated to end in June 2005. Both projects focused on the development of comprehensive service coordination to effectively transition individuals from IMDs. A draft evaluation report of the projects has been submitted to DMH for review. Both programs utilized intensive, recovery-oriented community-

based services to help individuals stabilize their health and live in the community.

In addition, In order to better understand the current use of IMDs and identify best practices regarding long-term care issues, DMH funded a statewide study of IMD usage. The initial Phase I Report of the study establishes a basic framework for understanding how IMDs fit into county systems of care as well as identifying trends/issues that explain varying use patterns by county. The report provides useful information regarding the status of this level of care and effective models of services that are in place, and the most consistent barriers to community placement. The IMD Study project team is currently completing a focused study of six counties for a more in-depth analysis of systems and service issues that impact services and community placement. The final report with recommendations is due to DMH by November 1, 2005.

- DHS: Support implementation of the Long Term Care Integration (LTCI) Pilot Projects.

Implementation update: In the Fiscal Year 2004-2005, Contra Costa and San Diego counties were awarded approximately \$450,000 each for LTCI implementation grants. The Governor's budget proposes to build off the LTCI projects in developing Acute and Long Term Care Integration (ALTCI) projects. 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. These projects would offer individuals greater choice in the decisions made regarding the needed services and support to meet identified health care needs (see Appendix 1, background materials, for more information).

- 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.

Assessment

Policy Goal: Provide timely assessments for persons in institutions to determine supports and services needed in order for individuals to live successfully in the community. Provide assessments for persons living in the community, who are at risk of placement in an institution or more restrictive setting, to remain in the community in the least restrictive setting. Assessments should result in an informed choice for the consumer as to the most appropriate and integrated setting.

Recommended Action Items and Implementation Update:

- LTC Council Departments: Using existing resources, review all existing assessment procedures used for individuals residing in institutions and for individuals at-risk for placement in institutions, for consistency with the Olmstead Principles.

Implementation update: The LTC Council departments have not had the resources to review all existing assessment procedures. However, through efforts of the Money Follows the Person (MFTP) grant (see attachment 1 for more information), a model for uniform assessment and transition is being developed. Part of this project entails evaluation of existing assessment instruments and recommended changes. In addition, the Medi-Cal Redesign proposal includes \$500,000 to develop a LTC Diversion Assessment data set and protocol specifically for the Acute and Long Term Care plans to use as a diversion assessment tool. DHS expects that this data set/protocol will be informed by the MFTP project currently underway, but it will not be the same.

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 of the Plan entails standardizing assessments to ensure that recipients' needs are appropriately assessed.

Diversion

Policy Goal: Divert individuals from entering institutions and ensure that they are served in the most integrated setting appropriate, based on informed consumer choice.

Recommended Action Items and Implementation Update:

- LTC Council Departments: Using existing resources, review current service planning procedures for effectiveness in diverting persons from placement in institutions.

Implementation update: The LTC Council departments have not had the resources to review current service planning procedures for effectiveness in diverting persons from placement in institutions.

- LTC Council Departments: Evaluate existing crisis response programs and identify recommended models that could be adopted by counties.

Implementation update: LTC Council departments have not had the resources to evaluate existing crisis response programs.

- DDS: Subject to additional resources, expand use of the Regional Resource Development Project to all individuals for whom any type of institutional placement is likely.

Implementation update: No additional resources have been made available for program expansion.

Transition

Policy Goal: Transition individuals from institutions to the most integrated setting appropriate, based on consumer choice.

Recommended Action Items and Implementation Update:

- 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.

- DHS: Expand the DHS Medical Case Management (MCM) Program. The MCM program is designed to provide integrated care and case management services for complex, chronically ill, full-scope Medi-Cal beneficiaries.

Implementation update: 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.

- 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.

Community Service Capacity

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

Recommended Action Items and Implementation Update:

- DHS: Request approval from the Federal Centers for Medicaid and Medicare 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: The request for approval of expanding the number of Nursing Facility waiver slots has not been made. In late 2004, the Nursing Facility A/B Waiver did not have a waiting list (see attachment 1 for description of all Waiver programs). Currently, this waiver does have a waiting list of 559 due to waiver questionnaires submitted by targeted case managers at the City and County of San Francisco on behalf of Laguna Honda residents. DHS is working collaboratively with the City and County of San Francisco and Laguna Honda to assess these beneficiaries for placement in the community. The Nursing Facility Sub-acute Waiver and In-Home Medical Care (acute hospital level of care) Waiver do not have waiting lists.

- LTC Council: Identify state actions to improve the availability of paratransit services.

Implementation update: HHS is exploring opportunities with the Department of Transportation to identify potential transportation initiatives through the federal Real Choice Systems Change Grant.

DDS: Regional Centers purchase transportation services, including paratransit, for persons with developmental services. DDS has created a proposal to increase annual federal financial participation (FFP) by \$27 million by revising data collection for contracted transportation services.

- LTC Council Departments: Analyze current waitlists and report on the status and movement of those waitlists and describe efforts to ensure waitlists move at a reasonable pace.

Implementation update: DHS reports the following on its waitlists for its waivers:

1. Nursing Facility A/B Waiver: Waitlist is 559. Prior to the receipt of waiver questionnaires from Laguna Honda residents, the NF A/B waiting list moved at a reasonable pace. For the majority of 2004, beneficiaries awaiting the NF A/B Waiver were on the waiting list an average of 30 days.
2. Nursing Facility Subacute Waiver: no waiting list
3. In-Home Medical Care Waiver: no waiting list

- LTC Council Departments: Subject to additional resources, expand programs that assist consumers with living in the community.

Implementation update:

1. 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.
2. 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.
3. Proposition 63, the Mental Health Services Act, offers opportunities for program expansion based on needs identified in each county (see Appendix 1 for more information).
4. The Governor's Chronic Homeless Initiative: The passage of Proposition 63, the Mental Health Services Act (MHSA), provides an opportunity for collaboration between the California Health and Human Services Agency and the Business, Transportation and Housing Agency to reduce chronic homelessness among the mentally ill. The May Revision redirects \$40 million from existing housing bonds and \$10 million from the California Housing Finance Agency (CalHFA), along with seed money from the MHSA, to create 400-500 units of permanent housing with services for chronic mentally ill populations.

- DOR: Implement the Workforce Inclusion Initiative.

Implementation update: The Workforce Inclusion Act (AB 925, Chapter 1088, Statutes of 2002, W&1 Code 14007.95 and 14132.955), calls for 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), which is under Employment Development Department (EDD), serves as the lead entity in this effort with representation from DOR, DMH, DSS, and DDS. The Committee has prepared a draft 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.

- DOR: Work with One-Stop Career Centers to enhance the Centers' abilities to establish policies regarding working with persons with disabilities.

Implementation update: DOR is a partner with the Employment Development Department (EDD), through the Federal Workforce Investment Act and the Workforce Inclusion Act. DOR continues to provide training to One-Stop Career Centers.

- 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. In addition, the Governor's proposal to establish Acute and Long Term Care Integration projects builds on the experience of social HMOs by offering 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. The ALTCI projects will have the option to contract with programs such as SCAN to provide additional choices to the Medi-Cal enrollees in the project counties.

- DMH: Develop and disseminate to county mental health departments a technical assistance manual on working with high school career academies in promoting career paths into mental health professions.

Implementation update: The Department completed this task in December of 2003. The manual is available on the Mental Health Planning Council website at <http://www.dmh.ca.gov/MHPC>

- HHS: Evaluate the projects funded under the Governor's Caregiver Training Initiative and identify additional job and skills training that would be beneficial for direct-care staff.

Implementation update: Not implemented due to lack of resources.

- DSS: Explore the need and feasibility of licensing assisted living facilities for younger individuals with disabilities.

Implementation update: Not implemented due to lack of resources.

- 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.

Implementation update: The Department has identified and addressed the following barriers to placement in community care facilities:

1. Persons with health-related conditions may now be accepted or retained without having to obtain prior approval from the licensing agency except under specified conditions; Assembly Bill 2352, chaptered in 2004, allows Residential Care Facilities for the chronically ill to accept persons other than HIV and AIDS clients who are terminally ill and need hospice care. The legislation also added the definition of "terminal disease" or "terminal illness" which means a medical condition resulting from a prognosis of a life expectancy of one year or less, if the disease follows its normal course.
 2. The Administration sponsored Senate Bill 962 (Chesbro) of the 2005-2006 Legislative Session. The bill would authorize DDS and DSS to jointly establish and administer a pilot project for licensing and regulating Adult Residential Facilities for Persons with Special Health Care Needs. This legislation seeks to test the effectiveness of providing special health care and intensive support services to adults with developmental disabilities who currently reside in Agnews Developmental Center.
- LTC Council departments: Subject to additional resources and analysis of relevant data, develop and implement further strategies to increase

and stabilize the recruitment, education, training, and retention of health professionals and other paid caregivers.

Implementation update:

1. 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.
 2. DHS developed a five year Strategic Plan in March 2002. A segment of the Plan focuses on the serious shortages in the public health workforce, most notably registered nurses (including public health nurses), public health microbiologists, epidemiologist, nutritionists, and health educators. One the of the key goals of the Strategic Plan is to cultivate a public health workforce that is adequate in number, appropriately trained and culturally competent, and maximize opportunities to encourage public health careers and staff retention on both the State and local levels.
 3. In April of 2005, Governor Schwarzenegger announced the California Nurse Education Initiative, a \$90 million five-point plan to reduce California's critical nursing shortage. The five-year \$90 million initiative provides additional resources for nurse education and the improvement of the quality of health care in California. Specifically, the initiative will: provide \$90 million to expand and increase nurse education opportunities; partner with schools and health facilities to build more education programs; recruit more qualified instructors; develop new avenues to nursing careers with high school and college nursing academies and apprenticeships; and seek additional funds for nurse education from federal and other funding sources.
- 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.

Implementation update: Self-Directed Services is a service delivery model that allows participants to control a budget to purchase services and supports identified in their Individual Placement Plan (IPP). The Governor's FY 2004-05 Budget included approval for DDS to hire staff

in order to develop and submit a federal waiver for Self-Directed Services, which would allow the State to capture federal funding for the continuation and expansion of the pilots and provide for implementation at the remaining regional centers. 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. In addition, legislation is currently pending (SB 481, Chesbro) that would expand the Self-Directed Services program to a statewide program.

Housing

Policy Goal: Expand the availability of housing options for persons with disabilities. Ensure the availability of housing options that can be augmented by supports that facilitate the full inclusion of the person into the community.

Recommended Action Items and Implementation Update:

- Department of Housing and Community Development (HCD): Subject to the availability of additional resources, develop a database of housing resources available to persons with disabilities in each city and county.

Implementation update: A one-stop shop database for grants, "GetGrants," was developed as an inter-agency effort. This lists the most current funding available from government agencies.

<http://getgrants.ca.gov/>

- HCD: Implement Proposition 46, including the supportive housing program and Grants for Ramps program. To the extent permitted under state law, HCD will ensure that housing for persons with disabilities is a priority use for Proposition 46 funds.

Implementation update: HCD was allocated \$195 million specifically for supportive housing under the Multifamily Housing Program (MHP) portion of Proposition 46. As of May 1, 2005, \$67.9 had been awarded, and additional projects are currently under review. HCD has also made housing for persons with disabilities a priority for the \$779 million available under the "General" component of MHP. In addition, the

Governor's "May Revise" budget proposes to redirect up to \$40 million more for housing the chronically homeless who are severely mentally ill and proposes an additional \$1 million in General Fund to provide technical assistance and predevelopment costs for these developments as well as enhance interagency coordination on homeless issues.

- HCD: Review programs, services and funds for accessibility and Local Government Housing Elements to insure that they include adequate sites for all housing needs including households with special needs.

Implementation update: 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.

- HCD: Increase local capacity for home modification by providing planning grants from local Community Development Block Grant (CDBG) funds.

Implementation update: Substantial amounts of CDBG funds are already used for home rehabilitation and modifications. The State (HCD) administers about 30% of CDBG funds allocated to California with local governments (entitlement jurisdictions) administering the balance (70%). While HCD has no authority to require entitlement jurisdictions to use CDBG funds for any specific activity, localities may choose to use their funds for home modifications. All grantees for the state administered portion may use their funds as described under four activities; housing, public works, community facilities, or public services. The state administered portion of CDBG has a high usage for the activity of housing rehabilitation, including home modifications.

- HCD: Subject to additional resources, add rental housing after Proposition 46 resources are allocated, and resources for housing specifically designed to meet the needs of individuals with disabilities.

Implementation update: HCD expects to continue awarding Proposition 46 funds for rental housing development through the Multifamily Housing Program and Supportive Housing component through the end of June 2007. Up to \$40 million in additional resources for rental housing for the severely mentally ill was proposed in the Governor's May Revision. There are on-going discussions with housing advocates through regarding the establishment of a permanent funding source for affordable housing by the time Proposition 46 funds are depleted.

- DMH: Expand Supportive Housing projects.

Implementation update: The Governor recently announced the Chronic Homelessness initiative. The collaboration between the Health and Human Services Agency and the Business, Transportation and Housing Agency will redirect \$40 million from existing housing finance bonds and \$10 million from the California Housing Finance Agency (CalHFA), along with seed money from the Mental Health Services Act, to create 400-500 units of permanent housing with services for chronically mentally ill populations.

- HCD: Subject to funding for county planning grants to co-plan housing and transit.

Implementation update: 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 needs plans they prepare, with participation from HCD.

- HCD: Develop a Universal Design/Visitability Ordinance that can be adopted by local governments.

Implementation update: 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.

- HCD: Notify the operators of HUD housing regarding access requirements for publicly subsidized housing.

Implementation update: 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/or local building officials only. HCD presently is proposing amendments to the California Building Standards Code that reorganize and clarify the existing 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.

- HCD: Request that the federal Housing and Urban Development commit to a major expansion of federal rental assistance.

Implementation update: 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.

Money Follows the Person and Other Funding

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

Recommended Action Items and Implementation Update:

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 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.

Implementation update: DHS reports that there is annual increase in the number of slots in the following HCBS Waivers (see attachment for explanation of each waiver program):

Nursing Facility A/B Waiver:	110 slots
Nursing Facility Subacute 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 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 tentatively 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.

In 2004, the Governor secured an IHSS Independence Plus waiver that authorizes Federal Financial Participation for parent and spouse providers, advance pay and recipients with restaurant meal allowance.

- DHS: Propose to CMS that the existing institutional bias in funding in the Medicaid program be replaced by a new policy. The new policy would specify that long term care services are to be provided in community settings whenever feasible.

Implementation update: The Centers for Medicare and Medicaid Services (CMS) has developed resources for states under the New Freedom Initiatives. Resources are posted to the CMS website at www.cms.gov/newfreedom. The New Freedom Initiative is a nationwide effort to remove barriers to community living for people of all ages with disabilities and long-term illnesses. It represents an important step in working to ensure that all Americans have the opportunity to learn and develop skills, engage in productive work, choose where to live and participate in community life. DHS has worked with CMS in securing grants and developing waivers that seek to provide long term care services in the community. Such efforts include Money Follows the Person grant and other Real Choice Systems Grants for Community Living (See appendix 1), as well as the Assisted Living Waiver Pilot Project.

- 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 (see Appendix 1).

Consumer Information

Policy Goal: Provide comprehensive information regarding services to persons with disabilities in order to make informed choice and for service planners for planning purposes. No individual with disabilities should be prevented from living in the community due to a lack of information. Develop information, education and referral systems, as needed, to meet this goal.

Recommended Action Items and Implementation Update:

- 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.

Implementation update: The 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.

- CDA: 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.

Implementation update: The Department is coordinating with the California Association of Area Agencies on Aging to provide this training.

- DHS: To the extent resources permit, 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.

Implementation update: 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 the 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 is planning to conduct outreach to sub-acute facilities in the third quarter of 2005, to provide information on the IHO waivers to inpatient sub-acute beneficiaries who may be interested in transitioning into the community.

- LTC Council: Continue to provide consumer information via the internet at 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.

Implementation update: 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.

Community Awareness

Policy Goal: Educate communities regarding the Olmstead decision. Provide background information on the Americans with Disabilities Act, the Fair Housing Amendments Act, and other related federal and state laws, to community decision makers, to ensure that they take the needs of individuals with disabilities into account when making decisions regarding public services and resources. Provide information to California communities so that community planning can be conducted to address the needs of that community's individuals with disabilities.

Recommended Action Items and Implementation Update:

- 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.

Implementation update: 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.

- LTC Council: Subject to additional resources, 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.

Implementation update: 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.

Quality Assurance

Policy Goal: Continually improve quality of services based on desirable outcomes and measures and increase the level of consumer satisfaction.

Recommended Action Items and Implementation Update:

- LTC Council Departments: Review current quality assurance efforts for consistency to promote the use of outcome based models.

Implementation update: As part of the Administration's Medi-Cal Redesign and expansion of Medi-Cal managed care, DHS will be developing Quality Assurance standards specifically for seniors and persons with disabilities. A stakeholder process will enable input from plans, providers and consumers. In addition, other Quality Assurance initiatives are in progress including the California HealthCare Foundation's Performance Standards for Medi-Cal Beneficiaries with Disabilities and The California Endowment's Performance Outcomes Workgroup.

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 IHSS QA Initiative seeks to standardize program operation throughout the state in order to improve service to recipients and savings to the state and counties. The initiative includes requirements for DSS, DHS and the counties to create and maintain an IHSS quality and integrity program. The principal activities to be carried out include the following: establishment of formal statewide training for all IHSS social workers, establishment of formal quality review units at the state and county levels, budgeting for additional social workers at the county level, creation of certain statewide forms to be used by all counties (e.g. protective supervision certification and provider enrollment forms), review and updating of IHSS regulations, development of hourly task guidelines, establishment of routine error studies and data matches, establishment of methodologies to ensure recipients are receiving services, and establishment of procedures to detect fraud and recoup overpayments.

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. The department has requested resources for FY 05-06 to initiate implementation of the model.

- DMH: Work with the Mental Health Planning Council (MHPC) to review state and local mental health quality improvement plans.

Implementation update: In March 2004, DMH was awarded a federal New Freedom Initiative grant from CMS to continue Olmstead implementation activities. This current grant focuses on developing and conducting staff training that will facilitate successful transitions of people from Institutions for Mental Disease (IMD) into the community. This grant builds on information gained through the statewide study of IMD usage. To reach the goal of assisting individuals in achieving successful community living, counties need to work together with IMD's to assure that services provided in these facilities are relevant to what clients need to live in the community. In addition, policies and practices must be in place to enable clients to transition to community living as soon as possible. This pilot training is based on recovery-oriented, culturally competent treatment and discharge planning, and it will be offered to IMD administrators and staff, as well as county personal service coordinators. The project will support training and mentoring for three IMDs and corresponding county liaison staff, and it is hoped that models of services and training will be identified that can be replicated in other counties. The Los Angeles County Department of Mental Health is the initial county to participate in this project, and the focus of this project is consistent with the goals outlined in the Final Report of the President's New Freedom Commission on Mental Health.

- 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.

Implementation update: 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.

- 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.

- CDA: Monitor and improve Area Agency on Aging Information Assistance services to ensure program consistency statewide.

Implementation update: This item has not been implemented due to lack of resources.

- CDA: Encourage general information and referral providers and Area Agency on Aging Information and Assistance workers to become certified Information and Assistance/Referral (I&A/R) specialists.

Implementation update: This item has not been implemented due to questions regarding the reliability of the certification test.

- 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.

Implementation update: A survey on the service quality of Public Authorities is conducted annually and a report of findings is provided to the Legislature.

- 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.

Implementation update: This is an on-going activity conducted by Medi-Cal Compliance within DMH.

- DDS: Revise the current DDS quality assurance systems into a “Quality Management Model” utilizing the Centers for Medicaid and Medicare framework.

Implementation update: 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.

Appendix 1: Background Materials

Project Name: **Money Follows the Person
Real Choice Systems Change Grant for Community Living**

Project Goal: To develop and field test a model for a uniform assessment and transition protocol that would enable nursing facility residents to exercise informed choice of home and community-based services and to provide case encounter and cost data that provide the basis for policy recommendations for Money Follows the Person initiatives in California.

Project Lead: Department of Health Services in partnership with the University of California, Los Angeles Borun Center for Gerontological Research, Dr. Jack Schnelle, Director. The Department is also partnering with the California Department of Rehabilitation and the University of Southern California. The project team will identify nursing facilities in the Southern California area for the pilot project.

Budget: \$750,000 federal funding over three years. The Department is in year 2 of the 3-year grant period.

Project Status:

- Drafting of Preference Assessment—The project team has drafted and field-tested a preference assessment. The preference survey is a brief screening interview that can be used to identify nursing facility residents who want to pursue a transition to community living.
- Transition Services—The project team has identified existing Medi-Cal home and community-based waivers and existing Medi-Cal programs and services that will support those who will transition from nursing facilities under the project; for example, Multipurpose Senior Services Program (MSSP), In-Home Supportive Services, Independent Living Centers and others.
- Stakeholder Input—The Department has required the project have a local Advisory Group made up of program experts, potential consumers, advocacy group representatives and other stakeholders. Additionally, the project team circulates documents to a wide range of email contacts and has posted documents on the Living Independently in Los Angeles (LILA) website at the following internet

address

<http://lila.ucla.edu/Master.cfm?CFID=1226&CFTOKEN=13342382>

Expected Outcomes: UCLA/Borun Center and the project team will produce the following outcomes by the end of the three-year grant period:

- Development or selection of a uniform transition assessment tool.
- A small pilot project that tests a transition protocol that can be used in various nursing facilities and by a variety of care planners.
- Cost and encounter data that form the basis for one or more financing model(s) that demonstrates that the money follows the person.
- A uniform transition care planning protocol that enables nursing facility residents to exercise interest and informed choice of care options and services in a community setting.
- A successful care-planning protocol that enables consumer preferences of service providers and service types.
- Cost and other information regarding ongoing or one-time services needed by nursing facility residents in order to transition to community living.

Next Steps:

- Report progress of the project regularly to the Centers for Medicare and Medicaid Services (CMS), as required by the Real Choice Systems Change federal grant program.
- Coordinate with other state agencies and long-term care programs statewide that can benefit from the pilot project formative learning and outcomes.
- Monitor the pilot project conducted by the UCLA grant team later this year.
- Work with the grant team on a final project report that will identify the successes of the pilot project including care-planning models, service costs associated with chronic conditions and those transitioning from nursing facilities to community living.

Project Name: CRI Santa Rosa Nursing Home Transition Project

Project Goal: To transition consumers from nursing homes to the community.

Project Lead: Community Resources for Independence (CRI) – an Independent Living Center in Santa Rosa.

Funding: \$123,000 for 3 years (Real Choice Systems Change Grant for Community Living). Currently in year 3 of the grant.

Project Description: The project staff identifies consumers to transition from nursing homes into the community. Most of the consumers are referred to the program from social workers in the skilled nursing facilities, acute care hospitals, and rehabilitation units. Others are referred from the Ombudsman office and families. The project staff meets directly with the consumer (while also establishing appropriate point persons who will work under the consumer's direction) to assess needs and develop avenues to transition into the community. The program has its own assessment tool (referred to as the Initial Interview and Transition Plan assessment tool that incorporates social and medical information) to identify those community services that the consumer will need to successfully transfer to the community. The staff meets as a team to evaluate the consumer and, with the consumer's consent, with Medi-Cal and other staff/agencies as necessary. The staff makes the contacts and advises the consumer of procedures for following up on the necessary services.

Project Status and Outcomes:__The project team has transitioned 31 consumers, diverted 4 and transferred one from a year-long stay in an acute care to a skilled nursing facility, who will soon be transitioned into the community.

Project Name: Deinstitutionalization is About Living (DIAL) of the Westside Center for Independent Living in Santa Monica

Project Goal:

1. To develop an infrastructure via policy and systems change which facilitates the transition of people with disabilities from institutional settings to community settings.
2. To prevent the institutionalization of people with disabilities through collaboration and coordination with hospitals, rehabilitation, and key personnel who are in positions to facilitate community living options.

Project Lead: Westside Center for Independent Living

Funding: \$122,000 for three years (program began in 2004) as awarded by the Department of Rehabilitation. This project is part of the State Plan for Independent Living, jointly adopted by the Department of Rehabilitation and the State Independent Living Council. The funding comes from the Department of Education, Rehabilitation Services Administration under Title VII B of the Rehabilitation Act.

Project Description:__DIAL will serve a significant cross-section of people in Los Angeles, including many diverse and underserved ethnic populations, a broad spectrum of disabilities, and several different types of institutions.

WCIL's DIAL project aims not only to transition people out of institutions, but also to divert. Outreach targets consumers and family members as well as key staff at five major hospitals with rehabilitation centers, 12 skilled nursing facilities, and two mental health residential facilities located in four diverse communities. Outreach materials include culturally sensitive, language-appropriate publications, innovative additions to the LILA web sites, links to other community and city websites, presentations and on-site services. The project seeks to accomplish successful transition outcomes for 20 consumers in year one and 25 in year two.

WCIL will focus collaboration efforts with specific entities to achieve specific results by forming: 1) an IHSS task force to create an effective in-home care system that fully supports community living alternatives, 2) a Housing Task Force to acquire new funding streams for the establishment of innovative supportive housing projects, and to expand the resource bank of

affordable and accessible options; and 3) a Transportation Task Force to implement systems revisions that will facilitate rapid access to Paratransit services and to advocate for systems improvements.

Goals will be achieved by developing partnerships with legislators, government entities, health care providers, social service providers, and other private providers. Through these partnerships, the program staff will be able to address issues associated with successful transition including housing, income and resources, personal assistance, independent living options and alternatives to institutionalization.

Project Status and Outcomes: Program staff are currently working with 17 consumers to effect transitions. Fifteen of the 17 are in Skilled Nursing Facilities and one is in the VA Hospital. Sixteen assessments have been conducted. Due to medical issues, one of the consumers has not been fully assessed due to unexpected hospitalization.

Project Name: One-time Transition Costs for Deinstitutionalization

Project Goal:

1. To assist independent living centers with the one-time costs associated with assisting people with disabilities of all ages to transition from institutional settings to community settings.
2. To identify the types of transitional costs not generally covered through existing state or community programs.

Project Lead: California Department of Rehabilitation (DOR), as outlined in the joint State Plan for Independent Living (a joint plan of DOR and the State Council for Independent Living).

Project Description: The Department of Rehabilitation provides up to \$4,000 to assist consumers in meeting the one-time costs associated with moving from nursing facilities and similar settings to the community – generally, the individuals' homes or apartments.

Typical expenses include clothing, an initial stock of food, a month's rent, house wares, assistive devices and minor home modifications. Centers are required to look for other community resources before requesting funds through this project.

The Department has designed a streamlined process for these grants in which centers apply for authorization by e-mail and approvals are communicated in the same way. This process makes it possible to turn around requests usually within twenty-four hours.

Project Status and Outcomes: In 19 months, 38 individuals have been or are being assisted to move to community settings with a total cost to date of \$49,000 expended in addition to \$44,000 more obligated but not yet billed. Average cost per consumer is approximately \$2,450.

Project Name: Mental Health Services Act (Proposition 63)

Project Goal:

- Expand recovery and resiliency mental health services to children/youth, adults and older adults who have severe mental illnesses and whose services needs are not met through other funding sources
- Establish a new mental health Prevention and Early Intervention program to reduce stigma, conduct outreach on recognizing early signs of mental illness, and reduce negative mental health outcomes such as suicide, incarceration, homelessness, school failure, unemployment and foster care.
- Develop innovative programs to improve access to high-quality mental health services.
- Expand capital facilities and address technology needs, and
- Recruit, retain and train additional staff to provide mental health services.

Project Lead: The Department of Mental Health

The California Department of Mental Health and the California Mental Health Planning Council also have oversight and approval roles for various aspects of the Mental Health Services Act.

Funding: This Act imposes a 1% income tax on personal income in excess of \$1 million. Statewide, this is estimated to be approximately \$250 million in fiscal year 2004-05, \$700 million in 2005-06 and increasing amounts thereafter. Most of the funding will be provided to county mental health consistent with the local plans.

Project Status: The Mental Health Services Act contains six components:

1. Community Planning
2. Community Services and Supports
3. Capital Facilities and Technological Needs
4. Education and Training
5. Prevention and Early Intervention
6. Innovation

Implementation of these components will be staggered. A Mental Health Oversight and Accountability Commission has been established to ensure the new funds are utilized properly throughout California. The requirements for the Community Planning Process and local maximum funding amounts have been finalized. A comprehensive state planning process has been developed to obtain stakeholder input on proposed state requirements and implementation strategies. County mental health departments must submit 3 year plans to the California Department of Mental Health. These local plans must be developed with a wide array of local stakeholders, be available for 30-day public comment period, be reviewed through a public hearing convened by the local mental health board/commission, and updated annually. Draft program requirements have been released for stakeholder comment for the Community Services and Supports component.

Opportunities for Involvement: At the state level, information about the stakeholder process, draft and final requirements and resources are available on the web site, www.dmh.ca.gov. Hard copies will be provided upon request. For questions, there is an e-mail mhsa@dmh.ca.gov and a toll-free number 1-800-972-MHSA.

Each county mental health program will develop its own stakeholder process. Information can be obtained from county mental health regarding dates and process that will be used.

Project Name: Assisted Living Waiver Pilot Project (ALWPP)

Project Goal: To test the efficacy of providing assisted living as a Medi-Cal benefit and as an alternative to long-term placement in a skilled nursing facility.

Project Lead: The Department of Health Services

Funding: The pilot will be funded through a federal 1915(c) Home and Community Based Services waiver -- federally matched funds to state expenditures at approximately 50%. The number of enrollees will determine the costs to the state and federal governments. The estimate for the total costs for the first year is \$4,570,881.00.

Project Description: Assembly Bill 499 (Aroner) (Chapter 557, Statutes of 2000) requires the Department of Health Services to implement a pilot project that will test the efficacy of assisted living as a new Medi-Cal waiver benefit. Financed using a Medicaid home and community-based services waiver, this program will be designed to serve eligible residents in both licensed residential care facilities for the elderly (RCFEs) and in publicly subsidized housing settings (PSH). A key goal of the pilot project is to enable low-income, Medi-Cal eligible recipients, who would otherwise require inpatient nursing facility services, to remain in or relocate to such community settings. This waiver will offer a consolidated assisted living benefit to elderly individuals or individuals with disabilities who meet the nursing facility level of care but who can be served outside of a nursing facility. To participate in the ALWPP, beneficiaries must have full-scope Medi-Cal eligibility, have Medi-Cal eligibility without a share of cost, meet the skilled nursing facility level of care, and be at least 21 years of age.

The ALWPP will be tested in three counties (Sacramento, San Joaquin and Los Angeles) and will serve 500 to 1000 persons over the three-year lifespan of the project.

Project Status: The timeline for the ALWPP is as follows:

- March 2005 – Submission of ALWPP waiver application to the Centers for Medicare & Medicaid Services (CMS)
- Spring 2005 – Provider enrollment and training
- July 1, 2005 – Implementation of ALWPP (pending CMS approval)
- January 2008 – Report to the legislature
- May 31, 2008 - Conclusion of ALWPP

Project Name: Agnews Developmental Center Closure

Project Goal: Close 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.

Project Lead: Department of Developmental Services

Project Description: The plan is not just about closing a developmental center; it is also about the development of an enhanced community service delivery system in the Bay Area that can meet the needs of the majority of Agnews' residents. The basic principle underlying the plan is to provide opportunities for the residents of Agnews to remain in their home communities. To achieve this objective, the plan provides for the development of new resources and innovative programs throughout the Bay Area. This will be accomplished through:

- Establishing a permanent stock of housing dedicated to serve individuals with developmental disabilities.
- Establishing new residential models by expanding the Adult Family Home Agency to include the 'Family Teaching Model' and by establishing a residential pilot project for adults with special health care and intensive support needs.
- Utilizing Agnews' employees on a transitional basis in community settings to augment and enhance services including health care, clinical services and quality assurance.
- Implementing a Quality Management system that focuses on assuring that quality services and supports are available prior to, during, and after transition of each person leaving Agnews. The components of the Quality Management system include: (1) Performance Indicators and Measures; (2) Individual Satisfaction Measures; (3) Databases that Provide Information on Achievement of Performance Indicators; and (4) A Quality Management Review Commission.

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.

Project Status: The 2003-04 Governor's Budget directed the Department of Developmental Services (Department) to develop a plan to close Agnews Developmental Center (Agnews) by July 2005. Based upon stakeholder input and the Department's own analysis, it was determined that a closure date of July 2005 was not in the best interests of Agnews' residents. On January 10, 2005, the Department submitted "The Plan for the Closure of Agnews Developmental Center" to the Legislature for approval. The plan proposes a closure date of June 30, 2007. The Department's ability to attain this goal is directly linked to the implementation of each of the components of the plan (housing, new program models and the use of state staff). Delay in achieving these key components could result in a delay in the proposed closure date.

**Project Name: Aging and Disability Resource Center Grant
Real Choice Systems Change Grant for Community Living**

Project Goal: To develop effective Resource Centers providing the public with easily accessible information, counseling and/or assistance, and program linkage on the following areas:

- Aging and long term support options;
- Benefits counseling;
- LTC planning;
- Health promotion; and
- Home and community-based supports.

Project Lead: California Department of Aging, in partnership with the Area 1 Agency on Aging, applied for the grant on behalf of Del Norte County and San Diego County Aging and Independence Services. These agencies will establish a Resource Center in each county in collaboration with a number of committed partners, including the Independent Living Centers and Caregiver Resource Centers serving those counties.

Budget: \$800,000 federal funding over three years. The Department is in Year 1 of the 3-year grant period.

Project Description: This initiative involves a "One Stop" approach to the services provided at the Resource Centers, simplifying not only the number of places, but also eligibility and assessment processes. A successful California program will require a partnership across agencies and programs at the state and local level.

Project Status:

- Both counties have secured lead staff to lead local efforts and have formed local advisory groups that include consumers.
- Both counties are soliciting community input on information and assistance and accessing key services. This has included focus groups on Network of Care website enhancements.
- San Diego has established a partnership with the San Diego Medical Association based on shared project goals.

Expected Outcomes:

- ✓ Increased community awareness of where to turn for information on aging and disability issues;
- ✓ Increased number of older adults and adults with disabilities receiving information and assistance (particularly among groups underutilizing services currently);
- ✓ Reduced time between initial call and receiving services;
- ✓ Increased consumer satisfaction with the I&A and service enrollment process;
- ✓ Improved service coordination among various agencies serving older adults and adults with disabilities; and
- ✓ Increased number of older adults and persons with disabilities receiving home and community-based supportive services.

Next Steps:

- Analyze how current programs and processes could be simplified, and consumer information and access to aging and long term support options improved;
- Conduct Resource Center public awareness activities to make these Centers highly visible; and
- Target outreach to underserved or hard-to-reach groups.

Project Name: Acute and Long Term Care Integration (ALTCI)

Project Goal: To 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.

Project Lead: Department of Health Services

Funding: The 2004-2005 budget contained an appropriation for the existing Long Term Care Integration pilot projects (LTCI), from which two implementation grants have been awarded totaling \$897,507 for two counties to work on LTC integration. For the proposed Acute and Long term Care Integration program (ALTCI), state resources have been proposed as part of the Governor's 2005-06 budget for "position authority" (staff).

Project Description: 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.

As part of the Medi-Cal Redesign package, the Governor recently proposed implementing 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. These projects would offer individuals greater choice in the decisions made regarding the needed services and support to meet identified health care needs.

How ALTCI relates to the existing LTCI pilot projects: The proposed ALTCI would replace LTCI pilot projects as a model to be implemented and state resources currently dedicated to LTCI would be redirected to support ALTCI. By initiating state-level implementation of the ALTCI model, the integration plan would be more likely to be rolled out and would occur on an

earlier time frame. The state-level approach also would allow for consistent criteria including performance standards and measures for all participating health plans, would improve oversight options and would also improve probability for federal approval.

Project Status: The two LTCI grantees, Contra Costa and San Diego counties, together with CalOptima Health Plan for Orange County, are working closely with the Department of Health Services with the goal of starting ALTCI in Orange County on 9-1-06, Contra Costa County on 1-1-07, and San Diego County on 3-1-07.