

Implementation: Oversight and Monitoring of Items

The following items were taken from the 11-28-05 draft of the Diversion Policy Matrix (included in the handouts for the 12-2-05 Full Committee Meeting). The work group has identified these items as those that are in the process of implementation and that need oversight and monitoring from the Committee. The work group can play an important role in monitoring the implementation of these items and in developing recommendations to the Secretary of the Health and Human Services Agency on issues pertaining to implementation.

The following subsections correspond with those of the Diversion Policy Matrix (with exception to the first item).

Miscellaneous (item not included in previous Diversion Matrix):

DHS: Enact legislation to make permanent the Program for All Inclusive Care for the Elderly (PACE) (Source: California Olmstead Plan).

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.

The work group should monitor implementation of the expansion of the PACE program.

A) Public Awareness and Community Education:

A2 iv) Build off the recommendations of the CalCareNet Portal Enhancement Project and enhance home and community-based services information available on www.calcarenet.ca.gov, and identify ways to expand internet and hard copy access to comprehensive information about community-based services, including establishment of an online caregiver registry, and information on crisis services (Source: Olmstead Plan and Olmstead Advisory Committee)

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, recommend enhancements to the current CalCareNet portal, and recommend a system maintenance model. In addition, an Agency/Department Licensing Web Site Project is underway with in the HHSA to develop standardization of licensing web sites. Stakeholders have been asked for input; final report will be released in 2006.

The Committee would like to monitor CalCareNet and Licensing Web Site recommendations when released in 2006, for possibility of future resources placed into expansion of CalCareNet website.

C) Increase the Quantity of Affordable and Accessible Housing

C8) HCD: Develop a Universal Design/Visitability Ordinance that can be adopted by local governments. (Source: *Olmstead Plan*)

Public hearings occurred and public comments were solicited in late 2004 on both the proposed draft model Universal Design ordinances and the Universal Design checklist. As a result of the voluminous comments from a variety of interest groups, HCD is assessing what changes are appropriate for final ordinances that balance the interests of all stakeholders in the new housing arena.

E) Design and Implement a Comprehensive Service Delivery System that Integrates Funding, Acute and LTC

E2): Develop recommendations to ensure a comprehensive assessment and service-planning system is in place for individuals placed in, or at risk of placement in, institutions due to mental health conditions. (Source: *California Olmstead Plan*)'

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

E6) Implementation of Medicare Modernization Act: Assure that transition to Medicare Part D provides beneficiaries with uninterrupted access to pharmacy and medical needs.

The Medicare Modernization Act of 2003 specifies that beginning in 2006, prescription drug coverage (Part D coverage) will be available for Medicare beneficiaries. In addition, subsidies will be available to help low-income Medicare beneficiaries pay for some of the costs associated with coverage. Individuals who have Medicare and full Medicaid coverage, including long-term care benefits, will receive subsidies for premiums, deductibles, and co-payments associated with the benefit. The rules for co-payments differ however, depending on whether a person receives services in an institution or in the community. Institutionalized individuals have no cost-sharing for drugs covered under their prescription plans, but individuals living in the community must make co-payments: \$1 for generic drugs and \$3 for brand-name drugs for individuals with incomes up to 100 percent of the federal poverty level and \$2 for generic drugs and \$5 for brand

name drugs for individuals with incomes over 100 percent of the federal poverty level. Although these co-payments are nominal for each drug, they can be significant for consumers with low incomes who take multiple medications. The differences in co-payment rules for drug benefits may not play a major role when consumers are making decisions about the setting for long-term care, but they will be another factor for individuals to consider, and in some cases could have an influence on decisions about care. Similarly, decisions about settings for long-term care could be influenced to a certain extent by differences among formularies available in institutions and for community-dwelling beneficiaries and by the extent to which assistance regarding the choice and use of drug plans is available to beneficiaries. States that actively promote community-based care may be faced with decisions about whether to add a drug co-payment benefit for waiver programs or for state-funded programs.

F) IMPROVE ACCESS TO HOME AND COMMUNITY BASED SERVICES

F9) DDS and DHS: Seek a federal Home and Community-Based Services Independence Plus Waiver to fund the continuation and expansion of self-determination for regional center consumers. (Source: California Olmstead Plan)

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.

G) INCREASE EMPLOYMENT OPPORTUNITIES FOR PERSONS WITH DISABILITIES

G1) Department of Rehabilitation: Implement the Workforce Inclusion Initiative (Source: California Olmstead Plan)

The Workforce Inclusion Act (AB 925, Chapter 1088, Statutes of 2002, W&1 Code 14007.95 and 14132.955), directs the California Labor and Workforce Development (CLWDA) and California Health and Human Services Agencies to collaborate on the development of a comprehensive strategy that will lead to the employment of persons with disabilities to be on parity with that of persons without disabilities. The Governor's Committee on Employment of Persons with

Disabilities (GCEPD) serves as the lead entity in this effort with representation from DOR, DMH, DSS, and DDS. The Committee has prepared a comprehensive strategy on the employment of persons with disabilities, which has been released and is available on the Internet at <http://edd.ca.gov/ONE-STOP/disabilities.htm>. In addition, DOR and DHS, along with other stakeholders, are active partners in the California Health Incentive Improvement Project (CHIIP), which works with the Governor's Committee to increase access to employment for persons with disabilities.

G2) Department of Rehabilitation: Work with One-Stop Career Centers to enhance the Centers' abilities to establish policies regarding working with persons with disabilities. (Source: California Olmstead Plan)

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

New Items added for Implementation and Oversight:

1): Monitor implementation of IHSS Quality Assurance Initiative (source Olmstead Meeting of 12-2-05)

2) Monitor implementation of the Mental Health Services Act (source Olmstead Meeting of 12-2-05)

3): Monitor implementation of Agnews closure (suggestion received at Olmstead Meeting of 12-2-05)

4): Pre-Admission Screening: Pre-Admission Screening in Nursing Facilities: Monitor the application of the Pre-Admission Screening process in California (PASSR) in order to avoid unnecessary institutionalization (source: Olmstead Advisory Committee)

Pre-Admission screening is a critical component to ensuring that individuals are not inappropriately placed in nursing facilities, and are provided with the services they need in order to return to the community. In California, all nursing facility patients (prior to or within 7 days of admission) are required to have a LEVEL I Screen (which in California is called the PASRR Level I/PAS form). If the patient is identified as being either developmentally disabled or a mental health patient, then a referral is made to either DDS or DMH who are required to then conduct a Level II evaluation (which looks at the appropriateness of the nursing facility placement, the need for specialized services and community options).

