

Olmstead Advisory Committee
May 27, 2005
10 a.m.-4 p.m.
California Department of Aging
First Floor Multipurpose Room

Meeting Minutes

Present:

- Kim Belshé, Secretary, Health and Human Services Agency
- Brenda Premo, Chair, Olmstead Advisory Committee
- Sarah Steenhausen, Staff, Health and Human Services Agency
- Terri Delgadillo, Chief Deputy Secretary, Health and Human Services Agency
- Linda Anderson, Contra Costa County Employment and Human Services Department
- Tony Anderson, The Arc of California
- Elaine Batchlor, LA Care Health Plan
- Bill Chrisner, The Dayle McIntosh Center
- Judy Citko, California Hospital Association
- Peggy Collins, Principal Consultant, Senate Select Committee on Developmental Disabilities and Mental Health
- Deborah Doctor, Protection and Advocacy, Inc.
- Nancy Hall, Community Resources for Independence
- Barbara Hanna, California Association for Health Services At Home
- Michele James, Placer County IHSS Public Authority Advisory Board
- Eileen Kunz, On-Lok Senior Health Services
- Jorge Lambrinos, California Commission on Aging
- Joan Lee, Gray Panthers
- Bryon MacDonald, World Institute on Disability
- Jackie W. McGrath, Alzheimer's Association, California Council
- Lydia Missaelides, California Association of Adult Day Services
- Marty D. Omoto, California Disability Community Action Network
- Donald Roberts, Department of Developmental Services Consumer Advisory Committee

- Tony Sauer, Nevada-Sierra Regional IHSS Public Authority
- Tim Schwab, SCAN Health Plan
- Cynthia Traxler, Family Member
- Linda L. Watts, Older and Disabled Adult Services, Solano County Health and Social Services
- Kate Wilber, Center for Long-Term Care Integration
- Kathie Zarkin, Alameda County Network of Mental Health Clients

I. Welcome and Introductory Remarks by Brenda Premo, Chair, Olmstead Advisory Committee

Brenda Premo provided an overview of the agenda. She indicated that the first part of the meeting would consist of reviewing the updated Olmstead Plan, with a facilitated discussion of committee members asking questions of departments regarding information provided in the update. After this discussion, the committee broke into small groups to discuss their priorities for the Olmstead Plan, followed by a reconvening of the group and discussion on the committee's priorities for Olmstead going forward. The second part of the meeting consisted of a review, update and discussion on several legislative and budget items of interest, as well as an update on the convening of the California HealthCare Foundation's managed care expansion standards workgroup, Olmstead workgroup updates on the Money Follows the Person preference assessment tool and implementation guidelines for the Mental Health Services Act. Next, the agenda included a discussion of the status of the Long-Term Care Council. The committee then discussed next steps and the next meeting agenda.

II. Olmstead Plan Implementation: Facilitated discussion on the state's progress in implementing the Olmstead Plan.

Sarah Steenhausen introduced the meeting facilitator, Steve Ekstrom, who is a Senior Partner with The Results Group. Since 1990, he has consulted with a variety of organizations in California, Washington, Oregon and Japan. He specializes in project management, strategic planning and implementation, conflict resolution and group facilitation.

Steve asked Sarah to clarify that the purpose of this portion of the agenda is for committee members to ask questions, get clarification and make any comments on what information was provided on the implementation of the Olmstead Plan. The Olmstead Plan update tracks each item listed in the Olmstead Plan and provides an update and explanation for where each department is regarding implementation. Steve opened the discussion to questions and comments, as follows.

Lydia Missaelides asked whether the plan has been adopted by the Administration, or whether it will be regarded as an evolving plan. Brenda Premo indicated that the plan would be used to develop committee priorities going forward to help develop action items for the state in implementing Olmstead.

Jackie McGrath asked why the Department of Social Services (DSS) and the Department of Mental Health (DMH) do not have strategic plans. Bob Sertich, representing DSS, indicated that DSS is in the process of finalizing its priorities and will use this as the basis for a strategic plan. DSS hopes to share these priorities as soon as they are finalized, within approximately one month's time. Stephen Mayberg, director of DMH, indicated that DMH is in the process of redoing its strategic plan based upon new priorities identified through the Mental Health Services Act.

Deborah Doctor expressed frustration that there is reference to items that were designated to be completed within current resources, but were not completed because of a lack of resources. Deborah would like more information as to why certain objectives were not met.

Cindy Traxler expressed frustration that there were areas of the plan that indicated that the Long-Term Care (LTC) Council had not met and, therefore, had not accomplished the recommended actions. She indicated that the LTC Council appears to be the appropriate entity to integrate long-term care services. She asked that the Administration respond to the status of the LTC Council.

Terri Delgadillo responded to Deborah Doctor and Cindy Traxler's comments, indicating that the purpose of this committee is to examine these issues, including what are the priorities going forward

for Olmstead. She recognized that the previous Administration and stakeholders placed a lot of work into developing the plan. As the plan is implemented, the Olmstead Advisory Committee will play a critical role in defining the priorities going forward. Regarding the status of the LTC Council, Ms. Delgadillo indicated that Secretary Belshé has many of the same questions regarding what should happen with the council and will seek input from the committee, as reflected in today's agenda.

Steve Ekstrom added to what Terri said, noting that there are a number of areas in the plan update indicating that resources are not available and, therefore, action was not taken. The purpose of this meeting is to determine what the committee thinks the priorities are moving forward with implementation.

Peggy Collins indicated that it would be helpful to get some sense from departments as to what resources are needed for implementation of the various components of the plan.

Donald Roberts asked for clarification on the difference between the LTC Council and the Olmstead Advisory Committee. Sarah Steenhausen explained that the LTC Council is represented by the directors of the Departments of Aging, Developmental Services, Health Services, Mental Health, Rehabilitation, Social Services, and Veterans Affairs and the Office of Statewide Health Planning and Development (note: in January 2001, the directors of the Department of Alcohol and Drug Programs, Housing and Community Development and Transportation were invited to serve on the council). The LTC Council's duties include the following:

- Promoting coordinated LTC planning and policy development, including the development of service and utilization data necessary for policy development.
- Developing strategies to improve the quality and accessibility of consumer information on LTC programs administered by these state departments.
- Designing strategies to better monitor the consumer responsiveness of LTC services and programs.
- Developing strategies to streamline the regulatory process for LTC programs and services.

In contrast, the Olmstead Advisory Committee is an advisory body to the secretary of the Health and Human Services Agency and is represented by consumers, family members, advocates and providers. The committee's primary focus is on the state's implementation of the Olmstead decision. Many of the issues addressed by the Olmstead Advisory Committee intersect with the LTC Council.

Data

Peggy Collins noted that there is nothing in the data section mentioned regarding the Mental Health Services Act and data collection for service needs. She asked for clarification from the department.

Steve Mayberg, director of DMH, responded that this plan was written before the Mental Health Services Act; therefore, nothing about the act is mentioned in the plan.

Peggy Collins suggested that while this may be true, there is inconsistency in how departments responded. Some departments provided information on every project, regardless of whether it was reflected in the original plan. Both Deborah Doctor and Peggy Collins suggested that the plan be updated to include portions on the Mental Health Services Act.

Jorge Lambrinos noted that it is very important to look closely at the issue of data collection to be sure that departments collect data in a consistent manner so it can be used at the local levels for planning purposes.

Comprehensive Services Coordination

Jackie McGrath noted that despite the fact that the PACE (Program for All Inclusive Care for the Elderly) program is now a permanent program, the number of sites still has not been expanded. Sarah Steenhausen noted that the PACE program did receive a budget augmentation a few years ago to enable expansion of the program, but the positions were eliminated as part of the previous budget reductions. This year, the Assembly and Senate Budget Committees

approved funding for these positions, which would enable the state to process applications and expand the PACE program.

Tim Schwab asked what the status was regarding the coordination of various assessment tool efforts and whether there is an effort to make common data elements between assessment tools so the data is more transferable throughout the system. Carol Freels of the Department of Health Services (DHS) responded, noting that it would be good to have some commonality relative to what the data says across assessments. The Money Follows the Person project will develop a number of recommendations about the data elements in the various tools.

Joan Lee commented that it is very important to involve the hospitals in any assessment process, as they play a critical role in diversion activities.

Lydia Missaelides pointed out that the term “assessment” is used very broadly; there are many different types and levels of assessments. She indicated that it is not always clear what is meant by the term “assessment” when used in the context of this document or other settings.

Barbara Hanna noted that home health agencies are currently looking at multiple data elements that would be part of an assessment tool to be used in determining what is needed to take care of a person at home.

Deborah Doctor said she does not feel the In-Home Supportive Services (IHSS) Quality Assurance Initiative should be raised in the context of Olmstead, as part of the initiative includes cutting program costs by 10 percent. She objects to this project being included in the context of Olmstead.

Bob Sertich of DSS indicated that a main focus of the quality assurance plan effort is to ensure that there is consistency of services statewide. One of the goals of the quality assurance effort is to ensure that people have access to appropriate services. Therefore, DSS believes it is appropriate to discuss this in the context of Olmstead.

Donald Roberts noted that it is important that any discussion of the assessment process has to include consumers to ensure they are making their own choices.

Diversion and Transition

Linda Anderson raised a question regarding the recommended action item that asks DSS to evaluate the cost to increase IHSS hours to the maximum allowed during the first 90 days after an individual moves from an institution into the community. Ms. Anderson asked for clarification on whether DSS intends to analyze this, as the response indicated that the quality assurance initiative would seek to standardize program operations to ensure that individuals' needs are aligned with the necessary hours of support. Bob Sertich of DSS indicated that at this time, DSS does not plan on analyzing this issue. However, if the committee raises this as a main priority, DSS could revisit the issue.

Community Service Capacity

Jackie McGrath suggested that in the context of program expansion for home- and community-based services (item on page 12 of the implementation update), more programs be included, specifically Adult Day Health Care, Adult Day Care, the Alzheimer's Day Care Resource Centers and PACE.

Jorge Lambrinos commented on the importance of coordinating services in the context of expansion. He noted that it is one thing to expand programs throughout various communities, but unless these programs are coordinated it is not going to facilitate the individual's access to services.

Deborah Doctor commented that it is very disturbing that the Nursing Facility A/B waiver has a waitlist of 559 people, and she expressed frustration that the number of waiver slots has not been expanded. Carol Freels noted that DHS is looking closely at this waiver and will have to get back to the committee on any movement to expand the number of waiver slots.

Jackie McGrath asked why the number of slots for the MSSP waiver is capped at approximately 16,000, but that the number of current enrollees is only 10,000. Lora Connolly of the Department of Aging (CDA) explained that the federal waiver allows MSSP to serve up to 16,335 persons per year (unduplicated). This is accomplished by the state allocating 11,789 client slots statewide to its 41 sites. One slot can support multiple unduplicated clients throughout the year, depending upon how long an individual stays in the program.

A site's funding is based on the historical allocation (e.g., when available new funding was made available, CDA went out to competitive procurement for a base amount of services for a set amount of funding). Therefore, existing sites were initially funded based on the resources allocated in the Governor's budget for the year they began operation. On an ongoing basis, site budgets are dependent on the annual budget for the program and are generally carried forward from year to year, unless the program experiences either a decrease in available funding or an increase. Historically, cuts or increases in resources have been taken on an "across the board" methodology. Past increases in funding have been used to increase available "slots" per site and have also been used to increase overall funding per client. Due to increased program costs over the years, and in recognition of resource strains that local sites are experiencing, CDA recently allowed sites flexibility in structuring their client slots to serve down to a minimum of 85 percent of their contracted caseload. Approximately 15 percent of MSSP sites have opted for this option in fiscal years 2003-04 and 2004-05.

Lydia Missaelides noted that it appears that every other waiver program has been budgeted for growth, with the exception of MSSP.

Joan Lee indicated that it would be helpful to know how these various waivers and programs intersect with one another. In order to implement Olmstead, the state needs to identify gaps in services. It is difficult to make all the connections as it is currently presented.

Linda Anderson suggested that the concept of waiting lists can be misleading, as many programs track waiting lists differently. There needs to be an effort to ensure that waiting lists are tracked in a uniform manner throughout the state.

Housing

Tony Sauer suggested that more attention be given to universal design for all housing map tests and housing overseen by the Department of Housing and Community Development. He believes we should consider policy mandating that all housing built in California is accessible.

Quality Assurance

Deborah Doctor asked whether any of the IHSS Quality Assurance activities are dedicated to measuring consumer satisfaction. Bob Sertich of DSS noted that this is a goal of DSS' and will provide more information to the committee on this issue.

Donald Roberts expressed the importance of people knowing about their choices for living in the community. The Department of Developmental Services' (DDS) Consumer Advisory Committee is working on a book entitled, "Choices and Action" that can be accessed on the DSS Web site.

Steve Ekstrom wrapped up the discussion, noting that the next part of the agenda would consist of breaking the committee into small groups to discuss priorities for Olmstead efforts moving forward.

III. Committee Priorities for the Olmstead Plan: Facilitated discussion, including small group and full committee discussion of priorities.

Steve Ekstrom convened the full committee after breaking up into small groups. Each group was responsible for identifying the areas of priority for Olmstead.

Group 1: Represented by Eileen Kunz of On-Lok Senior Services.

Eileen Kunz outlined Group 1 priorities as follows:

1. A baseline of data and an inventory of services in terms of who the target groups are, waiting lists and existing capacity, as well as barriers to expansion.

2. Diversion: Maintain the existing capacity in the community for services (noting IHSS) and also identify gaps in services, including transportation, housing and access to technology.
3. Standardization of consumer information over the Internet.
4. Development of a uniform assessment tool, with uniformity in certain areas, coupled with an ability to build in additional assessment components where necessary. It is also important to include assessment of caregiver needs
5. Agnews Developmental Closure: Important to monitor its implementation and look at it as a model to work from for other types of transitions and closing institutions.

Group 2: Represented by Barbara Hanna

Group 2 identified two main areas of focus, with subcategories, as follows:

1. Funding mechanisms: Structures to support community living
 - a. Universal design
 - b. Employment
 - c. Housing
 - d. Health needs, including mental and physical health.
2. Maintain existing programs and expand successful programs:
 - a. Examine best practices.
 - b. Reduce barriers: Silos of funding streams, payer of last resort.
 - c. Assessments: Taking existing programs and multiple assessment tools and ensuring that there is no duplication between programs.

Group 3: Represented by Kate Wilber

Kate Wilber outlined Group 3 priorities, separated into systems recommendations and service delivery recommendations as follows:

Systems Recommendations:

1. Comprehensive and Coordinated Service delivery system.
2. Uniform assessment: Assist consumers in identifying and accessing available services. It is important to be cognizant of privacy issues.

Service Priorities: All services should emphasize consumer-driven service planning and be connected to diversion and transition activities

1. Affordable and accessible housing
2. Transportation
3. Mental health services

Group 4: Represented by Linda Watts

Linda Watts outlined the group's priorities, as follows:

1. Silos of state and federal funding and services: Lack of coordination in service delivery; fragmented service system.
2. Education Tools: For families and consumers to understand what services are available; eligibility for services.
3. Incentives for providers to share information and work together in coordinating services for consumers.
4. Disease prevention: Applying a broader application of disease prevention to include social, medical and psychosocial needs, as well in terms of diverting consumers from needing higher levels of care.
5. Managed care expansion: Need appropriate incentives to ensure accessibility and availability of services to people.

Group 5: Presented by Jackie McGrath

Jackie McGrath presented the group's priorities, as follows:

1. Develop a financial plan to implement Olmstead: Using both existing resources as well as tapping new resources, and ensuring that existing resources are restructured to provide maximum coverage of home- and community-based services, following money out of institutions into the community.
2. Universal and flexible assessment system.
3. Diversion: Community setting becomes the "default."
4. Integration of services and programs.

5. Olmstead “Test”: Evaluating budget and legislative proposals to analyze compliance with Olmstead.
6. State leadership

Emerging Themes: Summarizing Group Priorities

The committee identified the following common themes that emerged from each of the five groups’ priorities for Olmstead Implementation:

1. Development of a uniform assessment tool: Common set of definitions and customized to meet varying needs.
2. Integration: Integrated financing system and integrated service delivery system for consumers.
3. Data: Statewide needs assessment, gaps in services, number of individuals currently residing in publicly funded institutions who wish to move into the community, resources needed to move these individuals out of institutions and keep them in the community and the resources needed to divert other individuals from entering institutions.
4. Housing: Analyze and address barriers to affordable and accessible housing.
5. Diversion and transition: How to ensure the state’s community service capacity is adequate to divert individuals from entering institutions and transition others out of institutions.
6. Financing structure: Address silos of funding and ensure there is enough flexibility in the system to provide alternatives to institutionalization through home- and community based services.
7. Caregiver support
8. Consumer education
9. Transportation: Accessible and affordable alternatives to driving
10. Olmstead compliance

The committee discussed that certain of these priorities could be tackled on a short-term basis, whereas others would be long-term, ongoing issues to be incorporated in a standing workgroup.

Other suggestions:

- Develop an Olmstead policy statement indicating the committee's goals and mission.
- Develop an Olmstead filter: Criteria by which to measure a policy proposal for Olmstead compliance.

Next Steps:

Secretary Belshé suggested that some consideration be given to what the next steps are, with attention to short-term tasks and long-term goals.

Sarah Steenhausen will work with Secretary Belshé and Brenda Premo and will e-mail the committee with suggested short-term tasks and standing workgroups. She will solicit the committee for feedback in terms of suggested next steps and committee participation.

IV. State Update and Discussion

Budget Items: May Revise

Brenda discussed how this portion of the agenda would focus on the status of the budget, indicating that the committee would have opportunity to provide questions to the Administration and feedback on relevant proposals.

Secretary Belshé commented that the May Revise for health and human services is consistent with what the Governor put forward in January. She indicated that the budget the Governor put forth in January was clearly a very difficult budget that called for some very difficult reductions and challenging reforms throughout the health and human services departments. One area where there was a budget modification from January relates to the CalWORKs program, in which updated caseload and fiscal estimates determined that there were more resources available, so the Governor retracted the "income disregard" proposal. But the difficult budget proposals, including those related to the cost of living freeze, adjustment freezes for both SSI/SSP and CalWORKs and capping the General Fund contribution for IHSS provider wages, remain on the table.

The committee discussed a motion brought forward by Marty Omoto opposing the suspension of the SSI/SSP state cost-of-living adjustment and the withholding of the federal cost-of-living adjustment, and the proposal to reduce the state's participation in IHSS worker wages and benefits. A few committee members suggested providing policy alternatives to this proposal. The committee members voted to oppose these two proposals. No member expressed opposition to this motion.

Medicare Modernization Act

Judy Citko asked about implementation of the Medicare Modernization Act (MMA) and provisions included in May Revise. Specifically, she expressed concern about potential gaps in drug coverage that may result to people with chronic illness or mental illness requiring hospitalization and other institutional needs. She also asked whether the proposed Agency-level MMA position was still in the budget. Secretary Belshé indicated that the Senate and Assembly Budget Committees removed the position from the budget. Secretary Belshé also said that the Administration has been trying to push the federal government to provide transitional coverage for the dual-eligible population to ensure there is transitional coverage for drugs that may not be included in the formularies of the prescription drug plans into which the beneficiaries are auto-enrolled. Bryon MacDonald of the World Institute on Disability expressed the importance of educating beneficiaries through one-on-one counseling, which will be a critical piece to helping beneficiaries understand their options and benefits during the transition to Medicare Part D.

Legislation

Brenda Premo led the committee in a discussion of Olmstead-related legislation. The committee reviewed the list of Olmstead-related legislation, as provided in the background materials. Jackie McGrath suggested adding the pharmacy assistance bills to the list of Olmstead-related legislation. Sarah Steenhausen will follow-up with this and include these pieces of legislation on the tracking list.

Debra Doctor requested that the committee review each of the listed bills and allow members to comment. She noted that not all bills listed are Olmstead-compliant.

Brenda Premo suggested that the committee establish a process whereby an “Olmstead Filter” is applied to the legislation. She suggested convening a short-term workgroup to develop the “Olmstead Filter” to communicate the committee’s perspective on various pieces of legislation. It is important to note that not all members of the committee will share the same perspective on all legislation, but the filter will establish criteria to measure Olmstead-related implications of legislation.

Managed Care Expansion:

Secretary Belshé provided an update on the status of the managed care expansion proposal. She indicated that the Legislature has been reviewing the proposal as part of the budget hearings. She noted that the expansion of managed care for persons with disabilities and seniors may be included as a condition of the hospital financing waiver that is being negotiated with the federal government. She noted that the Administration continues to believe that managed care offers significant potential in terms of promoting better access, better outcomes and better cost containment over the long term.

Brenda Premo provided an update on the California HealthCare Foundation’s efforts to convene a workgroup and develop performance standards for people with disabilities and seniors in Medi-Cal. Three members of the Olmstead Advisory Committee are represented in this workgroup, including Elaine Batchlor of LA Care, Richard Chambers of CalOptima and Eileen Kunz of On-Lok. Brenda discussed the stakeholder workgroup process in developing recommendations for the state on what the standards of care should be, including contractual standards and evaluation criteria to determine a plan’s success in meeting the standards. The stakeholder process will end in December, at which time recommendations will be provided to DHS. The Olmstead Advisory Committee will be updated and given the opportunity to provide feedback throughout the process.

V. Feedback from Committee Workgroups

Mental Health Services Act: Feedback on Proposed Plan Instructions for Counties

Kathie Zatzkin of the Alameda County Network of Mental Health Clients provided feedback on the February 15 draft guidelines and wrote a letter to DMH that was also provided to committee members. She indicated that the Network of Mental Health Clients supported DMH's efforts to state that "services and programs funded under the Mental Health Services Act must be voluntary in nature." She expressed concern over the word "in nature," noting that mental health clients would prefer that services be voluntary without qualification. She supports the essential elements for the plan that must be continually addressed and embedded throughout, including community collaboration, cultural competence, client and family services and a wellness focus and integrated service experience for clients and families. Kathie reiterated her position that the services funded in the act be voluntary.

Brenda Premo asked Bob Garcia of DMH whether there are provisions in the implementation guidelines to ensure that people who have multiple disabilities (dual diagnosis) will be provided appropriate access to services. Bob Garcia noted that it is DMH's intent to provide access to services for persons with all disabilities. DMH anticipates that programs will be targeted to those groups that will meet their special needs.

Jackie McGrath of the Alzheimer's Association asked whether the act specified any provisions regarding services to people who have Alzheimer's or related dementia, as a natural evolution of these diseases often includes development of psychiatric symptoms that for some people can reach a crisis stage. Traditionally, these populations are excluded from mental health services, given the fact that Alzheimer's and related dementias are neurological degenerative diseases, not mental health disorders. Jackie noted that it has been challenging on a lot of levels for people with Alzheimer's and related dementias to receive services when in crisis due to a psychiatric symptoms. Jackie asked for clarification on DMH's position regarding provision of services to persons with Alzheimer's or related

dementias, but who are also experiencing psychiatric symptoms. Bob Garcia noted that DMH's intent is to include all diagnosis for persons with mental health needs and to meet the needs of the various dual-diagnosis populations. The issue is whether the counties will specifically target these populations. There is an opportunity for people to participate at the local level in plan development, identifying the needs for those special groups and making sure that the county plans address these needs as appropriate. Jackie noted that this issue can be challenging to deal with on a county-by-county basis, and it may be helpful to have clarification from the state on this issue. Bob indicated that the counties will be responsible for setting the priorities, and the state will provide the general guidelines.

Assessment Workgroup Update: Kate Wilber provided an update on the committee's review of the Money Follows the Person preference assessment tool. The Money Follows the Person project is developing a uniform assessment to help people transition out of nursing facilities. The first phase of the project entails developing a "preference assessment tool" to find out who wants to transition into the community. The project has piloted the tool in two facilities and will pilot it in four more facilities. Jackie McGrath of the Alzheimer's Association, Judy Citko of the California Hospital Association, Tim Schwab of the SCAN Health Plan and Nancy Hall of Community Resources for Independence reviewed the draft preference assessment tool, providing feedback to Kate, including suggestions for the wording and the terms used. The project will make additional modifications to the preference instrument based on further input.

Deborah Doctor expressed the need to revisit how the project team reports data relative to those individuals who refuse to be interviewed or could not be contacted. The current summary of draft findings uses an assumption that those individuals who fall into those two groups do not want to relocate. The concern is that the report will underestimate the number of individuals who want to relocate and/or that any one individual who may want to relocate may not have the opportunity to express that preference.

Since the time of the meeting, DHS has worked with the project on this issue. DHS is interested in developing a protocol that is as

inclusive as possible, while at the same time being sensitive to the issues unique to each individual in the nursing facility. DHS believes there are options to accurately report these responses (refuse to be interviewed and cannot be contacted) without making the assumption they do not want to relocate.

Kathie Zarkin asked whether the assessment looked at residents of all levels of care in nursing facilities, and Kate Wilber indicated that the project asked everybody in the facilities to participate, regardless of level of need or care received, including persons with Alzheimer's. For those residents that could not respond on their own, the project worked with residents' representatives, family or otherwise.

The committee will remain involved with the Money Follows the Person project and will have additional opportunities for feedback and input into the process.

VI. Status of the LTC Council

The committee was asked to provide input and feedback to Secretary Belshé on how to proceed with the LTC Council. The LTC Council was established through legislation (Mazzoni, AB 452, Chapter 895, Statutes 1999) in 2000 and is comprised of directors of CDA, DDS, DHS, DMH, Rehabilitation, DSS, Veterans Affairs and the Office of Statewide Health Planning and Development (note: In January 2001, the directors of the Department of Alcohol and Drug Programs, Housing and Community Development and Transportation were invited to serve on the council).

The LTC Council's duties, as articulated in AB 452, include:

- Promoting coordinated LTC planning and policy development, including the development of service and utilization data necessary for policy development.
- Developing strategies to improve the quality and accessibility of consumer information on LTC programs administered by these state departments.
- Designing strategies to better monitor the consumer responsiveness of LTC services and programs.

- Developing strategies to streamline the regulatory process for LTC programs and services.
- Identifying subgroups needing LTC services who are under-served and developing strategies responding to their needs.
- Establishing priorities and timelines for carrying out the council's duties.
- Reviewing and making recommendations on all LTC budget changes being proposed by departments participating on the council.

Secretary Belshé noted that the Olmstead Advisory Committee did not exist when the LTC Council was created and so we were anticipating this committee's creation and considering how to proceed. Secretary Belshé asked the committee to comment on the council and the role it can or should play with the Olmstead Advisory Committee.

Catherine Campisi, director of the Department of Rehabilitation (DOR), commented that there is a need to facilitate communication and coordination between departments and examine policy and program development that supports the goals of Olmstead.

Lora Connolly, acting director of CDA, noted that the Olmstead Advisory Committee has a very specific focus relating to diversion and transition issues and promoting community base services, whereas the LTC Council has an even broader view in terms of the range from institutional to community-based services. The two committees' issues intersect and the LTC Council provides an appropriate forum for state-level information exchange and coordinating a range of policy issues.

Lydia Missaelides is eager to see better intra-departmental coordination and communication. More recently, the council seemed to be meeting just to report on activities and was not productive. Unlike this group, there was no dialogue, just reports and statements from departments and public stakeholders during public comment.

Secretary Belshé appreciated the committee's input and feedback, will give further consideration to the issue and will come back to the committee with suggestions for the next steps for the LTC Council.

VII. Next Steps and Next Meeting Agenda

The next committee meeting will be held on August 26, 2005, in Sacramento. Sarah Steenhausen will communicate with the committee via e-mail after working with Secretary Belshé and Brenda Premo on suggestions for next steps in developing short-term task groups and long-term committee workgroups based on the priorities developed at today's meeting.

VIII. Public Comment

The committee received public comment from a woman named Laura who expressed concern that a lot of time is being given to planning rather than implementing Olmstead. In addition, she suggested that more attention be given to the importance of educating service providers about options for living in the community for all persons with disabilities.

Pete Spaulding, representing the California Association for Coordinated Transportation, provided an update on federal initiatives, including the Coordinated Council on Access and Mobility, which is charged with reviewing all federal transportation programs and developing ways to simplify access to transportation services for low-income individuals, people with disabilities and older adults.