

Olmstead Advisory Committee Recommendations

Assessment-Transition Workgroup Policy Recommendations:

1. Establish statewide nursing home transition efforts
 - a. implement preference protocol
 - b. fund and train transition coordinators
 - c. develop partnerships between nursing homes and community providers
 - d. expand Waiver slots
 - e. expedite In-Home Supportive Services (IHSS) assessments in institutions
 - f. fund ongoing caseload expansion of home and community-based services (HCBS) organizations.
2. Establish Transition/Diversion One-Time Essential Needs Fund (re-establish Special Circumstances Program)
3. Address barriers to IHSS assessments in “nursing homes”
 - a. ensure that counties follow the law and conduct IHSS assessments in SNFs, developmental centers, IMDs, ICF-DDs or hospitals before discharge; this likely entails increasing assessment resources and providing continuing education to counties
4. Revise rate structures for HCBS and develop flexible state budgeting system
 - a. provide cost-of-living increases or automatic rate adjustments to HCBS program rates (to create parity with institutional rates)
5. Create incentives for counties to transfer individuals into the community

Diversion Workgroup Policy Recommendations:

1. Expand the Multipurpose Senior Services Program (MSSP) to the under-65 population and reform MSSP rate structure to enable providers to keep up with rising program costs on an ongoing basis
2. Develop Hospital-to-Home pilot projects through the Department of Aging’s Linkages program
 - a. establish two pilot programs focusing on diverting individuals who are hospitalized and at risk of institutionalization
3. Re-establish the Special Circumstances Fund/One-time Needs Fund
4. Establish an Olmstead Outreach and Public Education Campaign

- a. educate the public, providers, state workers, advocates, family members, caregivers, and consumers about the Olmstead decision
 - b. raise awareness of home and community-based alternatives to institutionalization, using print, digital, and televised media resources
- 5. Establish HCBS as part of the State Medicaid Plan (pursuant to the Deficit Reduction Act)
 - a. some issues need to be resolved if this were to occur, such as comparability, services, income eligibility, institutional deeming
- 6. Create incentives for counties to divert and transition individuals from institutions
- 7. Support paid and unpaid caregivers (this policy priority requires further definition)

Olmstead Advisory Committee (OAC) Recommendations & California Strategies/Activities Underway

In the fall of 2006, the OAC Assessment-Transition Workgroup developed five recommendations and the Diversion Workgroup developed seven.

Assessment-Transition Workgroup Recommendations	California Strategies/Activities
<ol style="list-style-type: none"> 1. Establish statewide nursing home transition efforts <ol style="list-style-type: none"> a. implement preference protocol b. fund and train transition coordinators c. develop partnerships between nursing homes and community providers d. expand Waiver slots e. expedite In-Home Supportive Services (IHSS) assessments in institutions f. fund ongoing caseload expansion of home and community-based services (HCBS) organizations. 	<p>California's Money Follows the Person project (California Community Transitions-CCT) is a nursing home transition effort.</p> <p>Pathways, a preference protocol developed by the Department of Health Care Services (DHCS), will be used in the CCT project.</p> <p>Community Transition Teams in the CCT project will act as transition coordinators and will develop partnerships between nursing homes and community providers.</p> <p>Beginning in 2002, DHCS has added 110 slots annually to the Waiver serving the NF-A/B population. California's new Waiver application (the NF Acute Hospital Waiver, approved January 2007) says the state will continue to add 110 new slots annually for the NF-A/B population, and 50 additional slots annually to the NF Subacute population beginning January 2008, subject to state budget and federal approvals. Additionally, 500 slots via SB 643 of 2005 were added to the NF Acute Hospital Waiver. Waiver slots will also be expanded to accommodate the CCT project.</p> <p>Department of Aging (CDA) is</p>

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	<p>expanding its Aging and Disability Resource Connection federal grant to include new nursing home transition efforts involving the Long Term Care Ombudsmen Program. Two new Regional ADRCs will develop (or expand) a multidisciplinary team that includes the AAA, ILC, LTC Ombudsman, and other partners involved in nursing home transition efforts.</p>
<p>2. Establish Transition/Diversion One-Time Essential Needs Fund (re-establish Special Circumstances Program)</p>	<p>DOR works with Independent Living Centers to provide “One-Time Transition Costs” funds up to \$4000 for people transitioning from a nursing home to the community (pilot ends 2010).</p> <p>CCT will provide support for Supplemental Demonstration Services. The grant application proposes funding supplemental services such as home modification and assistive technology as appropriate and fiscally feasible. While this isn't a special needs fund, it would represent additional transitions funding beyond services provided by waivers for the CCT participants.</p>
<p>3. Address barriers to IHSS assessments in “nursing homes”</p> <p>a. ensure that counties follow the law and conduct IHSS assessments in SNFs, developmental centers, IMDs, ICF-DDs or hospitals before discharge – entails</p>	<p>Department of Social Services (DSS) has had multiple conversations with counties and also released an All-County Information Notice (ACIN) I-43-06 on June 8, 2006 reminding counties of their responsibility to do preliminary assessments for IHSS applicants when being discharged from hospitals, medical institutions or non medical out-of-home care facilities.</p>

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<p>increasing assessment resources and providing continuing education to counties</p>	
<p>4. Revise rate structures for HCBS and develop flexible state budgeting system</p> <p>a. provide cost-of-living increases or automatic rate adjustments to HCBS program rates (to create parity with institutional rates)</p>	
<p>5. Create incentives for counties to transfer individuals into the community</p>	

Diversion Workgroup Recommendations	California Strategies/Activities
<p>1. Expand the Multipurpose Senior Services Program (MSSP) to the under-65 population and reform MSSP rate structure to enable providers to keep up with rising program costs on an ongoing basis</p>	<p>DHCS and CDA are analyzing this proposal. Some issues are: Who would this target? For what services? How much additional training or expertise would the current care managers need to appropriately assess and serve clients with different types of disabilities?</p>
<p>2. Develop Hospital-to-Home pilot projects through the Department of Aging's Linkages program:</p> <p>a. establish two pilot programs focusing on diverting individuals who are hospitalized and at risk of institutionalization</p>	<p>CDA will monitor and report on the Hospital to Home pilot being implemented by the Riverside County Office on Aging in 2007-08 as well as pilots funded by the California Health Care Foundation. CDA will analyze costs involved in conducting this type of pilot.</p>
<p>3. Re-establish the Special Circumstances Fund/One-time Needs Fund</p>	<p>DOR works with Independent Living Centers to provide "One-Time Transition Costs" funds up to \$4000</p>

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	<p>for people transitioning from a nursing home to the community (pilot ends 2010).</p> <p>CCT will provide support for Supplemental Demonstration Services. The grant application proposes funding supplemental services such as home modification and assistive technology as appropriate and fiscally feasible. While this isn't a special needs fund, it would represent additional transitions funding beyond services provided by waivers for the CCT participants.</p>
<p>4. Establish an Olmstead Outreach and Public Education Campaign</p> <ul style="list-style-type: none"> a. educate the public, providers, state workers, advocates, family members, caregivers, and consumers about the Olmstead decision b. raise awareness of home and community-based alternatives to institutionalization, using print, digital, and televised media resources 	<p>Legislative forum was organized in March 2007. Choices and CCT stakeholder briefings were held in June and July 2007. Other ongoing forums will be arranged.</p> <p>The Choices grant is building the infrastructure for providing home and community-based information; educating; and connecting consumers, families, caregivers, providers, etc.</p> <p>One of the CCT goals is to increase awareness about HCBS options for the target population. Community Transition Teams will distribute informational materials and conduct outreach activities to target groups using brochures, media events, referrals, and participation in community events.</p> <p>Aging and Disability Resource Centers (CDA) provide consumers,</p>

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	<p>family members, caregivers, etc. with information about and linkage to home and community-based and other supportive services.</p> <p>DHCS has given more than 50 presentations in the past year on Waiver services. DHCS is also finalizing a very user-friendly website for the general public on the various home and community-based services available in the state.</p>
<p>5. Establish HCBS as part of the State Medicaid Plan (pursuant to the Deficit Reduction Act)</p> <p>a. some issues need to be resolved if this were to occur, such as comparability, services, income eligibility, institutional deeming</p>	<p>DHCS is reviewing the opportunities and limitations of this option.</p>
<p>6. Create incentives for counties to divert and transition individuals from institutions</p>	
<p>7. Support paid and unpaid caregivers (this policy priority requires further definition)</p>	<p>The Department of Mental Health administers the California Caregiver Resource Center system which provides services and supports to families who are caring for an adult family member at home with a cognitive impairment. Assistance includes assessment, consultation and care planning, counseling and support groups, education and training, legal and financial planning, respite care, and other interventions.</p> <p>CDA administers the federal Older Americans Act Family Caregiver Support program that assists family members who are providing care.</p>

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	<p>Services include information and referral; respite care; caregiver training classes; support groups; and other supplemental services to assist family caregivers.</p> <p>The Department of Aging administers the Alzheimer’s Day Care Resource Centers which are day care for persons with Alzheimer’s disease and other related dementias who are often unable to be served by other programs. The centers provide respite as well as training and support for families and professional caregivers.</p> <p>The Department of Aging administers the Respite Program which provides temporary or periodic services for frail elderly or adults with functional impairments to relieve persons who are providing care, or recruiting and screening of providers and matching respite providers to clients.</p> <p>The Department of Aging (through a federal demonstration grant), in partnership with the Alzheimer’s Association, develops educational and respite services targeted to specific ethnic communities. In 2007-08, the grant will provide services to Hispanic and Vietnamese elders and their families in the San Fernando Valley and Orange County.</p>