



CALIFORNIA

A 61-page *Olmstead* plan was submitted to the California legislature in May 2003 by the Long-Term Care (LTC) Council of the California Department of Health and Human Services Agency (CHHSA). It is located at <http://www.chhs.ca.gov/olmstead.html>. The council conducted four public forums in 2000 and 2001 to provide the council "with initial guidance in developing a plan."

Planning

Legislation enacted in 2002 (AB 442) directed CHHSA to develop a comprehensive plan. A three-part planning process for preparing a formal plan was approved by the LTC Council in July 2002. Phase 1 involved a series of local *Olmstead* forums, hosted by stakeholders around the state. A work group was organized in Phase 2, consisting of consumers and stakeholders to identify options and recommendations; Phase 3 consisted of plan preparation, based on the information, ideas and analyses gathered in phases 1 and 2.

On October 11, 2002, 110 stakeholders met with state staff for a work group meeting. Four other meetings were held from November through January 2003.

The *Olmstead* plan notes that California has been "... a leader in providing services to support the full integration of persons with disabilities in community life." As an example, the document cites the In-Home Supportive Services Program, the largest consumer-directed personal care program in the country, with more than 250,000 participants and nearly \$2 billion in expenditures. The plan also reports that the U.S. District Court issued an order in August 2002 (*Sanchez vs. Johnson*) that found the California Department of Developmental Disabilities had complied with the *Olmstead* decision by "... establishing a comprehensive, effectively working plan" for placing persons with developmental disabilities (DD) in less restrictive settings.

Despite these gains, the plan says, more work needs to be done, and the plan will serve as a "blueprint" for improvements. Still, the plan notes, a "significant challenge" to implementation of the plan "is the need for additional resources." Although some activities "can move forward without new resources," the plan adds, other activities "will need to be delayed until the fiscal condition of the state improves."

Olmstead plan recommendations are outlined in the following categories: 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. The "State Commitment" goal calls on the LTC Council to review and monitor the implementation of the plan and recommends that the CHHSA establish an *Olmstead* Advisory Group to provide continuing input.

In regard to the Data category, the plan recommends that the LTC Council identify the data needed to plan for assessments for people in institutions and for diversions and transitions from institutions, community capacity, housing and quality assurance. "Comprehensive Service Coordination" involves a recommendation for the preparation by April 2004 of a conceptual design for a comprehensive assessment and service coordination system for people at risk of placement in publicly funded institutions. The plan says that a major focus of the system should be the diversion of individuals from institutions by the development of community-based services and supports. On Assessment, the plan recommends a review of all existing assessment procedures used for people in institutions or at risk of placement in institutions for consistency with *Olmstead* principles, such as to determine the specific supports and services a person would need to remain in the community.

The "Diversion" and "Transition" goals involve review by California state agencies of current service planning discharge planning procedures for their effectiveness in diverting people from institutional placement. Beginning with the fall 2003 LTC Council meeting, each department was to recommend changes for improvement. The Transition category also calls for the Department of Developmental Services (DDS) to continue to downsize 11 large residential facilities, moving people with DD to smaller community homes.

Under "Community Service Capacity," the plan recommends that DHS seek federal approval for a 300-slot expansion of nursing facility waiver slots to serve everyone on the waiting list. State agencies were to report on the status and movement of those wait lists at each quarterly LTC Council meeting beginning in July 2003.

Expanding the availability of housing options involves the development of a database of housing resources available to people with disabilities in each city and county. The Housing goal also calls for a review by the Department of Housing and Community Development of programs, services and funds for accessibility and an increase in local capacity for home modification through provision of planning grants.

The plan calls for the LTC Council to have designed one or more models in 2003 for programs in which "the money follows the person" for individuals who are seeking to move from institutions. The models then would be piloted for expansion statewide. The "Consumer Information" goal recommends that the Department of Social Services (DSS) evaluate the option of opening the Public Authority's IHSS registries of workers for use by all individuals. The LTC Council was to identify ways to expand Internet and hard copy access to comprehensive information about community-based services. Under "Community Awareness," the LTC Council proposed to hire a consultant, if funds were available, to develop a public awareness campaign about long-term care options.

Finally, the "Quality Assurance" goal calls on California agencies to report by April 1, 2004, on their review of their current quality assurance efforts that are intended to promote the use of outcome-based models.

Grants and Projects

In 2003, DSS began developing training, educational and other materials to aid IHSS consumers in understanding the program and in developing skills to self-direct their care. (California received a federal grant of almost \$1.4 million in 2002 for this three-year project.)

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