COMMUNITY SERVICES AGENCY

Ken R. Patterson
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STANISLAUS COUNTY
IHSS ADVISORY COMMITTEE MEETING
MINUTES

03/14/03

Committee Members Present:	Jeffrey Lambaren	Kenny Brown	Madelyn Amaral
	Rose Martin	Jose Acosta	Connie Muller
	George Sharp	Christine Munoz	Linda White
	Dwight Bateman		
Committee Members Absent:	Ora Scruggs		
IHSS Staff Present:	Jan Holden	Paul Birmingham	Larry Baptista
CSA Staff Present:	Tom Snow		

OPENING REMARKS by CHAIRMAN JEFFREY LAMBAREN
- Meeting called to order at 1:07p.m.
- Announcement made for public comment.

PUBLIC COMMENT
- No public comments were presented.

ACCEPTANCE OF MINUTES
- February 28, 2003 minutes: Motion M/S/A to accept minutes with no corrections.

BUDGET UPDATE
- Discussions about realignment are ongoing.
- Paul spoke to Jerry Rose, Welfare Director of Yolo County, and he said that Counties want the Vehicle License Fee back before any serious budget discussions take place.

PROCESS/UNION ORGANIZATION

- Passed out copies of ordinances of other Public Authority Counties.
- Dwight Bateman asked CSA Staff to keep the committee updated on any new union negotiations.
- DRAIL ran a classified ad asking for applications for their registry.
- Frustration expressed over lack of progress.

OLMSTEAD UPDATE by George Sharp

- 3rd Draft of the Olmstead plan is out.
- Housing seems to be the major hurdle.
- The Olmstead plan is to be submitted to Legislature by April 1, 2003.
- Dwight believes that the Olmstead plan is a low priority and will take some time to implement.

HOMEMAKER MODE UPDATE by Jan Holden

- Passed out draft letter of support for County Homemakers.
- Committee reviewed letter and approved it for submittal to the Board.
- Committee thought it best to send out letter along with agenda item.
- Jan Holden is hoping to get approval to hire 4 homemakers plus one supervisor on the Board's agenda possibly on April 1, 2003
- Jeff Lambaren and Ken Patterson to present the County Homemakers classification to the Board of Supervisors.

EMPLOYEE/EMPLOYER RELATIONS ORDINANCE

- Passed out copies of ordinances of other Public Authority Counties.
- Stanislaus County ordinance requires a majority vote.
- Stanislaus County ordinance has been consistent over time and it seems the County is not willing to lower the 50% threshold.
- CSA staff to talk to Gina Leguria about any new updates on negotiations.

PUBLIC AUTHORITY PROGRESS IN OTHER COUNTIES

- Committee discussed going on a field trip to a Public Authority County with similar union representation such as Merced and Placer County.

WRITTEN REPORT FROM PHN JUDY BOURNIVAL ON THE SENATE SUB-COMMITTEE ON AGING AND LONG-TERM CARE HEARING ON FEBRUARY 18, 2003 ATTENDED BY IHSS ADVISORY COMMITTEE MEMBER ORA SCRUGGS

- Passed out copies of Judy Bournival's report along with two attachments.
- Reviewed report and attachments and discussed.

QUESTIONS AND ANSWERS

- None were presented.

AGENDA ITEMS FOR NEXT MEETING

- Budget Update
  - Committee's budget
- Olmstead Update
- UDW Counties
- Homemaker Update

- Employee/Employer Relations Ordinance
- Public Authorities Rates
- Report from Sacramento County Public Authority
- Customer Survey
- Annual Committee Report
- 250% Working Disabled Medi-Cal Program

Meeting adjourned @ 2:54 p.m.
Larry Baptista, Recorder

Stanislaus County
Striving to be the Best

STANISLAUS COUNTY
COMMUNITY SERVICES AGENCY
IN-HOME SUPPORTIVE SERVICES ADVISORY COMMITTEE

P.O. BOX 42, MODESTO, CA 95353-0042
FAX: (209) 558-2681

COMMITTEE MEMBERS

Jeffrey M. Lambaren, Chair
Advocate

Kenny Brown, Co-Chair
Advocate

Jose Acosta
Advocate

Madelyn Amaral
Advocate

Dwight Bateman
Advocate

Rose Martin
Advocate

Connie Muller
Advocate

Christine L. Munoz
Advocate

Ora Scruggs
Advocate

George Sharp
Advocate

Linda White
Advocate

CSA SUPPORT STAFF

Paul Birmingham
Manager III

Jan Holden
Manager II

Larry Baptista
Committee Clerk

DRAFT

March 10, 2003

Stanislaus County
Board of Supervisors
1010 Tenth Street, Suite 6500
Modesto, CA 95354

Dear Mr. Chairman and Members:

The Stanislaus County In-Home Supportive Services Advisory Committee is strongly urging the Stanislaus County Board of Supervisors to support the immediate hiring of four County Homemakers to implement the Homemaker mode of IHSS in Stanislaus County.

On October 8, 2002, the Stanislaus County Board of Supervisors approved this Committee's recommendation that Stanislaus County provide IHSS via a Mixed mode, consisting of the County Administration of the Individual Provider mode and the Homemaker mode. The Homemaker mode offers significant cost-effective enhancements to the IHSS Program in the areas of emergency care, respite care and the care of new clients. The recommended implementation date of the Homemaker mode was January 1, 2003.

On February 10, 2003, the California Department of Social Services notified Stanislaus County that the County had met its obligations under AB 1682 by providing IHSS through the Homemaker mode and the Individual Provider mode using the County administered method of service delivery. However, to date no Homemakers have been hired.

We strongly recommend that the Stanislaus County Board of Supervisors support the immediate hiring of four Homemakers. This will enable Stanislaus County to provide a needed enhancement to the IHSS services provided to the frailest and most vulnerable members of our community and to meet the Board's priority of ensuring a safe and healthy community.

Respectfully,

Jeffrey M. Lambaren, Chairman
Stanislaus County
In-Home Supportive Services Advisory committee

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10. Identification of the representation unit for which the employee organization seeks certification as the Recognized Employee Organization.

11. A statement that the employee organization has in its possession proof of Providers support as herein defined to establish that at least thirty percent (30%) of the Providers in the Representation Unit have designated the employee organization to represent them in their labor relations with the Public Authority. Such written proof shall be submitted for confirmation to the Employee Relations Officer.

(b) Upon receipt of the Petition, the Employee Relations Officer shall give written notice of such petition to the employee organization, to the IHSS Providers involved and to any employee organization that has filed a written request for receipt of such notice.

(c) Within thirty (30) days after written notice has been given, any other employee organization may file a competing request to be formally acknowledged as the Recognized Employee Organization of the IHSS Provider by filing a Recognition Petition in accordance with this Section; provided, however, that such employee organization shall submit evidence of a ten percent (10%) show of interest in the Representation Unit.

Section 6. Election

(a) The Employee Relations Officer shall, whether or not a challenging petition is filed, arrange for a secret ballot to determine which organization, if any, shall be the Recognized Employee Organization. All employee organizations who have duly submitted petitions in conformance with this Resolution shall be included on the ballot as a qualifying employee organization. The ballot shall also include the choice of "No Organization."

(b)(1) The election, by mail ballot, shall be conducted by the State Mediation and Conciliation Service, or a party agreed to by the Employee Relations Officer and the qualifying employee organization(s), in accordance with its rules and procedures subject to the provisions of this Resolution.

(2) IHSS Providers entitled to vote in such election shall be those persons who were paid in the month immediately prior to the date the election commences.

(3) An employee organization shall be certified as the Recognized Employee Organization for the designated Representation Unit following an election or run-off election if: (a) it received a numerical majority of all valid votes cast in the election. In an election involving three or more

30% of the employees in the employee representation unit or 20% of the providers in a provider representation unit. The Employee Relations Officer shall give dated, written notice of any request for certification or decertification to the employees/providers in the unit, to any employee organization currently certified as the representative of the unit, and to any other employee organization that has filed a written request for such notice. The Employee Relations 0fficer shall give such notice within ten (10) days following receipt of the request. Upon determining that the petitioning employee/provider organization represents at least 30% of the employees in the employee representation unit or 20% of the providers in a provider representation unit, the Employee Relations Officer shall arrange for a secret ballot election to ascertain the free choice of a majority of such employees. Any other employee organization shall be shown as one choice on the ballot upon filing of a petition and presentation of proof, as defined in section 3(n), that the organization represents at least 30% of the employees in the employee representational unit or 20% of the providers in a provider representation unit. Such petition for a place on the ballot must be filed within seven (7) days after notice of the petition for election has been mailed by the Employee Relations Officer to the employees. Every ballot in all certification or decertification elections shall contain the choice of "no organization" in addition to the names of the employee organizations which have qualified for placement on the ballot.

(b) In an election where there are more than two choices on the ballot and none of the choices receives a majority of the votes cast, a run-off election shall be conducted between the two choices receiving the largest and second largest number of votes.

(c) Eligible voters shall be those employees in the representation unit whose salary is fixed at a monthly or bi-monthly rate by the authority and whose names appear in the payroll immediately prior to the date of the election. Employees/providers who did not work during the above described time period because of illness, vacation, or authorized leave of absence, and who are otherwise eligible, shall be permitted to vote.

(d) The recognized employee/provider organization shall be the representative of all the employees or providers in such unit for purposes of meeting and conferring in good faith on matters within the scope of representation. This shall not preclude individual employees from consulting with management representatives on employer-employee relations matters of concern to them.

(e) Provided that at least thirty-six (36) months have elapsed from the most recent date of certification of said organization, requests for decertification of that employee/provider organization may be initiated by a petition from employees/providers or by another organization. Such request shall be processed only if filed during a 30 day period commencing 270 days prior to the expiration of the then current memorandum of understanding covering the unit for which decertification is requested. A petition for decertification shall be submitted to the Employee Relations Officer and must be accompanied by proof of employee/provider approval as defined in section 3(n) of at least 30% of the employees in the employee representation unit or 20% of the providers in a provider representation unit. The Employee Relations Officer shall give notice and arrange for a secret ballot election in the manner set forth in section 12(a).

(f) Notwithstanding any other provisions of this Policy, the Employee Relations Officer may

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(c) There shall be no more than one valid election under this Policy pursuant to any petition in a twelve (12) month period affecting the same unit.

(d) Costs of conducting elections shall be borne equally by each employee organization appearing on the ballot.

2.5 Recognition.

(a) An employee organization shall be acknowledged by the Employee Relations Director as the Recognized Employee Organization for the designated appropriate unit if that employee organization received a numerical majority of all valid votes cast in the election.

In an election involving three or more choices, where none of the choices receives a majority of the ballot votes cast, a run-off election shall be conducted between the two choices receiving the largest number of ballot votes cast.

(b) Recognized employee organizations shall annually, on or before the anniversary date of recognition, file a written statement with the Employee Relations Director indicating any changes in the items listed in Section 2.1. The statement shall be signed by the duly authorized officers of the recognized employee organization.

2.6 Exclusive Representation.

A recognized employee organization shall be the exclusive bargaining representative of all the employees in the unit for which it has been certified.

SECTION 3. DECERTIFICATION

3.1 Time for Filing of Decertification Petition.

A decertification petition alleging that the incumbent recognized employee organization no longer represents a majority of the employees in an established appropriate unit may be filed with the Employee Relations Director only:

(a) Three (3) full years after an employee organization was acknowledged as the recognized employee organization for an appropriate unit if no Memorandum of Understanding exists; or

(b) During the month September; except that in a multi-year Memorandumn of Understanding, only during the month of September in the last year of the then-current MOU.

supervisory or confidential employees respectively. Managerial, supervisory and confidential employees may not represent any employee organization which represents other employees nor remain represented beyond such time as required by State law.

The Employee Relations Officer shall, after notice to and consultation with affected employee organizations, allocate new classifications or positions, delete eliminated classifications or positions, and retain, reallocate or delete modified classifications or positions from units in accordance with the provisions of this Section.

Section 7. Election Procedure.

The Employee Relations Officer may upon request of an affected recognized employee organization or upon his/her own motion arrange for a secret ballot election to be conducted by the State Mediation and Conciliation Service, or a party agreed to by the Employee Relations Officer and the concerned employee organization(s), in accordance with its rules and procedures subject to the provisions of this Resolution. All employee organizations who have duly submitted petitions which have been determined to be in conformance with this Article II shall be included on the ballot. The ballot shall also include the choice of "No Organization." Employees entitled to vote in such election shall be those persons employed in regular permanent positions within the designated appropriate unit who were employed during the last day of the pay period immediately preceding the date the election commences, including those who did not work during such period because of illness, vacation or other authorized leaves of absence, and who are employed by the Public Authority in the same unit on the date of the election. Providers entitled to vote in such election shall be those persons who were eligible to be paid in the month immediately prior to the date the election commences.

An employee organization shall be formally acknowledged as the Exclusively Recognized Employee Organization for the designated appropriate unit following an election or run-off election if it received a numerical majority of all valid votes cast in the election. In an election involving three or more choices, where none of the choices receives a majority of the valid votes cast, a run-off election shall be conducted between the two choices receiving the largest number of valid votes cast; the rules governing an initial election being applicable to a run-off election.

There shall be not more than one valid determinative election under this Resolution pursuant to any petition in a 12-month period affecting the same unit.

Costs of conducting elections shall be borne in equal shares by the Public Authority and by each employee organization appearing on the ballot.

Section 8. Procedure for Decertification of Exclusively Recognized Employee Organization.

A Decertification Petition alleging that the incumbent Exclusively Recognized Employee Organization no longer represents a majority of the employees or Providers in an established appropriate unit may be filed with the Employee Relations Officer only during the month of January of any year following the first full year of recognition or during the period between 150 and 120 days prior to the expiration date of a Memorandum of Understanding then having been in effect three (3) years from date of

V. RECOMMENDED FUTURE ACTIONS

The following lists some next steps for improving 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 The "Policy Goals" describe the policy goals to be pursued in order to improve the long term care system, and the bullets under each of the goals indicate the strategies to be implemented to reach those policy goals. These policy goals reflect a clearly articulated direction, one that has never been previously defined or so clearly stated. Some of the recommended future actions require additional funding. These funding requirements are identified in the text. Additionally, even the completion of actions which do not require additional funding may be delayed if current resources become unavailable or are permanently reduced due to budget constraints. In addition, because this plan is a living document, the policy goals articulated today may change depending upon the leadership of the state.

State Commitment

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

- The LTC Council will review and monitor the implementation of the Olmstead Plan. The plan shall be updated annually to reflect changes in state or federal law, funding availability, or new or revised activities. The LTC Council will establish, by June 1, 2003, an Olmstead Advisory Group which includes stakeholders and consumers, to provide continuing input in the review, implementation, and updates to the Olmstead plan.

- LTC Council departments will review their strategic plans to see that they are consistent with the principles of the Olmstead decision and present their findings and any recommended changes by the Fall 2003 meeting of the Council.

- CHHSA Directors who are members of the Long Term Care Council will report at the quarterly Council Meetings, beginning with the Fall 2003 meeting, on key activities engaged in by their Departments that support the achievement of Olmstead Plan policy goals, including reviewing and revising regulations and policies.

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.

- Beginning June 1, 2003 the Long Term Care Council will identify data needs, based on internal review and consumer/stakeholder input to the Olmstead Plan. Consumers and stakeholders will be asked to review and comment on the identified needs. The Council will identify the data needed for purposes of planning for assessments for persons in institutions, service planning for individuals and services needed for transition, assessments for diversion from institutions, service planning for individuals and services needed for diversion, systemic planning and resource development purposes. Data needed may include, but not be limited to:

  Assessment

  a. Identify all individuals living in publicly-funded institutions, including children with disabilities in out of home placements.
  b. For each person residing in a publicly-funded institution, identify the services and supports, if any, which would enable him or her to live successfully in an integrated community setting.
  c. Determine, of the individuals so identified, those who, after receiving information on community options in an understandable form and having the benefit of an assessment, seek and/or do not object to community placement and whose assessment team has identified this as a feasible option.
  d. The length of time between assessment and community placement.

  Diversion

  e. Reasons persons are at-risk for institutionalization.
  f. Numbers of people diverted from institutionalization.
  g. Numbers of people not diverted due to lack of community-based services, including identification of the specific services that were needed.
  h.
  i. What services are needed to divert individuals from unnecessary institutionalization.

  Transition

  j. Identify the estimated timeframe for actual movement of the resident to a community setting.
  k. Length of time between when the person was assessed as appropriate for

community services and when the individual received the needed community service, including waitlist information.

l. Number of individuals moved to the community, type of placement and location of placement and services and supports.
m. Numbers of individuals returning to institutions after moving to the community, and length of time in community prior to return.

Community Capacity

n. Unmet community service needs, the gap between existing services and consumer needs, and the timeframe and funding which would be needed to undertake the resource development to fill these service gaps.
o. Numbers of trained service providers and location of providers - reviewed for possibility of shortage.
p. Number of community placements available and location of community services.
q. Data on net costs or cost savings resulting from community as opposed to institutional service

Housing

r. Number of affordable, accessible housing units needed for assisting currently institutionalized individuals to transition to the community, organized by county, including information about any specialized housing needs.
s. Identify and describe all housing subsidy programs that are targeted to persons with disabilities (even if no current vacancies exist), including all specifics regarding target populations and affordability levels and restrictions, along with contact people in each county for further information on each program.
t. Identify, by county, the number and type of subsidized housing units or Section 8 vouchers currently targeted specifically to persons with disabilities.
u. Identify, by county, the length of current waiting lists for people with disabilities for subsidized housing generally and for housing targeted specifically to persons with disabilities.
v. Estimate, by county, the number of nonsubsidized accessible housing units.
w. Calculate the gap (number of units needed) between the housing needs of people with disabilities in institutions and the available housing units.

Quality Assurance

x. Documented incidents of abuse or neglect, name of service provider, location of abuse, type of abuse, resolution taken, follow-up planned.

y. Data on consumer satisfaction with services and supports, quarterly, yearly, etc.
z. Comments about inadequacy of services by particular providers.
aa. Grievances, including the issue grieved, the service provider who is the subject of the grievance, if applicable, and the resolution of the grievance.

The Council will identify what data is currently available, what databases exist, and what data is currently unavailable. To the extent possible, the existing data will be grouped by geographic service area. The Council will also ensure any activities are compliant with confidentiality and HIPAA rules.

Subject to additional resources, the Council will pursue the relevant state processes required to contract for the services of a consultant to collect the data that is currently unavailable and incorporate it into a database for use for purposes outlined above, subject to confidentiality rules.

The LTC Council, with participation of consumers and stakeholders, will review the data that is currently available, identify trends and issues, recommend actions for improvement in the programs and identify areas where additional data is needed and cost projections for collection of this data. The results of these activities will be reflected in the next update to the Olmstead plan, April 1, 2004.

- DHS will request approval from the federal government to have access to Minimum Data Set (MDS) evaluations for Medi-Cal eligible individuals being placed in nursing facilities. The MDS contains some resident data that could help identify those individuals in nursing homes who are candidates for more in-depth assessment and transition activities. This activity would be a subset of the recommended activity above to identify what data is currently available or unavailable.

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.

- By April 1, 2004, the LTC Council will 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. This conceptual design will be included in the next update of the Olmstead plan. The Council will solicit consumer and other stakeholder comment and review on the conceptual design. This comprehensive system would include elements such as the following:

    a. State level entities responsible for system administration.
    b. Community services that build upon existing service systems and provide for a variety of living options, taking into consideration regional issues.
    c. A database containing information on individuals residing in institutions, those at risk of placement, and those who have been placed.
    d. A standardized assessment process for individuals in institutions that includes consumer and family participation as well as professional team members. This process should build upon the past work related to the LTC Council's California Uniform Assessment Instrument project.
    e. A standardized diversion process for individuals at risk of placement in institutions. Multi-disciplinary teams will be used that include the appropriate expertise (e.g., dementia expertise for a person with Alzheimer's Disease).
    f. A standardized transition process for persons in institutions moving into the community.
    g. Required linkages and protocols between service providers.
    h. Service coordination for each consumer.
    i. The development of a service plan, including needed services and supports for each consumer.
    j. Training for service coordinators in obtaining needed services; establishing linkages with all needed services (e.g. Local housing agencies); and use of an informal support network.
    k. A process for assessing unmet community service and support needs, including family caregiver support needs, and seeking resources to respond to those needs.
    l. A system to measure and report the outcomes of individuals placed in service plans.

m. The implementation of the service plan, with necessary consumer follow-up by the care coordinator.
n. A process for updates of consumer service plans.
o. A process for appealing items included in or excluded from the service plan.
p. A process for monitoring any waiting lists that arise and initiating actions to assess that such lists move at a reasonable pace.
q. The development of information on all available funding options, and creation of a budget methodology to ensure adequate system funding.
r. The structuring of funding sources and "categorical" funding streams into a coherent system for long tem care.
s. Identification of the procedures and regulations to be established by the state oversight entities to assure system effectiveness and quality, and that services reflect and are accessible by California's diverse population.
t. Comprehensive assessment of the housing needs of institutionalized persons and oversight of resource development to assist with identifying affordable, accessible housing for these persons.
u. Reducing disincentives to community-based options over institutions.
v. Monitoring processes by all entities involved.

The conceptual design should build upon existing models, best practices, and services. Beginning April 1, 2004, the LTC Council will identify elements of the conceptual design that could be implemented within existing resources and develop recommendations for implementation. The LTC Council will also identify costs of additional resources needed to implement the conceptual design.

- The DMH, with consumers, stakeholders, and counties, will begin to 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. The recommendations could include components mentioned in the items "a" through "v" above, and will be integrated into existing county mental health programs. The recommendations will include an implementation schedule and identify needs for additional resources. The recommendations could build upon counties' Adult System of Care or Children's System of Care. A major focus of the system should be on diverting individuals from entering long term care institutions by developing community based services and supports. This activity would be a subset of the recommended activity above.

- DHS will support implementation of the Long Term Care Integration (LTCI) Pilot Projects. If determined feasible, support efforts to pilot test LTCI projects administered by non-government entities.
- Enact legislation to make permanent the Program for All-Inclusive Care for the Elderly (PACE).

- DHS will plan for expanding the number of PACE sites statewide with a long-term goal of establishing 10 PACE organizations in California. DHS will identify barriers to additional PACE sites.

Assessment

Policy Goal: Provide timely assessments for persons in institutions to determine supports and services needed 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.

- Beginning July 1, 2003, the LTC Council departments using existing resources will 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 and parameters listed below. Each department will seek input from consumers and stakeholders. The departments shall, beginning with the Fall 2003 Council meeting, report at the LTC Council meetings, recommended changes for improvement and identification of any additional resources that would be needed. Additional resources would be needed to implement activities covered under the parameters if resources are not currently available for that activity. In the state's current fiscal situation, there is no guarantee that funds will be available and appropriated for implementation. The parameters shall include, but not be limited to:

  a. Assessments should be used to determine the specific supports and services that are appropriate for the person and that he or she needs to live in, or remain in the community, including those needed to promote the individual's community inclusion, independence and growth, health and well being.
  b. Assessment tools and/or planning processes must not act as artificial barriers to individuals moving swiftly to the community.
  c. The individual assessment/planning process should be "person-centered" and focus on the person's goals, desires, cultural and language preferences, abilities and strengths as well as relevant health/wellness/ behavioral issues and skill development/training needs. An individual should not be required to make a decision about moving prior to completion of an assessment.
  d. People should always be involved in their own assessment/ planning process and must be provided with information in a form they can understand to help them make choices and consider options. Information on options for living arrangements should be included.
  e. The individual being assessed for community placement must be given the opportunity to visit and temporarily test out a choice of community services options prior to being asked to choose where one wants to live.
  f. Individuals must be given understandable information about the results of

their assessments and plans, in writing, and "sign off" on these documents.

g. Family members, friends or support people have an important role in the assessment/planning process, to the extent desired by the person with a disability. Assessments should include the individual's "circle of support".
h. People must have the supports which best enable them to communicate, e.g., communication devices or the presence of people who can best interpret for them.
i. Reduce duplicative assessments.
j. Should be conducted on a defined, periodic basis that reflects the need and situation of the individual.
k. Peer support and/or independent advocates should be available to assist individuals in the assessment/planning process.
l. Professionals who prepare assessments and/or participate in planning must be qualified. In order to be qualified, a professional must have knowledge in their field of relevant professional standards and core competencies related to community-based services (including knowledge of the full variety of community living arrangements).
m. Professionals who work in the community must be involved in assessment and planning. Assessments may be done by a "team approach".
n. Assessments and determinations as to the most integrated setting must be based on the individual person's needs and desires for community services and not on the current availability or unavailability of services and supports in the community.
o. Information should be provided to consumers regarding the opportunity to be assessed for placement; on the objective or purpose of assessment; on how to access the system for an assessment; on the timeline for implementation of potential plans and outcomes; on any entitlement to services; on consumer rights; on the option to change living situations, test different options, and change his or her mind; on how to obtain a peer/community advocate; or consumer's individual risk factors faced when moving out of an institution. Ensure that individuals in institutions and the community will both receive, and be able to understand, information on service options.
p. If an individual is unsatisfied with recommendations made or results, she or he must have the right to appeal and be informed of how to do so.
q. Assessments should clearly identify the range of services needed and preferred to support the person in the community, including where appropriate, housing, residential supports, day services, personal care, transportation, medical care, and advocacy support.
r. Assessment should be confidential for children who have been placed in or are at risk of placement in institutions, consistent with state and federal laws, to determine the services and supports that should be made available to the child and his/her family to enable them to transition to the least restrictive environment.
s. Service planning should be person centered and client/consumer-driven

and maximize the natural supports and relationships--familial and otherwise--that will enable the individual to remain in the least restrictive, most integrated environment.

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.

- Beginning July 1, 2003, the LTC Council departments using existing resources will review current service planning procedures for effectiveness in diverting persons from placement in institutions consistent with the Olmstead principles and parameters listed below. Each department will seek input from consumers and stakeholders. The departments shall, beginning with the Fall 2003 Council meeting, report at the LTC Council meetings, recommended changes for improvement and identification of any additional resources that would be needed. Additional resources would be needed to implement activities covered under the parameters if resources are not currently available for that activity. In the state's current fiscal situation, there is no guarantee that funds will be available and appropriated for implementation. The parameters shall include, but not be limited to:

  a. The service plan will consider a full array of services based on need and regardless of disability category. If a service is not available, the individual will be placed on a waiting list.
  b. Service plans, based on the assessments, should clearly identify the range of services needed and preferred to support the person in the community, in all relevant areas, such as, housing, residential supports, day services, personal care, transportation, medical care, education, respite, supported employment and advocacy support.
  c. Provide service coordination for each consumer to connect the individual with community providers and assist in any diversion activities as necessary. Clarity as to who is responsible to connect the individual with community providers is necessary for accountability.
  d. Service planning should be conducted on a defined, periodic basis and include follow-up with consumers on the care plan and updates as necessary.
  e. Persons involved in the diversion process should be qualified and knowledgeable of community living options, such as including experts in transportation and housing.
  f. Consumer and families should be educated about community placements.
  g. All materials should be clear and understandable to the consumer and family.
  h. Service planning should be person centered and consumer driven. For minor children and their families, service planning should be child and family centered and driven by child and family strengths.
  i. Data regarding unmet needs should be used to identify need for more

services for the individual and in the aggregate.

j. Care planning should be person centered and client/consumer-driven and maximize the natural supports and relationships--familial and otherwise--that will enable the individual to remain in the least restrictive, most integrated environment.

- By April 1, 2004, the LTC council departments will evaluate existing crisis response programs and report to the LTC council to identify recommended models that could be adopted by counties without existing programs. The models should focus on timely actions that can maintain an individual in community settings with appropriate services and supports and identify any need for additional resources. Stakeholders and counties should participate in this activity.
- Subject to additional resources, the Department of Developmental Services will expand the use of the Regional Resource Development Project approach specified in WIC 4418.7 to all individuals whose community home is failing and for whom any type of institutional placement – not just developmental center placement -- is a likelihood.

Transition

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

- Beginning July 1, 2003, the LTC Council departments using existing resources will review current discharge planning procedures for consistency with the *Olmstead* principles and parameters listed below. Each department will seek input from consumers and stakeholders. The departments shall, beginning with the Fall 2003 Council meeting, report at the LTC Council meetings, recommended changes for improvement and identification of any additional resources that would be needed. Additional resources would be needed to implement activities covered under the parameters if resources are not currently available for that activity. In the state's current fiscal situation, there is no guarantee that funds will be available and appropriated for implementation. The parameters shall include, but not be limited to:

  a. The service plan should consider a full array of services based on need and not limited by disability category. If a service is not available, the individual will be placed on a waiting list, if applicable.
  b. Service plans, based on the assessments, should clearly identify the range of services needed and preferred to support the person in the community, in all relevant areas, such as, housing, residential supports, day services, personal care, transportation, medical care, respite, education, supported employment, and advocacy support.
  c. Provide service coordination for each consumer to connect the individual with community providers and assist in any transition activities as necessary. Clarity as to who is responsible to connect the individual with community providers.
  d. Service planning should be conducted on a defined, periodic basis and include follow-up with consumers on the care plan and updates as necessary.
  e. Persons involved in the transition/planning process should be qualified and knowledgeable of community living options. Consumer and families should be educated about community placement including information about available service providers.
  f. All materials should be clear and understandable to the consumer, with an independent advocate or peer available to assist as needed.
  g. Data regarding unmet needs should be used to identify need for more services for the individual and in the aggregate.
  h. Service planning should be person centered and client/consumer-driven and maximize the natural supports and relationships--familial and otherwise--that will enable the individual to remain in the least

restrictive, most integrated environment.

i. Experiential opportunitiesto ensure informed consumer choice must be provided.

j. If a school age individual is transitioning, certain elements, such as an Individualized Education Program, should be in place prior to the move.

- Beginning in 2003, the DHS Office of Long Term Care will 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.
- Subject to the availability of resources, DSS and DHS will evaluate the cost to increase IHSS hours to the maximum allowed during the first 90 days after an individual transitions 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.
- Beginning in 2003, DHS will begin to expand the DHS Medical Case Management (MCM) Program. Currently, the MCM Program is expanding in the San Francisco Bay Area where the Department does not have a program. Plans to expand also include the Central Valley (Fresno/Bakersfield), the Los Angeles area, and the establishment of a new satellite office in Redding for expansion in Northern California. This effort will facilitate and coordinate timely access to those appropriate medical and community-based services in a home setting that help stabilize and improve a beneficiary's health status and reduce preventable institutionalization.
- In 2003, DDS will continue the downsizing eleven large residential facilities, moving persons with developmental disabilities to smaller community homes and will survey its regional centers to identify additional facilities for downsizing.
- Beginning in 2003, CDA and DHS will explore expanding the existing authority for nursing home residents to make transition visits to adult day health care programs. These visits assist nursing home residents in determining whether the services of adult day health care programs can meet their needs, which in turn will help them gauge the feasibility of community living.
- Beginning in 2003, the LTC Council will identify options to reach residents in institutions in order to inform and educate them regarding the Olmstead decision, and will work in collaboration with stakeholders to identify options that may be pursued.

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.

- During 2003, the Department of Health Services will request approval from the federal Centers for Medicaid and Medicare Services to expand by 300 the number of Nursing Facility waiver slots, in order to serve everyone currently on the waiting list.
- During 2003, the LTC Council will identify state actions that could be used to improve the availability of paratransit services based on consumers' need for services, coordinate paratransit services across transit districts, and expand rural services.
- Beginning July 1, 2003, the LTC Council departments will analyze their current waitlists and report, beginning with the Fall 2003 LTC Council meetings, at the quarterly LTC Council meetings on the status and movement of those waitlists and describe efforts to ensure waitlists move at a reasonable pace, including need for additional resources. The departments will seek consumer and stakeholder input. The departments will make their reports available to the public.
- Subject to additional resources, expand programs that assist consumers in living in the community. In the state's current fiscal situation, there is no guarantee that funds will be available and appropriated for implementation of program expansion. These include programs that provide in-home care and services; transportation and housing; supported living; information and assistance; respite; care management; caregiver assistance; day programs; services for children and adolescents, including expanded supports (wraparound) for families; and other services and supports. To the extent possible, expansion of programs should be based on data analysis consistent with recommendations under the "Data" section of this plan.
- In 2003, the DOR will implement a Workforce Inclusion Initiative. This initiative supports the goals of equality of opportunity, full participation, independent living, and economic self-sufficiency for people with disabilities. Working in cooperation with the State Employment Development Department, this initiative will increase the employment of individuals with

disabilities by assuring that they are able to access the full array of state and local employment programs. The DOR will seek input of stakeholders and consumers.

- Beginning in 2003, the DOR will work with one-stop career centers to enhance the centers' abilities to establish policies regarding working with persons with disabilities. The DOR will seek input of stakeholders and consumers.
- Beginning in 2003, DHS will support the use of social health maintenance organizations, which utilize community-based organizations to provide social and health care services and supports, which allow participants to avoid nursing facility placement.
- In 2003, to promote human resource development, and to increase consumer choice and options, DMH will 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.
- During 2003, CHHSA will evaluate the projects funded under the Governor's Caregiver Training Initiative and identify additional job training and skills training that would be beneficial for direct-care staff.
- In 2003, DSS will explore the need for and feasibility of licensing assisted living type facilities for younger individuals with disabilities
- In 2003, DSS will 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.v
- Subject to additional resources and analysis of relevant data, the LTC Council departments will develop and implement further strategies to increase and stabilize the recruitment, education, training, and retention of health professionals and other paid caregivers. Subject to additional resources, this might include additional rate increases for community long term care service providers or expanding caregiver support services in order to allow them to serve more family caregivers.
- DDS and DHS will seek a federal Home and Community-Based Services Independence Plus Waiver to fund the continuation and expansion of self-determination for regional center consumers.

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.

- Subject to the availability of additional resources, the Department of Housing and Community Development (HCD) will develop a database of housing resources available to persons with disabilities in each city and county. Information will be collected on the number of Section 8 housing vouchers available; number of subsidized public housing units; number of subsidized units that are accessible; number of subsidized accessible units that are occupied by people without disabilities; the number of bedrooms and bathrooms in each unit; and any other data deemed relevant for planning purposed by the department. This information would be made available to the public in a data base where individuals can learn about the availability of accessible and affordable housing in their community. HCD will encourage local public housing agencies to make this information locally available, and to identify units as accessible or convertible. Additional resources will be needed to collect, maintain, and disseminate the data. In the state's current fiscal situation, there is no guarantee that funds will be available and appropriated for development of the database or for collection, maintenance, and dissemination of the data.
- HCD will 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. HCD will award State dollars only to projects that require that ground floor apartments be reserved for individuals with disabilities, and that require all apartments to be convertible for use by persons with disabilities.
- HCD will 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. HCD will provide local housing entities with information on the Olmstead decision and emphasize the importance of making housing available in order to meet Olmstead goals. HCD will require that Consolidated Plans and Housing Elements reflect Olmstead goals as a condition of certification. HCD will consider establishing an Olmstead Ombudsman and grievance procedures to process reports of non-compliance.
- Increase local capacity for home modification by providing planning grants from local Community Development Block Grant (CDBG) funds. Utilize funding from the CDBG program, the HOME Investment Partnership Act Proposition 46 funds and other sources to increase funding for home modifications.
- 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.

- Subject to additional resources, expand DMH's Supportive Housing projects.
- Subject to additional funding, provide funding for county planning grants to co-plan housing and transit.
- HCD, with the participation of stakeholders, will develop a Universal Design/Visitability Ordinance that can be adopted by local governments.
- HCD will notify the operators of HUD housing regarding access requirements for publicly subsidized housing. HCD will also encourage local governments to enforce Fair Housing laws regarding access and home modification.
- HCD will request that the federal Housing and Urban Development commit to a major expansion of federal rental assistance so that each eligible household or person can get aid .

"Money Follows the Individual" 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.

- As an ongoing activity, LTC Council departments will identify new federal funding sources and apply for grants that will transition individuals out of, and divert others from entering, institutions.
- As an ongoing activity, the LTC Council departments will evaluate the options of expanding the HCBS waivers, particularly for populations not now served, that will enable individuals to transition out of, or be diverted from entering, institutions. For example, subject to the availability of resources, DMH and DHS will conduct the analysis required by SB 1911 (Chapter 887/01, Ortiz). DHS, DMH, CDA and DDS will review the opportunity offered by the Independence Plus Waiver.
- In 2003, the Department of Health Services will propose to the Centers for Medicare and Medicaid Services 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.
- Beginning July 1, 2003, the LTC Council, with input from consumers, stakeholders, and experts in other states and the federal government, will design one or more models for programs in which "the money follows the person" for individuals seeking to move from institutions. The models would be piloted for expansion statewide. Additional resources would be needed to develop and implement the pilots and statewide expansion. In the state's current fiscal situation, there is no guarantee that funds will be available and appropriated for implementation.

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 form living in the community due to a lack of information. Develop information, education and referral systems, as needed, to meet this goal.

- In 2003, DSS will evaluate the option of opening the Public Authority's IHSS registries for use by all individuals and the impact on consumer information, while ensuring compliance with confidentiality rules.
- In 2003, the CDA will 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. Utilizing these standards will help ensure that the AAAs are best able to provide information to consumers, families, and other stakeholders than can help them meet their service needs in their home communities.
- The DHS will, 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.
- The LTC Council will continue to provide consumer information via the internet at www.calcarenet.ca.gov, and will 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. This could include a directory of all relevant Internet sites and telephone-based information numbers. Additionally, the LTC Council will develop hard copy materials for distribution to the public in regular text and alternative formats, including non-English languages. Additional resources may be needed to develop materials, disseminate information, and develop new internet based systems. In the state's current fiscal situation, there is no guarantee that funds will be available and appropriated to develop materials and new internet-based systems, and to disseminate information.

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.

- As an ongoing activity, CHHSA departments will 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. The Council will also share this information with local and disability organizations and request their assistance in similarly informing and educating these entities. The Department of Rehabilitation will coordinate this activity.
- The LTC Council, subject to additional resources, will 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. This effort will supplement similar departmental efforts. Additional resources would be required to hire a consultant to produce and implement the public awareness campaign. In the state's current fiscal situation, there is no guarantee that funds will be available and appropriated to hire a consultant.

Quality Assurance

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

- Beginning July 1, 2003, the LTC Council departments will review their current quality assurance efforts for consistency with the criteria below, which are intended to promote the use of outcome based models. The departments will solicit input from consumers and stakeholders. The departments will identify any instances in which their current efforts do not meet the criteria, and specify the improvements that will be made. Additional resources would be needed to implement activities if resources are not currently available for that activity. In the state's current fiscal situation, there is no guarantee that funds will be available and appropriated to implement identified activities. By April 1, 2004, the departments will report their findings and recommendations to the Long Term Care Council. The criteria include:
    a. Service, quality and program standards, as appropriate.
    b. Measurable and measured outcomes. Outcome measures should allow for an acceptable level of risk management by service planners and the consumer.
    c. Data collection and key indicator reporting, with the understanding that monitoring is not only a paper review.
    d. Fraud, abuse and exploitation prevention, including ombudsman
    e. Grievance and appeals process.
    f. Monitoring, auditing and evaluation methodology, considering the use of tools such as program accreditation and certification.
    g. Education and training for providers, family caregivers, and program quality monitors. For example, training could include independent living training that is provided by consumers, or long-term care facilities.
    h. Service provider standards, rights and expectations.
    i. Peer support.
    j. Consumer rights, including confidentiality of personal information.
    k. Examine evidence-based practices: successful community models should be used to assist clients during transition and diversion.
    l. Provide incentives/awards for good practices.
    m. People should be allowed to live in their own homes without intrusive oversight.
    n. Publication of results, such as Medicaid Waiver quality assurance and performance monitoring activities that are required by CMS.
    o. Regular review of individual service plans and the use of monitoring teams which include persons with disabilities, family and community members, service providers, and others as appropriate.
    p. Centralized responsibility for overseeing program quality, and authority to impose sanctions for violations

- The DMH will work with the Mental Health Planning Council (MHPC) to review state and local mental health quality improvement plans. The purposes is to identify modifications that should be made to include a section on IMDs/SNFs/MHRCs in the reviews in order to ensure that the MHPC's platform statements on in-facility focus and IMD transition are addressed:
    a. In-facility focus: Guided by client self-determined goals, facilities should provide treatment, recovery, and support services that prepare the client for successful placement into the community.
    b. IMD Transition: The client's community placement goal should be identified at admission and be the organizing focus of treatment, rehabilitation, and support services. Discharge planning should identify treatment and recovery services and enlist the support of family and friends to ensure a successful transition to community placement.
- In 2003, DSS, with input from consumers and stakeholders, will begin to 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. This item is the result of the award of a federal "Real Choice Systems Grant" that is expected to take three years to complete.
- In 2003, DSS will revise regulations to further strengthen the criminal background check process for those who operate, own, live or work in community care licensed facilities.
- In 2003, the DMH will make available on the DMH web site and in hard copy, mental health performance outcome measures as provided to the State Quality Improvement Council.
- Beginning in 2003, CDA will monitor and improve Area Agency on Aging Information Assistance services to ensure program consistency statewide.
- Beginning in 2003, CDA will 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 through the California Association of Information and Referral Specialists (CAIRS), the California AIRS associate.
- Subject to the availability of resources, the DSS will 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.
- As an ongoing activity, the DMH will 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, including but not limited to the provision of the following services:
    a. Individual Mental Health Services.
    b. Targeted Case Management/Brokerage Services.
    c. Crisis Residential Treatment Services.
    d. Adult Transitional Residential Treatment Services.

e. Crisis Intervention Services.

- In 2003, DDS will revise the current DDS quality assurance systems into a "Quality Management Model" utilizing the Centers for Medicaid and Medicare framework. This model incorporates within it the quality measures identified through DDS' Service Delivery Reform effort.

Appendices

A. Long Term Care Council Public Forum Input 200-2001

B. List of local Forums

C. Summaries of input received via Olmstead Forums and Surveys

D. Best Practices identified in Olmstead Forums

E. Workgroup meeting agendas and Key Questions to Address

F. Summaries of stakeholder recommendations made at Olmstead Work Group meetings

G. Other stakeholder input

H. Inventory of existing long-term care services

I. Listing of Work Group Participants

California Legislature
Senate Subcommittee on Aging and Long-Term Care
SENATOR JOHN VASCONCELLOS, chairman

SENATORS:
WESLEY CHESBRO
MARTHA ESCUTIA
BILL MORROW
DEBORAH ORTIZ

consultant
SARAH H. SUTRO

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Education for Professions in Aging:
Issues and Recommendations

February 18, 2003, State Capitol, Room 4203

Informational Hearing of the Senate Subcommittee on Aging and Long Term Care
and the
Assembly Committee on Aging and Long Term Care

California's population is aging dramatically, with one in three Californians over the age of 50 and one in six over the age of 65 by 2030. Our older population is also growing increasingly diverse in gender, race, and ethnicity, as well as in education and income. This rapid aging and diversification of our older population carries significant policy implications. California will soon confront a larger elder population and smaller younger working-age population, making it difficult to sustain our current policy and programs.

The demographic shift brings an increased demand for professionals with knowledge of and expertise in the human aging process. At present, California faces a severe shortage of professionals and paraprofessionals needed to operate programs and provide services for older adults. For example, there are only approximately 890 geriatricians in California, or one geriatrician per 4,000 Californians 65 years of age or older. We also face a shortfall of approximately 30,000 certified nurses aids needed to provide care for frail seniors who reside in nursing homes. Nationwide, approximately 3 percent of social work students specialize in gerontology, and only 5 percent have taken a course in aging.

With information coming available through efforts such as the Strategic Planning Initiative for Older Californians (SB 910, 1999), we are presented with a more accurate picture of the shortcomings in gerontological education as well as the opportunities for change. It is in the best interest of our entire California populace, not only our elderly, to seize these opportunities for change to mitigate our current shortcomings which are fast reaching critical proportions.

California's Integrated Elder Care and Involvement Act of 2002, SB 953 (Chapter 541, Statutes of 2002) sets out to redesign California's system of care for older adults and generating a cultural change in attitudes toward aging. Among other items, SB 953 requests the California State University, the University of California, and Community College systems to develop standards

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and guidelines for the biological, social, and psychological aspects of aging for professional degree programs at both the bachelor and graduate level, in which the health and welfare of older adults is paramount. SB 953 also requires an applicant for licensure as a psychologist, marriage and family therapist, or social worker who begins graduate study on or after January 1, 2004, to complete a minimum of 10 contact hours of coursework in aging and long-term care which could include, but not be limited to, the biological, social, and psychological aspects of aging. Any person licensed in these professions who began graduate study prior to January 1, 2004 will be required to take a three-hour continuing education course in aging and long-term care during his or her first renewal period after the operative date of the legislation.

Today's hearing focuses on the educational needs of professionals working with the older population. We will receive testimony from professionals and academics who will respond to the need for education in aging, the associated issues, and recommendations for future policy development. We will also receive an update on the implementation of related components of SB 953.

The following are questions posed to stimulate thought, discussion, and opportunities for action on these issues before the Legislature:

- To what extent are California's paraprofessionals and professionals well-versed in gerontology?

- To what extent are we effectively utilizing our existing gerontology educational programs to educate the paraprofessionals and professionals who are providing care to the elderly?

- What policy shift would need to occur to ensure that our paraprofessionals and professionals are all well-versed in gerontology? What issues or roadblocks might we confront?

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INTRODUCTION AND OVERVIEW
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&
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February 18th

Education for Professions in Aging: Issues and Recommendations

The California Council of Gerontology and Geriatrics is pleased to have the opportunity to present this discussion of the implementation of SB953 and to review the issues and concerns as well as to make recommendations.

The California Council of Gerontology and Geriatrics (CCGG) is a professional association of individuals and organizations that provides leadership in education in order to promote research, policy, and practices that enhance the quality of life of the State's diverse older population.

The University /Legislative Partnership that was developed five years ago with Senator Vasconcellos and CCGG, allowed educators concerned with issues of aging from all levels of higher education, to provide input and make recommendations toward raising the quality and preparedness of the workforce to serve older adults.

The first hearing that was held five years ago discussed the need for a vision of aging in California and the importance of the role of education. Thanks to the creative thinking and innovation of Senator Vasconcellos CCGG was able to provide testimony toward SB910 . Many of our colleagues have been involved in the development of the working documents that outline the critical issues for our state in terms of demographic imperative, economic agendas, and resulting quality of life for older adults. Now, through the office of the Secretary for Health and Human Services for California, a strategic planning committee has been created to develop a master vision plan for California's Aging. We are very pleased to have the opportunity to be part of that strategic planning committee and to be able to ensure that education, both of those in a developing workforce, and education for older adults themselves can be included in this document.

Subsequent hearings that CCGG was invited to coordinate have been around more specific issues of education particularly of SB953. Last year we were able to look at the issues from k-12, and into higher education including specific concern areas such as responsible financial and economic education. We were very pleased that SB953 was passed into legislation. Today, at this hearing, we have been invited to address the implementation aspects of the legislation within higher education. We have been able to make some progress, to learn aspects that are not easily overcome, and to better understand the struggle our system faculty & administrators have with concerns of mandated curriculum, standardized curriculum, and unfunded mandates in a time of tight fiscal budgets.

We do propose that educators alone cannot make all of the implementation changes without a unified base of support from various sectors including the hiring employers. The best education needs a place in society that respects and accepts the level of expertise that is presented. We recognize that in licensed professions standardized curriculum can be mandated from the licensing body that is itself made up of individuals from the profession. Through Geriatrics licensure, in medical education and allied health professions, there have been

inroads to increased curriculum on aging. However, as we are all aware there are many professions that work with older people that are not licensed, where there are no requirements to include gerontology content knowledge into job descriptions, and yet the lives of older people, and many dollars of state and local monies are under their direction. We are pleased that SB953 does include recommended standardized gerontology curriculum to be offered for those who will work with older adults. We also believe that position descriptions in places where there is state control should include a requirement for content knowledge in aging. In this way the implementation aspect of the bill can be attained from both ends – the preparers in education and the recipients in the employment field.

To discuss this aspect we have two panels today – the first made up of individuals in leadership positions in the aging network who have received formal education in Gerontology. They will present their personal experiences

and raise issues they see from their view as both a gerontologist and as an employer. We have also asked them to make recommendations to you so that we can continue to be a part of the solution rather than part of the problem. These individuals represent an Office on Aging, Adult Protective Services, Care Management, and we have invited a doctoral student who is entering the Social Work field to discuss her findings in the current workforce. The second panel represents members of the California Council of Gerontology and Geriatrics showcasing the doorways and roadblocks to the implementation effort that we have been able to identify within the higher education systems. Again, we offer the issues, concerns, and recommendations.

Our final speaker, representing the perspective of gerontology in the Community College will outline a recommendation to consider an existing model of preparation that exists for child service workers and to overlay that model on to older adult service workers to propose the potential for a career ladder over varied levels of education, starting with the use of a basic l2 credit certificate.

Implementation of any legislation in a tight fiscal environment creates a challenge, however, we are very pleased to be able to work with you to look at the feasibility and difficulties that we have so far identified in this effort. We also appreciate your collaborative support in viewing the importance of a well prepared workforce and we look forward to helping you with the next step of the process.

We would also like to invite anyone here today interested in these issues to attend our upcoming annual conference on April 4th at U.C. Berkeley.

California's Olmstead Plan
Draft 1/28/03

I. Introduction

II. Planning Process

III. Current Programs

IV. Principles/Steps

General

Guiding Principles

- Consumers should be involved in the planning
- Olmstead planning should involve the entire community (including vendors, providers, family members and other stakeholders)
- Plan should cover everyone under the Olmstead decision, regardless of age
- A commitment from state leaders is needed to ensure that the rules, regulations, and laws of the State are consistent with the Olmstead decision

Near–term Steps

1. Review and monitor the implementation of the Olmstead Plan, with the involvement of stakeholders, and update as necessary
2. Review strategic plans within departments to see that they are consistent with the Olmstead decision
3. Review data needs for purposes of making program improvements, for example, waitlist information.

Actions Subject to the Availability of Resources

1. Educate state and local entities regarding the Olmstead decision

Assessment

Guiding Principles

- Promote consumer involvement
- Promote informed choice for consumers
- Honor consumer choice
- Promote person-centered assessments

- Persons involved in the assessment process should be qualified and knowledgeable

Near-term Steps

1. Modify the PASRR Level II process to provide more specific references to community placement, to include more detailed information about waivers and other community resources, and to provide Level II evaluators with specific training about waivers and community placement.
2. Conduct initial and periodic face-to-face assessments of individuals who seek or are enrolled in a Medicaid Home and Community-based Waiver.
3. Request approval from the federal government to have access to Minimum Data Set (MDS) evaluations for Medi-Cal eligible individuals being placed in nursing facilities in order to help identify individuals who should be referred for community-based services
4. Utilize person-centered planning and individual development teams as part of the Community Placement Planning process for individuals who will be assessed each fiscal year for movement from a developmental center to a community living situation.
5. Implement the newly authorized MSSP waiver flexibility which permits program care managers to work with nursing home residents on transition into the community and into the waiver. Evaluate the fiscal impact of this new provision on the program
6. Issue a Request for Proposal in Spring 2003 for a contractor to develop a consumer-focused transition assessment instrument that considers medical, social, and personal needs. This instrument will be made available to Independent Living Centers and other entities involved in assessing individuals moving to the community from an institutional setting.
7. Assess all residents at Agnews Developmental Center to determine the services and supports that will be needed to transition from Agnews to another living arrangement in preparation for the closure of Agnews in June 2005

Actions Subject to the Availability of Additional Resources

1. Implement Nursing Home Transition pilot project(s)
2. Work with counties to evaluate and improve the process for IMD placements

Transition and Planning

Guiding Principles

- Promote consumer involvement
- Promote informed choice for consumers
- Honor consumer choice
- Emphasize self-determination by consumers of their own lives
- Planning should include choice of services, flexibility, and the opportunity to change services when change is needed
- Emphasize community inclusion
- Persons involved in the transition/planning process should be qualified and knowledgeable of options, such as including experts in transportation and housing
- Consider a full array of services

Near-term Steps

1. Provide Medicaid Home and Community-based Services Waiver case management services to assist individuals in facility settings to transition to the community and/or, once in the community, assist individuals in obtaining services and supports needed to remain safely in their home and community.
2. 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, hospital nursing facilities, and intermediate care facilities for individuals with developmental disabilities on available services, waiver capacity, and applications for service.
3. Expand the DHS Medical Case Management Program by increasing the service capacity of the existing Los Angeles and Fresno offices, and by opening up a new office in the San Francisco Bay Area.
4. Administer a system of crisis response measures that prevent possible Developmental Center admissions
5. Utilitize the Community Placement planning process to identify the needed resources, services, and supports for those who will be moved from developmental centers each fiscal year.
6. Issue a Request for Proposals in Spring 2003 for an independent living center in Southern California to replicate the real Choice Systems Change Project now being implemented by Community Resources for Independence in Santa Rosa. Evaluate the results.
7. Make available $100,000 per year for two years via contract with independent living centers to be used to pay one-time costs of transition from institutions to community settings not covered by

other sources. Evaluate the results.

8. Provide follow-up services through Regional Resource Development Projects to developmentally disabled individuals who moved from a developmental center to the community, to help ensure a successful transition.
9. Award grants to two counties to develop and demonstrate practices for moving individuals from IMDs to community homes.
10. Incorporate the Alliance for Information and Referral Systems (AIRS) standards into the California Code of Regulations and train Area Agency on Aging Information and Assistance providers accordingly

Actions Subject to the Availability of Additional Resources

1. Expand internet and hard copy access to information about community-based services, including information on housing options

Community Services Capacity

Guiding Principles

- Promote consumer involvement
- Promote informed choice for consumers
- Honor consumer choice
- Emphasize community inclusion
- Develop a full array of services
- Services should start in the community
- Services should be to support individuals, not to take care of them
- Communities need to be educated to be prepared to have persons with disabilities living in them
- Service systems should be culturally competent
- Educational programs and services need to be made available for persons with disabilities
- Support the rights of caregivers

Near-Term Steps

1. Request approval from the federal Centers for Medicaid and Medicare Services to expand by 300 the number of Nursing Facility waiver slots, in order to serve everyone currently on the waiting list.

2. Identify new federal funding sources and apply for grants that further the Olmstead principles.
3. Implement the Workforce Inclusion Initiative to increase the employment of individuals with disabilities by helping assure they are able to access the full array of state ?? employment programs.
4. Implement the Assisted Living Waiver project, authorized by AB 499, to evaluate the provision of Medi-Cal services in community care facilities and publicly funded housing.
5. Downsize three large ICF/DD health facilities and eight large community care facilities, moving persons with developmental disabilities to smaller community homes designed to meet their needs. Identify additional large facilities to be downsized in the future.
6. Establish a "Regional Service Hub" as part of the Bay Area Project to meet the service and support needs of persons moving from Agnews Developmental Center. (move to transition?)
7. Develop regulations to allow individuals who are currently receiving hospice care services to be admitted to a Residential Care Facility for the Elderly (RCFE).
8. Adopt regulations to allow licensees of RCFEs to accept individuals with health-related conditions previously prohibited without prior approval from the licensing agency.
9. Develop regulations to allow individuals who are permanently bedridden to be admitted and/or retained in community care facilities.
10. Seek a federal Home and Community-Based Services Independence Plus Waiver to fund the continuation and expansion of self-determination for regional center consumers
11. Through DDS's Community Placement planning process, expand a variety of community resources as identified each fiscal year.
12. Implement Proposition 46, including the supportive housing program and Grants for Ramps program.
13. Develop a Universal Design Ordinance that can be adopted by local governments.
14. Enact legislation to make permanent the Program for All-Inclusive Care for the Elderly (PACE).
15. Provide construction loan insurance via the Cal-Mortgage Program to expand the number of community based facilities serving the medically underserved. Projects may include community mental health centers, facilities for the developmentally disabled, adult day health centers, group homes, work activity programs, and other projects for persons with special needs.

16. Implement the California Health Incentive Improvement Project to conduct outreach to individuals with disabilities to encourage participation in Medi-Cal's 250% Working Disabled Program and to increase awareness of other work incentives and disability related employment supports.
17. Enhance flexibility in the IHSS program by allowing consumers to use IHSS services in the workplace.
18. In partnership with the State Independent Living Council, sponsor an update of a 1995 assessment of the needs of individuals with disabilities to live independently in family/community life.
19. Review Local Government Housing Elements to insure that they include adequate sites for all housing needs including households with special needs.
20. Administer the Special Needs Financing Program, under which the California Housing Finance Agency (CalHFA) provides loans at less than three percent interest to non-profits or public agencies that are developing housing for special needs populations.
21. Administer the HomeChoice program, under which CalHFA and local financial institutions assist low- and moderate-income persons with disabilities obtain home mortgages.
22. Increase local capacity for home modification by providing planning grants from local Community Development Block Grant (CDBG) funds. Utilize funding from the CDBG program, the HOME Investment Partnership Act Proposition 46 funds and other sources to increase funding for home modifications.
23. To promote human resource development, 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.
24. Implement the Caregiver Training Initiative, utilizing $10.5 million in federal Workforce Investment Act monies to train 2,000 new Certified Nurse Assistants.
25. Implement the Nurse Workforce Initiative, a $60 million, three year initiative to recruit, train and retain approximately 5,000 qualified licensed nurses to reduce critical workforce shortages.
26. Support the Senior Care Action Network (SCAN) which utilizes community-based organizations. SCAN expands a community's capacity to provide social and health care services and supports which allow participants to avoid nursing facility placement.

Mid-Term Steps

1. Review Community Care Licensing statutes and regulations to

identify any barriers to placement in community care facilities.
2. Support Long Term Care Integration Pilot Projects and identify ways to alleviate the barriers to implementation.
3. Support efforts that would allow non-governmental entities to implement long term care integration pilot projects.

Long-Term Steps

1. Evaluate the existing Older Adult System of Care pilot projects.
2. Expand the number of PACE sites statewide with a goal of establishing 10 PACE organizations in California.

Actions Subject to the Availability of Additional Resources

1. Seek additional funding for DMH Supportive Housing projects.
2. Evaluate the feasibility of further expanding the HCBS waivers.
3. Evaluate the cost of increasing the cap on IHSS hours
4. Expand resources of the DMH Caregiver Resource Centers in order to allow them to serve more family caregivers.
5. Evaluate the resources needed to provide wraparound services to allow SED children to live with their families.
6. Identify and publicize information on existing crisis response services in each county in order to help prevent institutionalization for persons with mental illness, dementia, or other behavioral problems. Evaluate the effectiveness of the programs, and the costs of expansion.
7. Identify options for expanding access to assistive technology necessary to allow individuals to live independently. Identify available funding options, and the costs of various expansion options.
8. Develop initiatives to improve accessibility of transit systems, where needed
9. Provide financial incentives for the purchase of assistive technology
10. Provide funding for county planning grants to co-plan housing and transit
11. Provide additional rate increases for community long term care service providers.
12. Expand the number of individuals who can be served by the Linkages program.

Quality Assurance

Guiding Principles

- Honor consumer choice
- Program quality should be monitored
- Quality assurance should include measurable outcomes for consumers
- Promote consumer involvement
- People should be allowed to live in their own homes without intrusive oversight
- Training is needed for clients and care providers, including long-term facilities should provide independent living training
- Training should include training that is provided by consumers

Near-term Steps

1. 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.
2. Provide periodic face-to-face encounters with HCBS waiver recipients and providers of services in order to ensure the quality of waiver services. Perform other program review activities intended to preserve individual rights, confirm acceptance or declination of services, monitor level of care determinations and take other similar actions.
3. Perform comprehensive reviews of independent living centers' compliance with federal standards and assurances and contract for technical assistance and training for independent living centers statewide.
4. Revise regulations to further strengthen the criminal background check process for those who operate, own, live or work in community care licensed facilities.
5. Revise the current DDS quality assurance systems into a "Quality Management Model" utilizing the Centers for Medicaid and Medicare framework.
6. Make available on DMH web site and in hard copy, mental health performance outcome measures as provided to the State Quality Improvement Council.
7. Administer a system of performance reviews of mental health plans consistent with federal requirements.
8. Promote statewide uniformity in the administration and delivery of APS services to California's elders and dependent adults who are living in a home-like setting who may be the victim of abuse or neglect, through the Adult Protective Services (APS) Social Worker Training Project.
9. Monitor and improve Area Agency on Aging Information

Assistance services to ensure program consistency statewide.

10. Encourage opportunities for Information and Assistance workers to become certified Information and Assistance/Referral (I&A/R) specialists through the California Association of Information and Referral Specialists (CAIRS), the California AIRS associate.

Actions Subject to the Availability of Additional Resources

1. Identify options for improving quality assurance, including needs for data, measures, review instruments, and evaluation.
2. Evaluate the need for and feasibility of third-party certification or accreditation as a means of ensuring program quality
3. 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.
4. Assess the training needs of provider staff and determine options to improve the quality of care in community service systems.

Appendices

A. Inventory of existing long term care services
B. List of local Forums
C. Summaries of input receive via Olmstead Forums and Surveys
D. Workgroup meeting agendas
E. Summaries of stakeholder recommendations made at Olmstead Work Group meetings
F. Listing of Work Group Participants