

The States' Response to the *Olmstead* Decision: A 2003 Update

By
Wendy Fox-Grage
Barbara Coleman
Donna Folkemer

February 2004

Preface and Acknowledgments

This paper is the fourth annual *Olmstead* report prepared by the National Conference of State Legislatures (NCSL). This series attempts to help readers gain a better understanding of the *Olmstead* ruling on state policy. *The States' Response to Olmstead* is a cooperative effort between NCSL and the AARP Public Policy Institute.

This report categorizes current *Olmstead*-related plans, the role of the federal systems change grants, legislative initiatives, structural changes and implementation barriers. The report reflects activity as of December 2003. To obtain accurate and timely information, NCSL relied on telephone interviews with key state contacts; a survey of significant online planning documents, budget analyses and press announcements; and a database review of state legislation that was enacted during the 2003 legislative sessions.

NCSL wishes to thank AARP for its continued support and guidance. Specifically, the authors wish to acknowledge Enid Kassner, John Luehrs and Elizabeth Clemmer for their input and insight in this collaborative effort. At NCSL, project research staff included Diana Hinton, Greg Martin, Anna Scanlon and Rachel Tanner.

Findings

State planning efforts and the federal grants to states that have resulted from the President's New Freedom initiative are two of the most significant state and federal activities in direct response to the *Olmstead* Supreme Court decision.

- ***Olmstead Plans***

Twenty-nine states have issued an *Olmstead*-related plan or report.

Of this total, 20 states published their plans between 2000 and 2002. Nine states--Arkansas, California, Delaware, Georgia, Kentucky, Maine, North Carolina, Oklahoma and Virginia--released their plans during 2003. Four states--Alabama, Illinois, Louisiana and West Virginia--were working on their plans during 2003 but did not release them. Several states have task forces that are working on various *Olmstead*-like activities but do not intend to write a plan. (See the state profiles

section of this document and Table 1 in this report for details on the 29 state plans, many of which can be accessed online.)

- ***Highlights of 2003 Plans***

The priorities identified in the nine plans released in 2003 mirror those in plans released earlier. As in previous years, the plans emphasize incremental development of additional community-based service capacity for people with a broad range of disabilities. The plans identify a strong community-based system as one in which consumers have a variety of options tailored to their individual needs. To be adequate, says the July 2003 Oklahoma plan, a community-based system must be consumer-driven; must provide informed choice; and must offer physical, social, political, educational and economic integration.

Creating an inclusive and broad-based planning group and planning process was important in most states. Virginia's planning process, for example, involved eight issue teams, with each team chaired by someone other than a state official. Additional individuals with expertise or interest in certain issues also were invited to take part. Most states held meetings, forums or hearings across the state as they crafted their plans. Typically, states released draft plans and modified them after a public review period.

As in previous years, 2003 state *Olmstead* plans include a mix of short-term and long-term recommendations. Short-term activities focused on low-cost projects that can be implemented relatively quickly. For example, several states proposed revamping assessment tools to support identification of candidates for community placement or to foster cross-disability assessment approaches. Quality assurance is another activity that can be implemented relatively quickly. North Carolina, for example, adopted continuous quality improvement strategies in its mental health, developmental disabilities and substance abuse systems. Some states identified a need for integrated data collection and analysis across agencies and service systems to facilitate integration of health services with housing, transportation, employment and other supportive services.

Several plans released in 2003 refer to state fiscal pressures as a key factor to consider when implementing plans. The plan published by the Delaware Commission on Community-Based Alternative for Persons with Disabilities did not include timelines or specific funding levels because of the realities of the state's budget problems. The California plan says a "significant challenge" to plan implementation "is the need for additional resources." Every plan noted that broad systems change is a multi-year process and that plans themselves likely will require modifications as implementation progresses. A plan is "not a static instrument," say the authors of North Carolina's plan, but "rather a guide with provisions for periodic evaluation."

- ***Plan Accountability***

Ten states have issued or are working on follow-up reports that update, revise and prioritize their original plans. Several of them serve as progress reports on plan implementation.

These activities are essential for the state plans to remain viable. A breakdown of the follow-up and monitoring activities for the 10 states follows.

- Arizona developed its plan in September 2001, but it is updated periodically.
- Indiana issued a final report in June 2003 on the progress of 16 recommendations and 28 other strategies included in its interim commission report that was released in December 2002.
- Mississippi issued its first progress report—entitled *Implementation Report #1*-- in May 2003 and identified those recommendations in its original *Olmstead* plan that have been implemented and those that have not.
- Missouri's Personal Independence Commission created by executive order is working on an action plan that builds on the work of a former *Olmstead*-related commission.
- Nevada's governor will establish four oversight committees to monitor progress on the state's strategic plans.
- Ohio issued an update in November 2002 to its previously released *Olmstead* plan.
- Texas submits a report every two years to its health and human services commission on the implementation of recommendations in its Promoting Independence Plan.
- Utah issued a 21-page progress report in September 2003 on the implementation of its *Olmstead* plan.
- Washington has an *Olmstead* coordinator to help with plan updates and activities of the *Olmstead* workgroup.
- Wyoming's state departments and agencies will review and revise its plan at least every two years beginning in July 2004.

- ***Olmstead-Related Federal Grants***

Federal grants—primarily the systems change grants—allowed states to take action on several initiatives to provide services in the most integrated setting appropriate to the needs of qualified individuals with disabilities.

Recent federal grant and technical assistance opportunities have been, perhaps, the most promising development. The U.S. Centers for Medicare and Medicaid Services (CMS) awarded more than \$158 million in new grant funds in 2001, 2002 and 2003 to the states and territories.

These awards have allowed states to implement some of their plan recommendations. States are using these grants to:

1. Move eligible individuals from institutions into the community;

2. Improve personal assistance services that are consumer-directed and/or offer maximum individual control; and
3. Design and implement effective improvements in community long-term support systems to enable children and adults of any age who have a disability or long-term illness to live and participate in their communities. The projects include improving the quality of home and community-based services, developing consumer information and resource centers, initiating community-based treatment alternatives (particularly in mental health), providing respite care for children and adults, and making funding available for people with disabilities regardless of the setting for services ("money follows the person" concept).

CMS and the Administration on Aging announced a new grants program in 2003 to support state efforts to develop "one-stop shop" programs at the community level. These Aging and Disability Resource Centers are intended to serve as the entry point to a state's long-term care services and supports and to help people make informed decisions about their options. In October 2003, DHHS awarded a total of almost \$9.3 million in grants to 12 states to be used over a three-year period to better coordinate and/or redesign their existing systems of information, assistance and access.

CMS also has funded a National Technical Assistance Exchange for Community Living to provide training and information to states, consumers, families, and other agencies and organizations. In addition, the U.S. departments of transportation, education, housing and labor have awarded other grants to states to help develop programs, services and supports that promote affordable housing, accessible transportation, Medicaid coverage for the working disabled, and consumer information and choice.

Much of the state *Olmstead* planning efforts now are tied to the systems change grants and are evolving along with these recent projects.

Not only have states used their grants to further some of the goals and strategies outlined in their plans, but several of the task forces that created the plans now are the advisory groups that are assisting with their states' systems change grants. Maine's workgroup, for example, which developed its plan in 2003, is also the advisory committee for the systems change grant. North Dakota's *Olmstead* Commission provides oversight to the systems change grants but will likely dissolve when the grant ends.

- ***Barriers to Action***

State budget shortfalls and declining state revenues continue to delay *Olmstead* plan implementation.

State contacts cited the dismal fiscal situation as the most significant barrier to implementation of the *Olmstead* decision. Respondents noted that new state appropriations are needed to implement many of the plan recommendations, especially those related to increasing the number of waiver slots or residential settings that are available for people with disabilities. However, with stagnant revenues and increasing Medicaid expenditures, nearly all state policymakers were forced to make tough decisions to balance their budgets. New, significant appropriations in most states were off the table.

During fiscal year (FY) 2003, 37 states reported revenues below their already bleak forecasts, and the states cumulatively had to close a \$17.5 billion budget gap, according to NCSL fiscal data. At the same time, Medicaid expenditures rose by approximately 9.3 percent during the previous year due to increased enrollment, service costs and utilization of services. In response, states took a variety of measures to contain costs within the Medicaid program, primarily in the areas of provider reimbursement rates and prescription drugs.

Several states reported that hiring freezes and high rates of staff turnover resulting from budget pressures have slowed progress on *Olmstead* implementation. The Connecticut work force, for example, was reduced by 6 percent in FY 2003; another 9 percent of the work force took early retirement. A state employee hiring freeze in effect in New Hampshire is affecting *Olmstead*-related activities.

- ***Cost-Neutral or Low-Cost Solutions***

Although the budget crises constrained the more costly *Olmstead* plan recommendations, the states were able to implement some of the low-cost or cost-neutral solutions, especially those that received federal grant support, such as consumer-directed care; efforts to move people back into the community or divert institutional placement; and consumer outreach and education.

- *Consumer-directed care.* NCSL key state contacts and source documents in 10 states--Arizona, Colorado, Hawaii, Kentucky, Louisiana, Massachusetts, New Hampshire, New Mexico, Texas and Utah and the District of Columbia--described efforts to empower senior citizens and people with disabilities to make decisions about the types of services they want and how they want to receive them. These states are working to allow consumers (who voluntarily choose to do so) to use governmental funds for hiring, firing and managing their own workers, such as family members, friends or neighbors. Specifically, they are allowing for self-direction in existing waivers and, in some cases, are developing new Independence Plus waivers, thus giving the funds directly to the consumers along with counseling and the option of using a fiscal intermediary to assist with payroll.
- Self-directed care can give people with disabilities flexibility that is not offered in the traditional Medicaid program. Consumers can schedule aides to come during the early mornings, at night and on weekends. They also can use

the allowance for non-medical services such as being driven to a store. Recent peer-reviewed research studies have found better outcomes under this system than under the agency model that selects the worker and sets schedules and services. Overall, participants were more satisfied with their care, and their quality of life improved.

- *Transitioning to the Community.* Medicaid nursing home coverage is mandatory. However, most community-based coverage is optional. To address this institutional bias, states such as Missouri and Texas are allowing funds that are devoted to the care of institutional residents to follow them into the community.

Specifically, sources in 25 states--Arizona, Arkansas, Connecticut, Delaware, Florida, Georgia, Idaho, Illinois, Indiana, Kansas, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, North Dakota, Ohio, Pennsylvania, Rhode Island, South Carolina, Texas, Utah, Washington and Wisconsin--described efforts to shift more people from nursing homes and intermediate care facilities for the mentally retarded (ICF/MRs) into the community or to divert people from unnecessary institutional placements during the hospital discharge planning process.

Many of these states are helping people make the transition by giving allowances to fund the move and housing fees and by providing assistance through case managers. Florida is implementing three pilot nursing home transition programs with the goal of moving 1,200 people during FY 2003-2004 and allowing Medicaid funding to follow the person. Pennsylvania is developing a three-county pilot project to streamline Medicaid waiver eligibility to divert people from nursing homes. Wisconsin received a systems change grant to move about 200 people with developmental disabilities out of institutions.

The federal government clearly is helping with this effort. Since 1998, 27 states have received transition grants from CMS.

- *Consumer information and outreach.* Twelve states—Alabama, Arkansas, Hawaii, Idaho, Maryland, Missouri, New Mexico, North Dakota, Ohio, Pennsylvania, Rhode Island and South Carolina and the District of Columbia—detailed initiatives to offer assistance to consumers by informing them about long-term care services and options. Several of the projects will offer voluntary, pre-admission consultation, case management and counseling services to people who have long-term care needs. These projects hope to create a single point of entry so consumers can easily gain access to information. Other states focused on creating consumer directories of long-term care services and programs—many of which are Internet-based databases—to help both consumers and caseworkers.

- *New Areas of Interest in 2003*

Although the *Olmstead* decision encompasses all people with disabilities, the ruling has been most closely aligned with people with developmental disabilities, possibly because the plaintiffs in the original lawsuit were two women with developmental disabilities and mental illness.

Pending and settled lawsuits generally involve people with developmental disabilities, and more than three-fourths of Medicaid funding goes toward services for people with developmental disabilities. Thus, it came as no surprise that 21 states and the District of Columbia described efforts to expand home and community-based services for people with developmental disabilities.

However, states showed new interest in the areas of mental health, aging, work force and housing.

➤ *Mental health.* In the four years that NCSL has been tracking *Olmstead* developments, new initiatives to better serve people with mental illness have been minimal. This year, however, 18 states--Alaska, Arkansas, Georgia, Iowa, Kansas, Mississippi, Nebraska, Nevada, New Jersey, New York, North Dakota, Ohio, Tennessee, Texas, Utah, Washington, Wisconsin and Wyoming--described efforts to enhance the quality of mental health services.

- Alaska, for example, wants to expand mental health residential care so that a large number of children and youth do not have to leave the state to find such services.
- Arkansas approved a FY 2003-2005 biennium budget of \$11.6 million to strengthen the mental health system.
- Georgia is examining a tool that community mental health centers could use to assess whether a resident is able to move into the community.
- Nebraska enacted the Behavioral Health Reform Act to overhaul the state's psychiatric care system and to shift more funding from inpatient care to community-based care and to eliminate the seven-day waiting period for community-based services. The Nebraska Legislature will consider rewriting the state's Mental Health Commitment Act in 2004.
- New York gave considerable attention to housing for the mentally ill in adult homes, with several state agencies implementing a series of actions aimed at the substandard care for this population, which received widespread public attention in newspaper stories.
- Ohio is implementing evidence-based quality approaches for mental health services.
- Texas is trying to determine how best to use a Medicaid waiver for community-based treatment alternatives for children with severe emotional disturbances.
- Utah is developing a comprehensive mental health needs assessment.

- Washington closed 178 psychiatric state hospital beds from December 2001 to April 2003.
- *Aging*. Several states tackled Medicaid waivers that serve frail seniors and assisted living options.
- Louisiana approved additional waiver slots for adult day health care.
 - Michigan reopened its MI Choice home and community-based care waiver to new enrollment with a \$100 million budget limit on the program.
 - Nevada expanded its aged waiver by 11 percent to serve an additional 181 seniors and increased total slots to 1,620 by the end of FY 2005. The state also expanded a group care waiver for the elderly to serve an additional 117 seniors for a total of 318 to participate by the end of FY 2005.
 - Vermont submitted a demonstration waiver proposal in October 2003 to give adults with physical disabilities and the frail elderly the option of receiving long-term care services in home and community-based settings without having to wait for slots in the waiver programs or choose care in nursing homes.
 - Four states—Alabama, Alaska, Connecticut and Iowa—examined new ways to finance assisted living for low-income residents.
- *Work Force*. States across the nation are experiencing severe shortages and turnover rates of paraprofessional workers--such as nursing assistants, home health aides and personal care attendants--who provide the bulk of hands-on care that many people with disabilities need in order to remain at home or in community-like environments. This direct care worker shortage results from low wages, nonexistent or poor benefits, limited advancement opportunities and lack of respect for the important services they provide.

In response, nine states--Illinois, Louisiana, Nevada, New York, Ohio, Oregon, Rhode Island, South Carolina, Washington and the District of Columbia--either increased their wages, required background checks, or created new curriculums or training.

- Louisiana, for example, is developing a competency-based curriculum for direct support professionals.
- New York implemented new regulations in July 2003 to require non-licensed direct care homes and home care staff to undergo criminal background checks.
- Ohio created a health care work force advisory council within its Department of Aging to advise it on work force issues.
- Oregon signed the first-ever labor contract for home care workers, which will lead to a \$.40 per hour wage increase and health care coverage.
- Rhode Island is providing training for direct care workers in residential facilities who work with individuals with behavioral health issues.
- Washington created a direct care worker referral registry.

➤ *Housing*. The lack of accessible, affordable housing is one of the most significant barriers to serving more people with disabilities in the community. However, housing is one of the most expensive solutions to fund. Despite the state budget crises, NCSL found that six states--Iowa, Louisiana, Minnesota, Tennessee, Utah and Washington--addressed the issue through collaborative meetings and registries and databases of affordable, accessible housing. For example, Minnesota is developing an assessment tool on the amount of affordable housing units needed for people with disabilities. Tennessee is developing a comprehensive housing resource Web site and will conduct an annual "Housing Academy" to assess the needs of people moving from institutions into the community.

- ***The Big Picture***

It is difficult, if not impossible, to accurately and comprehensively report on *Olmstead*-related appropriations across all state agencies and disability populations. Most states could report on positive *Olmstead* efforts and also report on programmatic cuts.

Olmstead implementation was mixed even within states. Publicly funded home and community-based services span a plethora of state agencies and serve diverse populations—senior citizens, younger people with disabilities, people with developmental disabilities, and people with mental illness. Thus, some long-term care programs and services fared better than others as states faced difficult fiscal situations.

As mentioned above, Connecticut reduced its state work force, but it increased assisted living options and provided opportunities for nursing home transitions. Georgia, where the *Olmstead* lawsuit originated, reduced state agency budgets by 2.5 percent in FY 2004 and by another 5 percent in FY 2005, but it allocated \$9.6 million in FY 2004 for *Olmstead* initiatives, which included moving people from institutions into the community. Georgia also is restructuring its mental health and developmental disability systems and is implementing a new system for intake, assessment and support coordination. Mississippi is serving more people in its Medicaid waiver programs, but the waiver waiting lists are growing. During the past five years, the state has experienced a greater than 200 percent growth in its waiver programs.

Conclusion

Long before the 1999 *Olmstead* Supreme Court decision, states were increasingly providing more home and community-based services, primarily through Medicaid waiver programs. However, the *Olmstead* decision, along with federal grants, have spurred recent state and local activity and have kept the momentum alive for serving people in the most integrated setting, despite a state fiscal crisis. Although *Olmstead* implementation has been sluggish, the planning and grant efforts in many states are significant and perhaps indicate that incremental reform will continue.

Table 1.
State *Olmstead*-Related Reports and Plans

State	Paper	Release Date
AZ	Arizona's <i>Olmstead</i> Plan http://www.ahcccs.state.az.us/publications/Plans/Olmstead/default.asp	Sept. 2001
AR	Arkansas <i>Olmstead</i> Plan http://www.state.ar.us/dhs/aging/olmarplan0303.html	March 2003
CA	California <i>Olmstead</i> Plan http://www.chhs.ca.gov/olmstead.html	May 2003
CT	Choices Are for Everyone http://www.dss.state.ct.us/images/CommIntPlan.pdf	March 2002
DE	The State of Delaware's Plan for Community-Based Alternatives and <i>Olmstead</i> Compliance http://www.state.de.us/dhss/admin/cbaolmstead.txt Call to Action: Building a Community-Based Plan for Delaware	Oct. 2002 March 2003
GA	<i>Olmstead</i> Strategic Plan	March 2003
HI	The <i>Olmstead</i> Plan: State of Hawaii	Sept. 2002
IL	Community Living and Disabilities Plan http://www.dhs.state.il.us/projectsInitiatives/Olmstead	April 2002
IN	Indiana's Comprehensive Plan for Community Integration and Support of Persons with Disabilities www.state.in.us/fssa/servicedisabl/olmstead/comprehensive.html Governor's Commission on Home and Community-Based Services Report http://www.in.gov/fssa/community/pdf/finalrpt063003.pdf	June 2001 June 2003
IA	Iowa Plan for Community Development http://www.dhs.state.ia.us/mhdd/MHDDReports.htm	June 2001
KY	<i>Olmstead</i> Compliance Plan to the Consumer Advisory Council to the Long-Term Care Task Force The Cabinet for Health Services <i>Olmstead</i> Compliance Plan for Fiscal Year 2002 Through Fiscal Year 2012 http://chs.state.ky.us/olmstead/	Dec. 2002 March 2003
ME	A Roadmap for Change http://community.muskie.usm.maine.edu/roadmap.htm	Oct. 2003
MD	Report of the Community Access Steering Committee	July 2001
MA	Enhancing Community Based Services: Phase One of Massachusetts' Plan http://mass.gov/resources/ecbs_plan.pdf	July 2002
MS	Mississippi Access to Care plan Implementation Report #1 http://www.mac.state.ms.us	Sept. 2001 May 2003
MO	Working Plan of the Home and Community-Based Services and Consumer-Directed Care Commission http://www.dolir.state.mo.us/gcd/olmstead/olmsteadwebpage121401.htm	Dec. 2000
MT	<i>Olmstead</i> plans on senior and long-term care, disability services,	2001

	mental health, and basic Medicaid	
NV	Four <i>Olmstead</i> plans on people with disabilities, provider rates, rural health services and senior services http://hr.state.nv.us/shcp/shcp_reports.htm#Strategic	Oct. 2002
NM	Initial State <i>Olmstead</i> Plan	Oct. 2002
NC	Serving Persons with Disabilities in Appropriate Settings: The North Carolina Plan-Final http://www.dhhs.state.nc.us/docs/olmstead.htm	April 2003
	Blueprint for Change: State Plan 2003-North Carolina's Plan for Mental Health, Developmental Disabilities and Substance Abuse Services http://www.dhhs.state.nc.us/mhddsas/stateplanimplementation/index.html#draftstateplan	July 2003
OH	Ohio Access for People with Disabilities	2001
	An Update on the Access for People with Disabilities report http://www.goldenbuckeye.com/accessforums.html	Nov. 2002
OK	Making <i>Olmstead</i> a Reality in Oklahoma	July 2003
SC	South Carolina <i>Olmstead</i> Report http://www.scdde.state.sc.us	Aug. 2001
TX	Promoting Independence Plan	2001
	Promoting Independence Plan-Implementation Report http://www.hhsc.state.tx.us/pubs/tpip02/02_12TPIPrev.html	Dec. 2002
UT	Comprehensive Plan for Public Services in the Most Appropriate Integrated Setting	March 2002
	Comprehensive Plan for Public Services in the Most Appropriate Integrated Setting-An Update http://www.dhs.utah.gov/olmstead.htm	Sept. 2003
VA	One Community http://www.olmsteadva.com	Aug. 2003
WA	Washington's <i>Olmstead</i> Plan http://www1.dshs.wa.gov/olmstead/index.htm	Dec. 2002
WI	Wisconsin's ADA Title II Plan: Phase 1 http://www.wcltc.state.wi.us/PDF/ADAPlan1-02.pdf	Jan. 2002
WY	<i>Olmstead</i> Plan http://wdhfs.state.wy.us/OLMSTEAD/index.htm	July 2002

Total = 29 state plans or reports

Note: Some states list two reports because they issued follow-up, progress reports after their initial *Olmstead* plan.

Source: NCSL, January 2004.

ALABAMA

Planning

Alabama had not completed its *Olmstead* plan as of August 2003, but the 40-member work group that has been developing the plan continues to meet. State officials said that the “meat of the plan” was being pulled together at that time. Although the full committee does not meet regularly, one or more of the four subgroups has been meeting periodically (Needs Assessment, Best Practices, Consumer Task Force, and Resource Development and Coordination).

The Alabama Medicaid Agency is the lead agency for the *Olmstead* Planning Initiative, in collaboration with the Governor’s Office on Disabilities. These agencies hope to complete the plan and incorporate public comments before the Legislature meets in February 2004. State funding problems are providing a context in which the plan is being developed; state officials and work group members are cognizant of state budget issues and looking at other alternatives if funding becomes more of a problem. Voters were asked in a September 9, 2003, statewide referendum to support a package of tax and revenue initiatives that would have netted an additional \$1.2 billion in revenue. However, the referendum failed by a two-to-one margin, so state officials say they will have to “go back to the drawing board” in regard to *Olmstead* initiatives.

Grants and Projects

Meanwhile, state officials point to several projects that have moved forward since the *Olmstead* planning process began in August 2000. These include approval by the federal Centers for Medicare and Medicaid Services of three Medicaid home and community-based waiver programs: Technical Assistance for Adults, Specialty Care for Assisted Living, and AIDS. Also, a \$2 million federal Systems Change Grant has provided funds for the creation of an Outreach and Education unit in the Medicaid agency. State officials credit this unit with helping develop public understanding of the process and policies of Medicaid community services.

Some obstacles faced early in the *Olmstead* planning process, say state officials, included “getting buy-in” from state agencies themselves. They had to sign on to “new terms and new concepts,” officials say. Funding has always been a problem, they add, as has ensuring that the disability groups are put at the forefront of planning efforts. They credit the creation of the Outreach and Education unit with helping the public learn “who we are.” The staff members of this unit and the director of the Medicaid Long-Term Care Division have made numerous presentations to groups around the state.

State officials also point out that the makeup of the 40-member work group that has been drafting the *Olmstead* plan is more than 50 percent consumers and advocates. “They feel like they’re a part of the process now,” said one state official. “They’re kept involved and kept informed.”

ALASKA

Alaska has been involved in a comprehensive planning effort for people with disabilities since the mid-1990s, stemming from a lawsuit that was settled in 1995. That settlement resulted in a mandate by the state Legislature for the development of a comprehensive plan and creation of four advocacy and planning boards for different groups of people with disabilities (mental illness, developmental disabilities, Alzheimer's disease and related disorders, and chronic alcoholism). Funded by the Alaskan Mental Health Trust Authority, each board develops a plan for community-based care for the disability group it represents.

Planning

The first Comprehensive Integrated Mental Health Plan, an umbrella plan created from the four separate plans, was released in 1996. After the fourth iteration of the plan was issued in December 2001, the state decided that the comprehensive plan would be updated every five years instead of annually.

State officials believe that the structure of four advocacy and planning boards enables them to involve a greater number of consumers and providers in the planning and development process than would be possible with only one planning board. The boards provide specificity on the needs of each disability group in their individual reports. In addition, officials see the Comprehensive Integrated Mental Health Plan as a tool that helps to educate policymakers and as a functional document for the Mental Health Trust Authority to use when pressing for budget dollars.

Home and Community-Based Care

State officials believe Alaska has been making many positive moves forward on community-based care. They point out that the state ranks very high compared to other states in the allocation of its Medicaid long-term care dollars to community-based care (more than 54 percent in FY 2001, with 46 percent for institutional care).

During the past three years, community care options have increased by 70 percent while nursing home care has increased by only 2 percent. This progress, they note, has been made possible by the growth in the number of assisted living facility beds (from 240 beds in 1995 to 1,400 beds in 2001) and by the development of specialized housing for people with mental illness or developmental disabilities. The downsizing of the Alaska Psychiatric Institute continues, with the facility to be entirely replaced through the development of community-based alternatives by 2005.

Next Steps

State officials emphasize, however, that they need to obtain better data to measure the effectiveness of their efforts. They also point out that the ramifications of state fiscal constraints have yet to filter through programs and services. They question how they would measure the effects of cuts in alcohol treatment programs, for example, when the result might be that people simply fail to show up for those services. Another concern continues to be the large number of Alaskan children and youth who must leave the state to find appropriate mental health care in residential facilities. However, the state was unsuccessful in obtaining a grant from the U.S. Substance Abuse and Mental Health Services Administration or funding from the Alaska Mental Health Trust Authority. Still, the state has moved forward on an assessment of the services that children in out-of-state care would need to bring them back to Alaska and on identification of barriers to developing a more comprehensive system.

ARIZONA

Planning

Arizona has had an *Olmstead* plan since September 2001 that state agencies periodically review and update. The plan addresses the long-term care needs of the elderly, people with mental illness, people with physical disabilities, and the developmentally disabled.

State officials believe that the planning process has helped them to identify areas where the state could improve its programs. The process has also resulted, they say, in greater involvement of consumers and advocates and greater awareness of programs, services and issues.

Home and Community-Based Services

Since Arizona operates its home and community-based programs under a special 1115 (c) waiver from the federal government, any changes to those programs would involve renegotiation of the waiver agreements with the Centers for Medicare and Medicaid Services. State officials point out that areas they would like to change in the waiver programs- such as the use of spouses and parents as paid caregivers- in the state's work plan. Another example is transitional assistance from nursing facilities to community settings. These changes would also be cost-neutral, the officials say. Although they say that the lack of flexibility under the waiver programs hampers further improvements in access to services, they add that current budgetary constraints make it difficult for the state to provide the staff that a waiver renegotiation process would entail.

Despite these difficulties, state officials point to the continued growth of enrollment in the Arizona Long-Term Care System (ALTCS) under current programs as an indication that they are meeting needs, even without changes to the waivers. (ALTCS participation increased from 34,334 people in June 2002 to 37,000 people in April 2003.)

Although funding or other administrative problems may slow any significant restructuring of home and community-based programs, state officials believe that they are incorporating important concepts in these programs. One such concept is self-direction, choice and control for program participants, a concept that the state believes it has successfully communicated to the providers with whom it contracts for services. For example, if a participant wants to use a family member or neighbor as her personal care attendant, she can ask the provider to hire that person for her care.

Another change officials have been able to effect is statewide implementation of Options for Case Management Services. Previously, state employees carried out case management work. The contracted case management model provides an opportunity for private entities, including family members or consumers themselves to become case managers. Family members and consumers cannot be reimbursed for functioning in this role, but they can receive training from the Developmental Disabilities Division.

Legislation

The 2003 Legislature enacted two pieces of legislation directly related to federal reimbursement for home and community-based services:

- House Bill 2001A, which stated that it is the intent of the Legislature that a state general fund amount of \$250,000 in adult services be matched with \$250,000 from the federal Social Services Block Grant for non-medical home and community-based services.
- House Bill 2535, which allows the state to provide home and community-based services, including assisted living and respite care, only if the service qualifies for federal reimbursement.

ARKANSAS

A final *Olmstead* plan for Arkansas was released on March 31, 2003, by the Governor's Integrated Services Task Force (GIST) and the Arkansas Department of Human Services (DHS). Since July 2001, when Governor Mike Huckabee (R) authorized the appointment of the 23-member task force, the group has held more than a dozen full meetings and numerous subcommittee meetings. The result is an 86-page report that includes 115 recommendations and contains a series of Action Steps from 2003 through October 2005. The plan can be found at <http://www.state.ar.us/dhs/aging/olmarplan0303.html>. In the summer of 2003, the governor was in the process of renegotiating a continuation of the task force to implement the plan.

Planning

The GIST recommendations generally cover four needs: additional resources, community capacity, new approaches to service provision, and better information for consumers. "Community capacity" refers in particular to a shortage of providers to serve clients with complex needs. "Finding better ways to attract and retain caregivers, revising policies and programs to speed up access to care, and encouraging existing and new providers to meet the specific needs and desires of more challenging clients are all essential" the report says. One way to accomplish this goal, the report notes, is by giving consumers more control over the services they receive and the people who provide those services (consumer direction). The report concludes that the *Olmstead* plan "... calls for aggressive, but realistic progress, with the understanding that additional initiatives will be undertaken as resources and capacity are available."

The planning process was "really grassroots," according to state officials. The process can sometimes be painful when participants have competing goals, they note, but the interaction among task force members was useful. People get to sit down together, one official said, and learn to respect each other's agenda, although disagreements can emerge from time to time that are not always resolved. Enough consensus developed, the official said, that the effort could be considered "very positive."

Appropriations

Some of the GIST recommendations call for significant new resources. For example, the task force recommended \$11.6 million for the FY 2003-'2005 biennium to strengthen the mental health system and \$6.4 million in the same period to reduce the waiting list for Medicaid waiver services for people with developmental disabilities, amounts requested in the governor's budget plan for FY 2004 and approved by the legislature.

State officials say that the legislature was able to generate about \$100 million in new funds for the Department of Human Services because of increased tobacco taxes, but most of the funds will be needed to support the growth in caseload that the department

has been experiencing. Nonetheless, department officials believe they are continuing progress on the goals in the *Olmstead* plan. They note that, with the exception of the Developmental Disabilities waiver program, the other Medicaid home and community-based waiver programs have no waiting lists.

The GIST and DHS will continue to evaluate their priorities, officials said, particularly in view of a somewhat improving budget picture. The fiscal “slide has slowed,” one official said. However, even without substantial new funding, the report notes that Arkansas has received a number of grants in recent years “... to support systems-change efforts, including improving consumer information, establishing consumer-directed programs and assisting individuals moving institutions to the community.”

Grants and Projects

Arkansas received a state innovations grant under the federal Independence Plus program to develop a 1915 (c) Medicaid waiver program called “Next Choice.” Under this program, nursing home residents who want to return to the community to live will be able to keep their monthly income and receive some additional cash for their living expenses. The state has set a goal of helping 5 percent of the nursing home population to make this transition.

State officials also point to the development of a Web-based system that will help Arkansans know what their choices are for services and assistance. A DHS services directory is in circulation. A DHS Division of Developmental Disabilities directory will be completed in conjunction with a \$900,000 federal grant that will correlate with information on the Web site for people with development disabilities. DHS also plans to offer a toll-free telephone number through which individuals can obtain the same information about services that is available on the Web.

Legislation

The 2003 legislature enacted House Bill 1194 to direct the Department of Human Services to establish rules concerning prior authorization for Medicaid ElderChoices, a community-based service, that are identical to those in effect for nursing homes.

CALIFORNIA

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

Planning

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

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

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

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

Olmstead plan recommendations are outlined in the following categories: State Commitment, Data, Comprehensive Service Coordination, Assessment, Diversion, Transition, Community Service Capacity, Housing, “Money Follows the Individual,” and Other Funding, Consumer Information, Community Awareness, and Quality Assurance. The “State Commitment” goal calls on the LTC Council to review and monitor the implementation of the plan and recommends that the CHHSA establish an *Olmstead* Advisory Group to provide continuing input.

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

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

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

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

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

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

Grants and Projects

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

COLORADO

Although the state does not have an *Olmstead* plan as such, state officials say Colorado “... is committed to the principles and intent of the *Olmstead* decision, and has had a long history of providing viable options for people with disabilities.” The Colorado departments of Human Services and Health Care Policy and Financing have been developing initiatives to expand community access to services for people with developmental disabilities, mental illness, and physical disabilities and aging.

Planning

The Department of Human Services (DHS) reports in a 2003 issue paper, for example, that the state has reduced the number of people with developmental disabilities (DD) in institutional settings by 82 percent in the past 21 years. “This progress demonstrates both a strong commitment to community-based services,” the report noted, “and is evidence of ‘an effectively working plan’ (as suggested within the *Olmstead* decision).” For the DD population, Colorado provides Comprehensive Services (24-hour supervision and other supports for people with DD who cannot live safely without such assistance) and Supported Living Services that enable people with DD to live in their own homes or in family homes.

Appropriations

The General Assembly appropriated additional resources to reduce the number of people with developmental disabilities on waiting lists for community services for three years in a row: \$4.3 million in FY 2000-2001; \$3.7 million in FY 2001-2002; and \$1.1 million in FY 2002-2003. However, due to the state’s budget problems, the 2003 legislature did not appropriate any further increases toward reducing the waiting lists. As of March 2003, DHS reported that 667 people with DD were waiting for Comprehensive Services; 1,310 for Supportive Living Services; and 2,383 for Family Support Services. Approximately 50 percent of those currently receiving Supported Living Services are eligible for and are awaiting Comprehensive Services, according to DHS.

The legislature also appropriated two rate increases for FY 2001-2002 and FY 2002-2003 as a means of addressing the turnover problem with direct care workers who serve people who are receiving publicly funded home and community care services. The wages of community direct care staff increased by 6.2 percent from 2000 to 2002. Although DHS recommended a plan to increase wages over five years, the 2003 legislature did not approve any further wage increases for these workers, and turnover remained high at 58 percent on average during 2002.

Medicaid mental health services in Colorado are delivered through a managed care capitation program. As a result of revenue shortfalls, Medicaid capitation rates were reduced for FY 2003-2004 from previous years’ levels, leading to program reductions.

Grants and Projects

A Community Personal Assistance Services and Supports (COmPASS) project, funded by federal grant, was fully staffed in January 2003. A major activity of the grant is to provide training on consumer direction. The project is developing a train-the-trainer component and is recruiting consumer trainers to provide assistance in consumer direction, primarily for participants enrolled in the state's new Consumer Directed Attendant Support program (CDAS). The first participants in this five-year demonstration program began training in December 2002. CDAS participants hire, train and supervise their own workers.

A \$1.1 million Systems Change Grant has involved conducting two surveys. One is of 750 consumers receiving home and community-based long-term care services (HCBS) under Medicaid waiver programs and/or consumers receiving home health services through the Medicaid state plan to determine the services they believe they need to remain in their homes. The other survey, sent to 370 Medicaid providers of home and community-based services, asked the providers about staffing issues, issues they face in providing services to Medicaid clients, and their perception of the services that clients need but cannot access through Medicaid programs.

The state also is designing a feasibility study of community-based respite care for the Mental Illness and Elderly, Blind and Disabled waivers programs, which currently can be delivered only in a nursing facility and/or assisted living facility. Other grant money is being used to evaluate a group of clients with mental illness who were deemed eligible for nursing home care to determine whether they were adequately evaluated for community-based services. As a follow-up to this study, the state will conduct training sessions with case managers on the appropriate use of a new assessment instrument the state has developed for individuals with mental illness.

CONNECTICUT

Connecticut officials say that the state was moving in the direction of the spirit of the *Olmstead* decision even before the US Supreme Court handed down that ruling. The state's long-term care planning document, *Choices are for Everyone*, published in March 2002, has as its subtitle: "Continuing the Movement Toward Community-Based Supports in Connecticut." A Community Options Task Force, created in March 2000, held meetings and formulated the plan over a two-year period. The most recent draft of the plan can be found at <http://www.dss.state.ct.us/images/CommIntPlan.pdf>.

Planning

The plan identifies strategies for expanding available options for people with disabilities and for enhancing information resources that will help them make informed choices about those options. The plan's action steps address barriers such as lack of public education about available options and lack of affordable housing, adequate community supports, and trained and well-compensated workers. State officials point out that the state's *Olmstead* plan grew out of the efforts of advocates and disability groups who thought a specific document was needed, leading the governor to instruct the Department of Social Services and Long-Term Planning Committee to develop a plan.

The Community Options Task Force officially disbanded after the *Choices are for Everyone* plan was produced. However, most members now are part of the steering committee for the two federal Systems Change grants the state received (see below), and are now monitoring the progress on those grants.

Appropriations

In the face of a major state budget crisis, resources are the biggest challenge carrying out the plan, state officials say. The planning document could change, they add, but that is an unlikely prospect in the short term because of the budget situation. The state work force was reduced by 6 percent in FY 2003, and another 8 percent of the work force took early retirement. This has left many agencies strapped for funds and staff.

To minimize the need for additional resources in the short term, officials say, the plan's action steps call mainly for investigating and exploring options. The plan delineated action steps but not ones that require additional resources. In the area of housing, for example, state officials have been meeting with various parties in the housing industry about ways to improve and expand accessibility for people with functional limitations. Another example is a review of guardianship rules in Connecticut to review possible barriers.

Grants and Projects

In addition, in recent years, the state has been putting together a variety of

assisted living opportunities. To date, the effort has been directed mainly at increasing housing options for older people, state officials say, but they hope they will be able to extend these possibilities to other people with disabilities in the future. Another source for innovation and experimentation has been the federal Systems Change grants that the state received: an \$800,000 Nursing Facility Transitions grant to identify residents who are appropriate for transition to the community and to provide assistance to them for their move to the community; and a \$1.35 million grant for three model communities for people with disabilities.

DELAWARE

Delaware is working with two recent reports that address *Olmstead*-related issues:

- *The State of Delaware's Plan for Community-Based Alternatives and 'Olmstead' Compliance*, developed by the Delaware Department of Health and Social Services, and published in October 2002, provides an overview of the state's progress in moving people with disabilities from institutional to community care and in expanding community-based alternatives to institutionalization. The plan can be found at <http://www.state.de.us/dhss/admin/cbaolmstead.txt>.
- *Call to Action: Building a Community-Based Plan for Delaware*, the work of the Commission on Community-Based Alternatives for Persons with Disabilities, was published in the spring of 2003. The commission was created by the Delaware House of Representatives in July 2002. Its members included a legislator and representatives of advocacy groups, providers and consumers.

Planning

Advocates for people with disabilities contend that the *State of Delaware's Plan* is neither broad-based nor comprehensive enough because it merely reports on existing programs and services for people with disabilities and addresses only a few system change issues. These include reducing the population at the Stockley Center for people with developmental disabilities and the Delaware Psychiatric Center for people with mental illness.

Commission members call their *Call to Action* report “a blueprint,” to stimulate dialogue with state policymakers and the public. They said they have taken the report across the state to present it to the public, and they have discussed it with legislators and other state officials. They deliberately avoided setting timelines for the recommendations in the plan or including dollar amounts, they added, because of the realities of the state’s budget problems.

State contacts said they were encouraged by the dialogue the commission has been having with the Minner administration since the development and publication of *Call to Action*. Having “all parties (state officials and stakeholders) come to the table,” they say, is one of the priority recommendations listed in the report. Another key priority is implementation of a universal, cross-disability assessment process. A portion of the federal Systems Change grant that Delaware received to facilitate transitions of some nursing home residents to the community is going to the development of an assessment tool to determine individualized supports and service capacity for individuals with disabilities.

Home and Community-Based Services

The *State of Delaware's Plan* notes that, although Delaware did not have a written *Olmstead* plan prior to the *Olmstead* decision, the state has been making "substantial efforts to expand placements in community settings." Officials point out that the number of residents at the Stockley Center has decreased steadily from 555 residents in 1975 to 423 in 1985, 308 in 1995, and 179 in 2002. The Division of Developmental Disabilities Services reports that it has in recent years placed 24 residents from Stockley annually into community residences, and will continue that process for an additional two to three years until all residents who can reasonably live outside the facility are accommodated. The division also says it plans to provide community services for another 35 to 40 people in the "urgent" category of its "registry" or waiting list.

The Delaware Psychiatric Center had a peak population of 1,530 residents in 1965; that total dropped to 248 in 2002. The Division of Substance Abuse and Mental Health (DSAMH) reported a 21 percent decline in the facility's average daily census between July 2001 and July 2002. DSAMH has opened several group homes and multiple supervised apartment programs.

Appropriations

However, the Medicaid home and community-based waiver program for people with developmental disabilities has been modified to reduce the cap on the number of slots. The federal government had approved 900 waiver slots for FY 2002-2003 and 1,000 slots for FY 2003-2004. Budgetary problems caused the Division of Developmental Disabilities Services to cap the slots at 564 and 574 for those years.

DISTRICT OF COLUMBIA

Home and Community-Based Services

The District of Columbia implemented a Medicaid Elderly and Physical Disabilities waiver program in June 2003, which added individuals ages 18 to 64 with physical disabilities to an older program known as the Elderly waiver. The Department of Health, which administers the city's Medicaid program, anticipates an additional 240 people will be added to the program each year for a total of 1,460 by the end of the fifth year in 2007. The former Elderly waiver program was serving about 75 people a year.

Renewal of the Medicaid waiver program for individuals with mental retardation or developmental disabilities (MR/DD) was approved in October 2002 and implemented on November 20, 2003. The number of slots for this program increases from 480 people in the first year of the five-year renewal to a total of about 1,445 people in the fifth year.

Major modifications were made to the District's Medicaid Personal Care and Home Health Aide programs through regulatory changes approved in May 2003 that:

- Removed the requirement that services could be provided only in the home;
- Provided a \$2 per hour rate increase for service providers;
- Increased the number of hours of service per day from four to eight hours; and
- Allowed family members to be reimbursed for providing services (except for a spouse, the parent of a minor child, or any other legally responsible adult).

Grants and Projects

Progress on developing a resource center to provide information about and access to long-term care services has been slowed by difficulties encountered by the Department of Health during the contract process. Negotiations with vendors resumed, however, in late 2003. The Real Choice Systems Change Advisory Committee continued to meet in 2003 to work on the resource center and the waiver expansion projects.

FLORIDA

Several key entities and strategies shape the Florida response to the *Olmstead* decision: the Working Group on the Americans with Disabilities Act (ADA) and the Clearinghouse on Disability Information Office that is one of its central activities, and the Real Choice Partnership Project.

Planning

Governor Jeb Bush created the 15-member working group by executive order in the summer of 2001 to advance the goals of the ADA (to increase the independence and quality of life for people with disabilities). On the ADA anniversary (July 25, 2003), Governor Bush updated the executive order to reflect an emphasis on community services and partnering with the disability and aging communities to facilitate systems change. The Clearinghouse on Disability Information provides a 1-800 toll-free number for Floridians to use as a central point of contact for long-term care information and referral services.

Grants and Projects

The Real Choice Partnership Project for which the state received a \$2 million grant from the Centers for Medicare and Medicaid Services is designed to implement improvements in community long-term care systems so that people with disabilities can live and participate in their communities. Progress continues on one of the activities under the grant three pilot projects to help people who wish to move into the community from long-term care facilities.

Requests for proposals for the pilot sites went out in the summer of 2003, and the state hoped to begin activities at the sites in October 2003. Key to these sites, say state officials, are grassroots long-term care networks composed of community organizations and people with which the state is forging partnerships. "The state can't do it all," said one state official, but is, instead, "collaborating with the community long-term care network to take advantage of community resources."

Community resources can help supplement state and federal funds that will follow the person making the transition from a nursing home to a community setting. The state hopes to move 1,200 people out of institutions at these sites and elsewhere in the state during FY 2003-2004, incorporating the concept of "the money following the person" for these transitions. (The concept involves funds that had been allocated to the care of the nursing home resident following that person into community care, at least for the first year or two.)

Although funding has increased for home and community-based services for people with disabilities said a state official, "money is not the only solution." The challenge is to find new ways to accomplish these goals, she said, such as the

collaboration between state agencies and community organizations on a study of accessible and affordable housing.

Providing services for people with developmental disabilities (DD) continues to be a top priority. The number of individuals with developmental disabilities being provided home and community-based services (HCBS) under the Medicaid waiver program during the last five years has doubled to more than 24,000 individuals. During the last year, Florida's Developmental Disabilities program has convened more than 60 stakeholder meetings (including individuals with developmental disabilities, family members, advocates, providers and representatives of state agencies) that have been focusing on program changes to increase individual control, choice and flexibility. The statewide redesign initiative specifically targets the enhancement and expansion of home and community options through the Developmental Services HCBS waiver program, Consumer Directed Care Waiver program, and Independence Plus.

Oversight of Americans with Disabilities Act initiatives is vested in Florida's Department of Management Services. Officials believe that that agency "comes to the table with neutrality," and thus can help ensure that the ADA is implemented throughout state government agencies.

Legislation

The 2003 Legislature enacted two laws that are specifically aimed at directing home and community-based services toward those at risk of nursing home care.

- Senate Bill 2a states that the Agency for Health Care Administration, in consultation with the Department of Elder Affairs, shall develop a statewide plan for reducing the proportion of total Medicaid long-term care funds committed to nursing home care to increase future resources available for home and community-based care. It appropriates \$5.6 million for an Alzheimer's Medicaid home and community-based waiver.
- Senate Bill 642 states that the Department of Elder Affairs is required to determine an order of prioritization for all non-vulnerable functionally impaired elderly people who are seeking community care for the elderly services that is based upon the potential recipient's frailty level and likelihood of institutional placement without such services. Should further prioritization be required, those who are less able to pay for such services must receive higher priority than those who are better able to pay for such services. Ability to pay may be based on the potential recipient's self-declared statement of income and expenses.

GEORGIA

Georgia has implemented a number of initiatives during the last several years to increase community resources and services for people with disabilities. These activities range from moving young people (under age 21) from state mental retardation institutions into community residential settings; reducing waiting lists for the Community Care Services program (CCSP), which serves Medicaid-eligible elderly people; and assessing nursing home residents to determine their ability to move to community placements and providing transition funds for their moves.

Planning

These actions have followed recommendations in January 2002 of an *Olmstead* Planning Committee that was composed of consumers, advocates, providers and representatives of several state agencies. The lead agencies have been the Department of Human Resources (DHR) and the Department of Community Health. In an executive order issued in June 2002, Governor Sonny Perdue (R) designated the Governor's Office of Planning and Budget to oversee the state's efforts in regard to *Olmstead* initiatives. The same executive order instructed state agencies to work together to ensure the state's *Olmstead* compliance.

Georgia released an *Olmstead* strategic plan in March 2003 that sets the strategic direction and broad parameters for addressing community-integrated service delivery. The plan includes goals in state planning and oversight, identification and assessment of eligible individuals, assurance of individual choice, operation of waiting lists, and individual plan development and implementation.

Appropriations

Severe budget shortfalls forced Governor Perdue to order state agencies to reduce spending by 2.5 percent for FY 2004 and another 5 percent for FY 2005. However, the governor requested \$9.6 million in his FY 2004 budget, which the legislature approved, for *Olmstead* initiatives. These activities include providing community-based residential care to 145 private nursing home residents who are able to live in a community setting and have expressed a desire to move, and making Community Care Services Program services available to 84 nursing home residents who are making the transition to the community.

The funds also are being used to transition 50 adults with developmental disabilities to community services and 15 individuals with serious mental illness from state hospitals to assisted living placements in the community. The state also plans to expand Medicaid waiver program services to people on waiting lists for those services, and expand services to 50 people with developmental disabilities on a short-term waiting list.

In 2003, previously appropriated funds for *Olmstead* initiatives were used to

create four state-run community homes for 40 hard-to-place, severely emotionally disturbed adolescents who were living in state hospitals and to provide transitional funding to move all individuals under age 21 from state mental retardation institutions into community residential services. Georgia also continues to invest more than \$80 million annually in federal and state funds to serve more than 16,000 people in their homes through the Community Care Services Program. Expenditures total \$206 million for Community Mental Health Services; \$179 million for Community Developmental Disabilities Services; and \$100 million for Community Addictive Disease Services.

Grants and Projects

Georgia received a \$1.4 million federal Systems Change grant in 2002, which it has used to complete a Medication Administration program curriculum and policy development and to develop curriculum for mental health peer supporters working in hospitals. The grant also is assisting the state to implement the planning phase of a supported housing pilot program for adults with serious mental illness. In the second year of the grant, the state plans to begin implementing a single point of access system and continue the housing pilots.

Legislation

The legislature authorized a restructuring of the Georgia mental health and developmental disabilities system (House Bill 498) in 2002, which calls for more statewide consistency in service availability and quality for this population. In February 2003, the Department of Human Resources began to implement a new system for intake, assessment and support coordination. A team approach is being used to determine eligibility for services, assess the level of care an individual needs, develop service plans, and provide support coordination. As part of the team, consumers and their families are to help guide the development of the service plan. State officials describe the new system as laying the groundwork for “taking Georgia a step closer to self determination.”

The 2003 legislature appropriated in the FY 2004 budget (House Bill 122) \$8.6 million to facilitate those moving from institutions to community-based settings, \$4.08 million for service expansions to accommodate people waiting for community-based services, and \$3.6 million to provide community-based residential care for those individuals who are making the transition into the community.

HAWAII

Like most states, Hawaii has been facing severe budget constraints, and policymakers have been forced to consider whether to cut programs and, if so, which programs. *The Olmstead Plan: State of Hawaii*, issued in September 2002, identifies goals in information, 'assessment'; financial resources; and housing, transportation and employment. A fifth goal identifies the need to evaluate progress in meeting the objectives of the plan. (The plan is not available on the Web.)

Planning

In December 2002, the Department of Health submitted a report to the 2003 Legislature on the implementation of its five-year strategic plan for services and supports for people with mental retardation or developmental disabilities (MR/DD). The report included an assessment of the current system and strategies to address the provision of long-term care services, the wait list for services, self-determination of individuals with MR/DD, and maximization of state and federal funds and other resources.

The report notes that it also was developed to satisfy *Olmstead* decision requirements and a lawsuit settled in April 2000 (*Makin vs. State of Hawaii*). The settlement included provisions for providing home and community-based services to at least 700 individuals from the wait list by June 30, 2003 (subject to legislative appropriations), and the development of a plan to move the wait list "at a reasonable pace" after June 30, 2003. Hawaii agreed to seek an estimated \$8.75 million annually to clear the waiting list in three years. (In its 2000 session, the Hawaii Legislature approved an additional \$4.3 million in state funds for the first stage of the expansion. The 2001 Legislature approved additional funding.)

The state began implementation of an amended Medicaid MR/DD home and community-based waiver in July. Self-direction was a key component of the waiver amendment.

Grants and Projects

A major component of the information and consumer education goal is Hawaii ACCESS (Accountability for Consumer Choice Entry Support System), which the state says will be the nation's first cross-agency, cross-disability, Web-based single entry point. Hawaii received a \$1.3 million federal Systems Change grant in 2002 to develop this system. The system is expected to provide an interactive assessment process to help consumers identify services for which they are eligible and a unified database that will show all long-term care services offered by public and private agencies.

IDAHO

Planning

The Community Integration Committee (CIC), the major state group for assessing Idaho's needs and resources for people with disabilities continued its work throughout 2003. Composed of state agency representatives, advocacy groups and consumers, the committee has been prioritizing its recommendations. These include some changes that can be accomplished without significant additional resources in view of the state's budget problems.

An example is a rules change that is being recommended to the Department of Health and Welfare to require private nursing homes and intermediate care facilities to specifically and regularly inform their residents of community alternatives that may be open to them. The CIC is urging the department to propose the rules change to the next legislative session in 2004.

Grants and Projects

State officials also point to a pilot project for moving some people out of institutions to community living in one area of the state as an example of an initiative that originated with a member of the committee, the Developmental Disabilities Council. The CIC urged state officials, they say, to apply for federal grants to help develop projects. As a result, the state applied for and was awarded a federal Systems Change grant. The proposal that was funded incorporated committee recommendations.

In the pilot area, a community development project is pulling together public and private-sector organizations and agencies to help mobilize resources for people with disabilities who leave nursing homes or ICF/MR facilities to live in a community setting. The community itself expressed interest in the project, state officials say, and has agreed as a community to develop the project.

State officials say they will need to evaluate the results of the pilot project before they can commit to further efforts of this kind. "We have to see what the demonstration project tells us," one official said. "What kind of services does it take, what does it cost, and what are the outcomes to transition people to the community?" Being able to go to the legislature with the actual outcomes of the pilot project, she said, will be a "huge asset."

The federally funded project also involves a statewide anti-stigma campaign to widen awareness in the community about the capabilities of people with disabilities. The state is distributing a film, public service announcements, posters and flyers throughout communities as both a broad public service publicity campaign and as a means of getting specific information to consumers about long-term care resources that are. The project also involves a 1-800 number for people to call if they have further questions.

Next Steps

The state's planning for people with disabilities involves providers, partners, advocates and family, say state officials. "Previously, everyone looked to the state's social service agencies to provide services and access to people with disabilities," one official said. "Now we have a process that brings everyone to the table." A "sustainable system" that lasts through the years, the official said, is one that "involves all the different entities in a community and all of their resources."

The process has not always been easy, according to one official. "We've learned some things. We've really struggled with different directions that different players wanted to go, and there are different degrees of satisfaction with what we're doing." State officials believe, however, that they have been able to move ahead on several initiatives.

The Community Integration Committee will evaluate itself in January 2004, according to state officials, looking back at where it has been and forward to what may still need to be done. At the end 2004, the committee will decide if it needs to remain in business, according to state officials. There are no plans at this time to produce a written plan, officials say.

ILLINOIS

Planning

The Illinois *Olmstead* plan, the “Community Living and Disabilities Plan,” was released in April 2002. Then-Governor George H. Ryan (R) issued an executive order in 2002, appointing the Illinois Disabilities Services Advisory Committee to monitor the progress of the plan. Although, the plan established a framework for achieving greater integration of people with disabilities into the community, it was general in scope rather than enumerating specific goals and timetables. The plan can be found at <http://www.dhs.state.il.us/projects/initiatives/Olmstead>.

Legislation

As a result, the Illinois General Assembly decided to establish a formal *Olmstead* process, enacting House Bill 684, the Disabilities Services Act of 2003, in May 2003. HB 684 requires the governor, with the assistance of the secretary of the Department of Human Services, to appoint a 33-member Illinois Disabilities Services Advisory Committee to develop a Disabilities Services Implementation Plan that will ensure compliance by the state with the Americans with Disabilities Act and the *Olmstead* decision.

The legislation stipulates that the implementation plan include: 1) establishing procedures for completing comprehensive evaluations of people with disabilities; 2) establishing procedures for development of service plans for these people; 3) identifying core services; 4) establishing minimum standards for individualized, residential, and vocational services and for family support services; 5) establishing due process hearing procedures; and 6) securing the financial resources necessary to fulfill the purposes of the Act. The governor must report to the General Assembly by November 1, 2004, on the plan and improvements or expansions that have been implemented.

Governor Rod Blagojevich (D), who took office in January 2003, issued an amendatory veto on August 19, citing technical issues such as the definitions of developmental disabilities and mental illness, and recommending that certain services may (rather than “shall”) be described in the Implementation Plan. The bill was placed on the legislative calendar for November 4, 2003, requiring both houses to concur in the governor’s recommendations for the bill to become law. According to state officials, the original bill appeared to be an open-ended entitlement, which had implications for the state to have to devote more resources to services at a time when the state is in the midst of budget difficulties.

The legislature also enacted the following legislation:

- Senate Bill 252, which requires the Department of Human Services to contract with a research organization to compile a cross-disability database of disabled Illinois residents who are potential beneficiaries under the “most integrated

setting” requirement of the ADA,

- House Bill 293, which requires all financially eligible applicants and recipients of services of the Department on Aging to apply for medical assistance. (This applies to programs to prevent unnecessary institutionalization of people age 60 and older or those who qualify under the Alzheimer's Disease Assistance Act.), and
- House Resolution 33 to create a task force to study and make recommendations to improve community-based services for developmentally disabled individuals.

Appropriations

With a budget deficit of \$5 billion at the beginning of 2003, the new administration took few new initiatives in terms of community services. There were no deep cuts in human services budgets, however. The governor did veto a bill to give direct care workers a \$1-per hour wage increase, but by executive order he gave personal care workers bargaining rights.

Grants and Projects

A federal Systems Change grant also is helping to move initiatives forward, state officials say. A Consumer Task Force and State Inter-Agency Team are involved in the project, which is focusing on Southern Illinois and Rockford. The project aims to foster ongoing communication between various state agencies (such as Department of Human Services Offices of Rehabilitation Services, Developmental Disabilities, and Mental Health) and community service delivery agents. A key component is identifying tools to help people who wish to make the transition from institutional to community settings.

In 2002, the Illinois Department of Human Services (DHS) joined the city of Springfield, the Statewide Center for Independent Living Council, and other local organizations in forming a Home Ownership Coalition for Persons with Disabilities, funded by DHS.

INDIANA

Planning

Indiana has undertaken *Olmstead*-related initiatives for people with disabilities in two stages. The first, led by the state's Family and Social Services Administration (FSSA), resulted in the first edition of *Indiana's Comprehensive Plan for Community Integration and Support of People with Disabilities*, released on June 1, 2001. The second stage involved an executive order in July 2002 that created the Governor's Commission on Home and Community-Based Services. The purpose of the commission has been to develop short- and long-term strategies to create or expand community services for people with disabilities.

The commission released an interim report on December 23, 2002, which contained 16 recommendations that the commission said could be "implemented quickly and with little or no fiscal impact or regulatory requirements." A final report was published on June 30, 2003, which reported progress on those 16 recommendations and proposed 28 other strategies. The latter are organized into four categories: rebalancing the long-term care system, removal of barriers, community capacity, and children at-risk. The final report can be found at <http://www.in.gov/fssa/community/pdf/finalrpt063003.pdf>.

Grants and Projects

One recommendation in the interim report called for using federal Systems Change grant funds to award mini-grants to local communities to "help people with limited options live as independently as possible in their homes and communities." The first round of mini-grants, totaling \$430,000, was awarded in February 2003 to 12 communities; the second round, totaling \$320,000, was awarded to 11 communities in May 2003. Each community received up to \$40,000 for proposals to foster collaboration among community partnerships. The focus was on maximizing and leveraging the funds by working to match other funding sources in the communities.

The other initial 16 recommendations included a proposal to implement spousal impoverishment protections in the Medicaid Aged and Disabled Waiver program, as is provided for Medicaid-funded nursing home residents. The federal government approved the waiver amendment on February 24, 2003. Another recommendation called for a comprehensive fiscal impact analysis of raising the monthly eligibility standard for the Aged and Disabled waiver to 300 percent of the Supplemental Security Income (SSI) amount. The analysis, completed in March 2003, estimated state costs for the change at \$2.7 million for the first year.

The recommendations in the commission's final report include creation by the governor a cross-disability consumer advisory council to advise him, the Indiana Family and Social Services Administration, and other state agencies on issues that facilitate continuing progress on *Olmstead* plan implementation. Other recommendations propose

a Medicaid home and community-based services waiver for adult foster care; additional FSSA staff to develop the assisted living program that has been in place since July 1, 2001; an FSSA study on how to streamline and significantly reduce the time involved in determining Medicaid waiver program eligibility; and development of the infrastructure for a consumer-directed care program.

Legislation

The Indiana legislature enacted Senate Bill 493 in April 2003, mandating the implementation of the 300-percent-of-SSI eligibility standard, effective July 1, 2003. In a July 2003 report on implementation strategies in regard to the mandates in SB 493, FSSA noted that during the last biennium (July 1, 2001 - June 30, 2003), an additional 1,600 slots had been added to the Medicaid Aged and Disabled waiver program, and an additional 1,000 slots have been added to that waiver for diversions and conversions from nursing homes. Another change was the addition of an incentive to the contracts with Area Agencies on Aging to pay a fee for successful diversions, which the department said resulted in several hundred diversions in the last six months of the biennium. The department said that implementation of Senate Bill 493 needed to become an FSSA priority, despite the legislature's "failure to allocate funding to fully implement" the changes envisioned in the bill.

The Governor's Commission on Home and Community-Based Services planned a last meeting in December 2003 to evaluate progress made on both its short- and long-term recommendations, to evaluate the effects of the mini-grants on advancing systems change, and to assess the effects of Senate Bill 493 on the state community-based service system.

IOWA

Iowa has been moving on a number of fronts to expand community options for people with disabilities since release of its *Olmstead* plan, the “Iowa Plan for Community Development,” in July 2001 and the award of a \$1 million federal Systems Change grant in September 2001.

Planning

Governor Thomas Vilsack (D) signed an executive order in February 2003, directing 20 state agencies to implement federal requirements to provide quality community living options to people with disabilities. As a result of the executive order, each affected agency has developed an initial plan identifying barriers to expanded community services and reviewing the partnerships each agency can forge with other agencies to overcome the barriers. The executive order directs the Department of Human Services and the Governor’s *Olmstead* Real Choices Consumer Task Force to report quarterly to the governor on agency progress in removing these barriers.

Grants and Projects

One *Olmstead* priorities the state has established is housing. After issuance of the executive order, Lieutenant Governor Sally Pederson held five meetings around the state to explain the order and, according to state officials, to initiate “a dialogue with Iowans about the need for housing for people with disabilities.” The governor has set a goal of 1,000 new housing opportunities for people with disabilities within four years. One strategy involves providing people with disabilities with low-income tax credits and the use of Section 8 housing vouchers.

A Disability Housing Summit in March 2003 brought together representatives of disability groups and housing officials to address the housing needs of people with disabilities. The Housing Summit was sponsored by the Iowa Finance Authority, the Department of Human Services, the Department of Human Rights (Division of People with Disabilities), and the Governor’s *Olmstead* Real Choices Consumer Task Force. As a follow-up to the summit, Iowa sponsored a Midwest Regional Housing Conference for seven states in September 2003, hosted by the Iowa Department of Human Services. The Rutgers University Technical Assistance Collaborative and the National Disability Institute provided support to the conference and to the broader housing initiative.

Legislation

Another major *Olmstead*-related activity involves the Mental Health and Developmental Disabilities (MHDD) Commission, which the 2002 legislature restructured to redesign the state’s mental health and developmental disabilities system. In the 2003 session, legislators further clarified the commission’s responsibilities for the redesign and provided guidance on the major goals of the project. House File 529 requires the commission to make recommendations regarding: 1) standardizing clinical

and financial eligibility; 2) identifying a minimum set of core services to be available in each county; 3) developing an option for a funding formula in which funding follows an individual to the setting in which the person wants to receive care; and 4) developing methods for improved coordination of federal, state and county funding streams.

The University of Iowa Center for Disabilities and Development is providing research and technical support to the MHDD Commission and support for DHS activities under the Systems Change grant. The commission was to report its recommendations by December 31, 2003.

The 2003 legislature also directed the Iowa Medical Assistance Program to be redesigned with five main goals (Senate Bill 543). One goal is: Iowa's senior population should have more options available to address the population's health care needs, including home and community-based services and assisted living.

The legislature also stated that the purposes of the case management program for frail elders include maintaining a system that focuses on the delivery of home and community-based services that emphasize individual independence, individual needs and desires, and consumer-driven quality of services (Senate Bill 548).

KANSAS

Severe budget problems in Kansas have forced cuts in programs and services for people with disabilities, and waiting lists for services are growing. Due to budget shortfalls, for example, the Senior Care Act and the Home and Community-Based Services for Frail Elderly programs had waiting lists reported at the end of 2002 at about 650 people and 1,072 people, respectively.

Appropriations

Then-Governor Bill Graves (R) ordered state agencies to reduce their budgets by 5 percent in August 2002, with an additional 3.9 percent reduction in November 2002. (Since only six months remained in the fiscal year at that time, the actual reduction was 7.8 percent.) For the Department of Social and Rehabilitation Services (SRS), which administers many of the programs for people with disabilities, this meant a \$26.6 million cut in November. (The cut totaled \$49 million if the federal match were taken into consideration.) The SRS secretary said there had been reductions in services in some areas, rate reductions in other areas, and changes in eligibility for programs.

Grants and Projects

However, the state did receive a federal Real Choice Systems Change grant for almost \$1.4 million for the “Kansas 21st Century Long-Term Care Project,” which calls for the development of a strategic plan and an action plan to guide in expanding self-determination and in providing additional control over supports and services for all individuals with disabilities. The strategic plan will address legal, regulatory and policy barriers to community-based services, funding issues, capacities of service providers and employment-related issues.

A three-year action plan for implementing the strategic plan will be the next step. Both plans will be drafted by a Strategic Planning Committee, composed primarily of consumers, with providers, and funding and regulatory stakeholders. The committee was expected to convene in September 2003.

A second goal of the grant is to develop a two-year pilot diversion project to provide short-term case management services for individuals at risk of institutional placement when discharged from a hospital. A contractor is being hired to train two case managers to perform discharge planning in two pilot hospitals in Kansas. The focus will be on community placement upon discharge.

In the fall of 2002, SRS began field testing a Screening for Continued Stay (SCS) process for residents in nursing facilities for mental health. The SCS is a tool that community mental health centers use to assess whether a resident can be transferred into the community if he or she wishes. Eighty-seven people were recommended for community living of the 439 nursing home residents who were screened as of June 30, 2003.

As part of the Systems Change grant, 45 consumers have been trained to be facilitators, accompanying screeners as they conduct the screening process. The consumer facilitators provide encouragement and information to nursing home residents about community options and resources.

The Department of Mental Health and the Department of Aging met throughout 2003 to plan how to assess residents who have disabilities in regular nursing facilities. The planning was put on hold until results were in on the screening for continued stay process in the nursing facilities for mental health.

Legislation

In addition to some funding through the Systems Change grant, the 2003 Legislature also appropriated funds to move 75 individuals from nursing homes into home and community-based care programs (House Bill 2444).

KENTUCKY

Kentucky continued its progress in implementing the *Olmstead* plan released by the Cabinet for Health Services and Consumer Advisory Council in December 2002. Citizen members of the Advisory Council also in December presented a “Citizen’s Response” to the draft plan, as a result of which the Advisory Council agreed to create a subgroup to review the issues raised by the citizen members. The Advisory Council said it would develop specific recommendations for modifying the plan’s goal and strategies “as needed.”

Planning

A revised plan was issued March 17, 2003, and meetings were held throughout 2003 by the Advisory Council to continue to monitor the plan. The Office of Aging Services hosted a series of informational sessions throughout the state in October and November 2003 to inform the public about the requirements of the *Olmstead* decision related to appropriate provision of services for people with disabilities. The Cabinet for Health Services also developed a Web site for *Olmstead* activities and developments at <http://www.chs.ky.gov/Olmstead>.

Legislation

In March 2003, the Kentucky legislature enacted a major measure that affected people with disabilities, the “Kevin Webb and Kim Brown Self-Determination Act” (House Bill 501). Webb and Brown are people with mental retardation and Down Syndrome who live at home with their parents. The law directs the Commission on Services and Supports for Individuals with Mental Retardation and Other Developmental Disabilities to make recommendations to the Department of Medicaid Services for the implementation of a self-determination model for people with disabilities who are receiving services through the Supports for Community Living (SCL) waiver program. The target date for completion of the recommendations is December 2003.

The measure also reauthorizes the commission, which was created by legislation in April 2000 to monitor and make further recommendations for the 10-year “Kentucky’s Plan” for comprehensive services for people with mental retardation (MR) and developmental disabilities (DD) that was issued in April 2001. A main goal of the commission has been to reduce the waiting lists for services for people with MR or DD. In an October 2003 update report, the commission noted that the number of individuals receiving services through the SCL program had increased from about 1,600 in FY 2001 to about 2,200 in FY 2003, with an additional 500 slots expected to be filled in FY 2004.

LOUISIANA

Planning

As of September 2003, the Disability Services and Supports System (DSSS) Planning Group and Consumer Task Force in Louisiana were still active but had not issued a final report. The DSSS and task force submitted short-term recommendations for systems change to the Louisiana Department of Health and Hospitals in both October 2001 and October 2002 so the department could include funding for implementation in its budget request for the pending fiscal year. In February 2003, the DSSS used a strategic planning template to develop a more comprehensive planning document that will be used to draft a multi-year plan for systems change.

The current plan does not include priority populations and although, the plan does and will identify priority recommendations, those priorities are not population-based. According to planning officials, many participants in the DSSS planning process and most Task Force members have expressed a preference for prioritizing systemic changes that produce substantial benefits to all populations.

Grants and Projects

Louisiana has two pilot projects that are funded by the 2002 Real Choice Systems Change (RCSC) grant and are being carried out through a subcontract between the Governor's Office of Disability Affairs and the Louisiana State University Human Development Center. One project is a work force development project to develop and implement a competency-based curriculum for direct support professionals. The other is a housing coalitions demonstration project to support and encourage the development of community coalitions and to provide these coalitions with tools to identify area housing needs and advocate for the allocation of community resources so that individuals with disabilities have access to community-based housing.

In addition to these programs, the state has program initiatives that are administered by the Department of Health and Hospitals. The programs include an Independence Plus waiver, the Real Choice Nursing Home Transition grant, and the Louisiana Medicaid Buy-In program.

Legislation

In 2003, numerous legislative acts were related to *Olmstead*. One act changed the composition of the consumer task force and required that expenditures proposed by the consumer task force be submitted to the Joint Legislative Committee on the Budget for approval prior to payment. Another act exempted certain large ICFs/MR from the moratorium that prevents certification of new beds. The Legislature also requested a study of Medicaid funds while helping a recipient make the transition from an institutionalized setting. Other legislative actions include the approval of additional waiver slots for adult day health care, elderly and disabled adults, and personal care

attendants and the authorization of Louisiana's Medicaid Buy-In program for implementation in 2004. Another bill failed that aimed to eliminate pay disparities between direct support workers who are providing community waiver services to people with developmental disabilities and those employed at state developmental centers.

Appropriations

The Legislature appropriated approximately \$28 million of the \$38 million requested by the Department of Health and Hospitals to add personal care attendant services as a Medicaid state plan benefit. The Legislature also instructed the department to delay implementation of the personal care option until October 2003 and to seek a renegotiation of the settlement that would allow the state to implement 2,000 additional Elderly and Disabled HCBS waiver slots instead of the personal care state plan benefit.

Next Steps

The state does not currently have a strategy in place for a systematic evaluation of plan implementation, but the Department of Health and Hospitals regularly responds to DSSS and task force recommendations and provides periodic reports on increases in the provision of home and community-based services. In addition, the Governor's Office of Disability Affairs (GODA) recently hired a full-time project director for long term care systems change to oversee three RCSC grant-funded and facilitate the DSSS planning process; the director has additional other staff support.

The state's fiscal situation and the lack of new funds to implement home and community-based services are seen as barriers to long-term care reform in the state. In addition opposition from the for-profit nursing home association, the group home association, and some of the family organizations associated with group homes and developmental centers may cause some problems with implementation.

According to state officials, the current planning document has several shortcomings that will be addressed in the coming months. It does not include all the previous recommendations made by the DSSS and the Consumer Task Force, no specific benchmarks and timelines have been developed, and recommendations have not been fully prioritized to reflect a coherent, overall strategy and timeline for systems change. The next step for the task force is to address the gaps in the current planning document.

MAINE

Planning

Maine's Work Group for Community-Based Living finalized its report, *A Roadmap for Change*, and presented it to the commissioners in October 2003. The Commissioners of the departments of Behavioral and Developmental Services, Corrections, Education, Human Services and Labor endorsed the plan. It is located at <http://community.muskie.usm.maine.edu/roadmap.htm>.

The *Roadmap* focuses on the following: 1) greater choice and control for consumers; 2) greater access to and availability of key community supports, including transportation, housing, recreation and personal assistance workers; and 3) building interdepartmental support for quality improvement and data integration. Some key recommendations of the *Roadmap* include creating a single, integrated, and accessible system of services across departments and programs; building standards for quality and accountability; and helping individuals and families control and direct the services they need.

Grants and Projects

Although the *Roadmap* has been finalized, the work group remains active. It is the overarching consumer advisory committee for Maine's Real Choices Systems Change grant; it will remain active at least through the end of the grant period in September 2004 and hopes to remain active beyond that. The work group helped define the focus of grant activities under Maine's 2001 Real Choice Systems Change grant. There have been 12 demonstration projects in the areas of personal assistance policy review, flexible funding, quality indicators and quality management, access to information, housing, the PAS worker's association, transportation, recreation, and data integration under the grant.

The state has recently submitted grant applications to the Center for Medicaid Services for funding under their Real Choices Systems Change Grants and New Freedom Initiatives. The proposals are designed to address the aforementioned priorities. Furthermore, the *Roadmap* has been the source document for the merger of the Department of Human Services and the Department of Behavioral and Developmental Services, a first step in the work group's goal to develop a coherent interdepartmental vision for serving people with disabilities in community-based settings.

In terms of plan accountability, the work group plans oversee the 12 demonstration projects from the Real Choices grant and expects the state agencies and advocacy organizations to have oversight of the *Roadmap* recommendations as they go forward. The work group is considering how to sustain the Real Choices demonstration projects beyond September 2004 and how to use the lessons learned from the progress of those projects.

Next Steps

State officials do not anticipate major barriers to the implementation of the *Olmstead* plan. The current fiscal situation in Maine is not likely to significantly affect the implementation of the *Olmstead* plan. Furthermore, the plan is not likely to be affected by state policymaker turnover or state employee-hiring freezes that have been issues in other states. No legislation or appropriations directly related to *Olmstead* currently are anticipated. However, the department merger may mean some legislative and administrative action or regulatory change.

The next step for the task force is to continue working as an advisory board and to develop further guidelines for departmental planning and assessment.

MARYLAND

Planning

Maryland has been developing several community services initiatives for people with disabilities as an outgrowth of the work of a Community Access Steering Committee that provided recommendations to the governor in July 2001. The recommendations focused on the goals of building community capacity, helping people in institutions to move to the community, and helping people to stay in the community.

Grants and Projects

State officials say that the work of the steering committee led to the development and approval of a federal nursing home transition grant. Another initiative was the establishment of a hospital discharge pilot program targeted to individuals with physical disabilities who are being discharged from hospitals and who may be at risk of entering a nursing home. A case manager is assigned to help specific hospitals locate appropriate community-based services for these individuals.

The pilot project also includes an educational component to inform hospital social workers and case managers about community alternatives to nursing home care. The goal of the project is to determine whether individuals can be successfully diverted from nursing home placements when given sufficient information about alternatives. Also, peer support counselors have been placed in three state mental health hospitals as another initiative to aid people who are making the transition from institutions to the community.

In October 2003, the state received an \$800,000 federal grant for the development of two Aging and Disabilities Resource Centers. State officials said the grant would help Maryland enhance its existing infrastructure by creating a single point of entry at the local level to coordinate access to long-term care supports and services. Another goal for the project is to streamline the state's Medicaid financial and programmatic eligibility determination process to make access easier and less cumbersome for consumers.

Appropriations

In 2003, Maryland was in the fifth and final year of its Developmental Disabilities Waiting List Initiative, which was designed to reduce the wait for community services. By the end of FY 2003, the project had served almost 6,000 people. The initiative has been extended through FY 2004. The state also began the first phase of a five-year initiative to increase wages for community-based direct care workers in the developmental disabilities field.

Other initiatives include the expansion of home and community-based waiver services in 2001, which included implementation of a waiver for adults with physical disabilities and one for children with autism. The third waiver program is an expansion of a Senior Assisted Housing waiver, renamed the Waiver for Older Adults, which serves

people age 50 and older who require nursing home level of care. The FY 2004 budget proposed the addition of 1,000 slots to the existing 3,135 slots for the Older Adults waiver, but the proposal fell victim to the state's budget crisis during the 2003 legislative session. The program had 2,000 applications in process by May 2003, with only 80 remaining openings.

Legislation

The 2003 legislature enacted House Bill 478 saying that the Department of Health and Mental Hygiene may not deny an individual access to a home and community-based services waiver due to lack of funding if he is transitioning to the community from a Medicaid-paid nursing home stay. The department must notify all nursing home residents whose nursing home services were paid for by the Maryland Medical Assistance Program about the opportunity to apply for participation in the home and community-based services waiver. The department must submit a report by January 1 of each year, outlining state efforts to promote home and community-based services and the number of individuals who have made the transition from nursing homes to home and community-based waiver services.

MASSACHUSETTS

Planning

The executive offices of Health and Human Services, Administration, and Finance and Elder Affairs, in consultation with an *Olmstead* advisory group, issued *Enhancing Community Based Services: Phase One of Massachusetts Plan* on July 31, 2002. It is located at http://mass.gov/resources/ecbs_plan.pdf. Phase One includes 62 activities that were to be implemented in FY 2003. Most of these activities center around community placement of individuals with disabilities and helping people make the transition from nursing homes when appropriate and desired. Believing that this plan did not go far enough, the state independent living council issued the Peoples' Plan in January 2003.

The *Olmstead* advisory group is no longer active. Instead, the Real Choice Collaborative Team, which is made up of state officials and consumers, is making decisions about the Systems Change grant activity regarding a pilot project that allows money to follow the person.

Also, as part of its phase two report, the executive offices of Health and Human Services, Administration and Finance, and Elder Affairs is working on a new report, *Transforming Long-Term Supports in Massachusetts*. The draft was released for comment at the end of September 2003; this report contains no any recommendations. Unlike the previous report, the purpose of this report is to spark a dialog and to frame the issues for future recommendations. Like the previous report, the report encompasses all long-term care populations.

A change in administration and the state's fiscal crisis put on hold many of the activities listed in the phase one report. However, some activities—such as the pilot project described above—were implemented through the systems change grant and existing agency budgets.

Legislation

Legislation that was enacted in 2003 shifted some Medicaid funds into the Department of Elder Affairs. The Legislature also appropriated fund rate adjustments to eligible nursing homes that meet utilization standards aimed at reducing unnecessary nursing home admissions and facilitating the return of nursing home residents to non-institutional settings (House Bill 4004). The law creates a home care program to assist elders in maintaining their residences in the community consistent with their clinical and psychosocial needs in the most cost-effective manner possible. The coordinated system of care will be administered by agencies under contract with the department that will be known as aging services access points (ASAPs). The ASAPs will coordinate services on behalf of Medicaid eligible elders. The state is directed to make administrative payments to ASAPs for Medicaid-funded functions, including screenings, assessments and case management.

Although there were more budget cuts than expansions, the Systems Change grants have kept alive the long-term care reform efforts of the state.

Next Steps

The state recently received a new Independence Plus grant that will support the state's development of a waiver to allow for more self-directed care. In addition to the pilot project, the Real Choice Collaborative Team will be working on this waiver application.

MICHIGAN

The state does not have a task force that is working on an *Olmstead* plan. However, the Department of Community Health is looking into establishing a long-term care task force with a broad group of stakeholders. Its scope of work would encompass more than *Olmstead* issues. As of October 2003, no action had been taken. The most significant accomplishment toward home and community-based services was the reopening of the MI Choice waiver.

Appropriations

The MI Choice home and community-based waiver has been opened to new enrollment. The U.S. Centers for Medicare and Medicaid renewed the waiver application in May 2003. The number of beneficiaries served under the program will vary each year of the five-year application—from about 8,500 to 9,700 per year—in order to keep expenditures within the program's \$100 million budget limit on the program.

Despite the MI Choice waiver renewal, state officials expect deep cuts to long-term care programs. In the fiscal year 2003 budget, nursing home and home and community-based services were placed on into the same budget line. One state official expects that home and community-based services will be treated more equitably because of this budgeting change. However, home and community-based services will likely be although nursing homes will probably absorb most of the long-term care cuts because they represent large long-term care expenditure.

Legislation

The 2003 Legislature directed the area agencies and local providers to receive and expend fees for the provision of day care, care management, respite care, and certain eligible home and community-based services (House Bill 4392). The fees will be based on a sliding scale and will be used to expand services.

Priority in enrolling additional people in the Medicaid home and community-based services program are to be given to those who currently are residing in nursing homes or who are eligible to be admitted to a nursing home. The department will implement screening and assessment procedures to ensure that no additional Medicaid eligible people are admitted to nursing homes that would be more appropriately served by the Medicaid home and community-based services program.

Contingent upon the availability of funds and the approval of the Centers for Medicaid and Medicare Services, the department will encourage and assist in the establishment of a program of all inclusive care for the elderly (PACE) in at least parts of three Western Michigan counties. The department is not to impose a limit on per-unit reimbursements to service providers that provide personal care or other services under the Medicaid home and community-based waiver program for the elderly and disabled.

MINNESOTA

The state of Minnesota does not have an official *Olmstead* task force.

Grants and Projects

Much of the *Olmstead*-related activities are occurring through Systems Change grants from the federal government. For example, the state Association for the Centers for Independent Living received a \$400,000 grant for three years to continue the process of helping people make the transitioning from nursing homes into the community. For fiscal year 2002, the eight centers for independent living had transitioned 35 people from nursing homes and had prevented 225 people from entering nursing homes. The centers also are developing an assessment tool to help determine the amount of affordable, accessible housing units needed for people with disabilities. Although the grants have allowed the centers to do this work, the state cut their budgets by 30 percent for fiscal year 2003-2004 because of the state budget crisis. (Had the governor's budget passed, the centers would have been eliminated completely.)

In September 2003, as a result of one of its Systems Change grants, the Department of Human Services (DHS) issued a request for proposals from organizations within the state that seek to rebalance and integrate long-term care and promote the independence of older adults. Previous rounds of the grant focused on expanding regional gaps in home and community-based services. This and subsequent rounds target projects that support families and close gaps by changing long-term care systems and processes. The objective is to help communities keep senior citizens in their own homes and communities and to support their families. The funds which are primarily directed to seniors who are at risk of nursing home placement, and are therefore aimed at projects in the areas of nursing home transitions, telehealth, chronic disease management and linking formal health care (e.g., health plans, providers, hospitals, nursing homes) with quasi-formal services (e.g., faith-based organizations, volunteer programs, caregiver support services).

Also in September 2003, the DHS and other public and private organizations launched a Minnesota Mental Health Action Group that will create action teams to develop a public-private model for mental health services; create a rational fiscal framework; better coordinate care; standardize assessments, performance measurement and outcomes; improve early intervention services; and implement work force solutions. Public meetings are being planned to solicit input from community members and consumers.

In the fall of 2003, DHS disability services unit posted its new *Disability Services Program Manual* on the DHS CountyLink Web site. The manual serves as a reference tool for county workers who are responsible for administering home and community living services. It includes policy and procedure information on home care services, waiver programs, personal care assistance services and case management.

Legislation

The 2003 Legislature created an alternative care program that provides home and community-based services for the elderly (House Bill 6a).

MISSISSIPPI

Planning

The Medicaid Division issued its first progress report on its *Olmstead* plan, Mississippi Access to Care (MAC), on May 30, 2003. The progress report entitled *Implementation Report #*, identifies those recommendations in the MAC plan that have been implemented and those that have not. Both the original MAC plan and the new implementation report can be accessed at <http://www.mac.state.ms.us>.

Because of the state's fiscal crisis, several of the system change recommendations regarding housing, transportation, assessment, training and consumer education were not implemented. In addition, the MAC plan called for the designation of a MAC Oversight Committee to monitor the MAC plan and to create one-stop centers for caregivers and people with disabilities to more readily access important long-term care information and resources. Neither goal was realized. In addition, home and community-based waiver waiting lists continue to grow, even though the state is now serving more people under its waivers. During the past five years, the state experienced greater than 200 percent growth in its waiver programs, but the current state budget has made it impossible to sustain that growth.

Grants and Projects

Despite that fact that the Legislature did not appropriate any new, significant funds for implementation activities, state agencies continue to implement many recommendations within their existing agency budgets and to apply for several federal grants. In fact, the MAC is being implemented not by any type of stated priority but through new federal grant fund awards. The state received a \$1.385 million Real Choice Systems Change Grant for person-centered discharge planning for people with mental illness between the ages of 17 and 25. Under the grant, a team of professionals assists adults diagnosed with mental illnesses make the transition from state mental health hospitals to community settings. The state also was awarded a new Ticket to Work grant in April 2003 to assist in reaching out to workers with disabilities to let them know about their options for buying into the Medicaid program. In addition, the state has applied for new federal grants to create the resource centers and to better serve children with mental illness.

Legislation

The 2003 Legislature removed certain restrictions on the home and community-based services waiver program. Specifically, House Bill 897 removes a 5 percent reimbursement reduction for case management services under the home and community-based program for the elderly and disabled provided by a planning and development district and prescribes a rate of reimbursement for such services and a funds transfer requirement.

Next Steps

The MAC network that issued the 2001 plan no longer is active. However, the Governor's Commission for People with Disabilities is meeting quarterly and is working on a report of recommendations to the governor. Using the MAC plan and the implementation report. In addition, state agency officials are committed to implementing the plan despite a lack of funds. Officials plan to issue a second implementation report in the future, although no specific release date has been set. As one state official said, "The commitment is there, but the fiscal situation is so dire."

MISSOURI

Planning

As established in Executive Order 01-08, Governor Bob Holden (D) instituted the Personal Independence Commission (PIC) of the Governor's Council of Disability with the aim of "monitor[ing] Missouri's implementation of Title II of the Americans with Disabilities Act (ADA), with guidance provided by the U.S. Supreme Court" decision in *Olmstead v. L. C.* The PIC is charged with advising the governor on necessary policy and program changes to ensure that Missourians of all ages and disabilities have access to a range of community support services. The commission is building on the work of the previous Home and Community-Based Services and Consumer-Directed Care Commission, which issued a report of 76 recommendations in December 2000. The PIC includes people with disabilities, family members of people with disabilities, advocacy groups, the lieutenant governor, four members of the General Assembly and representatives from the departments of Social Services, Mental Health, Health and Senior Services, and Elementary and Secondary Education. The PIC began meeting in March 2002 and meets every other month. *Olmstead* reports and documents are located online at <http://www.dolir.state.mo.us/gcd/olmstead/olmsteadwebpage121401.htm>.

PIC created an action plan that includes timelines, deliverable products and monthly progress updates on priority issues. To follow up, work groups are working on action steps to implement the recommendations.

Grants and Projects

In addition, the Missouri Division of Social Services received a \$2 million Real Choice Systems Change grant from the U.S. Department of Health and Human Services, and PIC serves as its Consumer Task Force to provide input and guidance on implementation of the grant objectives.

PIC's informed choice subcommittee created an informed choice training curriculum for volunteer trainers to educate those living in institutions about their options. The curriculum includes a community resource guide outlining all available community services that help people with disabilities and senior citizens stay in homes and communities of their choice. *The Guide to Home and Community-Based Services* published in March 2003 can be found at <http://www.dolir.mo.gov/gcd/forms/gcdservices.pdf>. The state's systems change grant funded the guide and curriculum. Because of demand and popularity, the guide is going into its second printing.

The state also has been implementing its Medical Assistance for Workers with Disabilities program under the Ticket to Work and Work Incentives Improvement Act. As of December 2002, roughly 8,000 people with disabilities paid premiums to buy into Medicaid coverage.

Next Steps

Missouri because the first state in the nation to include legislative language (in 2001) that allows for money to follow the individual. Now individuals who are Medicaid eligible and meet the nursing home level of care can choose to have that money pay for community- based options. However, there are gaps in the continuum of community options. In its 2002 annual report, PIC states that there should be options for people who may not be able to direct their own services but could designate someone to direct their services on their behalf.

State agencies often overlap resources, so PIC is working to improve interagency coordination. It is currently considering a universal application form that has to be processed only once and that could replace the application procedures for each department. It also believes that a lead agency should be designated when an individual receives services from more than one agency so the individual does not have to spend time with each case manager.

MONTANA

Planning

The different Medicaid programs within Montana's Department of Public Health and Human Services issued several *Olmstead* plans during 2001. They include:

- Senior and Long-Term Care,
- Disability Services (includes Developmental Disabilities and Vocational Rehabilitation),
- Mental Health Services, and
- Basic Medicaid.

To create these plans, each division developed a task force consisting of consumers, legislators, advocates, family members, state staff and providers. Each program has a plan and an accompanying timetable. However, as a state official acknowledged, “*Olmstead* got put on the back burner because of the budget crisis.”

Appropriations

The governor's office made across-the-board cuts. However, the division that administers programs for people with developmental disabilities did not fare as badly as some of other departments. Although there is still a large developmental disability waiting list for home and community-based services, the state was to close an institution (Eastmont), that currently cares for 30 residents, by December 31, 2003, in order to help balance the state budget. Most of these 30 residents, however, will be transferred to another institution. After Eastmont closes only one Intermediate Care Facility for the Mentally Retarded (ICF/MR), which serves about 90 people, will remain.

Next Steps

State officials expect bleak state revenues during the next fiscal year. Despite the budget, the disability services agency is hiring consultants to help it stabilize developmental disabilities provider rates between those in big counties and those in small counties. The agency hopes to provide more equity in the rates, so people with developmental disabilities can obtain services where they are available.

NEBRASKA

Nebraska does not have an *Olmstead* task force or a state plan and does not intend to create either one of them because of the potential liability for a lawsuit. However, an evolving trend in the Medicaid program has been to serve more people with disabilities in the community. During its 2003 session the Legislature introduced some legislation that might lead to sweeping changes in the mental health system.

Legislation

The Behavioral Health Reform Act, LB 724, was enacted to state the Legislature's intent to reform the psychiatric care system and to shift more funding from inpatient care to community-based care. It also eliminates the seven-day waiting period for community-based services.

A rewrite of the state's Mental Health Commitment Act (LB 710)—regarding people with severe mental illness who are forced into treatment—was introduced but not enacted. This bill will be carried over into the 2004 session for consideration.

Next Steps

These pieces of legislation represent the Legislature's intent to close psychiatric hospitals. As a state official said, "The governor and chairman of the Health and Human Services Committee are in agreement to close a regional center or two [out of the three state-run facilities in the state] and put the money into community-based care."

NEVADA

Nevada ranks number one in the nation in regard to the increase of people with disabilities during the past decade. Today, more than 375,000 people with disabilities live in the state; at least 50,000 of them are children or young adults. The disability population of the state increased 157 percent during the past decade compared to a decrease of 2 percent nationally.

Planning

To keep pace with the growth of this population and to comply with the *Olmstead* decision, the 2001 Legislature enacted Assembly Bill 513 to provide for the development of four long-term strategic plans concerning the health care needs of the citizens of Nevada. The four plans are: 1) People with Disabilities, 2) Provider Rates, 3) Rural Health Services, and 4) Senior Services. They were completed by October 2002 and can be found at http://hr.state.nv.us/shcp/shcp_reports.htm#Strategic.

Each plan is a comprehensive, long-range plan that involves the following strategies: involvement of people with disabilities and the families providing their care; early, standardized, successive and comprehensive assessment of individual needs; availability of community integrated settings; informed choice; and quality assurance. Each strategy lists the amount and sources of funds needed from FY 2004 through FY 2011.

Legislation

In part because of the strategic planning efforts, the following legislation was enacted during the 2003 legislative session:

- Assembly Bill 323 makes changes to long-term care for people with dementia.
- Assembly Bill 504 authorizes the Department of Human Resources to apply for a Pharmacy Plus Medicaid Waiver for senior citizens and people with disabilities
- Senate Bill 98 makes an appropriation for the maintenance of a statewide system for collection and analysis of information concerning birth defects and other adverse birth outcomes.
- Senate Bill 137 creates the Legislative Committee on People with Disabilities. Provides for membership, leadership, meetings, compensation and rules. The committee may study and comment on issues related to people with disabilities in this state, including, without limitation, programs for the provision of services to people with disabilities in this state, methods to enhance such programs, and methods to ensure that people with disabilities are receiving services in the most appropriate setting.

- Senate Bill 138 creates a single application for SSI and Medicaid.
- Senate Bill 164 creates an Office of Disability Services within the Department of Human Resources, as recommended in the Strategic Plan for People with Disabilities, to operate as the state-level coordinating body for the provision of services for people with disabilities.
- Senate Bill 288 reestablishes the Senior Ride program, which allows senior citizens and people with disabilities in a specific county to buy discounted coupon books for 50 percent off taxi rides.
- Senate Bill 459 revises income limits for eligibility and establishes limits for couples for Senior Rx Program.
- Senate Resolution 10 supports the Strategic Plan for People with Disabilities.
- Senate Resolution 11 urges the creation of a statewide information and referral system for health, welfare, human and social services. (211 system).
- Senate Resolution 36 supports the four strategic plans (for people with disabilities, seniors, rural health and rates).

Appropriations

Overall, the state's Medicaid caseload growth is expected to increase by 26 percent from FY 2002 to fiscal year 2004 and by more than 9 percent in FY 2005. State funding (\$143.6 million) and federal funding (\$194.6 million) were budgeted to keep pace with the growth.

Expansion of the state's waiver programs also was funded. The Community Home-based Initiative Program, a Medicaid waiver program that serves frail seniors, was expanded by 11 percent to serve an additional 181 seniors and increased the total number of seniors who can participate in the program to 1,620 by the end of FY 2005. The Group Care Waiver for the Elderly was expanded to serve additional 117 seniors, for a total of 318 to participate by the end of FY 2005. The state expanded its Physically Disabled Waiver from 327 in June 2003 to 947 in June 2005.

In addition, the Senior Rx program was expanded from 7,500 seniors in June 2003 to 12,160 in June 2005, representing a 62 percent increase. The state's Ticket to Work program was approved and funded for implementation in July 2004 to increase and improve employment opportunities for people with disabilities.

Nevada's counties match federal funds to pay for long-term care services for institutionalized Medicaid recipients with incomes between 156 percent and 300 percent of the federal SSI benefit rate. Rural counties, however, had not been able in recent years to generate sufficient tax revenue to meet this obligation. They now will be capped at

\$.08 ad valorem; the Medicaid program was funded with \$2 million to keep the program going.

Early intervention services for children from birth through age two with known or suspected developmental delays were consolidated into a single service organization within the state health division instead of four separate state programs. Additional general funds of \$3.6 million were appropriated to serve about 1,000 new children annually.

Rate increases of 7 percent in FY 2004 and 8 percent in FY 2005 were provided to critical service providers—Supported Living Arrangements and Jobs and Day Training providers). State officials consider this rate increase a good start toward a recommended 35 percent increase by the Rates Task Force of the Human Services Strategic Planning process.

A new 150-bed psychiatric hospital in the Las Vegas area will be built and opened in late 2005 or early 2006 because of a new \$32 million capital improvement allocation. Medication Clinic Services for people with mental illness were funded at \$5.9 million to accommodate caseload growth. A second team of professionals was funded to work with the homeless mentally ill to keep them out of hospitals and living safely in the community. A Mobile Crisis Team also was funded to evaluate people with mental illness in Las Vegas area emergency rooms to expedite admissions to the state mental hospital or to release them into the community with necessary supports.

Next Steps

The governor will establish four oversight committees to monitor progress on the strategic plans. The state is waiting to hear from the federal government on a number of different grant proposals, including those related to quality improvement, resource centers, and money follows the person.

NEW HAMPSHIRE

New Hampshire does not have an official *Olmstead* task force. Advocates and state officials agreed a long time ago that another commission and plan were not necessary. The Developmental Services Division has a five-year plan—issued in November 2002—to reduce the waiting list. The Elderly and Adult Services Division has a plan entitled “Shaping Tomorrow’s Choices,” and the Behavioral Health Division has a five-year plan to change its financing structure to give people with mental illness more choice. In addition, the state’s Real Choice Advisory Council for its federal grants is playing that role.

Appropriations

Despite its budget crisis, the legislature appropriated \$6.6 million in fiscal year 2004 and \$9 million for FY 2005 to serve people with mental retardation and developmental disabilities (MR/DD) who are on the waiting list for home and community-based services in accordance with the five-year plan. The MR/DD population has made much more progress toward community-based care than the other long-term care populations, primarily because the families are strong advocates. During the legislative session, vital programs for other long-term care populations sustained cuts while the MR/DD population made progress toward reducing the waiting lists. The Department of Health and Human Services told the legislature that it would serve 110 more people in day services, 50 people residentially for FY 2004 and another 80 people with day services for FY 2005 because of the appropriations.

However, the Department of Health and Human Services planned to create a waiting list in October 2003 for elderly and disabled residents who looking for home care in the Medicaid waiver program because of a lack of funds. Legislators were outraged and, as a result, this state waiting list has been put on hold. The legislature had figured on a 2.5 percent growth rate in the caseload and added \$800,000 to the original budgeted amount to cover it during the 2003 legislative session. It also planned on some cost containment to the program by shifting case management to outside providers. Department officials claim that the funding is insufficient. The legislature, in the meantime, is demanding that the services be provided within the framework of the budget.

In addition to the budget crisis, the state also has a state employee hiring freeze in effect. Turnover in state agencies is high because of low morale, but the state cannot fill these positions because of the hiring freeze. This is affecting not only *Olmstead*-related activities, but a number of other activities as well.

Grants and Projects

The state received a Systems Change grant for \$2.3 million to move toward more consumer-directed care. The state also applied for additional Systems Change grants from the federal government. As a state official acknowledged, the Systems Change grant “is the only thing that is keeping things going.”

NEW MEXICO

SJM 54, approved in 2002, asked the Governor's Committee on Concerns of the Handicapped (GSSH) to convene a task force to develop a comprehensive and coordinated state plan in response to *Olmstead*. SJM 54 called for "... the cooperation and participation of the human services department, the department of health and other appropriate agencies and stakeholders...." and asked for "... timelines for implementation and fiscal impact on the state." GSSH held four stakeholder meetings in 2002 and used input from those meetings to develop the Initial State *Olmstead* Plan in response to SJM 54. The plan is not available on line, but is available through GSSH. An active task force currently.

Planning

The Initial State *Olmstead* Plan was presented to the Health and Human Services Interim Committee on October 16, 2002. The report's vision statement and guiding principles support an individualized service and support system that enable people with disabilities to choose to live and work in the most integrated settings possible. The plan contains recommendations for immediate actions, longer-term actions, and future actions. The focus of the immediate actions is on consumer direction, funding for reintegration services for people living nursing homes, continual assessment of the state's long-term care needs, funding for planning and data collection, training programs for families, and a moratorium on nursing home beds. The longer-term and future actions call for a variety of more complex activities related to service provision, housing, transportation, efficient administration, and other issues.

The authors of the plan say that the plan is "far from complete," due to a variety of factors. The plan identifies these factors as lack of accurate data, lack of consensus among service providers and agencies on service modalities, lack of time and money to receive input, lack of a process for determining the number of people in institutions who would seek community placement, fears about the state's economic situation, lack of interest from the administration, and lack of a centralized entity to produce reliable information.

Legislation

The Consumer Direction Act—Senate Bill 839 enacted in 2003—states that "...consistent with the federal Social Security Act and subject to the appropriation and availability of federal and state funds, each administering department or agency shall by rule provide a program permitting a consumer or surrogate to direct personal assistance services through the hiring, supervision and training of an attendant or attendants paid through a fiscal intermediary under contract with the department." The law asks each agency to send a report to the legislature by October 1 each year that compares its consumer-directed option to other delivery modes. The law's implementation date was July 1, 2003.

The Medicaid Reform Committee Program—Senate Bill 332 enacted in 2003—directs the Human Services Department to undertake a set of “studies, analyses, and pilot projects” focused on Medicaid reform. One proposed study is a “... cost-benefit analysis and comparison of the personal care option’s consumer-directed and consumer-delegated care components and evaluate the respective components” for cost-effectiveness, projected long-term costs, need for oversight for quality and fraud and abuse prevention, appropriateness of eligibility criteria, and anticipated savings.

Grants and Projects

New Mexico received funding in 2002 under the Real Choice Systems Change Grant. With funding totaling \$1.385 million, the state’s goals are the creation of a statewide Service Delivery Options Training Program to provide individuals with information about how to access services and make choices about their care and to establish a Network for Long-Term Care Policy Change.

NEW YORK

A major issue affecting people with disabilities in New York throughout 2002 and 2003 was housing for the mentally ill, which received widespread public attention, in part because of newspaper stories about substandard care for this population in adult homes. A special administration task force was established in May 2002 to review the existing system, and in November 2002, several New York state agencies announced a series of actions to ameliorate conditions for the mentally ill in adult homes.

Home and Community-Based Services

In 2003, both the Pataki administration and several key legislators proposed measures to provide greater legal protections for residents of adult homes, to increase penalties against homes cited for violations, and to otherwise tighten oversight of the homes. However, none of the measures was enacted.

In July 2003, Disability Advocates Inc. filed a complaint in District Court, claiming that the placement of people with mental illness in adult homes violated the Americans with Disabilities Act (ADA) “... by causing their needless institutionalization in substandard facilities when their needs could be more appropriately and effectively met in integrated residential settings.” (See *Status Report: Litigation Concerning Medicaid Services for People with Developmental and Other Disabilities* by Gary A. Smith at <http://www.hsri.org/index.asp?id=news>.)

The plaintiffs charged that “impacted” homes (facilities in which 75 percent or more of the residents are mentally ill) are segregated institutional settings that fall under the purview of the ADA and the *Olmstead* decision. The lawsuit targeted 26 adult homes in New York City where an estimated 4,000 people with mental illnesses live. The plaintiffs asked the court to order the state to expand the availability of “supported housing” and to improve conditions in adult homes. The state’s response on October 1, 2003, disputed all the allegations, arguing that the plaintiffs lacked standing to bring the complaint, and that state agency personnel had not determined that the adult home residents in question were appropriate candidates for a more integrated community setting. The state also argued that providing the supportive housing sought by the plaintiffs would involve a “fundamental alteration” in services, an action that the *Olmstead* decision does not require states to take.

In other actions, the New York Office of Mental Retardation and Developmental Disabilities announced that after five years, the state’s NYS-CARES program (New York State Creating Alternatives in Residential Environments and Services) had provided residential services to more than 7,000 individuals. As the program reached the last year of its five-year duration, the state began a new initiative, NYS-CARES II, which is expected to add 1,900 residential options during the next 10 years; it also would increase day services and family support services.

The Pataki administration also announced new regulations in July 2003 to require

non-licensed direct care homes and home care staff to undergo criminal background checks. The proposed regulations also prohibit prospective employees who have been convicted of specific felonies involving sexual assault, drug trafficking, and grand larceny, among other serious crimes, from working in nursing homes or for home health agencies. In January 2003, the Department of Health implemented a requirement that certified nursing assistants currently working in nursing homes indicate as part of the re-certification process whether they had ever been convicted of a crime or charged with a crime that did not lead to acquittal or dismissal.

Planning

In 2002, the New York legislature called for the creation of an *Olmstead* task force, the “Most Integrated Setting Council,” but the executive branch had not appointed members to the council as of fall 2003.

NEW JERSEY

New Jersey has been building on efforts initiated in the 1990s to increase community services for people with disabilities, particularly those with mental illness or developmental disabilities. One such effort, known as “Redirection II: A Statewide Mental Health Quality of Care Improvement Initiative,” continues the work begun in the Redirection I project that ran from 1995 to 1998 to increase the range and scope of community mental health services. The project is administered by the state Division of Mental Health Services (DMHS), Department of Human Services (DHS). State officials believe that the Redirection programs maintain New Jersey’s “long-adopted policy” of providing services in the least restrictive setting appropriate to an individual’s needs, and thus “are consistent with the spirit and legal mandates” of the *Olmstead* decision.

Home and Community-Based Services

Clinical assessments were conducted in 2000 of more than 1,500 adult patients residing in state psychiatric hospitals to determine which patients might be able to live in the community. One DMHS goal for Redirection II has been to find appropriate residential placements for a minimum of 388 psychiatric hospital patients assessed as eligible for discharge from the hospital setting. Redirection II also involves the construction of a smaller (about 400 beds) replacement hospital for the Greystone Park Psychiatric Hospital. Other components of the plan include expansion and strengthening of community mental health services, such as Programs in Assertive Community Treatment, integrated case management, crisis/respice services, and supportive housing.

In a November 2002 report, DMHS said that, as a result of the state’s efforts since 1990, state hospital care for people with mental illness had been reduced by 30 percent to an average daily population of 2,145 (from 3,069) with funding for community services increasing from \$73.8 million to \$202.4 million. State officials report that, despite a \$6 billion deficit in the state’s FY 2003 budget, DMHS was one of the few divisions to receive a budget increase to support the Redirection II project, among other initiatives.

Another New Jersey activity for people with disabilities has been a program called New and Expanded Options for New Jersey Consumers with Developmental Disabilities and Their Families, proposed by DHS in September 2002. The program’s goal is to shift the state’s focus from developing group homes for people with developmental disabilities expansion of in-home services.

The state has proposed to maximize Medicaid revenues to reinvest in expanded services by, among other things, claiming for more individuals under the state’s Community Care Waiver program. New Jersey has not been requiring people to establish their Medicaid eligibility *prior* to receiving services. The state estimated that prior determination of Medicaid eligibility could yield an additional \$10 million to reinvest in services for more people. DHS also has developed an enhanced waiver program to provide services to families living at home, including personal care, respice care and

assistive devices. The state could receive a 50 percent federal match for the services, which previously had been provided at state expense only.

Legislation

The 2003 Legislature mandated that individuals with developmental disabilities and their families participate in the design of, and have access to, needed community services, individualized supports and other forms of assistance in all facets of community life, through culturally competent advocacy, capacity-building and systemic-change activities conducted by the State Council on Developmental Disabilities (Assembly Bill 2729).

NORTH CAROLINA

In 2003, the North Carolina Department of Health and Human Services (DHHS) issued two plans that are directly responsive to *Olmstead* mandates.

- *Serving People with Disabilities in Appropriate Settings: The North Carolina Plan-Final* was released in April 2003. The plan is available at <http://www.dhhs.state.nc.us/docs/olmstead.htm>. The April 2003 plan builds on work released in an interim *Olmstead* plan issued in December 2000. (A link to the interim plan is on the Web site.)
- The second plan, released in July 2003, is *Blueprint for Change: State Plan 2003—North Carolina's Plan for Mental Health, Developmental Disabilities and Substance Abuse Services*. It builds on a plan first issued in 2001 in response to a legislative mandate for a change in the state's mental health, developmental disabilities and substance abuse system. An update to the plan is published each July. The July 2003 plan is available at <http://www.dhhs.state.nc.us/mhddsas/stateplanimplementation/index.html#draftstateplan>. (The Web site also includes links to earlier documents.)

The DHHS Web site says of the two plans issued in 2003, “While *Olmstead* issues cover more than mental health, substance abuse and substance abuse services, the mental health plan and the *Olmstead* plan should be consistent where they overlap.”

Planning

The April 2003 plan, *Serving People with Disabilities in Appropriate Settings: The North Carolina Plan-Final*, identifies seven areas that are critical to development of a plan to meet *Olmstead* requirements.

1. Outreach to inform potential candidates for community-based services about their options and choices (also referred to as informed choice);
2. Assessment and identification of appropriate candidates for community placement;
3. Development of service plans for community transition;
4. Operation of waiting lists;
5. Inventory of existing community-based resources and supports;
6. Identification of needed community resources to support community integration; and
7. Ongoing monitoring and quality assurance efforts.

For each of the seven areas, the plan sets forth short-term and longer-term actions for appropriate response to the issue area.

The plan provides illustrations of the state's activities to move individuals to the least restrictive settings. Activities cited include a reduction of the census in state psychiatric hospitals, an increase in the number of people served through Independent Living programs, a reduction in the residential census in mental retardation centers, and a

rate of growth in Medicaid-funded home and community-based waiver expenditures that exceeds the growth rate in nursing home expenditures.

Although the plan is labeled final, its authors say that the plan "... would not be a static instrument, but rather a guide with provisions for periodic evaluation and adjustment."

The July 2003 *Blueprint for Change* provides an update of activities that have been accomplished and strategies that will be undertaken in the upcoming year. Among the major themes of the plan are:

1. Including people with disabilities in decision making;
2. Providing choice to consumers and their families;
3. Focusing on practices that provide positive outcomes for consumers;
4. Serving people in community settings; and
5. Engaging in continuous quality improvement.

The plan discusses achievements during the past year, including clarification in policies for local business plans, cost modeling, provider qualifications, information systems, and training and education. A new element of the 2003 plan is an operation that focuses on management and leadership, finance, programmatic issues, and administration and contracts. Each of the four areas has an associated specific set of tasks.

Grants and Projects

In 2001, North Carolina received a Systems Change grant totaling \$1.6 million. CMS's summary of the grant identifies its goals as 1) reducing institutional bias and 2) improving the size, stability, and quality of the state's direct care work force.

NORTH DAKOTA

Planning

The Governor's Commission on the *Olmstead* Decision was created in August 2001. The commission's mission is to evaluate the state's service system in relation to the *Olmstead* decision and to recommend action that ensures compliance with the *Olmstead* decision. The commission includes legislators, executive branch officials, consumer representatives, advocacy groups and public representatives.

In addition, an internal work group was created within the North Dakota Department of Human Services to review the effects of the *Olmstead* decision on services and to make recommendations on further action. This group consists of representatives from the Division of Aging Services, Children and Family Services, Disability Services and Mental Health and Substance Abuse Services, as well as Medical Services, the Developmental Center (serves DD populations), the State Hospital, eight regional human service centers and the Department's Legal Advisory Unit. The work group developed a white paper to guide its activity.

In seeking input on *Olmstead* issues, North Dakota officials held four interactive video network (IVN) meetings to reach major communities throughout the state. Over 200 North Dakota residents attended those meetings, and many more listened to the conversation. The purpose of the meetings was to:

1. Clarify the content and nature of the *Olmstead* decision for consumers, providers and others;
2. Update attendees about the current status of institutional and community-based services for various populations within North Dakota; and
3. Solicit input from state residents regarding areas they feel need attention.

Following the meetings, the white paper was drafted.

Grants and Projects

The commission initiated the Real Choice Systems Change grant application with support from a group of DHS staff and consumer advocacy agencies. Upon receipt of the grant in 2002, the commission hired a coordinator and initiated a review of state studies relevant to the mission of the *Olmstead* Commission. An important element of the Systems Change grant was an RFP to elicit proposals from communities and organizations for pilot projects on new and creative service provision. The *Olmstead* Commission reviewed the applications from organizations.

In the fall of 2003, subcontracts were awarded to several agencies that had submitted whose proposals that were a good fit with the needs of North Dakota's consumer population. Among the issues considered in the community subcontracts were

support for the mentally ill, initiatives for the Native American population, and simplified telephone access systems.

Legislation

The 2003 legislature enacted Senate Bill 2330 to allow for any aged or disabled individual who is eligible for home and community-based living to choose, from among all service options available, the type of service that best meets that individual's needs. To the extent permitted by any applicable waiver, the individual's medical assistance funds must follow the individual for whichever service option the individual selects, not to exceed the cost of the service.

OHIO

Planning

In November 2002, the state agencies involved in Ohio's *Olmstead* activities, referred to as Ohio Access, issued an update to their previously released Olmstead plan. (The original plan, entitled *Ohio Access for People with Disabilities*, was issued early in 2001.) Both the update and the original plan are at <http://www.goldenbuckeye.com/accessforums.html>

The November 2002 update reaffirms the commitment of the agencies to three guiding principles:

- Increasing community capacity,
- Prioritizing resources, and
- Assuring quality and accountability.

The vision for making the principles operational emphasizes consumer choice, control, and autonomy including more control over funds available for care and more control over service choice.

The update report emphasizes the economic changes that have occurred in Ohio and discusses the factors that affect the state's ability to make new financial commitments to carry out the visions. The report mentions the sluggish economic recovery; continued needs of the school system; and a court case that will affect allocations to schools, growth in Medicaid expenditures, and previous use of one-time revenues that are not continuously available.

Grants and Projects

Ohio received Systems Change grants in 2002 for nursing home transition activities and for a "No Wrong Door" program. The state also has a Medicaid Infrastructure grant to examine barriers to employment for people with disabilities. A report on health care work force shortages prepared by a task force is available on the Web site of the Ohio Department of Health at www.odh.state.oh.us/ODHPrograms.

The Department of Aging has formed the Ohio Health Care Workforce Advisory Council to advise it on health care work force issues.

Next Steps

The updated report, along with other materials available from state officials, indicates progress on a variety of short-term goals during the nearly three years since the plan was issued. Among them are expanding community waiver slots for older people and people with developmental disabilities, reducing the general revenue growth in nursing facility spending below historic trends, and revamping mental health service

delivery. A variety of efforts to ensure quality and accountability are under way, including using evidence-based quality approaches for mental health services, initiating statewide accreditation reviews for county developmental disabilities boards, and enhancing protections for frail elderly and nursing homes and adult care facilities.

The update report notes that "... there are clear challenges ahead in addressing the fundamental principles of consumer choice, autonomy and control." Because this has a two-year budget cycle, the next budget developed will be for FY 2006 and FY 2007. The state will seek to plan ahead with that budget in mind and identify specific strategies that can be considered for that budget cycle.

OKLAHOMA

Planning

The *Olmstead* Strategic Planning Committee, established through 2002 legislation, met for about nine months, during which it held a number of focus groups around the state to get feedback from consumers, family members, providers, and advocates. The committee published its first annual report on July 15, 2003, *Making Olmstead A Reality in Oklahoma*, noting that it was the first report in a five-year, ongoing process. The lead state agency has been the Oklahoma Developmental Disabilities Services Division of the Department of Human Services.

The Strategic Planning Committee organized its work through five subcommittees: Dollar Follows the Individual, Community Supports and Services, Quality Assurance, Diversion and Finance. Its report indicated that the Finance subcommittee would wait for the initial recommendations from the other four subcommittees so that it could review the available resources for financing those proposals.

The committee noted three principles underlying its efforts:

- Consumer Driven: The system respects the rights of each individual to make his or her own decisions.
- Informed Choice: Individuals and families are provided with the information needed to make informed decisions.
- Integration: Community living includes physical, social, political, educational, and economic integration.

Each subcommittee listed overall goals and “measurable objectives.” The committee noted that it hoped to expand on those goals during the next year, and “determine how to make these goals a reality.” For example, the goals set by the Dollar Follows the Individual subcommittee included allowing choices for individuals using consumer-directed personal assistance services and identifying funding sources for transition activities.

The Community Supports and Services subcommittee listed its objectives under the following categories: access to Medicaid services, employment, assistive technology, direct support services, transportation, education and housing. Its recommendations included increasing access to Medicaid services by using a less restrictive financial eligibility standard, increasing access to all types of durable medical equipment, providing a wage increase for direct care workers, and expanding transportation opportunities.

The Quality Assurance subcommittee called for the development of “guiding principles” for quality assurance systems across the state. The subcommittee said it had found that agencies that investigate complaints or monitor for quality “frequently have to turn the investigation over to another agency for enforcement” that might be operating under different standards. There were no set standards for what a quality assurance system should be, the subcommittee noted.

The Diversion subcommittee proposed the development of a prototype for a single statewide service delivery model with a single point of entry. An addendum to the report noted that the report did not include all committee or subcommittee activities- such as a model “Life Empowerment Model” proposed by the Diversion subcommittee that had not yet been reviewed by the full committee- and grants that are being sought by Oklahoma agencies for various activities.

Next Steps

During the next year, the committee said, it would add two new committees that would look at finances, both current and potential, and marketing of concepts and programs.

OREGON

Although Oregon has not established a formal *Olmstead* planning process, the state has been steadily developing community services for people with developmental disabilities (DD) since the December 2000 settlement of the *Staley vs. Kitzhaber* lawsuit. The suit was filed on behalf of more than 5,000 people on a waiting list for care. The settlement called for the state to increase funding for community services through 2007, with additional 4,600 people to be served during the agreement's six-year period.

Appropriations

Severe budget shortfalls for fiscal years 2003-2005 threatened continuation of the state's progress in meeting the *Staley* mandates, however, but legislative action in the spring of 2003 partially restored funds to the Department of Human Services for maintenance of the program. The department also published an 88-page guide in 2003 that "... defines and describes the design features of the system of services for people with developmental disabilities." The department said the *Staley* settlement required "... redesign of the service system, application for a new waiver, new administrative rules, development of new payment systems, and a significant infusion of funds."

In view of the budget crisis' effect on meeting goals in the *Staley* agreement, the parties to the case developed a modified plan that was presented to the court in October 2003. Under this proposal, the settlement agreement would remain in force until 2011 instead of 2007. A slower pace of expansion for both comprehensive and support services is contemplated, consisting of an additional 500 people each year through June 2007, when the total number of people served should reach 5,122 individuals, compared to 3,112 in June 2003. All eligible people should be receiving support services by June 2009. The court tentatively accepted the modified settlement in November 2003.¹

In other actions affecting people with disabilities, the FY 2003-2005 budget included funds for the first-ever labor contract with home care workers. The budget provided \$25 million for the contract, which covers about 13,000 workers who help their clients with dressing, bathing, housekeeping and other daily activities.

In 2000, Oregon voters approved a referendum creating the Oregon Home Care Commission. The commission develops standards and training opportunities for home care workers, maintains a registry of such workers, and serves as employer of record for purposes of collective bargaining. Home care workers organized under the Oregon Public Employees Union in 2001.

The commission and the union ratified an agreement on August 1, 2003, that covers wages, future health coverage, future workers' compensation coverage, and leave benefits. Home care workers received a 40 cent per hour wage increase beginning on July 1, 2003. They will be eligible for health care coverage beginning April 1, 2004.

¹ See *Status Report: Litigation Concerning Medicaid Services for People with Developmental and Other Disabilities* by Gary A. Smith at <http://www.hsri.org/index.asp?id=news>.

The legislature also partially restored funds in the FY 2003-2005 budget for mental health services, including community mental health treatment for severely ill children, adolescents, and adults, and to community mental health crisis services. Funding continued for nursing facilities, residential care facilities, and adult foster homes at their FY 2001-2003 legislatively approved levels.

PENNSYLVANIA

Planning

The *Olmstead* task force, known as the Stakeholder Planning Team (SPT), is active. In 2003, the SPT developed a comprehensive document on issues in home and community-based services for the new governor. The SPT provides ongoing input to the Department of Public Welfare on issues related to operation and policy for community programs.

The SPT will complete its planning work in December 2003. State officials will review the plan and work with the SPT and other appropriate stakeholder groups toward implementation.

The Governor also created the Office of Health Care Reform, which will coordinate Pennsylvania's Health Care Reform Agenda. Members of the Governor's Health Care Reform Cabinet include seven state agency officials. In October 2003, the office implemented a three-county pilot project intended to streamline the Medicaid waiver eligibility process for diversion of people from nursing facility care through provision of home and community services.

Grants and Projects

Through Pennsylvania's Ticket to Work Medicaid Infrastructure Grant, two projects are under way aimed at addressing employment of people with disabilities. The projects will work directly with the state's one-stop career centers (CareerLinks) to improve linkage between the centers and other disability services. Lessons learned in pilot projects in two locations will be used to enhance statewide collaboration with CareerLinks centers, with the goal of increasing employment opportunities for people with disabilities.

In 2002, Pennsylvania received a Real Choice Systems Change grant to "address the barriers of the state's long-term home and community based system of care." One part of this grant's role is to support the Stakeholder Planning Team's efforts to develop Pennsylvania's *Olmstead* plan; another is to work with the state's Developmental Disabilities Council, stakeholders and state agencies to explore the feasibility of an Independence Plus waiver.

Next Steps

In light of state budget shortfalls, some implementation of the *Olmstead* decision may be delayed until the state fiscal picture improves, but "plans and programs designed to encourage living in the home and community will continue in Pennsylvania." The Governor's Office of Health Care Reform, for example, is implementing a second long-term care rebalancing pilot project in early 2004.

Pennsylvania received three Systems Change grants from the Centers for Medicare and Medicaid Services that will assist with its *Olmstead* efforts. These grants are for Quality Assurance and Quality Improvement in Home and Community-Based Services; creation of an Aging and Disability Resource Center; and Money Follows the Person. The Office of Health Care Reform is coordinating grant efforts as part of a collaborative state government process that will include stakeholders.

RHODE ISLAND

Rhode Island does not have an *Olmstead* task force and is not preparing a plan.

Grants and Projects

Rhode Island's Department of Human Services, however, is implementing activities with its \$1,385,000 Real Choice Systems Change grant. Activities include developing personal assistance services to children, conducting a feasibility study on adult and children in respite care, developing a one-stop career center, and helping individuals from nursing homes make the transition to community-based settings.

In addition, the Department of Human Services received an infrastructure grant that includes developing an Internet-based resource directory and benefit screener, developing a service tracking software application, analyzing Medicare data, conducting a community support conference, and providing training for direct care workers in residential facilities on working with individuals with behavioral health issue.

Next Steps

The Department of Human Services will continue to monitor implementation of its grant activities to reach its goals of expanding its capacity to provide services, increase informed choice for consumers, and improve the integration of health and support services.

SOUTH CAROLINA

Planning

South Carolina's Home and Community-Based Services Task Force issued its plan in August 2001. The report is available online at www.scddc.state.sc.us. The task force no longer meets on a regular basis, but its three work groups that parallel state government organizations serving people with disabilities have met informally throughout 2002. The work groups are 1) the Department of Developmental Disabilities and Special Needs (DDSN), 2) the Department of Mental Health (DMH) and 3) the Department of Health and Human Services (DHHS)).

Grants and Projects

State officials reported several activities now under way that are aimed at implementing the *Olmstead* plan within budget constraints. These include:

- Developing a new transition curriculum for consumers who are exiting institutions. Since the state began its initiative to move people from institutions, approximately 30 individuals have moved from institutions to the community. However, the state is expecting higher numbers with the new transition services.
- Using person-centered services for people with disabilities. The person-centered approach, to be phased in over several years, will allow consumers and their families more choice and control in the services and support they receive from the Department of Disabilities and Special Needs (DDSN). South Carolina has developed a "Qualified Provider List" of state and national providers. This list, approved in October 2003, will be available to consumers through community networks and the Internet.
- Contracting with an independent agency to conduct quality assurance reviews in order to provide objective analysis of service systems performance along key dimensions.
- Tracking individuals with complex needs to ensure appropriate response is provided to prevent inappropriate institutionalization.
- Implementing a positive behavioral support approach for supervisory and direct care personnel, using a competency based training model.

South Carolina received a Real Choice Systems Change grant in 2001 and a Nursing Facilities Transition grant in 2002. These grants are providing support for the activities listed above and for other quality assurance, community networking, and person-centered planning activities.

Next Steps

In 2004, South Carolina will advertise and distribute the Qualified Provider List to community networks. The state also will evaluate the quality assurance reviews to determine the effectiveness of its transition curriculum and person-centered support services.

SOUTH DAKOTA

The state does not have an *Olmstead* task force and is not preparing a plan.

Appropriations

In fiscal year (FY) 2003, the Division of Developmental Disabilities was appropriated \$2,268,380 to expand home and community-based services to 75 people. This amount was increased in FY 2004 by \$1,077,297 to extend program to 100 individuals in need of the service.

South Dakota's community-based Division of Developmental Services works closely with the state's Developmental Center. The average length of stay at discharge for people in the system has decreased from 16.5 to 7.5 since FY 2001.

Next Steps

South Dakota officials stated that they will continue their ongoing commitment of insuring that people are supported in the least restrictive settings.

TENNESSEE

Planning

Tennessee does not have an *Olmstead* task force. However, in an effort to guide the development and implementation of a state plan, a group of disability service system stakeholders created the Tennessee *Olmstead* Coalition in 2002. The coalition's primary goal is to "... be a part of the solution to develop community supports and services so that people with disabilities have the freedom to make meaningful choices about where and how to live and will be able to obtain needed supports to maintain their personal freedom."

In July 2003, the coalition released an "*Olmstead* Position Paper," which recommends that the governor establish an *Olmstead* Oversight Task Force "immediately." The position paper recommends that 51 percent of the task force be composed of people with disabilities or their families and representatives of disability advocacy groups. The remaining members of the task force would be state government representatives or representatives of other stakeholder groups.

The coalition identifies roles a task force should play, including identifying barriers, investigating promising practices, reviewing existing programs, and identifying needed programs based on waiting lists and assessment results. The coalition suggests a task force draft and submit any legislation that may be needed to restructure state government for greater efficiency or for improved use of revenues.

Some other recommendations of the coalition include:

- Issuing an Executive Order to establish a Tennessee *Olmstead* goals and an implementation process;
- Creating an *Olmstead* Oversight Task Force;
- Establishing home and community-based services waivers ample to meet consumer needs;
- Funding authorization that follows the consumer through a variety of community options;
- Providing a consumer choice system in all services and supports; and
- Developing independent needs assessments.

Grants and Projects

Tennessee's statewide Oversight Committee for the Real Choice Systems Change grant, Housing within Reach, held its initial meeting in May 2003. The committee includes representatives from consumers, private and public stakeholders and the legislature. During the meeting, committee member reviewed the two primary goals of the grant:

1. “Designing and implementing an effective, consumer directed and accessible housing resource system for eligible Tennesseans; and
2. Effectively reducing the stigma of mental illness and co-occurring disorders in order to provide a more welcoming environment for all citizens.”

Other objectives include developing a comprehensive housing resource Web site, conducting an annual “Housing Academy” for consumers, providers, agencies and other stakeholders to provide an intensive training on utilizing housing resources; and conducting a longitudinal evaluation project to assess the needs of people who are moving from institutions to the community.

Also during 2003, the Tennessee *Olmstead* Coalition developed a listserv, information packets and weekly conference calls; conducted a needs assessment of all institutional facilities in the state; produced a video about the *Olmstead* decision and needs in Tennessee; attended national training programs on *Olmstead*; pursued grants; and organized several statewide meetings with consumers, providers and stakeholders.

TEXAS

Planning

The stakeholder task force, created in December 2002, meets at least quarterly to monitor implementation of the Promoting Independence Plan initiative, which is Texas' *Olmstead* plan. The Promoting Independence Plan is updated every two years. The December 2002 update is located at http://www.hhsc.state.tx.us/pubs/tpip02/02_12TPIPprev.html.

In the past year, the task force has monitored the health and human services agencies' implementation of recommendations from the Promoting Independence Plan; reviewed the work of Texas Department of Human Services relocation specialists and permanency planning contracts; formed subwork groups to assist with the overall continued development of the Promoting Independence Plan; and made further advisory recommendations to ensure the comprehensiveness and effectiveness of the plan. The Texas Department of Human Services contracted with the University of Texas to evaluate the activities of the plan.

Legislation

The 2003 Legislature enacted House Bill 1 to inform the department that it must "grandfather" those individuals who are receiving services in a medical assistance waiver program when continuation of these services is necessary for the individual to live in the most integrated setting appropriate to his/her needs and the department continues to comply with the cost effectiveness requirements from the Centers for Medicare and Medicaid Service.

Enacted on June 10, 2003, House Bill 2292 directs the Texas health and human services agencies to consolidate organizational structures and function, eliminate duplicate administrative systems, and streamline processes and procedures that guide the delivery of health and human services. The operations of the existing twelve health and human services agencies will be realigned by consolidating similar functions within five agencies.

Rider 28 of the appropriations act reinforces the state's commitment to "money follows the person." It allows the state's original strategy, known as Rider 37, for moving people—and the money spent on them—from institutions to the community. The modification set forth in Rider 28 places some limitations on funds that can be transferred to community services.

Grants and Projects

The Texas Department of Human Services received a total of \$1,330,185 in federal grants to support its Promoting Independence efforts. The Money Follows the Person Initiative was awarded \$730,422 for the establishment of service coordination

workgroups at a statewide level. The Community-Integration Personal Assistance Services and Supports (C-PASS) program received \$599,763 to conduct research and further extend support systems to individuals whose interested in hiring, training and managing their own personal attendants.

The Texas Department of Mental Health and Mental Retardation (TDMHMR) also received federal grant funds in the amount of \$500,000 in October 2003, for "Quality Assurance and Quality Improvement in Home and Community-Based Services." TDMHMR will use the funds to address processes for quality improvement across all TDMHMR waiver programs. The project will enhance Texas' Promoting Independence Plan and initiative by ensuring that quality long-term services and supports are received by individuals who make the transition from institutions to the community.

In additional, Texas received \$93,600 in federal grant funds for "Community-Based Treatment Alternatives for Children" to determine the feasibility of and the most appropriate plan for using a 1915(c) Medicaid waiver. The primary goals of this project are to 1) provide quality, evidenced-based treatment to children with severe emotional disturbances in their homes and communities; and (2) serve more eligible children than is feasible without intensive home and community-based services.

All of the above grant funds may be expended over a 36-month period.

Next Steps

The Texas Department of Mental Health and Mental Retardation developed a new Medicaid waiver, the Texas Home Living Program, to cover essential services in order to provide community-based services for people who are waiting for the broader home and community-based services waiver. Approval is pending from the federal government.

The task force also will continue ongoing to monitoring of implementation of recommendations.

UTAH

In September 1999, key state agencies created a task force to address issues raised by the *Olmstead* decision and to extend the state's work on community-based services. The Utah *Olmstead* Comprehensive Plan Advisory Commission now convenes at least twice a year or more frequently if issues arise.

The commission forms short-term work groups to focus on specific needs and issues as they are identified. Recent work groups focused on housing, transportation and work force development.

Planning

The state's *Olmstead* plan was issued in March 2002. A 21 page progress report of efforts made by effected departments and divisions was issued in September 2003. The plan and progress report are available online at <http://www.dhs.utah.gov/olmstead.htm>.

The progress report serves as the mechanism for accountability, oversight and benchmarks. The progress report describes both what has been accomplished and what new action steps need to be identified. It provides for each department or individual division to be held accountable or commended for the actions taken during this time period.

Utah has made conscious efforts to design and follow specific philosophies in relation to long-term care and working with the disabled population. One foundation that guides service delivery for the Department of Human Services and Health is the Lt. Governor's Guiding Principles. This document can be found in Utah's *Olmstead* Plan.

Updates on individual divisions' portions of the plan are in the progress report. Agencies considered include:

- Aging and Adult Services
- Child and Family Services (DCFS)
- Mental Health (DMH)
- Services for People with Disabilities (DSPD)
- Youth Corrections (DYC)
- Health Care Financing (DHCF)-Long-Term Care Unit, and
- Workforce Services (DWS).

Grants and Projects

Real Choice Systems Change grant funds are being used to establish a structure to direct individuals to both institutional and noninstitutional services. A portion of the grant provided for the design and implementation of a housing database and Web site

(<http://webapps.dced.state.ut.us/shod/index.jsp>). This initiative will assist low-income families and individuals and agencies serving these populations to more efficiently find suitable housing. Searches may be run for a person's particular needs, including age (over age 62), apartments designed for the disabled, rental housing for domestic abuse victims, and rental housing for the HIV positive.

The Real Choice Systems Change grant is intended to improve access to information and services across the long-term care system, i.e., aging, chronic illness, physically disabled, developmentally disabled, mental retardation and mentally ill populations. The focus is to create a "no wrong door" access to services.

Utah also received the Nursing Home Transition-Independent Living Partnership grant, which was awarded to the Utah Independent Living Center. This grant focuses on providing ongoing outreach and assessment to nursing home residents and facilitates the transition to independent living if appropriate. The Independent Living Center system statewide is participating in this grant.

A statewide caregiver support program was developed and implemented. Currently, the Department of Human Services' Web site (www.hsdaas.utah.gov) serves as the central on-line resource for caregiver information. The site includes a link to the Caregiver Events Calendar (www.caregiverevents.utah.gov) and information about department services and other organizations that assist frail seniors. A stand-alone Web site -Utah Cares-is under construction. Utah Cares will serve as an information and referral Web site when it goes live.

Satisfaction surveys in three major aging program areas (home-delivered meals, case management services and transportation) designed to enable senior citizens to receive care in a community setting were conducted. Surveys are planned for 2004 on four topics: information and referral, congregate meals, respite and in-home services. Survey results are reported to responsible agencies for planning purposes.

The Division of Substance Abuse and Mental Health commissioned a comprehensive mental health needs assessment, which was recently completed and is currently being reviewed. New preferred practice guidelines are available at the division's Web site, www.hsmh.utah.gov. Further reports that emerging from the assessment will be posted in the future.

The Weber MACS project, a long-term care managed care project, began October 2003. This project allows for more community options for those individuals in nursing homes who can appropriately live in a home or community setting. The long-term care managed care project (through either Weber MACS or FlexCare) now is available to Weber, Morgan, Davis, Salt Lake and Tooele counties.

The Nursing Facility Portability initiative design has been completed, with initial implementation set to begin. The focus of this initiative is to move from the nursing home to independent living appropriate individuals who are able to self-direct their care.

The existing service infrastructure (Weber MACS, FlexCare, home and community-based waivers) will be used to facilitate this initiative.

Next Steps

Utah will continue to develop new action steps as needed. Issues such as nursing facility portability initiative; incorporation consumer-directed services in aging programs; and expansion of long-term care/ managed care initiatives are being addressed as the next immediate steps. The overall focus of Utah's initiatives is delivery of services in a more efficient, effective and integrated manner, allowing for more community options in lieu of new state funds.

VERMONT

Without a formal *Olmstead* planning process, Vermont continues to develop programs that are intended to expand community services and supports for people with disabilities. For example, on October 1, 2003, the state submitted a proposal for a long-term care demonstration program, the result of a yearlong planning and development initiative. The goal of the demonstration program is to give adults with physical disabilities and the frail elderly the option 1) to receive long-term care services in a home and community-based setting without having to wait for a slot to open in an existing waiver program, or 2) to choose care in a nursing facility.

Home and Community-Based Services

The state describes the demonstration waiver proposal as constituting a “wholesale replacement” of most of Vermont’s existing long-term care Medicaid program. All individuals who currently are eligible for Medicaid and are receiving services in a nursing facility or waiver program will be enrolled in the demonstration program. The program will be administered by the Department of Aging and Disabilities within the Vermont Agency of Human Services.

The program categorizes eligible people into three groups: highest need, high need and moderate need. The state says that, since “funding constraints are a reality,” it has developed a prioritization strategy that ensures those with the highest needs are served first. The other two groups are further prioritized; individuals in these groups will be served based on the level of available resources.

The state estimates that an additional 800 “highest need” individuals will become eligible each year for either nursing facility or home and community-based care. Demonstration participants in this group who elect home-based services also must meet Medicaid financial eligibility criteria, except that they will be allowed to retain up to \$10,000 in resources.

The “high needs” group year will *not* have care needs at a level that meets the existing clinical criteria for long-term care Medicaid, but will meet Medicaid financial eligibility requirements. This group, which the state estimates will total about 200 to 300 people a year, will be served to the extent that funds are available. The moderate needs group will include individuals who meet neither current nursing facility non waiver eligibility criteria but are believed to be at risk of institutional placement based on their assessed care needs. They will be provided with preventive and supportive services so that their conditions can be stabilized or improved, thus avoiding or delaying more costly institutional care.

Legislation

In other actions that affecting people with disabilities, the Agency for Human Services (AHS) is engaged in a reorganization planning process that’s expected to run

through 2006. In the FY 2003 appropriations act, the Vermont General Assembly instructed the AHS to recommend a “comprehensive plan” for reorganization of the agency’s operations. AHS is the largest agency in Vermont state government, with 3,000 employees and a \$1.2 billion FY 2003 budget.

Next Steps

One issue the agency said needed to be addressed through reorganization was reform of the agency’s approach to substance abuse treatment. The state must examine ways, the agency said, to coordinate its response to substance abuse with related efforts, such as mental health treatment, physical health care, and the judicial and corrections systems. Another issue the agency identified was “.... the need to integrate the state’s approach to long-term care so that consistent supports and services are available, based on the need of the individual or family, rather than by diagnosis or geographic region of the state.”

WASHINGTON

Planning

At the direction of the governor in March 2000, the Department of Social and Health Services (DSHS) established an *Olmstead* work group to coordinate planning and accelerate ongoing processes and programs. This work group includes representatives from 14 DSHS programs. The purpose of the *Olmstead* work group is to further Washington's response to the *Olmstead* decision by seeking input from stakeholders, coordinating existing processes and programs, proposing program modifications and better evaluation measurements, and coordinating among agencies to improve access to services and supports. The task force remains active and routinely forms consumer advisory groups to address new issues as they arise. Recent advisory groups have formed to recommend actions on Washington's Real Choice Systems Change grants.

Washington completed a draft *Olmstead* plan in December 2002. The focus of the plan is the identification of activities to divert individuals from institutional admissions, help individuals make the transition to community settings, and create performance measures. The main components of the *Olmstead* plan are housing, transportation, employment, and integration and stakeholder interaction. The plan includes an overview of current activities that further the intent of *Olmstead* - such as housing, transportation, integration, employment and systems change initiatives - and discusses DSHS plans for implementing the activities funded in the budget. Washington intends to change the plan as new issues arise. The plan can be viewed at <http://www1.dshs.wa.gov/olmstead/index.htm>.

Each administration responsible under the *Olmstead* plan has a method of accountability and oversight that meets its strategies for moving people from institutional settings to the community. The various DSHS administrations that provide long-term care have individual, specific *Olmstead* goals—some including budget and legislative action—and remain accountable for those goals (these initiatives are included in the overall *Olmstead* plan). Washington has an *Olmstead* coordinator to assist with plan updates and to continue planning with the *Olmstead* work group and other consumers and stakeholders.

Home and Community-Based Services

In 2002, Washington state started a pilot program to improve the recruitment and retention of personal assistants available for people who need long-term care and who prefer to live at home. The Personal Assistant Recruitment and Retention (PARR) project has served to shape and inform the development of plans for a statewide referral registry of workers who can provide the assistance people need to live and work in their own communities. The goal of the program is to provide consumers living in urban and rural communities with increased choice and stability in workers.

Washington continued efforts to move long-term psychiatric state hospital patients into community settings. Approximately half of those moved to date are adults with severe and chronic mental illness; the remainder consists primarily of older adults with conditions such as dementia. In addition to resources allocated for supporting these individuals in the community, other resources have been used to enhance hospital diversion services. As a result, Washington has been able to close 178 psychiatric state hospital beds between December 2001 and April 2003.

As part of a litigation settlement, a new policy that clearly delineates roles and responsibilities for community providers and hospital staff has been completed for discharge of patients from state hospital units that serve individuals with developmental disabilities. State hospital units that serve individuals with developmental disabilities continue to upgrade in terms of program opportunities, staff training, and coordination with community providers.

During the past year, the nursing home count decreased from 13,287 in December 2002 to 13,062 in November 2003—down 225.

Federal policies such as institutional bias, requirements of waivers for community placement, and lack of federal systems change continue to act as barriers to implementation, in addition to:

- Rising rates or loss of insurance for community providers;
- A decrease in bed capacity for community psychiatric inpatient care in Washington and border counties in Idaho and Oregon;
- Community resistance to placement of individuals with histories of challenging behaviors; and
- Lack of specialized resources for populations with special needs such as traumatic brain injuries.

Washington continues to address issues related to increases in forensic admissions at state hospitals. Efforts are being made to conduct competency evaluations and restoration in community settings.

Appropriations

The Legislature renewed funding used to support long-term state psychiatric hospital patients who were moved during the 2001-2003 biennium. The 2003-2005 budget appropriation provides approximately \$17 million (state and federal) to support these individuals in community settings and to provide diversion services for individuals who are at risk of being sent to the state psychiatric hospital. The Legislature, also, has begun to downsize the second largest institution for people with developmental disabilities in the state; an appropriation is in the budget for that effort. In addition, there is funding for “*Olmstead*” in a proviso for a limited number of people.

Washington's Legislature also appropriated funding for up to 80 people to move from institutions to support people with developmental disabilities in the community. By

June 1, 2003, 61 people had indicated they were interested in moving and had moved to community residences, with needed supports in place.

The state fiscal crisis offered the perception of fewer options and fewer services because of less money. Washington has found, though, that people moving to community settings often experience more options, including more planning around the individual.

Grants and Projects

Washington's Systems Change grants have funded changes to support the move from institutional settings to the community, such as the local linkages that need to work for consumers to ensure success in the community. Some of these include system changes for the transition from psychiatric hospitals; training and education for self-advocates with developmental disabilities in self-directed services; and quality assurance tools.

Washington received a four-year "Coming Home" grant from the Robert Wood Johnson Foundation. The goal of this grant is to explore development of affordable models of housing with services for senior citizens and adults with disabilities. As part of this grant, the ADSA Coming Home program is working with the National Cooperative Bank Development Corporation to conduct focus groups with adults with disabilities. The goal of the focus groups is to obtain input from the disability community on currently available housing and in developing new models.

Washington received a "Money Follows the Person" grant that provides \$610,000 to enhance the ability to assess the needs of adults and children with developmental disabilities. This grant will identify the amount of money needed as people move from institutions to the community and eventually will identify the amount of money available for individual budgets. The grant is administered by the Division of Developmental Disabilities, Aging and Disability Services Administration. Washington has received several of other grants to assist in implementation of its *Olmstead* initiatives, including a Medicaid Infrastructure grant, a Nursing Facilities Transition grant, and a Department of Labor grant for employing people with disabilities.

Next Steps

To date, the PARR project has listed on its registry more than 600 trained and qualified workers for hire by consumers, and more than 300 hires have been made. In addition, more than 416 people have been moved into community-based settings through initiatives mentioned previously. *Olmstead* activities have addressed all long-term care populations. All were included in the Real Choice grant activities, in one way or another through various projects, from transition out of institutional settings to self-advocacy and self-directed care activities.

Washington plans to continue to assess the specific long-term care programs for community living options and to work with consumers and stakeholders to identify barriers to community living for people with disabilities. Future planning will continue to include consumer, advocate and stakeholder input. Services that previously were considered to be very specific to a population are increasingly considered as cross-agency/cross-system services.

WEST VIRGINIA

Planning

Governor Bob Wise (D) created the position of *Olmstead* coordinator on August 13, 2003. The position is located within the Office of the Ombudsman for Behavioral Health, which is part of the Department of Health and Human Resources (DHHR) and the Bureau of Behavioral Health and Health Facilities.

An *Olmstead* Web site also has been set up, that includes a fact sheet and a brochure on the *Olmstead* decision, information about how to file an *Olmstead* grievance, and a position paper. Issued on September 9, 2003, the position paper states that the *Olmstead* coordinator will assemble two groups to assist with development of an *Olmstead* plan: an advisory council that will be charged with being the steering committee for development of the plan, and a study group to assist in the research and writing activities for that development.

Next Steps

The first meeting of the advisory council was on November 7, 2003; a meeting of the study group was scheduled for December 5, 2003. A draft plan is to be available for public comment in June 2004. The deadline for sending a proposed plan to the DHHR secretary and the governor is October 2004.

In the future, the Web site will contain a roadmap for developing an *Olmstead* plan, guiding principles for the plan, and lists of the members of the advisory council and the study group.

WISCONSIN

Wisconsin continued to build on its long-established base of programs and services for people with disabilities, including its pilot Family Care program, a redesign of the state's long-term care system for the elderly and adults with physical and developmental disabilities. Key to the program are care management organizations and managed long-term care in the pilot counties, which had a total enrollment of 7,900 people as of November 2003.

Although state fiscal problems appeared to have slowed expansion of the demonstration program beyond the five counties in which it had been implemented, a July 2003 evaluation of the program reported that Family Care had "... substantially met the goals of increasing choice and access and improving quality through a focus on social outcomes," according to Department of Health and Family Services (DHFS) officials. The evaluation report noted that the program eliminated waiting lists for services in the pilot counties, and that resource centers in those counties offered a "... successful model of centralized information and assistance."

Planning

In July 2003, the DHFS secretary created the Wisconsin Council on Long-Term Care Reform to advise the department "... on goals and strategies for implementing statewide reforms of long-term care for elderly people and adults with disabilities." Key tasks for 2003-2004, the council said, included addressing mental health and substance abuse issues in the state's long-term care system, and developing statewide networks of the resource centers that currently are operating only in Family Care pilot counties.

Council activities also include seeking a demonstration waiver from the federal government to make some immediate and longer-range changes in the state's approach to long-term care. One such initiative, "pre-Family Care," involves a combination of waiver and Medicaid personal care, home health care benefits, and independent nursing in a risk-based, capitated program in Wisconsin communities that currently are not operating the Family Care program. For people with mental illness and alcohol and drug abuse needs, the waiver would provide authority to create a new home and community-based program for those who otherwise would be served in nursing homes. The proposal also calls for expanding all the state's current home and community-based programs for people with disabilities and downsizing nursing homes and facilities for the developmentally disabled. The proposal included a request for \$185 million per year for four years, to be financed by Intergovernmental Transfers.

A council task force on residential options set a January 2004 deadline for recommending to the council "policy goals to guide reform efforts related to residential care," defined as nursing facilities; facilities for the developmentally disabled (DD); assisted living; and "safe, affordable, and accessible" housing options. By September 2004, the task force expects to produce a draft reform plan. Another council committee, the New Freedom Initiative Committee, was charged with monitoring Americans with

Disabilities Act (ADA) goals and recommendations that had been put forward by an ADA Title II committee in two stages (in January 2002 and January 2003).

Appropriations

In 2002, county long-term support agencies for the first time registered people on the Human Service Reporting System who were requesting community-based support services, were likely to be eligible based on a preliminary review, and who were waiting for resources to become available. A total of more than 9,000 were waiting for services as of December 31, 2002, which included almost 2,400, and 3,600 people with DD. In his 2003-2005 biennium budget proposal, Governor Jim Doyle (D) proposed almost \$62 million in additional funds to reduce those waiting lists and to increase the rates paid to service providers. This funding was deleted, however, during the 2003 legislative session.

Grants and Projects

The state received \$1.2 million in federal grants in October 2003 to improve and expand community care for the disabled. One funded project, "Bringing Quality Close to Home," is expected to help county agencies improve the quality of the community long-term care system. The other project, "Money Follows the Person," will help to move people with DD out of institutions. DHFS projects that about 200 people with DD will move from institutions to community settings during the three-year grant period.

WYOMING

Planning

Following the *Olmstead* decision, Wyoming's governor designated the state Department of Health (DOH) as the lead agency for developing a comprehensive plan to address home and community-based care for the state's disabled population. The draft plan was sent for public comment in April 2001. The plan was approved by the DOH director in July 2002 and released. The plan document includes separate plans for four population groups—aging, developmental disabilities, mental health and traumatic brain injury. The *Olmstead Plan* is at <http://wdhfs.state.wy.us/OLMSTEAD/index.htm>. Beginning in July 2004, the head of each affected state department and division will review and revise its plan at least every two years. An effort will be made to include more stakeholders in future planning processes.

Appropriations

The Legislature appropriated \$524,884 in general funds and \$787,325 in federal funds to be used to provide services to children who are waiting for assistance on the home and community-based waiver program for children with developmental disabilities.

Grants and Projects

The state continues to focus on coalition building to support *Olmstead* implementation. Mentally ill adults have been designated as the priority population for the current phase of implementation. The state received a \$20,000 grant to fund mental health coalition building from the U.S. Substance Abuse and Mental Health Services Administration by way of Advocates for Human Potential of Sudbury, Massachusetts. Wyoming worked in 2003 on building a crisis response system for people.

Next Steps

The Division of Mental Health, in collaboration with the Department of Family Services, will finalize a plan in the next phase of implementation and begin services shortly thereafter for children with mental disabilities. In 2004, the priorities of the Department of Health and the Department of Family Services will be to support and strengthen families. A primary barrier to implementation has been availability of staff to carry out activities.

