THE STATES’ RESPONSE
TO THE
OLMSTEAD DECISION:
HOW ARE STATES COMPLYING?

by

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February 2003

FORUM for STATE HEALTH POLICY LEADERSHIP
NATIONAL CONFERENCE of STATE LEGISLATURES
The States’ Response to the Olmstead Decision is a publication of the Forum for State Health Policy Leadership at the National Conference of State Legislatures.

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The Forum is funded principally by grants from the David and Lucile Packard Foundation, the Henry J. Kaiser Family Foundation, the W.K. Kellogg Foundation, The Robert Wood Johnson Foundation.

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What Is the Olmstead Decision?

In June 1999, the Supreme Court ruled in L.C. & E.W. vs. Olmstead that it is a violation of the Americans with Disabilities Act for states to discriminate against people with disabilities by providing services in institutions when the individual could be served more appropriately in a community-based setting. States are required to provide community-based services for people with disabilities if treatment professionals determine that it is appropriate, the affected individuals do not object to such placement, and the state has the available resources to provide community-based services. The Court suggests that a state could establish compliance with the Americans with Disabilities Act if it has 1) a comprehensive, effective working plan for placing qualified people in less restrictive settings, and 2) a waiting list for community-based services that ensures people can receive services and be moved off the list at a reasonable pace.

INTRODUCTION AND METHODOLOGY

This report categorizes current Olmstead implementation activities, including legislative initiatives, structural changes and implementation barriers, and analyzes Olmstead plans that were released in 2002.

The report reflects activity as of December 2002. NCSL initially surveyed each state’s main contact(s) for Olmstead activities during the summer of 2002. During the telephone interview, survey respondents provided information about the following topics: Olmstead planning activities, consumer involvement, lawsuits, implementation timelines, major recommendations and priorities, strategies for implementing the recommendations, legislation, costs and funding. When states reported issuance of plans or formation of commissions between August and December, analysts made a second round of calls in the fall to obtain updated information.

The survey findings for each state are contained in appendix A. These state summaries are presented as brief sketches of state activities. A list of state contacts appears in appendix B. A summary of 2002 state legislation is located in appendix C.
FINDINGS

Implementation

Building on plans developed in 2000 or 2001, a number of states began the process of implementing Olmstead plan recommendations. While redesigning service delivery systems is never easy, the most challenging state fiscal environment in at least a decade forced many states to pull back from their original implementation schedules. With lagging state revenues, many states used federal systems change grants to jumpstart their implementation efforts.

Several states enacted legislation to build up components of their community-based care systems, including formalizing task forces, strengthening information and referral and bolstering consumer directed-care programs. Lawsuits growing out of the Olmstead ruling are receiving attention in several states, but their impact on policy is not yet clear.

State Budgets

State budget shortfalls and declining state revenues have delayed Olmstead plan implementation.

As the old saying goes, timing is everything. Many Olmstead plans were issued as state officials were releasing their budget shortfall numbers. Almost all states are experiencing revenue shortfalls that are likely to have profound effects on state services.

In addition to the shortfalls resulting from declining revenues, states have experienced escalating Medicaid costs. According to the National Association of State Budget Officers (NASBO), Medicaid spending grew by more than 13 percent between 2001 and 2002, the fastest rate of growth since 1992. Thus, state legislatures and other state officials have been grappling to contain Medicaid costs rather than expand services. Most Olmstead plans contend that expansion is required, at least in the short run, to meet the growing need for community-based long-term care services.

Another effect of state budgets has been on state agency staff. Some of our state contacts no longer are employed by the state. Many of our new contacts stated that the lack of state staff to coordinate Olmstead planning efforts is a major barrier. Several states have hiring freezes on new state employees.

Although some recommendations do not require significant revenues, new state appropriations will be 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.

Significant new appropriations to serve more people within the community, however, are highly unlikely in most states. State fiscal conditions continue to deteriorate. A November 2002 NCSL survey revealed that more than half the states are facing gaps in their fiscal year (FY) 2003 budgets. More than half the states report that expenditures are exceeding budgeted levels. Many fiscal experts predict dismal forecasts for FY 2004, as well.
Federal Grants

Despite the gloomy fiscal situation, several states have made progress with implementing “less costly” recommendations and innovative pilot projects, either through existing state agency budgets or through federal systems change grants.

Recent federal grant and technical assistance opportunities have been, perhaps, the most promising development. CMS awarded millions of dollars in new grants in 2001 and 2002 to 48 states—every state except Arizona and South Dakota—and one territory to develop programs for people with disabilities and long-term illnesses.

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

- Move eligible individuals from nursing facilities into the community;
- Improve personal assistance services that are consumer-directed and/or offer maximum individual control; and
- Help design and implement effective and enduring 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.

CMS also funded a National Technical Assistance Exchange for Community Living initiative to provide training and information to states, consumers, families, and other agencies and organizations.

2002 State Legislation

The Olmstead decision has led to state legislation enacted in 2002 that creates state Olmstead-related task forces; consumer-directed care programs; and better coordinated information, referral and assessment services (see exhibit 2).

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<th>Exhibit 2.</th>
<th>Examples of 2002 Olmstead-Related Legislation</th>
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<td>Taskforces</td>
<td>Information/Referral/Assessment</td>
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<tr>
<td>California AB 224</td>
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<td>Delaware HR 90</td>
<td>Maryland HB 752</td>
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<td>New Hampshire HB 1182</td>
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<td>Oklahoma SB 1512</td>
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Task Forces. State legislatures in California, Delaware, New Hampshire, New Mexico, New York, Oklahoma, Vermont and Virginia enacted legislation to convene Olmstead-related commissions. Much of this legislation specifies the membership of the task force and directs the task force to provide its findings by a certain date.
**Consumer Direction.** State legislatures in Colorado, Florida and Maine directed state agencies to implement consumer-directed care programs where consumers can hire their own family members and friends to provide long-term care services using government funds.

- Colorado would allow senior citizens to receive a direct payment through vouchers to purchase qualified services. The state plans to use state and federal money—roughly $40,000 from state coffers and $77,000 in federal funds—to implement the consumer-directed care program.
- Florida would allow people enrolled in the Medicaid home and community-based waiver program to hire a service provider of their choice.
- Maine calls for the implementation of state-funded and Medicaid-funded consumer-directed personal care assistance services for adults with disabilities.

**Information, Referral and Assessment.** State legislatures in Florida, Maryland and Mississippi addressed the need for consumers to receive timely, readily accessible information on home and community-based services and the need for comprehensive evaluation procedures that provide for the least restrictive placements.

- Subject to appropriations, Florida plans to establish a statewide 211 Network, which consumers will be able to dial on their telephone to access information and referral services.
- Maryland law now requires social workers to provide nursing home residents a one-page information sheet that explains the availability of services under home and community-based waiver programs. The law also requires that, when a resident indicates an interest in receiving services in the community, the case manager at the local department of social services must refer the resident within 10 days to those who can provide information and benefit applications.
- Mississippi law authorizes its mental health department to develop a consumer-friendly, single point of intake and referral for individuals with mental illness, mental retardation, developmental disabilities, or alcohol or substance abuse. The law also requires that consumers and their families be part of the assessment and planning process when appropriate. Finally, the new Mississippi law calls for the appropriate institutional, hospital or community care setting for individuals, and may provide for the least restrictive placement if the treating professional believes such a setting is appropriate, if the person affected or their parent or legal guardian wants such services, and if the department can do so with a reasonable modification of the program without creating a fundamental alternation of the program.

A detailed listing of 2002 legislation is included in appendix C.

**Lawsuits**

Several state contacts said that *Olmstead*-related lawsuits—some of which have been settled—have been important factors in their long-term care planning and implementation efforts. Lawsuits in roughly half of the states are either pending or have recently been settled.

The lawsuits typically involve people with developmental disabilities who are seeking admission to home and community-based waiver programs. Lawsuits have focused on waiting lists, access to services and placement in integrated settings. However, their effect on the availability of community services is not yet clear.
Planning

As 2002 ended, the vast majority of states were engaged in structured planning efforts around Olmstead. Most states have published their plans or information on their ongoing planning processes on the Internet. Olmstead planning efforts are aimed at creating more choices in health care, housing, employment and long term supports for individuals with a broad range of disabilities. Strengthening consumer-directed care is a priority for many states. Some states revised their plans during the past year to reflect new areas of emphasis.

Task Forces

Forty-two states and the District of Columbia have task forces, commissions or state agency work groups to assess current long-term care systems. Many, but not all, task forces are developing plans. Eight states—Kansas, Michigan, Minnesota, Nebraska, Oregon, Rhode Island, South Dakota and Tennessee—do not have a task force or similar group.

A major strategy for complying with the Olmstead decision is either through the establishment of a new task force or the assignment of an existing long-term care commission to conduct Olmstead-related planning or coordination activities. Governors, legislators and agency heads took the lead in either creating the commissions or directing existing task forces to work on these issues.

- Among the commissions created by executive order were those in Arkansas, Indiana, Maryland, Missouri, North Dakota, Ohio, South Carolina, Texas and West Virginia.
- Some states have created work groups or task forces through state legislation. Among these states are California, Mississippi, New Hampshire, New Mexico, Nevada, New York, Oklahoma, Vermont and Virginia.
- Most task forces have developed under the leadership of state agency directors. Among these are Arizona, Georgia, Hawaii, Iowa, Illinois, Maine, Mississippi (which also has state legislation), North Carolina, Utah, Washington, Wyoming and the District of Columbia.

The scope and breadth of task force activities do not appear to be related to their method of establishment. However, it is notable that several of the most recent task forces were established through legislation that was spearheaded by advocates in the disability communities.

Most commissions are broad-based and give attention to cross-disability activities. Thus, their scope of work includes all people with disabilities. Most commissions publish reports on their activities on the Internet.

Although the Supreme Court case involved two women with both mental illness and developmental disabilities, the Olmstead decision has broad application to all disabled people, regardless of age. Thus, most states are assessing their systems of care for people with developmental disabilities, people with physical disabilities, people with mental illness and older people with disabilities. In addition, Olmstead activity focuses on various subgroups, including 1) institutional residents whose needs can be appropriately met in the community, 2) residents in community-based settings who require institutional care, and 3) people who reside in the community and are at risk for institutionalization because of the absence of care.

Some of the task forces consist entirely of state agency personnel organized in to work groups, while others have members from nearly every stakeholder group in the state. Many of the task
forces held hearings and meetings across the state and gathered feedback from consumer representatives. Many state task forces have Web sites that provide useful information about their Olmstead-related activities (see exhibit 3).

Plans: State Strategies and Plan Oversight

Most state task forces wrote plans that set forth goals and strategies for serving people with disabilities in the least restrictive settings. States, however, are in various stages of the planning process. Currently, 21 states have issued plans or reports, and at least 12 plan to issue them during 2003 (see exhibit 4). These numbers differ from those cited in NCSL’s January 2002 report because some states have revised their draft plans or delayed the release of their plans in order to seek further comments and make revisions.

- Ten states—Arizona, Indiana (also issued an updated interim report in December 2002, final report due June 2003), Iowa, Maryland, Mississippi, Missouri, Montana, Ohio, South Carolina and Texas (also issued an update in December 2002)—issued plans or reports in late 2000 or in 2001. A detailed analysis of these plans was presented in NCSL’s 2002 paper. Appendix A includes brief write-ups of each of these states.

| Exhibit 3. |
| State Olmstead-Related Web Sites |

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<th>State</th>
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<td>Alaska</td>
<td><a href="http://www.hss.state.ak.us/commissioner/instep">http://www.hss.state.ak.us/commissioner/instep</a></td>
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<tr>
<td>Arkansas</td>
<td><a href="http://www.state.ar.us/dhs/aging/olmarplandraft021014.pdf">http://www.state.ar.us/dhs/aging/olmarplandraft021014.pdf</a></td>
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<tr>
<td>California</td>
<td><a href="http://www.chhs.ca.gov/olmstead.html">http://www.chhs.ca.gov/olmstead.html</a></td>
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<tr>
<td>Delaware</td>
<td><a href="http://www.state.de.us/dhss/admin/cbaolmstead.txt">http://www.state.de.us/dhss/admin/cbaolmstead.txt</a></td>
</tr>
<tr>
<td>Iowa</td>
<td><a href="http://www.dhs.state.ia.us/mhdd/MHDDReports.htm">http://www.dhs.state.ia.us/mhdd/MHDDReports.htm</a></td>
</tr>
<tr>
<td>Illinois</td>
<td><a href="http://www100.state.il.us/gov/building/olmstead_intro.cfm">http://www100.state.il.us/gov/building/olmstead_intro.cfm</a></td>
</tr>
<tr>
<td>Indiana</td>
<td><a href="http://www.state.in.us/fssa/servicedisabl/olmstead/comprehensive.html">http://www.state.in.us/fssa/servicedisabl/olmstead/comprehensive.html</a></td>
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<tr>
<td>Kentucky</td>
<td><a href="http://chs.state.ky.us/olmstead">http://chs.state.ky.us/olmstead</a></td>
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<tr>
<td>Maine</td>
<td><a href="http://community.muskie.usmaine.edu/Materials/workplan.htm">http://community.muskie.usmaine.edu/Materials/workplan.htm</a></td>
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<tr>
<td>Massachusetts</td>
<td><a href="http://mass.gov/resources/ecbs_plan.pdf">http://mass.gov/resources/ecbs_plan.pdf</a></td>
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<td>Missouri</td>
<td><a href="http://www.dolr.state.mo.us/gcd/Olmstead/OlmsteadWebpage121401.htm">http://www.dolr.state.mo.us/gcd/Olmstead/OlmsteadWebpage121401.htm</a></td>
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<td>Mississippi</td>
<td><a href="http://www.mac.state.ms.us">http://www.mac.state.ms.us</a></td>
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<td>Montana</td>
<td><a href="http://www.dphhs.state.mt.us/sltc/whats_new/olmstead/12.01.final.olmstead.report.htm">http://www.dphhs.state.mt.us/sltc/whats_new/olmstead/12.01.final.olmstead.report.htm</a></td>
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<td>North Carolina</td>
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<td>North Dakota</td>
<td><a href="http://lnotes.state.nd.us/dhs/dhsweb.nsf">http://lnotes.state.nd.us/dhs/dhsweb.nsf</a></td>
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<tr>
<td>Ohio</td>
<td><a href="http://www.state.oh.us/age/ohioaccessrpt.pdf">http://www.state.oh.us/age/ohioaccessrpt.pdf</a></td>
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<tr>
<td>South Carolina</td>
<td><a href="http://www.scdhc.state.sc.us/olmstd.doc">http://www.scdhc.state.sc.us/olmstd.doc</a></td>
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<tr>
<td>Tennessee</td>
<td><a href="http://www.state.tn.us/comaging/TNlongtermcare.pdf">http://www.state.tn.us/comaging/TNlongtermcare.pdf</a></td>
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<tr>
<td>Texas</td>
<td><a href="http://www.hhsc.state.tx.us/tpip/tpip_report.html">http://www.hhsc.state.tx.us/tpip/tpip_report.html</a></td>
</tr>
<tr>
<td>Virginia</td>
<td><a href="http://www.olmsteadva.com">http://www.olmsteadva.com</a></td>
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</table>
Eleven states—Arkansas, Connecticut, Delaware (a commission report also due in March 2003), Hawaii, Illinois, Kentucky, Massachusetts (phase one), Utah, Washington, Wisconsin and Wyoming—released plans and reports in 2002. An analysis of each of these plans is presented in appendix A.

At least 12 states—Alabama (January 2003), California (April 2003), Colorado (2003), Louisiana (January 2003), Maine (March 2003), Nevada (June 2003), New Jersey (January 2003), New Mexico (2003), North Carolina (2003), Oklahoma (July 2003), Virginia (August 2003) and West Virginia (2003)—are working on their reports and plan to issue them during the year.

At least four jurisdictions—Alaska, Florida, Pennsylvania and the District of Columbia—have task forces but do not intend to write comprehensive plans or reports. Their efforts are focused on projects related to Olmstead.

The remaining six states with task forces did not specify whether they would write a plan or identify a date for release of a plan.

State Strategies

Each state has approached Olmstead planning differently. Some states developed specific strategies slated for implementation over a number of years, some identified key priorities for more immediate actions, some set forth broad policy recommendations to guide future action, and others anticipate frequent plan updates and revisions in what they consider to be working documents.

As was true of plans released in previous years, most Olmstead plans released in 2002 are significant efforts. They categorize services and programs within existing long-term care systems, identify the
numbers of people who are receiving services both in institutions and in the community, and recommend reforms that focus on consumer choice and dignity.

Like the plans released in 2001, the 2002 plans focus on the following strategies:
- Helping people make the transition from institutions into the community;
- Promoting affordable and accessible housing;
- Improving the recruitment and retention of direct care workers;
- Providing information and referral as well as family-centered assessments;
- Allowing funding to follow the individual rather than the providers;
- Reducing the waiting lists for home and community-based services;
- Increasing employment opportunities for people with disabilities;
- Enhancing data collection activities and systems;
- Improving transportation that complies with the Americans with Disabilities Act (ADA) requirements; and
- Assuring quality of care based on outcomes.

Transitions. Plans released in 2002 indicate that states are seeking to shift more people from institutions—primarily nursing homes—into the community and to divert unnecessary institutional placements during hospital discharge planning. The federal Centers for Medicare and Medicaid Services (CMS) has encouraged this strategy and provided funding through nursing home transition grants awarded to 27 states since 1998. During this time, both the size of the grants and the number of grantees have grown, from $160,000 to $175,000 to each of four states in year one to $550,000 to $800,000 to each of 11 states in 2002.

Housing. Almost all the plans released in 2002 came to the same conclusion—that the lack of accessible, affordable housing is one of the most significant barriers to serving more people with disabilities in the community. To that end, the Connecticut Long-Term Care Committee, for example, recommended improving the reporting of accessible housing units to its Accessible Housing Registry and exploring the possibility of providing tax incentives to encourage new homes or substantial renovations to meet minimum accessibility standards.

Workforce. Paraprofessional workers such as nursing assistants, home health aides and personal care attendants provide the bulk of hands-on care that many people with disabilities need in order to remain at home or in community-like environments. Vacancies and high turnover rates reportedly range from 40 percent to more than 100 percent annually among these workers. 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. It is no wonder that the task forces issued many recommendations to help remedy this situation. For example, Hawaii’s commission recommended identifying existing funds for workforce training and education, developing a unified community-living workforce development plan, and establishing a public-private partnership to provide professional liability insurance for community living personnel.

Information, Referral and Assessments. An important vehicle to ensure that people receive services in the most appropriate setting of their choice is through information, assessment and referral services. All the task forces stressed the importance of empowering consumers to make informed choices regardless of where they live. Two of the six objectives in Wisconsin’s plan outline strategies for informed choice, assessment and decision-making. Likewise, state officials in Wisconsin have been working to provide long-term care information through their resource centers. The resource centers offer voluntary, preadmission consultation and counseling services to people who have
long-term care needs. The federal government also has approved its new long-term care functional screening device, which is designed to standardize the nursing facility level of care determination process. Utah’s Division of Aging and Adult Services recommended developing an on-line, state- wide resource directory. Utah’s Division of Mental Health recommended adopting standardized preferred practice guidelines in the assessment of adults to ensure statewide consistency in the delivery of mental health services, with the goal of providing a comprehensive assessment to identify the least restrictive level of treatment for each individual.

Funding to Follow the Individual. State Medicaid programs are mandated to pay for nursing home services and a set of federal standards (often bolstered by state standards) governs the operation of such facilities. Except for home health services, home and community-based services are established under state option and exhibit great variation in availability and scope across the states. Some state task forces noted the “institutional bias” of required coverage for institutional care and options coverage for community-based care.

One strategy for increasing the availability of funds to support community-based care is to allow funds that are devoted to the care of institutional residents to follow them into the community. Arkansas recommended allowing Medicaid nursing home residents to receive a cash allowance to support their residence in their own homes. The state noted that converting 5 percent of funds that support clients in facilities into funds that support their community residence would channel more than $20 million into community settings.

Waivers. The Supreme Court suggested that a state could establish compliance with the ADA if it created a comprehensive, effective working plan for placing qualified people in less restrictive settings and made a good faith effort to reduce the waiting lists for community-based services at a reasonable pace. To ensure that matching federal Medicaid funds are available to them, states are suggesting provision of more home and community-based services through the 1915(c) waiver programs.

Employment. For younger people with disabilities, full integration into the community often may mean seeking paid employment. States are recognizing the value of adapting their Medicaid eligibility policies to support continued coverage for people with disabilities who work. In addition, several states are interested in making personal assistance services available to people in the workplace to support continued employment. In Washington, for example, a cross-agency workgroup has been working with multiple partners—including the Social Security Administration and employment providers—to plan for the implementation of the Ticket To Work and Work Incentives Improvement Act. The Medical Assistance Administration in Washington has chosen to change its Medicaid eligibility rules through the Medicaid Buy-In program to support the competitive employment of individuals with disabilities. Working people with disabilities make premium payments for their Medicaid coverage based on a sliding income scale. Likewise, as one of its goals, the Kentucky plan stressed that the employment rate for people with disabilities should be increased through the creation of a seamless system of employment supports.

Data Collection. As a first step in creating their plans, state commissions estimated the number of people with disabilities in the state who need services now and in the future and identified those at risk of needing services. They also assessed current long-term care services and identified gaps in service availability. This task led many state task forces to recognize the need for better data systems and information management infrastructures. For example, the Wyoming plan recommends that the Division of Aging and its Project OUT database track assessment time, the length of time on a waiting list, client satisfaction levels, and complaints and grievances.
Transportation. Several task forces acknowledged that serving people in the community is nearly impossible in some areas—particularly in remote and rural areas—because individuals lack accessible transportation. Hawaii, for example, recommended developing a unified, community-based living transportation plan with stakeholders and integrating ADA requirements into contracts with transportation vendors.

Quality and Accountability. Several task forces addressed the need both for monitoring the effects of long-term care programs and guaranteeing grievance procedures to consumers and putting into place procedures to ensure that their plans be evaluated, revised and updated regularly. Wyoming’s Aging Division recommended that the Olmstead plan monitoring be conducted by teams created in the quadrants of the state. The teams are to encompass families, consumers, providers, legislators and other policymakers who will evaluate the state’s compliance with its plan. Wyoming’s plan will be updated by July 1, 2004, and every two years thereafter, if not sooner. The governor in Illinois issued an executive order in 2002 to appoint an Illinois Disabilities Advisory Committee to monitor the progress of its plan. Massachusetts proposed establishing a baseline of expenditure and utilization rates for facility-based services to be updated annually as well as developing a process and timeline to compile lists of those individuals waiting for long-term care services and analyzing current client populations at risk of facility placement.

Plan Monitoring and Oversight

Some states have put processes in place to monitor, evaluate and revise their plans and to prioritize their recommendations for implementation. These activities are important for the state plans to remain meaningful.

Excellent examples of plan monitoring and oversight exist in Mississippi, Missouri and Texas, which were the first states to issue their plans. Each of these states put processes in place during 2002 to monitor their progress and/or set their implementation priorities.

- Mississippi currently is writing a progress report of its plan to determine which recommendations have been implemented using existing state agency resources and which recommendations have not been realized.
- Missouri created a new task force—the Personal Independence Commission—to prioritize the former commission’s plan recommendations and draft an action plan. Its major priorities include measuring plan implementation yearly; developing statewide Olmstead training for state agency and provider staff; creating a clearly defined appeals procedure; training consumers on how to hire and fire attendants; developing a universal application form for home and community services across agencies; monitoring waiting lists; and implementing the Ticket to Work Incentives Improvement Act, including the buy-in provisions.
- Texas issued its revised Promoting Independence Plan to the governor and Legislature on December 2002. In accordance with its state legislation—which created the Task Force on Appropriate Care Settings for Persons with Disabilities—the state’s Health and Human Services Commission revises the plan in even-numbered years.
CONCLUSION

Decreasing revenues and rising Medicaid costs caused tight budgets in most states in FY 2001 and FY 2002 and continued concern in FY 2003. The November 2002 election of new state legislators and governors marks a change in leadership in many of the states. The effect of these developments on long-term care reforms in the states is uncertain. A number of states are considering cost-containment options, many of which affect long-term care programs and services.

However, several state plans are works in progress for the long run. These plans will evolve in response to funding, stakeholder input, agency-related initiatives, and continued growth and demand for community services and supports for people with disabilities.
# Appendix A: State Contacts

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# State Contacts: Alabama - Arkansas

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<td>Name</td>
<td>Marilyn Ferguson, Director</td>
<td>Kathryn Cohen, Olmstead Coord.</td>
</tr>
<tr>
<td>Division</td>
<td>Long-Term Care Division</td>
<td>-</td>
</tr>
<tr>
<td>Dept</td>
<td>Alabama Medicaid Agency</td>
<td>Dept of Health &amp; Social Services</td>
</tr>
<tr>
<td>Phone</td>
<td>334.242.5009</td>
<td>907.465.3030</td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:mferguson@medicaid.state.al.us">mferguson@medicaid.state.al.us</a></td>
<td><a href="mailto:Kathryn_Cohen@health.state.ak.us">Kathryn_Cohen@health.state.ak.us</a></td>
</tr>
</tbody>
</table>

| Name     | Millie Ryan, Executive Director|
| Division | Governor’s Council on Disabilities|
| Dept     | -                               |
| Phone    | -                               |
| Email    | Millie_Ryan@health.state.ak.us |

<table>
<thead>
<tr>
<th>State</th>
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<th>Arkansas</th>
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<tr>
<td>Name</td>
<td>Alan Schafer</td>
<td>Herb Sanderson, Director</td>
</tr>
<tr>
<td>Division</td>
<td>AHCCCS/ALTCS (AZ Medicaid)</td>
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</tr>
<tr>
<td>Dept</td>
<td>-</td>
<td>AR Dept of Human Services</td>
</tr>
<tr>
<td>Phone</td>
<td>602.417.4614</td>
<td>501.682.2441</td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:agschafer@ahcccs.state.az.us">agschafer@ahcccs.state.az.us</a></td>
<td><a href="mailto:herb.sanderson@mail.state.ar.us">herb.sanderson@mail.state.ar.us</a></td>
</tr>
</tbody>
</table>

| Name     | Brian Lensch                   | John Selig, Deputy Director   |
| Division | Div. of Developmental Disabilities| -                               |
| Dept     | Department of Economic Security| AR Dept of Human Services     |
| Phone    | -                              | 501.682.8650                  |
| Email    | vvkblen@de.state.az.us         | john.selig@mail.state.ar.us   |
## State Contacts:
### California - Delaware

<table>
<thead>
<tr>
<th>STATE</th>
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<th>COLORADO</th>
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<tr>
<td>NAME</td>
<td>Mary Lamar-Wiley, Chief</td>
<td>Fred DeCrescentis, Director</td>
</tr>
<tr>
<td>DIVISION</td>
<td>Operations Mgmt &amp; Policy Section</td>
<td>Developmental Disabilities Svcs</td>
</tr>
<tr>
<td>DEPT</td>
<td>Health and Human Services Agency</td>
<td>-</td>
</tr>
<tr>
<td>PHONE</td>
<td>916.654.0392</td>
<td>303.866.7450</td>
</tr>
<tr>
<td>E-MAIL</td>
<td>-</td>
<td><a href="mailto:fred.decrescentis@state.co.us">fred.decrescentis@state.co.us</a></td>
</tr>
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</table>

| NAME | Deborah Doctor | Bill West |
| DIVISION | CA Protection & Advocacy | Systems Change |
| DEPT | Coalition of Californians for Olmstead | CO Dept of Health Care Policy & Financing |
| PHONE | 510.430.8033 | 303.866.2991 |
| E-MAIL | deborah.doctor@pai-ca.org | - |

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<tr>
<td>NAME</td>
<td>David Guttchen, Chair</td>
<td>Kyle Hodges</td>
</tr>
<tr>
<td>DIVISION</td>
<td>LTC Planning Committee</td>
<td>Disability Planning Council</td>
</tr>
<tr>
<td>DEPT</td>
<td>Office of Policy and Management</td>
<td>-</td>
</tr>
<tr>
<td>PHONE</td>
<td>860.418.6318</td>
<td>302.739.3613</td>
</tr>
<tr>
<td>E-MAIL</td>
<td><a href="mailto:david.guttchen@po.state.ct.us">david.guttchen@po.state.ct.us</a></td>
<td><a href="mailto:khodges@state.de.us">khodges@state.de.us</a></td>
</tr>
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</table>

| NAME | Linda Mead, Co-Chair | - |
| DIVISION | LTC Planning Committee | - |
| DEPT | - | - |
| PHONE | 860.424.5995 | - |
| E-MAIL | linda.mead@po.state.ct.us | - |
# State Contacts:
**District of Columbia - Hawaii**

<table>
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<tr>
<th>State</th>
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<th>Florida</th>
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<tbody>
<tr>
<td><strong>NAME</strong></td>
<td>Rolda Hamblin</td>
<td>Keith Young</td>
</tr>
<tr>
<td><strong>DIVISION</strong></td>
<td>District of Columbia Medicaid</td>
<td>FL Medicaid</td>
</tr>
<tr>
<td><strong>DEPT</strong></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>PHONE</strong></td>
<td>202.442.5072</td>
<td>850.487.2618</td>
</tr>
<tr>
<td><strong>E-MAIL</strong></td>
<td><a href="mailto:rolda.hamblin@dc.gov">rolda.hamblin@dc.gov</a></td>
<td><a href="mailto:youngk@fdhc.state.fl.us">youngk@fdhc.state.fl.us</a></td>
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<tr>
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<tr>
<td><strong>NAME</strong></td>
<td>Carie Summers, Policy Coord.</td>
<td>Lillian Koller, Director</td>
</tr>
<tr>
<td><strong>DIVISION</strong></td>
<td>Gov. OPB</td>
<td>-</td>
</tr>
<tr>
<td><strong>DEPT</strong></td>
<td>Human Development Office</td>
<td>Dept. of Human Services</td>
</tr>
<tr>
<td><strong>PHONE</strong></td>
<td>404.656.4337</td>
<td>808.586.4888</td>
</tr>
<tr>
<td><strong>E-MAIL</strong></td>
<td><a href="mailto:ssce@mail.opb.state.ga.us">ssce@mail.opb.state.ga.us</a></td>
<td><a href="mailto:shawj@dms.state.fl.us">shawj@dms.state.fl.us</a></td>
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<tr>
<td><strong>NAME</strong></td>
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<td>Susan Yamamoto</td>
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<td><strong>PHONE</strong></td>
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<td>808.586.4888</td>
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<tr>
<td><strong>E-MAIL</strong></td>
<td>-</td>
<td><a href="mailto:syamamoto2@dhs.state.hi.us">syamamoto2@dhs.state.hi.us</a></td>
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## STATE CONTACTS: IDAHO - IOWA

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<th>STATE</th>
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<tr>
<td>NAME</td>
<td>Barbara Hancock</td>
<td>Krista Saputo</td>
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<tr>
<td>DIVISION</td>
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<tr>
<td>DEPT</td>
<td>ID Dept of Health and Welfare</td>
<td>IL Dept of Human Services</td>
</tr>
<tr>
<td>PHONE</td>
<td>208.466.9255 x700</td>
<td>217.785.9088 or 312.814.1717</td>
</tr>
<tr>
<td>E-MAIL</td>
<td><a href="mailto:hancockb@idhw.state.id.us">hancockb@idhw.state.id.us</a></td>
<td><a href="mailto:dhse039@dhs.state.il.us">dhse039@dhs.state.il.us</a></td>
</tr>
<tr>
<td>NAME</td>
<td></td>
<td>Grace Tsao</td>
</tr>
<tr>
<td>DIVISION</td>
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<tr>
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<td>IL Dept of Human Services</td>
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<tr>
<td>PHONE</td>
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<td>217.814.1717</td>
</tr>
<tr>
<td>E-MAIL</td>
<td></td>
<td><a href="mailto:dhse004@dhs.state.il.us">dhse004@dhs.state.il.us</a></td>
</tr>
<tr>
<td>NAME</td>
<td>Alison Becker</td>
<td>Lila Starr, Olmstead Coordinator</td>
</tr>
<tr>
<td>DIVISION</td>
<td>Family &amp; Social Services Admin</td>
<td>Division of BDPS</td>
</tr>
<tr>
<td>DEPT</td>
<td></td>
<td>IA Dept of Human Services</td>
</tr>
<tr>
<td>PHONE</td>
<td>317.234.1527</td>
<td>515.281.6086</td>
</tr>
<tr>
<td>E-MAIL</td>
<td><a href="mailto:abecker@fssa.state.in.us">abecker@fssa.state.in.us</a></td>
<td><a href="mailto:lstarr@dhs.state.ia.us">lstarr@dhs.state.ia.us</a></td>
</tr>
<tr>
<td>NAME</td>
<td>William T. Johnson</td>
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</tr>
<tr>
<td>E-MAIL</td>
<td><a href="mailto:wjohnson@fssa.state.in.us">wjohnson@fssa.state.in.us</a></td>
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## State Contacts:
### Kansas - Maine

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<tbody>
<tr>
<td>Name</td>
<td>Laura Howard</td>
<td>Paula Holbrook, Asst. Counsel</td>
</tr>
<tr>
<td>Division</td>
<td>Division of Health Care Policy</td>
<td>Office of General Counsel</td>
</tr>
<tr>
<td>Dept</td>
<td>Dept of Social &amp; Rehabilitative Svcs</td>
<td>Cabinet for Health Services</td>
</tr>
<tr>
<td>Phone</td>
<td>785.296.3773</td>
<td>502.564.7905</td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:lkzh@srskansas.org">lkzh@srskansas.org</a></td>
<td><a href="mailto:Paula.Holbrook@mail.state.ky.us">Paula.Holbrook@mail.state.ky.us</a></td>
</tr>
<tr>
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<tr>
<td>Name</td>
<td>Laura Brackin</td>
<td>Chris Zukas-Lessard, Deputy Dir</td>
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<tr>
<td>Division</td>
<td>Bureau of Medical Services</td>
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<tr>
<td>Dept</td>
<td>LA Disability Affairs</td>
<td>Dept of Human Services</td>
</tr>
<tr>
<td>Phone</td>
<td>225.572.0325</td>
<td>207.287.3828</td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:laura.brackin@gov.state.la.us">laura.brackin@gov.state.la.us</a></td>
<td><a href="mailto:chris.zukas-lessard@state.me.us">chris.zukas-lessard@state.me.us</a></td>
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<tr>
<td>Name</td>
<td>Stacey Webb</td>
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<td>Phone</td>
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<tr>
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<td><a href="mailto:webbs@idsmail.com">webbs@idsmail.com</a></td>
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## State Contacts: Maryland - Minnesota

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<tr>
<th>STATE</th>
<th>MARYLAND</th>
<th>MASSACHUSETTS</th>
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<tbody>
<tr>
<td>NAME</td>
<td>Tracy DeShield</td>
<td>Deirdre Whelan</td>
</tr>
<tr>
<td>DIVISION</td>
<td>-</td>
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<tr>
<td>DEPT</td>
<td>Dept of Health &amp; Mental Hygiene</td>
<td>Dept of Medical Assistance</td>
</tr>
<tr>
<td>PHONE</td>
<td>410.767.3480</td>
<td>617.727.6374 x114</td>
</tr>
<tr>
<td>E-MAIL</td>
<td><a href="mailto:deshields@dhmh.state.md.us">deshields@dhmh.state.md.us</a></td>
<td><a href="mailto:deirdre.whelan@state.ma.us">deirdre.whelan@state.ma.us</a></td>
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| NAME          | -                                           | -                                 |
| DIVISION      | -                                           | -                                 |
| DEPT          | -                                           | -                                 |
| PHONE         | -                                           | -                                 |
| E-MAIL        | -                                           | -                                 |

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<tr>
<td>NAME</td>
<td>Mark Cody</td>
<td>Mary Kennedy, Director</td>
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<tr>
<td>DIVISION</td>
<td>-</td>
<td>Minnesota Medicaid</td>
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<tr>
<td>DEPT</td>
<td>MI Protection &amp; Advocacy Service</td>
<td>-</td>
</tr>
<tr>
<td>PHONE</td>
<td>517.374.4628</td>
<td>651.297.4122 or 651.297.7515</td>
</tr>
<tr>
<td>E-MAIL</td>
<td>-</td>
<td><a href="mailto:mary.kennedy@state.mn.us">mary.kennedy@state.mn.us</a></td>
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| NAME          | Liz O’Hara                                  | -                                 |
| DIVISION      | -                                           | -                                 |
| DEPT          | MI Protection & Advocacy Service            | -                                 |
| PHONE         | 517.333.4253                                | -                                 |
| E-MAIL        | -                                           | -                                 |
# State Contacts:
## Mississippi - Nebraska

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<tr>
<th>State</th>
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<tbody>
<tr>
<td>Name</td>
<td>Kristi Plotner</td>
<td>Kristin Dunham</td>
</tr>
<tr>
<td>Division</td>
<td>Division of Medicaid</td>
<td>Paraquad</td>
</tr>
<tr>
<td>Dept</td>
<td>-</td>
<td>Governor’s Council on Disability</td>
</tr>
<tr>
<td>Phone</td>
<td>601.359.6050</td>
<td>314.567.1558 x251</td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:kmkrp.dom4_po@medicaid.state.ms.us">kmkrp.dom4_po@medicaid.state.ms.us</a></td>
<td><a href="mailto:kdunham@paraquad.org">kdunham@paraquad.org</a></td>
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<tbody>
<tr>
<td>Name</td>
<td>Joe Mathews, Director</td>
<td>David Babcock</td>
</tr>
<tr>
<td>Division</td>
<td>Disabilities Services Division</td>
<td>Legal Services Division</td>
</tr>
<tr>
<td>Dept</td>
<td>MT DPHHS</td>
<td>NE Dept of Health &amp; Human Svcs</td>
</tr>
<tr>
<td>Phone</td>
<td>406.444.2590</td>
<td>402.471.4731</td>
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<td>Email</td>
<td><a href="mailto:jmathews@state.mt.us">jmathews@state.mt.us</a></td>
<td><a href="mailto:david.babcock@hhss.state.ne.us">david.babcock@hhss.state.ne.us</a></td>
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| Name   | -                               | -                           |
| Division| -                               | -                           |
| Dept   | -                               | -                           |
| Phone  | -                               | -                           |
| Email  | -                               | -                           |
### STATE CONTACTS:
**NEVADA - NEW MEXICO**

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<tr>
<th>STATE</th>
<th>NEVADA</th>
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<tbody>
<tr>
<td>NAME</td>
<td>Mary Liveratti, Deputy Dir</td>
<td>Susan Fox, Director</td>
</tr>
<tr>
<td>DIVISION</td>
<td>-</td>
<td>Bureau of Developmental Services</td>
</tr>
<tr>
<td>DEPT</td>
<td>Human Resources Department</td>
<td>-</td>
</tr>
<tr>
<td>PHONE</td>
<td>775.684.4000</td>
<td>603.271.0841 or 603.228.2084</td>
</tr>
<tr>
<td>E-MAIL</td>
<td><a href="mailto:mliveratti@dhr.state.nv.us">mliveratti@dhr.state.nv.us</a></td>
<td><a href="mailto:SFox@dhhs.state.nh.us">SFox@dhhs.state.nh.us</a></td>
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| NAME              | -                                           | -                                 |
| DIVISION          | -                                           | -                                 |
| DEPT              | -                                           | -                                 |
| PHONE             | -                                           | -                                 |
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<tr>
<td>NAME</td>
<td>William Ditto, Director</td>
<td>Rebecca Shuman</td>
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<tr>
<td>DIVISION</td>
<td>Division of Disability Services</td>
<td>ARC of New Mexico</td>
</tr>
<tr>
<td>DEPT</td>
<td>NJ Dept of Human Services</td>
<td>-</td>
</tr>
<tr>
<td>PHONE</td>
<td>609.292.7800</td>
<td>505.883.4630</td>
</tr>
<tr>
<td>E-MAIL</td>
<td><a href="mailto:william.ditto@dhs.state.nj.us">william.ditto@dhs.state.nj.us</a></td>
<td><a href="mailto:rshuman@arcnm.com">rshuman@arcnm.com</a></td>
</tr>
</tbody>
</table>

| NAME              | Joe Young, Deputy Director                  | Consuelo "Sadi" Trujillo          |
| DIVISION          | NJ Protection & Advocacy, Inc.              | Medicaid Division                 |
| DEPT              | -                                           | Human Resources Department        |
| PHONE             | 609.292.9742                                | 505.827.3164                      |
| E-MAIL            | jyoung@njpanda.org                          | sadi.trujillo@state.nm.us         |
# State Contacts:

## New York - Ohio

<table>
<thead>
<tr>
<th>State</th>
<th>New York</th>
<th>North Carolina</th>
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<tbody>
<tr>
<td><strong>Name</strong></td>
<td>Kevin Banes, Legislative Director</td>
<td>Lynda McDaniel, Asst Secretary</td>
</tr>
<tr>
<td><strong>Division</strong></td>
<td>Office of Asm. Kevin A. Cahill</td>
<td>Long-Term Care</td>
</tr>
<tr>
<td><strong>Dept</strong></td>
<td>New York State Assembly</td>
<td>Dept of Health &amp; Human Services</td>
</tr>
<tr>
<td><strong>Phone</strong></td>
<td>518.455.4436</td>
<td>919.733.7011</td>
</tr>
<tr>
<td><strong>E-mail</strong></td>
<td><a href="mailto:cahillk@assembly.state.ny.us">cahillk@assembly.state.ny.us</a></td>
<td><a href="mailto:Lynda.McDaniel@ncmail.net">Lynda.McDaniel@ncmail.net</a></td>
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<th>State</th>
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<tbody>
<tr>
<td><strong>Name</strong></td>
<td>Heather Steffl, Public Info. Spcl</td>
<td>Jim Downie, Sr. Policy Analyst</td>
</tr>
<tr>
<td><strong>Division</strong></td>
<td>-</td>
<td>Office of Ohio Health Plans</td>
</tr>
<tr>
<td><strong>Dept</strong></td>
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<tr>
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<td>Marilyn Eckley, Director</td>
<td>Frank Spinelli</td>
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<td>DIVISION</td>
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### State Contacts: Utah - Washington

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<td>DIVISION</td>
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<table>
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<tbody>
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</tr>
<tr>
<td><strong>Division</strong></td>
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<tr>
<th>State</th>
<th>Wyoming</th>
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<tbody>
<tr>
<td><strong>Name</strong></td>
<td>Jennifer Aragon</td>
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</tr>
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<td><strong>Division</strong></td>
<td>Office of the Director</td>
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<tr>
<th>State</th>
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<td><strong>Name</strong></td>
<td>Margaret Rosso, Program Mgr</td>
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<td>Aging Division</td>
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ALABAMA

Task Force
Officials from the Long-Term Care Division of Alabama Medicaid are spearheading the state’s planning efforts. They are working with state officials from the Department of Mental Health, the Department of Human Resources, the Department of Public Health, the Governor’s Office on Disabilities, representatives from providers groups, consumer advocates and people with disabilities.

Four subcommittees have been formed. These subcommittees are 1) Consumer Direction, 2) Needs Assessment, 3) Best Practices, and 4) Resource Development and Coordination. Each subcommittee is chaired or co-chaired by a stakeholder. The Resource Development and Coordination Subcommittee will compile the recommendations from the other three subcommittees to form the draft plan, which is scheduled to be revised in December 2002 and completed in January 2003 before the legislative session begins in February.

The Plan
To date, the final plan has not been completed. The finalized state plan will focus on expanding access to home and community-based services for all disability groups. The state intends to look at its entire Medicaid program in the next few years, rather than looking at home and community-based services in isolation. The state currently facilitates assessments of institutionalized disabled people for movement into less restrictive care settings, immediately acting on requests from people who want to move back to the community.

Implementation
Legislation
There was no legislation in 2002 related to the Olmstead decision.

Lawsuits
Wyatt vs. Sawyer, a lawsuit settled in 2001, established specific assessment procedures to identify people with mental illness and with developmental disabilities. The plan discusses reduction of institutional beds, discharge planning procedures, development of community placement and certification of providers. Similar procedures likely will be adopted for individuals in nursing homes and those in the Department of Rehabilitation Services’ independent living units. For an update on lawsuits throughout the country, see Status Report: Litigation Concerning Medicaid Services for Persons with Developmental and Other Disabilities by Gary A. Smith at http://www.hsri.org/index.asp?id=news.

Next Steps
Alabama received a $2 million Real Choice Systems Change Grant. The money is being used to identify successful strategies to recruit and retain in-home workers, including strategies that focus on wages, benefits, training and establishment of a career path. Funds also will support technical assistance regarding consumer self-determination practices to consumers and advocacy organizations and implementation of an assessment process based on consumer preferences.
**ALASKA**

**Task Force**
The state Legislature created four planning and advocacy boards that provide policy direction and guide budget decisions related to community-based care. The Alaska Mental Health Trust Authority and state general funds fund the boards. Composed of consumers, public and private providers, and interested members of the public, each planning and advocacy board is responsible for a statewide plan. Although Alaska does not have a specific Olmstead planning group, the state is carrying out Olmstead planning through the boards.

**The Plan**
The planning boards collaborated to produce *In-Step, Comprehensive Integrated Mental Health Plan*, which was released in December 2001. This results-based plan offers a framework for decision makers to determine improvement to state services.

Although the title of this plan appears to limit the plans to the mental health system, it actually guides the programs and services provided to Alaskans who are beneficiaries of the Alaska Mental Health Trust Authority. Anyone can be a trust beneficiary who has a mental disorder that creates a risk of hospitalization or a major impairment of self-care, self-direction, social and economic functioning such that he or she needs continuing or intensive services. Alaska Mental Health Trust beneficiaries include people with mental illness, developmental disabilities, chronic alcoholism, and Alzheimer’s disease and related disorders. Each designated beneficiary group is represented by one of four advocacy boards: the Alaska Mental Health Board (mental illness), the Governor’s Council on Disabilities and Special Education (developmental disabilities), the Advisory Board on Alcoholism and Drug Abuse (chronic alcoholics) and the Alaska Commission on Aging (Alzheimer’s disease and related disorders).

*In Step, Comprehensive Integrated Mental Health Plan* is located at www.hss.state.ak.us/commissioner/instep.

**Implementation**
The Alaska Mental Health Trust Authority will require reference to the results-based plan when the planning and advocacy boards and state agencies prepare their budget proposals.

**Funding**
The Alaska Mental Health Trust Authority has provided funding for the Governor’s Council on Disabilities and Special Education to address recruitment and retention issues for all its beneficiary groups through the Alaska Alliance for Direct Service Careers. Service recipients, family members and representatives from the four beneficiary groups, state agencies and service providers helped develop the alliance’s plan, which is currently being implemented and evaluated. Particular attention is being paid to implementing strategies to increase wages and improve benefits for direct service staff, increasing the awareness of the value of direct service careers, and increasing retention through training for direct service staff and leadership training for front-line supervisors.

The Division of Mental Health and Developmental Disabilities received funding in 2002 to implement its “Real Choice Systems Change” grant. Project goals are to 1) ensure that a planning, capacity building, monitoring and advocacy structure is in place that will result in real choice...
systems change; 2) integrate self-determined service delivery into current service delivery systems; and 3) improve access to services through systems reform and the development, implementation and evaluation of consumer-driven care coordination and case management systems.

The Alaska Governor’s Council on Disabilities and Special Education has a systems change grant, the “Alaska Works Initiative,” which is designed to reduce barriers to employment experienced by people with significant disabilities. This project encompasses a number of initiatives, including efforts to increase availability of accessible, affordable housing, coordinated transportation systems, Medicaid waivers and personal assistance regulations and policies. Accomplishments include the creation of the Alaska Consumer Leadership Network (composed of consumers around the state); leadership training for the network; the addition of case managers and benefit counselors to state agencies and providers who work with people who are experiencing disabilities; and provider training regarding federal and state work incentives.

Alaska has received a number of other federal grants designed to promote community-based care. The first is the “Personal Assistance Services and Supports” grant or the “Community Integrated PASS Project,” in the amount of $900,000. This project builds on the recently initiated consumer-directed personal assistance program by providing training programs and technical assistance and by working with consumers to advance concepts of individual choice and consumer control. The second grant, the “Nursing Facility Transition Grant,” is for $800,000. This grant will identify Alaskans who want to make the transition from nursing facilities into the community and set the necessary support services in place to promote their transition.

Successes
In response to the need for a well-developed continuum of mental health care for Alaska’s children and youth, the state has moved forward on a two-phased need assessment. The first phase addresses the demographic and clinical profiles of children in out-of-state care in order to determine what services are needed to bring them back to Alaska. The second phase includes an analysis of capacity, use and gaps in the delivery system and identifies barriers to developing more comprehensive in-state services. As part of the effort to build the critical capacity needed to reduce the number of children in out-of-state residential psychiatric treatment centers, the state has applied for a SAMSHA children’s mental health initiative grant and also prepared a proposal to the Alaska Mental Health Trust Authority for a multi-agency, five-year initiative entitled “Bring the Kids Home.”

Alaska has many successes regarding provision of community-based care for people with disabilities. For the past 20 years, cooperative planning efforts have guided this work. Some of the results include: 1) having one of the nation’s highest ratios of assisted living to nursing home beds; 2) being the only state with no state or privately operated ICF/MR (the state institution closed in 1997 in favor of home-like settings and community-based alternatives); and 3) reducing the size of the only state psychiatric institution from 176 beds to 74 beds, made possible by enhancing community-based alternatives and support services.

Challenges
Recruitment and Retention: Service providers are finding it increasingly difficult to recruit and retain qualified staff. In the developmental disability system, for example, not only are providers finding it difficult to provide quality services to existing consumers, a 2001 survey indicates that they could serve only 8 percent of the 1,000 children and adults waiting for services who are eligible for Medicaid waiver services.
**Service Capacity:** The number of children and adults with autism has grown considerably during the past few years. Other groups with unmet needs include students with serious emotional disturbances, individuals with behavioral health needs (especially individuals with inappropriate, violent and/or sexual behaviors), individuals with dual diagnoses, and individuals with disabilities who are parents.

**Self-Determination:** Many individuals being served have expressed a desire for more direction and control over their own supports and services. Although a foundation exists with the developmental disability voucher respite option, existing systems do not support self-determination or self-directed services.

**Lawsuits**
There are no lawsuits in Alaska regarding the *Olmstead* decision.

**Next Steps**
Activities are under way to increase service capacity. For example, the Governor’s Council on Disabilities and Special Education helped plan an April 2002 statewide Autism Summit that was convened by the commissioners of the Department of Health and Social Services and the Department of Education and Early Development. Participants represented important stakeholder groups, including parents of children experiencing autism, early childhood educators, infant learning program providers, psychologists, state agency heads, teachers, speech and language providers, protection and advocacy staff, special education directors and advocacy organizations. Priority recommendations included establishing an Autism Resource Center; developing a system of pre-service, in-service and training for providers, educators and parents; and establishing a system for collecting and maintaining data about autism. A workgroup is further refining these recommendations for implementation during the upcoming year.

The Governor’s Council on Disabilities and Special Education, the State Independent Living Council, the Alaska Mental Health Board, the Alaska Commission on Aging, the Governor’s Committee on Employment and Rehabilitation of People with Disabilities, and the Alaska Mental Health Trust Authority currently are planning the second Disability Summit, which is tentatively scheduled for Feb. 12, 2003. Because Alaska has both a new administration and a new Legislature, the February 2003 Summit will provide the disability community with an opportunity to discuss its agenda with new state officials.
Arizona

Task Force

The governor directed officials in the Arizona Department of Human Services’ Division of Behavioral Health Services (ADHS/DBHS), the Arizona Department of Economic Security’s Division of Developmental Disabilities (ADES/DDD), and the Arizona Health Care Cost Containment System (AHCCCS, the Medicaid agency) to prepare plans to address the issues raised in *Olmstead*. These separate plans were consolidated and revised to create a final version. The final plan, released in September 2001, is located at http://www.ahcccs.state.az.us/publications/olmstead/default.asp

The agencies meet periodically to review and update the final plan and continue to seek consumer input as to the status of the recommendations. As of Dec. 5, 2002, there had been no changes in the plan and none are anticipated until 2003. These agencies are focusing the *Olmstead* plan on the programs that are covered by Medicaid funding.

The Plan

The plan addresses individuals with mental illness, the elderly, and the physically and developmentally disabled. The focus is on moving individuals from institutions into community settings and on preventing the loss of services for those who already are in the community. In developing the final plan, consumer input was sought in regional stakeholder meetings and statewide public forums.

The stated goals of the plan are to:

- Address the recommendations of the Centers for Medicare and Medicaid Services (CMS) and the Office of Civil Rights in meeting the principles embedded in the *Olmstead* decision.
- Demonstrate the progress Arizona has made in meeting these principles.
- Identify areas for improvement in the delivery of home and community-based setting and services.
- Ensure that consumers, advocates and other stakeholders are included in the planning process.
- Identify the data that must be collected to achieve the goals.
- Evaluate the progress the state is making toward meeting the goals and revising them, as needed.

The outcomes from the plan are to:

- Strengthen informed decision-making and choice for consumers.
- Improve community service systems.
- Improve administrative processes to support community integration.
- Monitor the overall capacity of the service system to provide services and supports that improve access to community integration.

The common themes for all state agencies are as follows:

1. Labor Force

AHCCCS/ALTCS/EPD and ADES/DDD are considering the following options:

- AHCCCS/ALTCS/EPD and ADES/DDD are considering the following options:
- Use of Medicaid Arizona Long-Term Care System (ALTCS) funds to pay spouses and
parents as personal care attendants
- Provision of interim pay to personal care attendants when the consumer is out of the home (e.g., hospitalization).
- Increase pay for home and community-based providers.
- Provide consumer-directed services.
- In addition, ADHS/DBHS is reevaluating its current service matrix, which includes the types of services and the recommended service reimbursement rates.

2. Education and Information to Consumers
- AHCCCS is considering developing and distributing informational materials to help make informed choices.
- Beginning Oct. 1, 2001, AHCCCS requires all contractors to convene member/provider councils that represent the ALTCS/EPD consumers within a given geographical region. These councils will provide a forum for discussions and feedback on the Olmstead plan.
- ADHS/DBHS will provide training to consumers and providers on the philosophy of recovery. Training programs for peer mentors also will be expanded.

3. Consumer Centered Care Management
- Provide ongoing training to consumers on consumer centered care management.
- Encourage self-advocacy.

4. Provider Networks
- Agencies are conducting an ongoing analysis of the service networks in Arizona.
- Beginning October 1, 2001, all AHCCCS/ALTCS program contractors must have formal Network Development and Management Plans to identify the current status of the network and project future needs based on membership growth.
- ADHS/DBHS is implementing a new system for monitoring service networks.

Implementation

Legislation
There was no 2002 legislation related to the Olmstead decision.

Funding
State officials expect any program or service changes to be cost-neutral and do not expect increases beyond normal inflation.

Successes
Existing programs do not restrict the number of people that can be placed in home and community-based services settings, making it one of the major successes to date.

Challenges
Lack of both time and staff are major challenges for the state. Another barrier is the extreme shortage of providers.

Lawsuits
One current lawsuit, Ball vs. Beidess, which addresses the issue of the extreme shortage of providers and low reimbursement rates, is pending in federal district court. The plaintiffs, a group of disabled individuals, claim they have been or will be denied adequate attendant care services as prescribed in their care plans. For an update on lawsuits in Arizona and other states, see Status Report: Litigation Concerning Medicaid Services for Persons with Developmental and Other Disabilities by Gary A. Smith at http://www.hsri.org/index.asp?id=news
Next Steps
There are no specific timetables for plan implementation. Each agency involved in the planning is working on implementing what it can, when it can. In general, the workplan items are related to program improvement.
Arkansas

Task Force
The governor of Arkansas issued an executive order in May 2000 that directed the Department of Human Services (DHS) to develop a working group. An Olmstead Working Group ("OWG") was appointed to write an Olmstead Plan for Arkansas. However, due to the enormity of the task, no plan was produced at that time. Following the initial work of the Olmstead Work Group in 2000, the Department of Human Services (DHS) submitted a 30-page report to the governor in February 2001 that noted seven initial recommendations for Arkansas:

1. Review current systems to identify opportunities for change;
2. Adequately fund the Division of Developmental Disabilities Services ("DDS") Home and Community–Based Services under the Medicaid waiver and monitor all waiver service quality;
3. Pilot and develop as assessment process to evaluate consumers’ choice of care setting;
4. Develop teams to assist individuals who desire to make a transition to other service settings;
5. Appoint and convene an ongoing advisory group for Olmstead implementation;
6. Reconvene a Supported Housing Task force; and
7. Apply for a federal Real Choice Systems Change Grant.

The governor then authorized the Director of the Department of Human Services to appoint a 23-member Governor's Integrated Services Task force ("GIST") to assist DHS in writing a comprehensive, effectively working plan. The task force was created to replace the working group and guide the development of the “comprehensive, effectively working state plan.” The diverse group, established in June 2001, included 16 consumers, advocates or providers; one representative each from the Department of Rehabilitation Services and Social Security Disability Determination; and five DHS division directors (Medical Services, Mental Health, Developmental Disabilities, Aging and Adult Services, and the Office of Chief Council). The GIST formed subcommittees for Public Awareness; Staffing; Finance; Supports and Services; Assessment, Access and Transition; and Quality Assurance. Since July 2, 2001, the GIST has held more than a dozen full meetings and many more subcommittee meetings.

Even with the progress on the Olmstead Report recommendations, much work remained. The GIST subcommittees formulated 115 new recommendations, which were approved by the full task force on May 28, 2002. DHS staff were assigned to work with GIST members on a writing committee to evaluate how the recommendations could be incorporated into a comprehensive and effective working plan. GIT selected its top 10 recommendations and voted to assign the work of writing the final plan to DHS. The plan now has been submitted to the governor, the Legislature, consumers, advocates, providers and the general public.

The Plan

The top 10 recommendations from the GIST are listed below:

1. Address issues related to the Nurse Practice Act.
2. Restructure mental health service delivery.
3. Develop a Web site listing consumer services.
4. Use existing housing funds to finance integrated housing community facilities.
5. Provide information to applicants about alternatives to institutionalization.
6. Facilitate transitions from institutional settings to the community.
7. Reduce waiting lists for home and community waivers.
8. Reduce response times for obtaining home and community waiver.
9. Increase consumer direction for waiver and state plan services.
10. Advocate for mental health parity for health insurance.

Even though these 10 recommendations are ranked as priorities by the GIST, DHS considered all the recommendations and incorporated them by reference in the report. In addition, because of the cooperation that developed among GIST members, the state felt that emphasizing the ten GIST priorities would contribute to the evolving collaboration. To capitalize on this collaboration, DHS will request authorization for the governor to continue the GIST for one additional year and retain a majority of its current members.

These recommendations led to a series of strategies, including proposals for:
1. Major changes to the state's mental health care system, including a request for $11.6 million in new state funding to implement the changes during the next biennium.
2. Quicker access to home and community-based care services, including a request for $6.4 million in new state funds for the DDS waiver. These funds will be used to match Medicaid, which means more than $20 million in total spending over the biennium.
3. Assessment of all individuals (private pay and Medicaid) who are seeking to enter an institution to determine eligibility and fully inform them of their community options. The face-to-face assessment, which will occur before an individual enters an institution, will be conducted by professionals independent of any service organization.
4. Allowing money to follow the client. With the support of a State Innovation Grant from HHS, Arkansas will allow Medicaid beneficiaries who live in nursing homes an option to receive a cash allowance to live in their own homes. If just 5 percent of institutional dollars follow the client into the community through this program, more than $20 million will move from institutional to home and community-based care.

The Change Component of the Plan
The collaboration component lays out the most current information about all the actual work done by the state, the GIST, the public, the courts, and the federal government. Much energy has gathered surrounding the work of redefining and redesigning the array of services. Although much already has occurred, many challenges lie ahead.

- Funding is becoming an increasing concern. In many ways, it represents the most serious challenge to the transformation of services for people with disabilities. In addition to state budget constraints, the rigidity of the use of many of the funds, both federal and state, creates a barrier to immediate, dynamic changes. Even the services currently in place grow ever more expensive to maintain at the present level.
- Because of the myriad of agencies, departments, providers, regulations, and federal and state laws, the organization of the long-term care system is far from optimal.
- Institutional bias permeates long-term care, whether it regards eligibility, services or funding.
- Arkansas is a rural state, which creates innumerable barriers to the delivery of services. With no statewide public transportation, the services that are available remain inaccessible.
for some people in remote areas. It also makes more difficult the dissemination of information regarding the menu of services. Public housing is not available in remote areas. Workforce issues also are exacerbated.

- Most people are uninformed about *Olmstead* and its underlying principles. The prejudice toward people with disabilities, the fear of disabilities, and the paternalistic attitude common among the general population are barriers to helping disabled people achieve equal opportunity in the community. It will take time and effort to help people understand and grow accustomed to the new way of viewing the lives and hopes of individuals with disabilities—to move from a charity-based perspective to a rights-based perspective.

**Implementation**

*Legislation*

There was no legislation in 2002 on *Olmstead*.

*Successes*

The development of recommendations by the GIST.

*Challenges*

The complexity of consumer needs, policy issues, and funding sources.

*Lawsuits*

No lawsuits have been filed as a result of the *Olmstead* decision.

*Next Steps*

The state of Arkansas received a $1.025 million Real Choice Systems Change Grant. The money is being used to increase system quality, flexibility and availability of services; develop a model of a Medicaid/Medicare integrated system that efficiently manages the costs of services; provide technical assistance regarding consumer self-determination practices to consumers and advocacy organizations; and design and implement a single point-of-entry and information system that will provide consumers with information for decision-making and choice.
CALIFORNIA

Task Force
The California Long Term Care (LTC) Council, comprised of heads of state departments within the Health and Human Services Agency, issued a draft plan on January 28, 2003 for public comment. It is located at http://www.chhs.ca.gov/olmstead.html. The Council, as required by state law, will issue a final plan in April 2003.

From August to September 2002, community forums were held throughout the state. Information from these forums has contributed to recommendations within the plan.

Implementation

Legislation

Legislation enacted in 2002 provides a foundation for the plan.

- California AB 442 mandates that the Californian Health and Human Services Agency shall develop a comprehensive plan describing actions to improve the state's long-term care system so that residents have an array of community care options that allow them to avoid unnecessary institutionalization. The plan shall respond to the decision of the U.S. Supreme Court in *Olmstead vs. L.C.* (1999) 527 U.S. 581 and shall embody the six principles for an "Olmstead Plan" as articulated by the federal Center for Medicaid and Medicare Services. The law requires submission of the plan on or before April 1, 2003. The law specifies that a significant portion of Medicaid home and community-based waiver funds shall be used to increase the rates for community-based providers that serve individuals with developmental disabilities and for other actions related to expanding and improving services and supports.

- California AB 425 calls for expansion of the Program for All-Inclusive Care for the Elderly (PACE). The Legislature's intent in expanding this program is to increase community-based services. Savings generated from this expansion shall be used to assist the state in mitigating future Medi-Cal expenditures attributable to placement in nursing homes.

Lawsuits

California Protection and Advocacy filed the case, *Capitol People First v. California Department of Developmental Services*, in January 2002. The lawsuit argues that California has caused thousands of individuals to be needlessly isolated and segregated in large congregate public and private facilities and also contends that the lack of appropriate community services causes people with disabilities to be put at risk of institutionalization. For an update on lawsuits in California and other states, see *Status Report: Litigation Concerning Medicaid Services for Persons with Developmental and Other Disabilities* by Gary A. Smith at http://www.hsri.org/index.asp?id=news.

Next Steps

In May 2002, the governor announced a $10.5 million grant to increase the state's front-line health care workforce by up to 2,000 persons within the next 20 months.
COLORADO

Task Force
The Colorado Attorney General’s Office has interpreted the Olmstead decision as not requiring a comprehensive plan. Nonetheless, and absent legislative action or an executive order, state officials are in the process of developing a plan. The plan will be developed in three areas—developmental disabilities, mental illness and physical disabilities and aging. The Department of Human Services will oversee the first two sections, and the Department of Health Care Policy and Finance will oversee the physical disabilities and aging area section. The draft plans will be finalized and released in 2003.

Implementation
Legislation
House Bill 1282, enacted in 2002, makes modifications to the home and community-based services programs for individuals with brain injury. This will allow “supported living” to be provided to “eligible persons” on a supportive care campus, a residential campus that provides supported living services.

House Bill 1039, enacted in 2002, authorizes creation of a consumer-directed care program that allows elderly people to receive a direct payment through a voucher to purchase qualified services.

House Bill 1067, enacted in 2002, creates a state-run family caregiver support program supported by federal funds authorized for this purpose. The program would provide information, counseling, training and respite care services, primarily for caregivers of frail elderly individuals, but also for grandparent caregivers of children related to them.

Successes
The state has strong home and community-based services.

Challenges
The lack of state funding is the most significant barrier at this point.

Lawsuits
The case Mandy R vs. Owens, was filed in August 2000. The complaint asserts that Colorado has violated federal Medicaid law, the ADA and section 504 of the Rehabilitation Services Act of 1973 by failing to provide ICF/MR services with reasonable promptness to eligible individuals with developmental disabilities. For an update on lawsuits in Colorado and other states, see Status Report: Litigation Concerning Medicaid Services for Persons with Developmental and Other Disabilities by Gary A. Smith at http://www.hsri.org/index.asp?id=news.

Next Steps
The state of Colorado received an $800,000 Nursing Facility Transitions Grant. The money is being used to build capacity across the state to support the transition of individuals in nursing facilities to a community integrated living arrangement, and to ensure that individuals who wish to make the transition have developmentally appropriate information to make the decision and the supports necessary to sustain long-term residence and participation in the community.
Connecticut

Task Force
The Community Options Task Force was created in March 2000 to develop the initial Olmstead plan, which was released for public comment in 2001. The task force disbanded when it provided the plan to the Long-Term Care Planning Committee in March 2002. After public comment the plan did not change from the 2001 version.

The Long-Term Care Planning Committee oversaw the development of the Olmstead plan. The Long-Term Care Planning Committee is charged under statute with developing a long-term care plan for Connecticut residents every three years. In addition, the planning committee will regularly review the Olmstead plan and revise it as necessary. The most recent draft of the plan can be found at http://www.dss.state.ct.us/images/CommIntPlan.pdf.

The Plan
Choices Are for Everyone focuses on identifying ways to expand the available options for all people with disabilities (including supports for their families) and to enhance the information available to them so they can make informed choices about how best to ensure that their needs are met. In addition to the already existing services in the state, the state is creating additional home and community-based services to help individuals residing in institutions make the transition into the community and to divert entrance or readmission into institutions.

The action steps in the plan address barriers in the state. These include lack of public education about available options; lack of affordable and accessible housing; lack of assistance to people with disabilities to help overcome fear, lack of experience, stigma, and the lasting effects of institutionalization or discrimination; lack of adequate and accessible supports in the community; and lack of a sufficiently large, competent and adequately compensated workforce.

The Long-Term Care Planning Committee will oversee the implementation of these action steps, including developing a timeline for completion of the action steps and assignment of responsibility for each step.

1. **Transition**: Develop a system to identify individuals who are residing in institutional care and want to live in the community; educate individuals with disabilities who are in institutions and will be making the transition about the importance of having a peer; and develop a peer support network for those who are making the transition from living in institutions to living in the community.

2. **Housing**: Improve the reporting of accessible housing units to the Connecticut Accessible Housing Registry; educate architects, housing authorities, builders and local boards about accessibility; review safety codes to ensure safety for individuals with functional limitations; and explore the possibility of providing tax incentives to encourage new homes or substantial renovations to meet minimum accessibility standards.

3. **Supports**: Increase the paraprofessional support workforce through creation and implementation of a strategic marketing plan; coordinate information sources for backup personal assistants; encourage support networks to continue to be involved with individuals for up to one year; develop and make available training programs for individuals who want to support people with disabilities; educate the public about the availability of services;
and analyze the fiscal effects of providing a Connecticut income tax deduction for medical expenses that are deductible under the federal income tax.

4. Community Connections: Distribute materials to the general public, current residents of institutions and providers of support; introduce individuals with disabilities to fellow community members who may become friends and provide support; and ensure that translators are available for individuals with cognitive or communication issues to provide assistance and information.

A few recent initiatives are the Connect to Work Project, the Assisted Living Initiative; Long-Term Care Pre-Admission Screening, the Connecticut Behavioral Health Partnership, and Care/Case Management Demonstration Projects.

Implementation

Legislation

House Bill 5166, signed by the Governor on June 3, 2002, expands membership of the Long-Term Care Advisory Committee.

Successes

The Long-Term Care Planning Committee is now in the beginning stages of implementing the action steps. The various state agencies involved in the plan have taken on assignments for the action steps and have developed a timeline for the completion of each step. The action steps include:

- **Transition**: Educate people with disabilities who will make the transition into the community about peer support and support networks.
- **Housing**: Help people with disabilities overcome fear, lack of experience, stigma and the lasting effects of institutionalization or discrimination.
- **Supports**: Increase the paraprofessional workforce, develop training programs, educate the public about services and develop programs for displaced workers.
- **Community Connections**: Distribute materials to the general public, current residents of institutions and providers of support services; establish networks for individuals with disabilities who are making the transition into the community; and provide translators for people who have cognitive or communication issues.

Challenges

The greatest barriers to moving forward with Olmstead compliance are resources. Specifically, the state needs to develop the infrastructure to carry out its plan and to find necessary services in the community. Eventually, state officials believe Connecticut will be able to use existing institutional resources to help fund home and community-based options, but the state must sustain both at first.

Lawsuit

One current lawsuit, *ARC vs. O’Meara*, Civil Action No. 3:01CV1871, in part references the Americans with Disabilities Act (ADA)/Olmstead. This lawsuit is against the Connecticut Department of Mental Retardation. The complaint asserts that Connecticut has failed to furnish the waiver services to which the named individuals are entitled. For an update on lawsuits in Connecticut and other states, 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.
Next Steps

The state has identified existing waiting lists for community services, but more data analysis is needed to determine the number of individuals who are inappropriately residing in institutions.

Connecticut received an $800,000 Nursing Facility Transition Grant for a three-year period under CMS’ Systems Change Grant Program, starting October 2001. The funds are being used to help up to 150 nursing home residents make the transition into the community over the three years of the grant. Many of the activities of the grant will help accomplish some of the action steps in the Olmstead plan.

In addition, the state received a three-year $1.35 million Real Choice Systems Change Grant from CMS in September 2002. With this grant, the state will develop three model communities where individuals with disabilities can live an engaged and satisfying life in the community. The activities under the grant will be coordinated with the Nursing Facility Transition grant, along with the state’s Medicaid Infrastructure grant.
DELAWARE

Task Force
Advocacy organizations believed there was a need to jump start Delaware’s compliance with the requirements under the *Olmstead* decision. Therefore, advocates and advocacy agencies in the state sought to begin a dialogue during the first six months of 2002 to create some type of broad stakeholder driven planning process to develop a strategy for meeting obligations under the Americans with Disabilities Act (ADA) and the *Olmstead* decision and to provide services to people with disabilities in the most integrated setting possible.

Although this process was initiated by the State Council for Persons with Disabilities and actively supported by the Developmental Disabilities Council and other disability advocacy groups, the state did not commit to implementing such a collaborative planning process. Thus, advocacy groups approached members of the General Assembly seeking their support for a legislatively created commission to begin that coordinated and all-encompassing approach toward ensuring compliance with the ADA. On the last night of session of the Delaware General Assembly, June 30, 2002, the House of Representatives passed House Resolution 90 that created the “Commission on Community-Based Alternatives for Persons with Disabilities.”

No sooner had the Commission undertaken its work, then it was faced with an immediate, and potentially insurmountable, hurdle. The State of Delaware, as a Defendant in the litigation (by the Arc of Delaware, the Homes for Life Foundation and Delaware People First, along with a number of individual plaintiffs, filed suit on April 8, 2002 against the State of Delaware) had been advised by its outside law firm, that active participation on the Commission “would be harmful to the state’s interests” in the defense of the Delaware Action. Based on that advice of counsel, the state directed that its primary officials who oversee Delaware’s services to persons with disabilities and who had been requested to serve as members not participate in the Commission.

Despite this major setback, the remaining members of the commission voted to proceed and to carry out their mandate under the House Resolution. The commission is made up of approximately 30 stakeholders. Representatives from advocacy groups, consumers, service providers and invested individuals worked together to develop the Commission for Community-Based Alternatives Report. The Report is in draft form and is due to be presented to the Joint Finance Committee during the first week of March 2003.

On another note, the Delaware Health and Social Services released *The State of Delaware’s Plan for Community-Based Alternatives and “Olmstead” Compliance* in October 2002. It can be located at http://www.state.de.us/dhss/admin/cbaolmstead.txt.

This document does not contain any recommendations or clear strategies. This report appears to merely provide an overview of the state’s progress in providing community-based alternatives and transitioning people with disabilities. In addition, it does not consolidate the three division plans of the Delaware Department of Health and Social Services (DHSS)—1) developmental disabilities and mental retardation, 2) elderly and people with physical disabilities, and 3) mental illnesses—that were developed in 2001.
Implementation

Legislation

Under House Resolution 90, the responsibilities of the Commission on Community-Based Alternatives for Persons with Disabilities include the following:

1. Collect and compile existing state reports and information relevant to Olmstead Planning;
2. Supplement such reports and information to comprehensively assess existing needs and resources;
3. Closely monitor the availability of federal and private funds and actively coordinate application for such funds;
4. Prepare a comprehensive, multi-year interagency plan to ensure that Delaware programs support community alternatives to institutionalization; and
5. Submit a preliminary report to the Joint Finance Committee by February 15, 2003, and a final report to the General Assembly within 45 days thereafter which includes the plan; options and costs; legislative and regulatory action needed to support plan implementation; prospects for obtaining supportive federal or private funds; and recommendations.

Lawsuits

A lawsuit was filed against DHSS and DDDS in April 2002 by The Arc of Delaware, “the Homes for Life Foundation, People First” and eight families. For an update on lawsuits in Delaware and other states, see Status Report: Litigation Concerning Medicaid Services for Persons with Developmental and Other Disabilities by Gary A. Smith at http://www.hsri.org/index.asp?id=news.

Successes

The Division of Developmental Disabilities Services’ (DDDS) compliance plan for FY 2003 contemplates providing community-based residential supports to 60 to 80 individuals drawn from the state institution for people with mental retardation and its waiting list.

The Division of Substance Abuse and Mental Health (DSAMH) reported in February 2002 that 28 individuals were moved from the Delaware Psychiatric Center (DPC) to community settings, with 15 of these individuals moving to other institutions. Many others were diverted to private hospitals. The Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) reported that it has moved 16 individuals since July 2001.

Next Steps

The Division of Developmental Disabilities Services (DDDS) was awarded a $1.2 million Real Choice Systems Change grant for expanding assistive technology, streamlining access to funding options, and establishing a comprehensive tracking system for assistive technology.
DISTRICT OF COLUMBIA

Task Force
Starting in June 2001, the Real Choice Systems Change Advisory Committee, within the Medicaid agency of the Department of Health, has overseen the redesign of the District’s long-term care system, and has addressed *Olmstead*-related concerns. The Medicaid agency chose to focus on the expansion of home and community-based services (HCBS) waivers and the development of a resource center, rather than to establish a comprehensive *Olmstead* plan. The consumer-chaired Systems Change Advisory Committee is central to the implementation of the major initiatives the District is launching. The advisory committee includes consumers, providers and the various District government agencies that provide services to individuals with disabilities. Many subcommittees are addressing individual initiatives such as consumer-directed attendant care and the resource center.

Implementation

Legislation
There was no 2002 legislation directly related to the *Olmstead* decision.

Successes
The successes of the advisory committee include the submission and expansion of the elderly and mental retardation/developmental disabilities waivers, and the development of a disability and resource center. The department will select a contractor to operate the resource center and help the city create a service delivery model similar to Wisconsin’s Family Care Program. The resource center initially will serve frail elderly and those with physical disabilities, and then, if successful, will be extended to people with developmental disabilities and those with mental illness. The model focuses both on people now in institutions and those who are applying to enter them.

The District requested 200 additional waiver slots per year for each of the next five years, for a total of 1,000 new slots, for each of the two waiver renewals. The renewals for both waivers have been approved. Services under the elderly/physically disabled (EPD) waiver also are being expanded to include assisted living and consumer directed attendant care. The expansion is projected to be budget neutral because of the offsetting costs from a reduction in nursing facility use.

Challenges
The major challenge is the shortage of direct care staff.

Lawsuits
For an update on lawsuits throughout the country, see *Status Report: Litigation Concerning Medicaid Services for Persons with Developmental and Other Disabilities* by Gary A. Smith at http://www.hsri.org/index.asp?id=news.

Next Steps
The District of Columbia received both a $1.38 million Real Choice Systems Change Grant and a $725,000 Consumer-Directed Personal Assistance Services Grant. The two grants are being used to provide additional staff that will assist with resource center coordination and support.

The department’s 2003 budget includes funding for initiatives aimed at improving long-term care
service delivery. The new funding initiatives are the Resource Center, a long-term care/chronic care system, and a major expansion of quality monitoring activities.
Florida

Task Force
Florida has developed a unified Olmstead Coalition that includes state agencies, consumers and other key stakeholders. The coalition, created in April 2001, is made up of agency stakeholders around the state who are in positions to recommend and create policy to affect change. The coalition—currently called the Real Choice Partnership (RCP) Coalition—is not responsible for writing a state Olmstead plan, but it meets monthly to review the activities and progress of the state's RCP Project grant that it received from the federal government (see Next Steps below for more information).

In addition, the governor signed Executive Order 01-161 in the summer of 2001 creating the Americans with Disabilities Act Working Group (ADAWG) and the Florida Clearinghouse on Disability Information to bring all Florida citizens full access to information resources, services and opportunities to participate in all aspects of community. The purpose of ADAWG is to encourage a cooperative effort of compliance with the ADA between state and local governments, educators, businesses and people with disabilities. The ADAWG’s areas of focus are on employment, public accommodations, transportation, state and local government services, telecommunications, and court decisions and legislation affecting people with disabilities. The Clearinghouse—accessed through a statewide toll-free number—provides a comprehensive, “one-stop” central point of contact to access information and referral services for people with disabilities, families, agencies and providers.

Implementation
Legislation
Several new laws were enacted in 2002 related to Olmstead.

211 Network – Florida's Agency for Health Care Administration was charged with the responsibility of establishing a statewide 211 Network for information and referral to health and human services. Implementation is contingent upon legislative appropriation. However, the legislature did not fund this mandate beyond 2003.

New Office of Long-Term Care Policy – The 2002 Legislature established the Office of Long-Term Care Policy within the Department of Elder Affairs to address the long-term care needs of Florida's elderly citizens.

Adult Day Health Care - The 2002 Florida Legislature authorized an adult day health care pilot program designed to divert individuals who are financially eligible and meet level of care for nursing home placement. The Agency for Health Care Administration will implement the pilot program in no more than two counties. Funding for this program is provided in the General Appropriations Act, and the program currently is under development with the Department of Elder Affairs.

Geriatric Falls Prevention - The 2002 Florida Legislature authorized the Agency for Health Care Administration to implement a demonstration project to reduce geriatric falls among the community-based Medicaid recipients. Approximately $3 million was appropriated for this demonstration project.
Expansion of Consumer Directed Care - The 2002 Florida Legislature authorized Florida to seek a federal waiver and expand its current consumer-directed care program to a permanent, statewide program. The current program provides individuals who are receiving services from a home and community-based services waiver the opportunity to exchange their traditional waiver service for a cash option. The Agency for Health Care Administration is the lead agency for implementation of the Florida Consumer Directed Care Act. The Independence Plus waiver was awarded in February 2003.

Nursing Home Transitions - The 2001 Florida Legislature created a provision to identify individuals in nursing facilities who were at Intermediate II level of care (the highest functioning level) and help them make the transition them to the Assisted Living for the Elderly Waiver. Under budget authority in FY 2002, 319 individuals were moved from nursing facilities to the Assisted Living for the Elderly Waiver.

Successes
Although Florida does not have an Olmstead plan, the state is addressing Olmstead activities through special projects such as Florida's Developmental Disabilities Redesign and the newly awarded Independence Plus Waiver to allow more people with disabilities to control their care in their communities instead of institutions. The Redesign is working to receive funding from the Legislature to eliminate the Developmental Services Home and Community-Based Services Waiver waiting list as well as achieve the principles of self-determination through policy changes. The state is working on other initiatives, such as Medicaid Buy-In for Workers with Disabilities, a recent federal approval to expand the inpatient psychiatric programs for children's waiver, and a recent state plan amendment for assistive care services for disabled populations. By June 2003, the website—www.abilityforum.com—will be a one-stop, multi-purpose site that will provide access to information about all disabilities, services available and choices to be made by people with disabilities in Florida. It will also provide legislative updates that directly impact policies related to those with disabilities.

Lawsuits
For an update on lawsuits in Florida and other states, see Status Report: Litigation Concerning Medicaid Services for Persons with Developmental and Other Disabilities by Gary A. Smith at http://www.hsri.org/index.asp?id=news

Next Steps
The state of Florida received a $2 million RCP Systems Change Grant. The money is being used to assist children and adults of any age who have a disability or long-term illness, who currently rely on long-term support systems, who may be at risk due to insufficient community supports, and/or who may be inappropriately placed in a restrictive setting. In addition, the Project is implementing three pilot projects to increase community capacity for the transition of people who wish to move into the community from long-term care facilities. RCP Project staff are working closely with Florida's housing community to identify gaps and address issues related to accessible and affordable housing.

The state also received funding from the U.S. Department of Labor under the Olmstead initiative to examine some of the One-Stop Centers for employment and their physical and programmatic accessibility compliance.
Task Force
In April 2000, the Governor named the Department of Human Resources (DHR) as the lead state agency to apply for, and then carry out the activities of, a grant from the Center for Health Care Strategies. Upon receipt of the grant, Georgia established the Olmstead Planning Committee, which included consumers of services, consumer advocates, providers of services to people with disabilities, and leaders of the Department of Community Health (Medicaid) and DHR, including the Division of Mental Health, Mental Retardation and Substance Abuse; the Division of Aging Services; the Division of Family and Children Services; the Office of Regulatory Services; and the Governor’s Council on Developmental Disabilities. The committee finalized its report and recommendations in November 2001 and presented the report to the commissioners of DHR and DCH on Jan. 30, 2002.

The Governor issued an Executive Order in June 2002 and charged the Council on Aging, the Governor’s Council on Developmental Disabilities, the Long-Term Care Advisory Committee for the Department of Community Health (DCH), and the Governor’s Advisory Council on Mental Health, Mental Retardation and Substance Abuse with ongoing review and reporting responsibilities on the state’s compliance with Olmstead requirements. The Executive Order instructed state agencies to work together in ensuring the state’s Olmstead compliance and designated the Governor’s Office of Planning and Budget to oversee Georgia’s efforts to address Olmstead.

While an official Olmstead plan has not been released for distribution, individual state agencies are continually and actively involved in working together for compliance. In light of the state of the economy, Georgia has chosen to confront the issue on an annual basis rather than through a multi-year plan.

Implementation
The following initiatives, corresponding to several of the Olmstead Planning Committee’s recommendations were funded in the fiscal year 2003 budget, with implementation beginning July 1, 2002:

- Move all consumers under age 21 from state mental retardation institutions into community residential services (65 consumers; $4.1 million).
- Provide intensive family intervention services for severely emotionally disturbed youth and their families at risk of institutionalization (600 families; $3 million).
- Continue reduction of the community-based waiting list for the Community Care Services Program (CCSP) (822 consumers; $4.1 million) and mental retardation waiver services (507 consumers; $8 million).
- Use grant funds to explore the state’s ability to restructure existing long-term care delivery systems.

Successes
During fiscal years 2000 through 2002, Georgia has done a variety of things to move people from state institutions or nursing homes and has delayed or prevented the need for institutional care. Redirecting resources from hospital to community services – Georgia has moved over $25.5 million from the state hospital system into community mental health, developmental disabilities, and addictive diseases (MHDDAD) services.
State hospital closures—Bainbridge State Hospital (BSH) closed in 2001, making it possible for over 100 people with mental retardation to move from BSH and other state institutions into comprehensive community-based services. Overall, the state has closed 4 hospitals since 1996: Rivers’ Crossing (37 bed facility for children with mental retardation); Brook Run (326 bed MR facility); Georgia Mental Health Institute (141 bed psychiatric hospital); and Bainbridge.

Community-based services—Over 4 years, Georgia has increased the number of consumers served by home and community-based waivers, which has helped to provide services to consumers in the least restrictive settings

· 1,670 individuals with mental retardation have been placed from waiting lists into a variety of community-based services, including 800 consumers who were moved into comprehensive residential services. Funding to serve these individuals has increased by 65 percent.
· 180 adults with physical disabilities have moved from a waiting list to the Independent Care Waiver Program
· The number of consumers served by the Community Care Services Program (CCSP) has increased by 15 percent and funding has increased by 28 percent. In FY2001, nearly 17,000 consumers received CCSP services.

New family support and natural supports initiatives—Providing the supports a family or other caretaker needs to continue caring for an individual with mental retardation, autism or other developmental disability in the community.

Increased length of stay in community services—Overall, the length of time individuals receive CCSP services has increased from 34 months to 39 months. Those who eventually move into nursing homes (38 percent of CCSP recipients) are able to stay at home and on average delay moving from their own home for five additional months.

Revamped community mental health services—Georgia implemented the Medicaid Rehabilitation Option to have more flexible services that better meet the needs of consumers with mental illness.

Mental health services for children and adolescents with severe emotional disturbance—Georgia continues to build a network of crisis and other community-based services across the state. Recent service expansions have focused on children with the most severe emotional disturbance. In FY 2002, the state allocated $2.8 million in state funds to support crisis residential services for children who needed out-of-home placement. Also, $2.3 million was received in additional block grant funds for mobile crisis and crisis residential services.

Challenges
As Georgia continues the efforts to comply with the Olmstead decision, the primary challenges include expanding capacity to serve people in the community and improving safety and quality in community services. Georgia has begun statewide initiatives to expand community services, especially for those with the most severe disabilities, behavior problems, and/or complex medical needs. The state is also working to develop an improved quality assurance, monitoring and a standardized evaluation process to increase consistency in decisions about individuals’ ability to live in the community.
**Lawsuits**
Other than the Olmstead decision itself, no other suits have been filed in Georgia. The department is currently working with the federal Office of Civil Rights on several complaints.

**Next Steps**
The Olmstead Planning Committee’s recommendations spurred the state to plan for the next series of initiatives addressing Olmstead compliance during remainder of state Fiscal Year 2003, including:

- Create four state-run community homes for 40 hard-to-place, severely emotionally disturbed adolescents that currently are in state hospitals.
- Transfer 13 eligible children in private nursing homes to community placements.
- Provide transitional funding to move all consumers under age 21 from state mental retardation institutions into community residential services.
- Develop criteria to prioritize the need for those waiting for community-based services, regardless of existing placement (institution or community).
- Improve the infrastructure and system capacity in order to meet the community-based needs of individuals with disabilities and older adults.
- Ensure that the state can monitor and provide oversight of all community-based providers. Consumers served in the community should be safe and receive services appropriate to meet their needs.

In addition, Georgia received two grants totaling $627,211 from the federal Centers for Medicare and Medicaid Services (CMS) and preliminary notice of a third grant to overcome barriers to community living for individuals with disabilities and older adults. Projects will include the transition of individuals from nursing homes, housing and workforce development, enhancing peer support to help people make the transition from institutions to community services, and improving communications to consumers and their families and across agencies.

For FY 2004, the Governor has recommended $6.3 million in DHR’s budget and $3.3 million in the Department of Community Health (DCH) budget for service expansions to support persons moving from institutions to community-based settings.

- Provide community-based residential care to 145 private nursing home residents who are clinically able to live in a more integrated community setting and have expressed a desire to move;
- Transition 50 adults with developmental disabilities to community services;
- Transition 15 individuals with serious mental illness from state hospitals to assisted living placements in the community;
- Provide Community Care Service Program services to 84 nursing home residents transitioning to the community;
- 2 additional staff to conduct certification, monitoring and quality assurance activities for new and existing community providers and facilities; and
- Assess people in nursing homes to determine their ability to move to a more integrated setting.

Additionally, the Governor has recommended an appropriation of $3.86 million to DHR and $220,369 to DCH to expand waiver services to persons waiting for community-based services. $1,203,378 to adjust for the increased cost of the provision of services in the Community Care Services Program;
· Expand services to 50 consumers with developmental disabilities on the short term waiting list; and
· Add 10 slots in the Independent Care Waiver program.
HAWAII

Task Force
In response to the Olmstead decision, the Department of Health and the Hawaii Department of Health and Human Services initiated a planning process with its co-worker agencies and the Hawaii Centers for Independent Living to develop a strategy to improve community-based living opportunities and services for people with disabilities. Individuals with disabilities, their family members and representatives from advocacy groups, nonprofit groups, businesses, and government agencies who assist people with disabilities met over the course of 18 months to identify principles, design strategies and outcomes, and work together on successive drafts to complete the current document.

The Plan
The Olmstead Plan: State of Hawaii was issued on Sept. 13, 2002. The report identified existing councils or agencies responsible for the plan’s oversight, including the Developmental Disabilities Council, the Rehabilitation Advisory Council, the Independent Living Council of Hawaii, the Executive Office on Aging, the State Department of Human Services, the State Department of Health, the Statewide Independent Living Council, and the Disability and Communication Access Board. The plan is not available on the Web.

Hawaii’s Olmstead strategy is based upon five goals that address five key areas.

· Informing and educating people with disabilities, their caregivers and the general public about community-based living opportunities and issues.

  **Goal 1:** Each individual will be informed and educated to make choices and decisions.
  
  **Objective 1a:** Increase people’s knowledge about choices and rights. The plan instructs the state to improve its system for informing individuals about their community-living choices and rights.
  
  To this end, the state will develop a way to aggregate relevant information on community-living opportunities and resources, make the information more accessible, and provide a feedback mechanism so that individuals can evaluate the accuracy, accessibility and content of the information. The state will also spearhead a public education campaign to reduce ignorance and prejudice toward people with disabilities.
  
  **Objective 1b:** Help people to use the information to make effective and informed decisions. The plan instructs the state to better help individuals to use and understand the information.
  
  To this end, the state will encourage networking among people with disabilities, train service professionals to use information effectively to assist individuals with disabilities, and ensure that all individuals, who provide services, as state employees or contracted entities, have demonstrated their commitment to relevant Olmstead principles.

· Improving the process by which individuals with disabilities—both those in institutions and those who plan to enter institutions—undergo assessment and planning for achieving the home of their choice.

  **Goal 2:** Each individual will be supported in finding an appropriate, affordable and accessible home of their choice in a timely and efficient manner.

  **Objective 2a:** Undertake periodic assessments of all individuals in institutions, in a timely and efficient manner, to determine whether they choose to remain in the care facility or...
move to a more independent community-based living alternative. In addition, prior to their institutional placement, undertake assessments of all individuals planning to enter a care facility.

To this end, the state will develop written assurances and requirements for timely and appropriate assessments; develop a standardized assessment for interviewing individuals in care facilities and identifying their goals, strengths, needs, barriers, and, if the individuals wish to move, a transition plan; use qualified service professionals to do the assessment based upon criteria established below; and provide training opportunities to train individuals to do assessments in accordance with principles of informed-choice, person-centered planning, and neutrality.

**Objective 2b:** Create effective ways for people with disabilities, their family members and caregivers, to evaluate and report on the assessment process for quality improvement.

To this end, the state will develop a system to collect feedback from individuals with disabilities and caregivers and will ensure that an effective connection exists between this feedback system and the monitoring of state contracts.

**Objective 2c:** People in institutions who have undergone assessments that identify them as appropriate candidates for community living will make the transition from institutions into the homes of their choice.

To this end, the state will contract with service providers to act as “gate-openers” who will assist candidates for community-based living with making the transition into the homes of their choice.

- Strengthening financial resources and mechanisms necessary for individuals with disabilities to live in the community by maximizing existing public resources, creating more flexibility in how these resources can be used, and increasing these resources overall.

**Goal 3:** Each individual will have access to and will direct financial resources to meet their identified goals in a timely manner.

**Objective 3a:** Maximize the use of existing financial benefits and resources.

To this end, the state will identify all available funding streams, both public and private, for individuals with disabilities, identify the eligibility criteria governing the use of these funds, and establish a mechanism for disseminating and updating this information on an ongoing basis.

**Objective 3b:** Change policies for existing resources to increase flexibility in how funds are used and authorize people with disabilities to control how they use their own funds.

To this end, the state will work to change policies so that funding can follow the individual rather than providers, services or settings; identify and change policies that create disincentives to independent community-living (using feedback from individuals with disabilities); address funding biases that privilege placement in an institution over community-based living, by advocating for changes in federal policy and by committing to increase funds for community-living services.

**Objective 3c:** Increase the availability of new financial resources to pay for community-based living services.

To this end, the state will establish new revenue sources; revise the state supplemental payment policy to allow recipients to live in the homes they choose; advocate for a redefinition of the federal medical assistance percentage of Hawaii and an increase of federal funds; develop a unified community-based living funding plan; and establish a feedback mechanism to allow individuals to provide regular feedback on new fund development strategies.

- Building the infrastructure necessary for individuals with disabilities to live in the community, in such key areas as housing, employment, transportation and human services.

**Goal 4:** Each individual will be able to locate housing, acquire personal support personnel, use transportation, and engage in employment to sustain community-based living.
Objective 4a: Ensure the availability of appropriate housing and enable people with disabilities to acquire the homes of their choice.

To this end, the state will increase the number of appropriate homes; develop financing mechanisms that make owning or renting such homes feasible; fund housing location and placement services for people with disabilities; and ensure that at least one full-time staff person will work with all key players, public and private, in the complex housing environment to demonstrate, with real homes for real people, that developing appropriate housing is feasible and advantageous for all involved parties.

Objective 4b: Develop and maintain a suitable workforce for community-based living support personnel.

To this end, the state will identify workforce requirements for community-living personnel; identify existing funding streams for workforce training and education; determine whether additional appropriations are needed; develop a unified community-living workforce development plan; establish a public-private partnership to provide professional liability insurance for community-living support personnel; and encourage policy changes that create incentives for people to become community-living support personnel.

Objective 4c: Enable people with disabilities to qualify for jobs and gain employment to help sustain their community-based living.

To this end, the state will establish a unified strategy to train and place individuals with disabilities in the employment of their choice; develop a way to evaluate the progress of individuals enrolled in public and vendor training and education programs, to ensure they are progressing toward their state goals; support innovative employment strategies, such as micro-enterprise; ensure full employment opportunities for people with disabilities for all government positions and contracts; and ensure that vocational service personnel are appropriately trained to work effectively with individuals with disabilities.

Objective 4d: Optimize accessibility and mobility by developing and implementing long-range, systematic plans to enable people with disabilities to move throughout their communities, using all means of travel.

To this end, the state will establish a unified mechanism to identify transportation requirements for people with disabilities in different communities (in cooperation with county transportation agencies); develop a unified community-based living transportation plan with key players; integrate ADA requirements into contracts with transportation vendors; appropriate and utilize necessary funds to establish accessible transportation (in coordination with county agencies); and work with county agencies to ensure that transportation personnel are appropriately trained to interact with individuals with disabilities effectively.

Objective 4e: Establish and maintain support service programs to assist people with disabilities to live in the homes of their choice.

To this end, the state will increase funds to community-living support services; utilize existing funds within a reasonable time frame; develop and implement care guidelines that balance quality, affordability, appropriateness, and consumer responsibility; and incorporate principles of self-determination and consumer control into all state-funded support programs targeting individuals with disabilities.

- Effectively evaluating the state’s progress in meeting the goals of its Olmstead plan.

Goal 5: The state of Hawaii will coordinate an ongoing, effective quality assurance program to monitor and assess the state’s progress in meeting the goals and objectives of this plan.

Objective 5a: Integrate people with disabilities, their families and caregivers in the process of evaluating plan outcomes and the quality of community-based living services.

To this end, the state will identify a quality assurance entity to assume responsibility for evaluat-
Implementing the Olmstead decision requires the following:

- taking steps to implement the plan,
- establishing a unified mechanism for evaluating the goals, objectives and strategies of the plan,
- taking corrective action whenever evaluation and advice from the quality assurance entity recommends corrective action.

**Implementation**

**Legislation**

There was no 2002 legislation related to the Olmstead decision.

**Successes**

Hawaii was awarded a $1.3 million Real Choice Systems Change Grant to develop and implement the "Hawaii Real Choices Partnership Project.”

**Challenges**

One of the major obstacles is being able to provide updated information to consumers due to the inability to link the various databases across the agencies.

**Lawsuits**


**Next Steps**

Hawaii's $1.3 million Real Choice Systems Change grant will be used to develop and implement the "Hawaii Real Choices Partnership Project—Accountability for Consumer Choice Entry Support System (ACCESS). The grant will be used to develop the nation's first cross-agency, cross-disability Web-based single entry point (SEP). This Web-based SEP will provide consumers with in-depth, up-to-date information about all the available options offered by private and public agencies.

The Hawaii ACCESS system will include 1) an interactive assessment process that will help consumers identify services for which they are eligible; 2) a unified database showing all long-term care services offered by the state, the counties, and private organizations with openings listed geographically; and 3) a quality assurance component that will identify service gaps by tracking service requests and allowing consumers to periodically rate the services they receive. By being supported as they conduct a guided self-assessment and having direct access to information about available services, consumers will have greater self-determination of their long-term support plans.
**IDAHO**

**Task Force**
The Committee Integration Committee (CIC) was created by the Governor's office. It is composed of members from the Idaho Department of Health and Welfare, the divisions of Family and Community Services and Medicaid along with other agencies, advocacy groups, and consumers, including the Idaho Commission on Aging. The committee ultimately will produce a plan, but it currently is focusing on assessing the existing service delivery systems in Idaho with regard to community integration. There is no projected date for plan completion.

The overall number of consumers will be increased, so they comprise at least 50 percent of committee members. Increased representation of elder – as well as housing and transportation representatives – is forthcoming. The department director will make these additional appointments.

**The Plan**
Due to the fact that the plan is in its early stage, many of the details are not available. Idaho officials believe those crossover issues such as housing, transportation and medication have the greatest effect on successful community living and independence. The federal grants being implemented by the state, based on the recommendations of the CIC, focus on these issues, not on disability categories, and address people in all disability and age groups. The committee has completed an assessment of existing state facilities and now will move the investigation to facilities and services funded by Medicaid and provided in the private sector.

**Implementation**

*Legislation*

The Legislature did not pass any laws in 2002 related to *Olmstead*. However, it has asked the Department of Health and Welfare, Division of Medicaid, to institute utilization review procedures to ensure that the right services are being delivered at the most appropriate level of care, based on need.

*Lawsuits*

Although no lawsuits have been filed in direct response to *Olmstead*, other suits are pending that relate to similar issues. These suits have helped direct the state’s efforts. For an update on lawsuits across the country, see Status Report: Litigation Concerning Medicaid Services for Persons with Developmental and Other Disabilities by Gary A. Smith at http://www.hsri.org/index.asp?id=news.

*Next Steps*

The state of Idaho received a Real Choice Systems Change Grant this year in the amount of $1,102,148. The money will be used to conduct a needs and resources assessment; conduct an economic analysis of current service utilization; implement a community development project; and conduct an effectiveness study to test and refine a community based plan.
Illinois

Task Force
The State Interagency Team released its “Community Living and Disabilities Plan” in April 2002. The plan established a framework to achieve greater integration of people with disabilities into the community. Throughout implementation of this plan, Illinois will continue to rely on the experience and recommendations of stakeholders. The plan can be located at: http://www.dhs.state.il.us/projectsInitiatives/Olmstead.

The State Interagency Team, which oversees the implementation of the plan, consists of staff from the Department of Human Services’ (DHS) offices of Developmental Disabilities, Mental Health, Rehabilitation Services, Child Care and Family Services, and Clinical Administrative and Program Support and representation from the Illinois Department of Public Aid and the Illinois Department of Aging. The governor, through Executive Order Number 7 (2002), appointed the Illinois Disabilities Advisory Committee to monitor the progress of the plan.

The Plan
The plan is the result of collaboration between the stakeholders who participated in the two-year Olmstead planning process: consumers, family members, and service providers and state agencies, including the Department of Human Services, the Department of Public Aid, the Illinois Housing Development Authority and the Governor's Office. The DHS Olmstead Office has coordinated the involvement of the state agencies that participated in the planning process. It will continue to assist with activities in regard to community living and Olmstead-related issues. The executive order is online at: http://www.state.il.us/gov/done/execorder7.cfm.

The Plan includes strategies from six different agencies. These are DHS Office of Developmental Disabilities; DHS Office of Mental Health; DHS Office of Rehabilitation Services; Department of Aging; Illinois Housing Development Authority; and Department of Public Aid.

Office of Developmental Disabilities
List of recommended priorities:
· Pre-Admission Screening - Universal pre-post screening which includes education of families regarding community-based services.
· Community Waiver Programs - Increased funding for community-based programs and services; housing integration; and community-based coordination of care will be available for people with disabilities, their guardians and families who choose this mechanism.
· Home-Based Support Program - Increased funding for community-based programs and services.
· State-Operated Developmental Centers - Implement “most integrated setting” mandate of the Americans with Disabilities Act and use consumer controlled community-based services as the remedy of choice.
· Nursing Homes (Bogard Lawsuit) - Development and improvement of community reintegration resources and services, including more than one chance for successful reintegration.
· Direct Care Staff Wages - Increase by $1 per hour.
· Private ICF/MR Transfers - Remove institutional bias from state funding, statutes, regulations and policies.
Office of Mental Health
List of recommended priorities:
- Changes in Funding - Increased funding for community-based programs and services; money must follow the individual.
- Changes in Screening and Discharge Activities - Universal pre-post screening, which includes education of families regarding community-based services; implement “most integrated setting” mandate of the Americans with Disabilities Act; educate facilities and treatment professionals regarding Olmstead and community resources and options to consumers.
- Changes in Available Services - Development and improvement of community reintegration resources and services, including more than one chance for successful reintegration; increased quality and availability of choices; consumer choice of housing; community-based coordination of care will be available for people with disabilities, their guardians and families who choose this mechanism.
- Changes in Transitional Assistance - People who want to move out of institutions must receive transition assistance; complete plan for students to make the transition from school to community to work.
- Changes in Consumer Participation - Increased consumer control; informed choice/person-centered plan with individual budget.

Office of Rehabilitation Services
List of recommended priorities:
- Growth in Home Services Program - Increased funding for community-based programs and services.
- Focus on Self-Directed Care/Personal Assistants - Increased consumer control.
- Expansion of Home Services for Specific Disabilities.
- Reintegration - Development and improvement of community reintegration resources and services.
- Face-to-Face Pre-Screening - Universal pre-post screening, which includes education of families regarding community-based services.
- Supported Employment - Implement “most integrated setting” mandate of the Americans with Disabilities Act.
- Assistive Technology - Increased quality and availability of choices.
- Financial Independence - ORS believes that individuals with disabilities should be empowered to maximize financial stability.

Illinois Department of Aging
List of recommended priorities:
- Growth in Home and Community-Based Services - Increased funding for community-based programs and services. Types of services needed: home-delivered meals, money management, respite and adult day services.
- Focus on Client Choice - Increased consumer control; culturally sensitive care providers; universal pre-post screening, which includes education of families regarding services.

Illinois Housing Development Authority
Specific major IHDA activities undertaken in recent years regarding housing for people with disabilities or special needs include the following:
- Illinois Affordable Housing Trust Fund Act,
- Security Deposit Guarantee Program,
Leadership Council for Metropolitan Open Communities,
· HOME Program/Affordable Housing Trust Fund/Tax Credits,
· Homeownership Assistance Program,
· Housing Rehabilitation Programs
· Qualified allocation plan,
· Assisted living facilities,
· “Visitability” requirements.

**Illinois Department of Public Aid**

List of recommended priorities:
· Basic Medicaid coverage,
· Supported living facilities,
· Home care for children who are medically fragile and technology dependent,
· Long-term care facility utilization,
· Medicaid funding as an impetus for expanding community services,
· Expansion of Medicaid eligibility for people with disabilities and the elderly,
· Expansion of Medicaid for people with disabilities who work, and
· Expansion of Illinois Pharmaceutical Assistance Program.

**Implementation**

**Legislation**

There was no 2002 legislation related to the Olmstead decision.

**Successes**

The most significant success for the state was receiving an $800,000 Real Choice Systems Change Grant from the U.S. Department of Health and Human Service (DHHS) in September 2002. The state also used the resources of the various advisory groups that provide assistance to the state agencies to establish the plan and meet the needs of individuals with disabilities.

**Challenges**

The coordination of services between agencies and information dissemination was difficult to establish.

**Lawsuits**

The Boudreau vs. Ryan class action suit is pending on behalf of individuals with developmental disabilities who are eligible for Medicaid services under the waiver but are not receiving them because of overly restrictive application procedures. For an update on lawsuits in Illinois and other states, see Status Report: Litigation Concerning Medicaid Services for Persons with Developmental and Other Disabilities by Gary A. Smith at http://www.hsri.org/index.asp?id=news.

**Next Steps**

The Illinois Department of Human Service (DHS) applied for and was awarded an $800,000 Real Choice Systems Change Grant from the U.S. Department of Health and Human Services (DHHS) in September 2002. The money is being used to enhance the existing system of long-term supports and services and to emphasize a consumer-driven approach to community integration. The Systems Change Project is geographically targeted to 17 southern Illinois counties and to Rockford, a medium-sized city near the northern border of the state.
INDIANA

Task Force
Released on June 1, 2001, the First Edition of Indiana’s Comprehensive Plan for Community Integration and Support of Person’s with Disabilities is available at www.state.in.us/fssa/servicedisabl/olmstead/comprehensive.html.

The governor issued an executive order in September 2000 that identified the Family and Social Services Administration (FSSA) as the agency in charge of Olmstead planning and gave it until June 1, 2001, to submit its recommendations. Six policy directives guide the priorities of this plan. Comprehensive action steps include goals, timelines and the parties responsible for ensuring progress. The plan includes a “Going Forward” section that outlines further steps that need to be taken beyond the 2002-2003 biennial budget. It also proposes budgets for various areas, some of which have already been put into law and includes an inventory of available services. Details of the planning effort are available at www.in.gov/fssa/servicedisabl/olmstead/index.html.

In July 2002, the governor appointed a 21-member Governor’s Commission on Home and Community-Based Services, whose purpose is to develop short and long-term strategies to create or expand community for persons with disabilities. The Commission released an Interim Report on December 23, 2002 (final report due June 2003). The interim report contains 16 recommendations that can be “implemented quickly and with little or no fiscal impact or regulatory requirements.” This Commission was developed out of the recommendations in the First edition and based on Systems Change grants that the state received from the Centers for Medicare and Medicaid Services (CMS). It is meant to carry the plan to the next level by looking at immediate strategies and making a plan for the next 10 years to allow people more community-based options. The Commission’s information and its interim report are located at http://www.in.gov/fssa/community/index.html.

The Plan
The 1st Edition covers individuals with physical and developmental disabilities, those with mental illness and the elderly, with an emphasis on consumer choice. Further, it addresses current residents of institutions with regard to whether they can or cannot be served in a community-based setting and people living in the community who may be at risk of institutionalization due to a lack of adequate services. A standardized evaluation is being developed for people with mental illness. Although one currently exists, it often is not used to determine admission to long-term care facilities.

The plan includes six policy directions:
1. Emphasize consumer choice by enabling individuals to receive the types of services they desire in the location they prefer.
2. Provide information, assistance and access to consumers to increase their opportunity for informed choice.
3. Support the informal network of families, friends, neighbors and communities.
4. Strengthen quality assurance, monitoring systems, complaint system, and advocacy efforts.
5. Increase the system capacity for provision of high-quality Care.
6. Create a coordinated workforce development system that recruits and supports a stable resource of direct support staff.
Highlights of the plan include a goal of reducing the state psychiatric hospitals’ overall census by 100 (by January 2003), legislation enacted to allow consumers to self-direct attendant care, and the reconfiguration of several administrative aspects of disability-related services.

The plan includes timelines (based on a two-year window) and funding provisions (where the legislation has appropriated funds). The plan called for the creation of a commission to provide ongoing oversight of the implementation, continuation of the public discussion, and a leadership resource. As noted above, this commission was created in July 2002.

**Implementation**

*Legislation*

A statute enacted in 2002 places restrictions on the state’s ability to close a developmental center.

*Funding*

Indiana officials are working to maximize community-based care. The legislature approved several requests made in the governor’s budget to deal with these issues. For example, additional slots were approved for the aged and disabled waiver for FY 2002 and FY 2003. Also, an additional $6 million was appropriated for in-home services programs for each year of the biennial budget, with money for raises for direct care staff. Other examples include additional developmental disabilities waiver slots for FY 2002 and FY 2003 and the passage of legislation creating a Medicaid buy-in program for disabled workers.

*Lawsuits*

Two lawsuits, filed on behalf of physically disabled individuals, are pending. One case, *Flores vs. Hamilton* (formerly *Inch vs. Humphreys*), specifically challenges a failure to provide services in the most integrated settings to individuals with disabilities living in nursing facilities. A second case, *Kraus vs. Hamilton* (formerly *Bennett vs. Humphreys*), has been filed and is still awaiting action. For an update on lawsuits across the country, see *Status Report: Litigation Concerning Medicaid Services for Persons with Developmental and Other Disabilities* by Gary A. Smith at http://www.hsri.org/index.asp?id=news.

*Next Steps*

The state of Indiana received a $770,000 Nursing Facility Transitions, State Program Grant. The money is being used to:

- Establish at least one local coalition.
- Make necessary changes to eligibility and pre-admission screening laws and regulations.
- Establish partnerships with hospital discharge planners.
- Make necessary amendments to Medicaid waivers.
IOWA

Task Force
The Iowa Department of Human Services (DHS), as directed by the governor, issued its Iowa Plan for Community Development on June 20, 2001. The plan contains recommendations for systems change and proposes a framework for continued efforts. The steering committee that developed the plan included advocacy groups, providers, families, consumers, DHS employees and county administrators. The steering committee created the proposed plan as a process, not a finished product.

The Plan
The plan includes specific provisions and timelines for assessment of individuals and an inventory of available services. The recommendations are very broad. Although timelines are suggested for each area, the plan itself states that these timelines are “aggressive” and may change. The plan is available at http://www.dhs.state.ia.us/mhdd/MHDDReports.htm.

The plan addresses five key issue areas: health care and medical services, housing, transportation, employment and choice and community support.

Plan Principles
- To develop and implement a comprehensive, effectively working plan for providing services to eligible individuals with disabilities in more integrated community-based settings.
- To provide an opportunity for interested people, including individuals with disabilities and their representatives, to be integral participants in plan development and follow-up.
- To take steps to prevent or correct current and future unjustified institutionalization of individuals with disabilities.
- To ensure that services are sufficient to meet the minimum needs of people with disabilities to live in their communities.
- To afford individuals with disabilities and their families the opportunity to make informed choices regarding how their needs can best be met in community or institutional settings.
- To take steps to ensure that quality assurance, quality improvement and sound management support implementation of the plan.
- To ensure that a continuum of community integrated services are made available statewide.

Steps toward Systems Change
- Identify all stakeholders and their roles in the process.
- Identify people currently living in institutional settings (gather aggregate data).
- Provide information and education.
- Individually assess needs and preferences of individuals living in institutional settings.
- Develop a comprehensive list of individuals who are seeking more integrated community-based services.
- Develop and maintain a comprehensive and accurate waiting list for community services.
- Identify and train independent living specialists.
- Develop and provide coordinated transition services.
Priorities
Iowa’s plan gives more specific recommendations in each topic priorities section. Topics include:
- Health care and medical services,
- Housing,
- Transportation,
- Employment, and
- Choice and community support.

The plan recommends that Iowa pursue “legislative, regulatory, and policy changes” to allow support funds to follow the person into the community equivalent to those available to support that person’s need in an institution. The plan discusses expanding Medicaid eligibility levels including the Medicaid buy-in program, and increasing state Medicaid reimbursement levels to health care providers. More information, including a copy of the Iowa plan, is available at www.dhs.state.ia.us/mhdd/MHDDOlmstead.htm.

Implementation

Legislation
There was no 2002 legislation related to the Olmstead decision.

Successes
The greatest success to date has been the development of the Cross-Disability Coalition in Olmstead. The Olmstead Real Choices Consumer Task Force has members from a wide variety of disability groups, has a minimum of 50 percent consumers, and has been intimately involved in every major decision affecting the project, including the development of a work plan, that was to be completed by the end of 2002.

Another major step has been a request to the governor to issue an executive order similar to the one issued by the president under the New Freedom Initiative. If issued, it would direct all appropriate state agencies to collaborate with the Olmstead Real Choices Consumer Task Force toward the identification of barriers to community living, policy changes that might be appropriate or needed, and training and information issues for staff and the general public. The request for an executive order was delivered to the governor on Oct. 15, 2002.

Challenges
The division of MHDD in Iowa was eliminated in November 2001, due to restructuring within the Department of Human Services. The functions of that division were transferred to a newly reconfigured, larger Division of Behavioral, Developmental, and Protective Services for Families, Adults and Children. Many staff positions were eliminated and combined.

Iowa suffered from a severe budget crisis, making it difficult to accomplish the work in the time frames established. The state’s Olmstead efforts have been placed in one individual’s job description, making it difficult to move ahead when other job responsibilities arise. The state is moving forward, but at a much slower pace than initially hoped for.

Lawsuits
Two or three appeals have been filed to date that have some mention of Olmstead, but none have yet entered the court system. For an update on lawsuits across the country, 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.
Next Steps

The state of Iowa received a $1.025 million Real Choice Systems Change Grant. The money will be used to support the state's response to *Olmstead*. The state will identify systems for identification of all people with disabilities who currently are living in institutional settings and those at risk of entering institutions and develop an evaluation process to monitor systems change efforts.
KANSAS

Task Force
Kansas does not yet have a specific Olmstead committee or task force. State officials do not anticipate any further activity until 2003.

Implementation

Legislation
No legislation was introduced or passed during the 2002 legislative session related to Olmstead.

Lawsuits
No lawsuits currently are affecting the content or pace of the state’s activities regarding Olmstead.

Next Steps
Kansas’ Department of Social and Rehabilitation Services, Resource Department, received a $1.385 million Real Choice Systems Change Grant.
Kentucky

Task Force
In April 2000, the Olmstead Executive Commission was established within the Cabinet for Health Services. At the same time, the Cabinet partnered with the University of Kentucky for a Robert Wood Johnson planning grant. As a result, a draft plan was submitted to the Cabinet with recommendations in September 2001.

In May 2002, the secretary of the Cabinet for Health Services created the Kentucky Olmstead State Consumer Advisory Council through an Administrative Order. This council is to help implement a compliance and systems change plan to meet the broad mandate of the Olmstead decision. The council contains many of the same members of the original Olmstead planning group, in addition to 35 individuals who represent categories of disabilities, geographic regions and cultural diversity. The Cabinet for Health Services released its Olmstead Compliance Plan to the Consumer Advisory Council to the Long-Term Care Task Force and two legislatively created committees within the months of September and October, and it issued its final draft on December 11, 2002. “The Cabinet for Health Services Olmstead Compliance Plan for Fiscal Year 2002 Through Fiscal Year 2012” is located at http://chs.state.ky.us/olmstead.

The Plan
A broad-based stakeholders group, the Kentucky Olmstead Plan Committee, began working on a plan in November 2000 with funding from the Robert Wood Johnson Foundation. Among the group’s activities were a series of public forums throughout the state in which housing, access to services, and transportation were identified as key issues. The group included four issue teams: employment, housing, person-centered funding, and transportation. The group’s recommendations were sent to the cabinet in fall 2001.

Issued in December 2002, the Cabinet’s Compliance Plan outlines state programs that currently support community-based efforts, makes recommendations, sets goals and strategies for each initiative and lists challenges with Olmstead compliance. The plan is to be modified as needed and updated periodically. Here is the list of its following 13 goals and some of the strategies:

1. The Cabinet will continue to provide an ongoing mechanism for consumer involvement and input for compliance with the Olmstead decision. A strategy for ensuring this goal is to continue the Cabinet’s Olmstead Advisory Council.
2. System capacity to support initial and ongoing self-determination initiatives should be assessed.
3. Consumers and families should have meaningful information about choices that they can understand.
4. Consumers and families should have a formal means to appeal administrative decisions.
5. The process for determining an individual’s eligibility and need for services will be based on objective criteria focusing on functional ability and recommendations by the treatment team. As a result, current assessment tools will be evaluated, and new tools will be developed.
6. Plans will be developed to transition appropriate individuals from institutions into the community.
7. Systematic ways to prevent unnecessary institutionalization should be developed. A stra-
egy for ensuring this goal is to review the current process for referral to long-term care institutions.

8. Quality community supports will be available for individuals with disabilities. Performance measures will be developed and modified.

9. Individuals who provide direct services in the community will be properly trained. A strategy for ensuring this goal is to create uniform training curricula for staff.

10. Appropriate housing options should be available. Strategies included maximizing the use of federal housing programs and promoting the use of universal designs in new construction.

11. The current transportation delivery system for medical and non-medical service, employment and recreational activities should be enhanced by developing grant opportunities.

12. The employment rate for people with disabilities should be increased through the creation of a seamless system of employment supports.

13. Performance measures will be systematically and regularly reassessed for program effectiveness and Olmstead compliance. A strategy is to develop outcomes measures for assessing Olmstead compliance.

Implementation

Legislation
There is no current or pending legislation related to the Olmstead decision.

Funding
The state conducted much of its initial Olmstead planning with funding from a Robert Wood Johnson Foundation grant (eight states, including Kentucky, received approximately $100,000 each for a one-year period for Olmstead-related activities). The state grantee, the Kentucky Department of Mental Health and Mental Retardation Services, contracted with the Interdisciplinary Human Development Institute (IHID) at the University of Kentucky to spearhead development of the plan.

Successes
Earlier in 2002, the governor approved a spending plan, which included the following:

- Funding for the allocation of 250 supports for community living (SCL) waiver slots for FY 2003, based on a projected allocation of 500 slots for the biennium;
- $1 million allocated for FY 2003 for wrap-around services to facilitate community placement for individuals with severe or chronic mental illness who have been living in state psychiatric hospitals for twelve (12) months or more;
- $2 million allocated for FY 2003 to provide crisis stabilization units for children and adults through the Community Mental Health Centers; and
- $1.6 million allocated for FY 2003 to expand the home care program for frail and vulnerable people age 60 or older who are at risk of institutionalization.

Challenges
Some of the challenges include:

- Building consensus regarding “wait list” criteria; and
- Increasing the provider base to meet the expanding need for community services.

Lawsuits
In February 2002, a lawsuit was filed alleging that the state failed to provide services in the most integrated settings, that its waiting list failed to move at a reasonable pace, and that the state failed
to provide informed choice to the developmentally disabled population of Kentucky. For an update on lawsuits in Kentucky and other states, see *Status Report: Litigation Concerning Medicaid Services for Persons with Developmental and Other Disabilities* by Gary A. Smith at http://www.hsri.org/index.asp?id=news.

**Next Steps**
The state of Kentucky received a $2 million Real Choice Systems Change Grant. This money will allow the *Olmstead* State Plan Committee to continue its planning and implementation activities. The grant has three main areas of focus: consumer oversight by quality and consumer satisfaction, informed choice and access to housing options, and workforce development.

Throughout the state, *Olmstead* coordinators are in place at the state-operated psychiatric hospitals and intermediate care facilities for the mentally retarded (ICF/MR). The coordinators are responsible for community placement activities at each facility and work collaboratively with the facility, the client, potential supports for community living (SCL) providers, family members, guardianship, and representatives of protection and advocacy.
LOUISIANA

Task Force
The Disability Services and Support System Planning Group (DSSSPG) and the Consumer Task Force (CTF), key participants in *Olmstead* planning, are funded by the Real Choice Systems Grant and staffed by the Governor’s Office of Disability Affairs (GODA). The DSSSPG and CTF were created through legislation during the 2001 legislative session. The governor's office collects statistics and makes special studies of conditions pertaining to individuals with disabilities.

The Department of Health and Hospitals submitted a draft report to the Consumer Task Force on August 20, 2002. After that meeting, the CTF and DSSSPG developed a Phase II report and are in the process of finalizing the report for review. After the October 2002 meeting, the task force members have been compiling a list of recommendations for state activities into the format of goals and objectives for presentation at the next Disability Services and System Support Planning Group Meeting in December 2002. The task force members do not anticipate any action on the report until early 2003.

Implementation

Legislation
There was no 2002 legislation related to the *Olmstead* decision.

Successes
A significant success was bringing together a variety of state agencies and organizations to work productively.

Challenges
The biggest impediment is lack of funding.

Lawsuits
The Barthelemy case was an *Olmstead*-style challenge to the waiting lists for home and community-based waiver programs for people who needed nursing facility levels of care. A settlement agreement, which calls for Louisiana to eliminate its waiting lists by offering additional waiver slots and adopting personal care for this population as a state plan service, was approved in October 2001. The settlement calls for implementation over a four-year period. For an update on lawsuits in Louisiana and other states, see *Status Report: Litigation Concerning Medicaid Services for Persons with Developmental and Other Disabilities* by Gary A. Smith at http://www.hsri.org/index.asp?id=news.

Next Steps
Louisiana’s Department of Health and Hospitals received a $1.385 million Real Choice Systems Change Grant during fiscal years 2002-2003.
MAINE

Task Force
The Work Group for Community-Based Living, comprised of representatives from five state agencies—Human Services, the Department of Behavioral and Developmental Services, the Department of Labor, the Department of Corrections and the Department of Education—was convened in the spring of 2000 to develop a coherent interdepartmental approach for best serving people with disabilities. The work group also includes consumers and consumer advocates.

The work group meets quarterly to identify and prioritize areas of focus, which include access to services, interdepartmental coordination and workforce development. The work group has been formed into three subgroups: Workforce Development, Coordination among State Agencies, and Services.

The work group has chosen to develop a shared vision and roadmap for improving home and community-based services, rather than writing a plan. The vision and roadmap will include recommendations for integrating services; for integrating data across departments; and for improving access to housing, transportation and employment. A draft of the roadmap has been approved by the Work group for Community-Based Living and will be reviewed in a comment period through the end of January 2003. The work group plans to finalize the report in March 2003. The report is located at http://community.muskie.usm.maine.edu.

Implementation

Legislation
House Bill 1574 was signed by the governor on March 25, 2002 to implement state-funded and Medicaid-funded, consumer-directed personal care assistance services for adults with disabilities. Family members can be care attendants and there is a limited respite benefit.

Successes and Challenges
Maine has worked steadily since the mid-1970s to provide community alternatives to institutionalization for people who need long-term care. The Olmstead decision offers Maine an opportunity to further its goals of providing services to people with disabilities in the most integrated setting appropriate to the needs and preferences of each individual.

Lawsuits
In August 2001, a complaint was filed in the U.S. District Court for the District of Maine on behalf of three adults with developmental disabilities who were waiting for services. The lawsuit, filed against the Maine Department of Human Services and Behavioral and Developmental Services, argues that the state is not furnishing services to people with developmental disabilities in a reasonably prompt manner. For an update on this lawsuit and those in other states, see Status Report: Litigation Concerning Medicaid Services for Persons with Developmental and Other Disabilities by Gary A. Smith at http://www.hsri.org/index.asp?id=news.

Next Steps
Currently, the state assesses elderly long-term care residents who are living in institutions. These residents must sign a “choice letter” if they wish to remain in the facility rather than be placed in the community. The work group plans to develop similar assessment tools for other disability groups.
The work group is soliciting broad stakeholder input from consumers, providers, and the public through mail, a Web site, a 1-800 number phone and TTY lines, newsletters, brochures, posters, public service announcements, and public access TV. If invited, work group members also plan to meet with small groups such as representative boards and councils to share ideas. After the work group has heard from as many people as possible, it will incorporate the changes and new ideas and present the recommendations to the public, representative departments and organizations for possible adoption and implementation.

The state of Maine was awarded a $2.3 million Real Choice Systems Change Grant. The money will be used to fund the work group in overseeing and implementing the roadmap planning.
MARYLAND

Task Force
The Community Access Steering Committee under the Maryland Department of Health and Mental Hygiene, created by an executive order, conveyed its recommendations to the governor on July 13, 2001. The committee consisted of the secretary of Health and Mental Hygiene, the director of the Governor’s Office for Individuals with Disabilities, the secretary of Budget and Management, a representative from the governor’s office and up to six additional members appointed by the governor. The steering committee broke into four work groups: 1) the Mental Health Community Access Task Force, 2) the Medicaid Community Access Task Force, 3) the Developmental Disabilities Community Access Task Force, and 4) the Systems Integration Task Force.

The Plan
The recommendations focus on three major goals: 1) building community capacity, 2) helping people who currently are in institutions move to the community, and 3) helping people stay in the community.

1. Building Community Capacity
   Recommendation A: Improve compensation for community-based direct care workers by increasing and restructuring reimbursement rates in the Medicaid Personal Care Program, making an automatic annual inflationary adjustment in public mental health system rates for community mental health services, and increasing compensation for direct care staff who support people with developmental disabilities in the community.
   Recommendation B: Enhance efforts to coordinate and develop affordable, accessible housing for people with disabilities by convening a workgroup to implement strategies to increase the availability of housing resources; creating a housing liaison function between the Department of Health and Mental Hygiene and the Department of Housing and Community Development to coordinate problem-solving and resource development; and initiating efforts to more effectively work with local public housing authorities to ensure they are aware of the needs of individuals with disabilities and are able to address them in ways such as setting aside a portion of their vouchers for people who want to leave institutions.
   Recommendation C: Enhance the availability of accessible transportation for people with disabilities by exploring opportunities to develop pooled funding on a regional basis so limited transportation funds could be expanded and by expanding the responsibilities of the State Coordinating Committee for Human Services to more comprehensively address transportation needs.
   Recommendation D: Create an Inter-Agency Workgroup, including state agencies, to coordinate programs for people with disabilities.

2. Helping People Move from Institutions to the Community
   Recommendation E: Fund and support department plans to help individuals make the move from state-operated facilities to the community by continuing to help individuals with mental illness make the transition from state psychiatric hospitals to the community and people with developmental disabilities from state residential centers to the community and by conducting peer outreach and other education efforts in institutional settings.
   Recommendation F: Fund and support efforts to help individuals make the transition from
private facilities that serve individuals who are receiving government assistance by conducting outreach and education in nursing homes and chronic hospitals, providing assessment services to individuals who self-identify or are referred with the individual's consent, expanding the Medicaid waiver for adults with physical disabilities and the waiver for older adults, establishing a transition fund to assist individuals who move from private facilities to the community, and making changes to the financial and medical eligibility criteria for Medicaid.

3. Helping People Stay in the Community

**Recommendation G**: Promote education and counseling on community options by pursuing measures to inform the public about community integration, enhancing awareness and understanding of state programs that support people with disabilities, and expanding anti-stigma programs in the community.

**Recommendation H**: Ensure appropriate access and coordination between various public programs and private insurance by pursuing private insurance coverage of evidence-based best practice community support services, changing Medicare and Medicaid to make allowable reimbursements comparable, developing and implementing a plan for acute and private hospitals to ensure no disincentives exist to admit and treat patients, and exploring opportunities to remove barriers to employment for people with disabilities.

**Recommendation I**: Expand crisis response and respite care programs for people who live in the community.

**Implementation**

**Legislation**

On April 3, 2002, the governor signed into law House Bill 752. This law requires that social workers provide to nursing facility residents a one-page information sheet that explains the availability of services under the home and community-based waiver programs, explains that the resident’s care is partially or fully reimbursed by the program, and provides information regarding referrals to residents that may provide additional information. It directs the Department of Health and Mental Hygiene, in consultation with other state agencies, to prepare, distribute and update the one-page information sheet, which must be given to residents upon admission, discharge and at least annually upon request.

In 2001, the Maryland General Assembly passed legislation to increase the number of people to be served through the existing Community Attendant Services and Support Program Waiver. Budgeted at $10 million in FY 2002, the program permits individuals to select, manage and control their services and to choose their personal assistants, including hiring family members (except spouses).

**Funding**

The state received $100,000 from The Center for Health Care Strategies, funded by the Robert Wood Johnson Foundation, for planning to improve long-term care services cross-disability.

**Lawsuits**

For an update on *Williams vs. Wasserman* in Maryland and lawsuits in other states, see Status Report: Litigation Concerning Medicaid Services for Persons with Developmental and Other Disabilities by Gary A. Smith at http://www.hsri.org/index.asp?id=news.
Next Steps
The state received a $1.025 million Real Choice Systems Change Grant. The money will be used to:

· Develop a pilot project to provide outreach to people in hospitals to inform them of community-based long-term care options to prevent unnecessary institutional placement. The project will include working with a hospital discharge planner to inform individuals of community-based services and programs at the point of discharge from the hospital. This initiative also includes funding to develop educational materials to inform individuals about community-based programs in Maryland.

· Target efforts to increase the community long-term care workforce. This includes hosting provider job fairs across the state targeted to direct care workers where technical assistance with completion of the provider applications and specific qualifications can be provided.

· Develop a capitated demonstration program to better serve children with serious emotional disturbances (SED).

· Develop performance measures for community-based, long-term care programs. This includes development and implementation of consumer satisfaction surveys for Maryland’s community-based programs.
MASSACHUSETTS

Task Force

The governor directed members of her cabinet to develop this written plan and appointed an advisory group, known as the Olmstead Advisory Group, to provide insight and recommendations to the agencies involved with planning. The Olmstead Advisory Group held a series of listening sessions between November 2001 and January 2002 where nearly 1,000 people provided testimony.

In consultation with the Olmstead Advisory Group, the Interagency Leadership Team (consisting of the agencies listed above) is continuing to provide leadership and policy direction, will establish a Real Choice Consumer Task Force.

Disability advocates, in general, were unhappy with the state plan. As a result, the People’s Olmstead Plan, spearheaded by the Massachusetts Statewide Independent Living Council and others, was published in January 2003 to be used as a tool and resource in the construction of a Massachusetts Olmstead plan. It is located at http://www.masilc.org/docs/peoples.html.

The Plan
Phase One includes 62 activities to be implemented in FY 2003. Highlights of Phase One include:
- Continuing to target for community placement individuals for whom community placement is desired and available;
- Educating individuals residing in facilities, as well as their families and support systems, about the array of community-based services and residential options available, their eligibility, and then documenting their preferences;
- Identifying information related to individuals with disabilities who reside in public facilities and could relocate safely to the community and either provide or document the absence of necessary services and supports;
- Require that all state agencies offering long-term care pre-screen Medicaid eligible beneficiaries seeking facility-based services for the possibility of community-based care;
- Designing and implementing pilot projects to evaluate different models of service coordination for community-based individuals and individuals wishing to leave a facility;
- Completing the implementation of new income disregards in determining MassHealth eligibility for personal care attendant services to include people aged 65 or older;
- Identifying improvements to expedite the approval of medical equipment, assistive technology and personal care attendant services prior approvals; and
- Improving the availability of accessible and affordable housing.

Implementation of Phase One began in August 2002. The activities are being implemented using existing resources, including current appropriations and Real Choice Systems Change, Nursing Home Transition and Medicaid Infrastructure grants.
Implementation

Legislation
There was no 2002 legislation related to the *Olmstead* decision.

Successes
The advisory group met regularly and has issued Phase One of the plan.

Challenges
The lack of funding is the largest barrier for the state. There have been cuts in funding, and the state has a revenue shortfall for FY 2003.

Lawsuits

Next Steps
Massachusetts applied for and received a $1.025 million Real Choice Systems Change Grant from CMS. This money is being used to enhance existing community-based services.
**MICHIGAN**

**Task Force**
The state of Michigan does not have a task force to work on an *Olmstead* state plan. State contacts refer to Michigan's record of deinstitutionalization in the mental illness arena and in regard to developmental disabilities as "in the spirit" of *Olmstead*.

**The Plan**
The state of Michigan does not have an *Olmstead* plan.

**Implementation**

*Lore*ga*\l*ion*

Senate Bill 1101, signed by the governor on July 25, 2002, directs the department, in conjunction with the service providers, to develop criteria to assess the ability of this provider to maintain the individuals at the most appropriate level of care, to improve the total quality of care, to increase compliance with *Olmstead*, and to reduce costs for the state's Medicaid program.

*Successes*

Michigan's record of deinstitutionalization in the arena of mental illness and developmental disabilities is one of the state's most significant successes to date.

*Lawsuits*

For an update on two lawsuits in Michigan and those of other states, see *Status Report: Litigation Concerning Medicaid Services for Persons with Developmental and Other Disabilities* by Gary A. Smith at http://www.hsri.org/index.asp?id=news.

*Next Steps*

Michigan received a $2 million Real Choice Systems Change Grant. The funds are being used to operate Department of Community Health long-term care programs across the state.
MINNESOTA

Task Force
The state of Minnesota does not have an official Olmstead task force, due to the fact that the Minnesota Department of Human Services (DHS) already 1) offered many options to support people with disabilities, the chronically ill, and the elderly in the community; 2) was working on several initiatives to expand community-based and self-directed services; and 3) had several established stakeholder committees involved in these areas. Minnesota chose to use existing feedback mechanisms and to focus and build on the work that was under way related to expansion of and access to community-based services.

Although Minnesota does not have an Olmstead task force, it has a long-term care task force, comprised of state legislators and state agency commissioners, that published a January 2001 report of recommendations, “Reshaping Long-Term Care in Minnesota.” Unlike other state commissions, the task force did not prepare the report in response to the Olmstead decision. Therefore, the recommendations are limited to the aging population and do not include other populations in need of long-term care.

Implementation

Legislation
There was no legislation in 2002 related to the Olmstead decision.

Successes
The expansion of the currently existing services and waiver programs to meet the needs of individuals with disabilities, in addition to reaching out to address more of the state’s unmet needs, have been the most significant successes to date.

Challenges
Meeting service needs and avoiding overlapping and duplicating functions is challenging.

Lawsuits
No Olmstead-related lawsuits have been filed in Minnesota.

Next Steps
DHS was awarded two Systems Change Grants by the federal government: the Community-integrated Personal Assistance Service and Supports Grant (Community PASS) and the Real Choice Systems Change Grant. Both grants are administered by the department’s Community Quality Initiative (CQI) unit.

The Community PASS grant, Pathways to Choice: Minnesota’s Consumer Directed Personal Assistance Program, is being used to fund local demonstration projects to create a new model of service delivery for personal care services. The projects, called Consumer Initiated Partnership and Support (CIPS) Networks, are designed in part to increase consumer control and address labor shortage issues.

The Real Choice Systems Change Grant, Pathways to Choice: Minnesota’s System Change Initiative, is being used to help create a consumer-driven quality assurance system that includes develop-
ment of an information and assistance network for people with disabilities that is coordinated with the state’s 2-1-1 initiative to support consumer-informed choice and self-determination. Also, an automated consumer feedback system will be developed to obtain ongoing data on consumer satisfaction with service delivery and the effect of services on individual quality of life.

The Pathways to Choice: Minnesota’s System Change Initiative Grant has supported the development of an ongoing consumer and stakeholder quality oversight committee, the Quality Design Commission. The information obtained from the commission and feedback system will be used as part of an overall plan to collect consumer and stakeholder input and feedback upon which to base quality improvement decisions for the service delivery system.
MISSISSIPPI

Task Force
The Division of Medicaid, Human Services, Mental Health, Health, Education and Rehabilitation Services organized into a network called Mississippi Access to Care, completed and submitted a plan Sept. 30, 2001. Beginning its work in November 2000, the group identified services currently available to people with disabilities and developed a plan to ensure that all Mississippi residents have access to appropriate services in the most integrated setting. The lead agency was the Division of Medicaid. Participation by state agencies, consumers, advocacy groups and consumer councils was voluntary. The plan addresses the needs of all disability groups, regardless of age or residential setting.

The Plan
The plan is at http://www.mac.state.ms.us. The report contains recommendations for the next 10 years. It contains timelines, budgets, and specific strategies and goals and identifies the agencies responsible for implementing these strategies.

The recommendations address the following issues: consumer education, database development, housing, population identification, simplification and standardization, transition from institution to community, transition from children to adult service, and transportation. Consumer education includes outreach, communication and education, individual assessment and transition from institutions. The plan also calls upon the Legislature to designate a MAC Oversight Committee to coordinate the funding, implementation and needed revision of the MAC plan.

The plan's recommendations are written in order of priority. Therefore, the systems change recommendations—housing, transportation, assessment, training and consumer education—come first, followed by support services. The plan is located on the MAC Web site at www.mac.state.ms.us.

Implementation
Legislation
House Bill 929, formally designated the Division of Medicaid as the lead agency. The Division of Medicaid supported the legislation because it essentially formalized the work that had already begun and identified issues to be addressed throughout the plan.

Senate Bill 2662, signed by the governor on March 18, 2002, authorizes the Department of Mental Health to develop a consumer-friendly single point of intake and referral system within its service areas for individuals with mental illness, mental retardation, developmental disabilities, or alcohol or substance abuse.

Successes
Enacting House Bill 929 through the Legislature and receiving support was a major success in the state.

Challenges
The most significant barrier to the group's work is finding transportation to allow full consumer participation.
**Lawsuits**

One lawsuit currently pending is directly related to the *Olmstead* decision. It was filed in May 2002 and is awaiting further action.

**Next Steps**

The state of Mississippi received a $1.385 million Real Choice Systems Change Grant. The money is being used for person-centered discharge planning for people between the ages of 17 and 25. A team of professionals assists adults diagnosed with mental illnesses make the transition from state mental health hospitals to community settings. A portion of the funds also will be used to provide community support for individuals with developmental disabilities and mental illnesses.

The state also is working on a progress report to identify those recommendations in the plan that have been implemented and those that have not.
MISSOURI

Task Force
On Feb. 4, 2000, a group of individuals and organizations held the first meeting of the Olmstead Stakeholders Group. This group continues to hold monthly meetings. The governor signed an executive order on April 18, 2000, to establish the Home and Community-Based Services and Consumer-Directed Care Commission. The objective of the commission was to develop Missouri’s “comprehensive, effectively, working plan,” as recommended by the U.S. Supreme Court. The commission issued its final report on Dec. 31, 2000.

On April 10, 2001, the governor issued an executive order establishing the Personal Independence Commission to implement the recommendations of the original commission and to advance Missouri’s compliance with the Supreme Court decision. The commission includes the lieutenant governor, four department directors or their designee (departments of Elementary and Secondary Education, Social Services, Mental Health, and Health and Senior Services), four members of the Missouri General Assembly, and 10 public members (people with disabilities, parents and other advocates). The purpose of the Personal Independence Commission was to select the top priorities from those identified by the previous commission and draft an action plan. Olmstead reports and documents are located online at http://www.dolir.state.mo.us/gcd/olmstead/olmsteadwebpage121401.htm.

The Plans
The 2002 Implementation Plan
Major recommendations of the Personal Independence Commission reflect priorities for better serving people with disabilities. They include:

- Caregiver compensation,
- Housing,
- Informed choice,
- Consumer and family directed with supportive and flexible funding,
- Defining “deinstitutionalization,”
- Expanding opportunities for support and employment by expanding Medicaid eligibility,
- Identifying and assessing waiting lists and developing guidelines for the movement in each program area,
- Ongoing monitoring and reporting mechanism.

Major priorities include:

- Leadership and Planning: Develop a process evaluation and measure plan implementation yearly; one department or entity should develop a single document outlining available services; where multiple agencies serve a consumer, a lead agency should be named;
- Employee Development: Identify the number of staff trained on informed choice and how they use the training; develop statewide Olmstead training for state agency and provider staff; statewide training should encourage networking and other continuing education credits; background screening must be performed on all direct caregivers to protect consumers; with consumer input, state agencies should develop and promote train-the-trainer programs;
- Customer Satisfaction: A clearly defined appeal procedure shall be part of the choice processes; train consumers on how to coordinate, negotiate, purchase, direct, hire and fire attendants; develop a universal application form for home and community services across
agencies;

- **Funding:** Monitor waiting lists and document why one is longer than 90 days; implement the Ticket to Work Incentives Improvement Act, including the buy-in provisions.

**The 2000 Plan**

The former commission studied all disability groups, regardless of age or residential setting, before it issued its recommendations. The original plan issued in 2000 focused on the following eight activities and corresponding recommendations. Specific timelines and budgets for each item are contained within the plan.

**Activity 1:** Identify the current number of and current level of funding for home and community-based services and consumer-directed care programs for individuals with disabilities in the state of Missouri.

**Activity 2:** Develop a tool or mechanism for assessing the effectiveness of these services and programs in addressing the needs of individuals with disabilities.

**Activity 3:** Identify the number of individuals with disabilities in the state of Missouri who are institutionalized.

**Activity 4:** Identify the number of waiting lists for home and community-based services or consumer-directed care programs and evaluate the pace at which individuals move from these lists.

**Activity 5:** Examine whether existing programs and services provide individuals with disabilities who may be eligible for community-based treatment with information regarding this option.

**Activities 6 and 7:** Recommend any modifications or changes that may be needed to improve existing home and community-based services and consumer-directed care programs and recommend any potential means of expanding home and community-based services or consumer-directed care programs.

**Activity 8:** Develop a process for helping individuals with disabilities who are institutionalized and who are eligible for community-based treatment to make the transition into community-based treatment settings.

**Implementation**

**Legislation**

In the 2000 and 2001 sessions, the legislature enacted appropriations language that allows money to follow the individual. An individual who is eligible for or is receiving nursing home care must be given the opportunity to have those Medicaid funds follow him or her to the community and further be allowed to choose the personal care option that best meets his or her needs. During the 2001 session, the legislature passed SB 236, which included several recommendations from the original commission. The bill established Missouri’s Medicaid Buy-In Program. It created a grant fund to assist individuals who are making the transition from nursing homes with costs associated with setting up a home of their own. It mandates training for representatives of the disability community to provide information on community-based options for individuals in institutions.

Senate Bill 923 was signed by the governor on July 2, 2002, with a provision relating to parents relinquishing custody because they cannot acquire the mental health services needed for their children. The bill states that in these cases, courts can order that the child receive mental health services in the least restrictive setting based on an individualized treatment plan.
Successes

- **Community Counselors**: A $1 million general revenue grant, appropriated by the General Assembly with a federal Medicaid match, will be used to hire 75 community counselors who will work 1) with people in nursing homes who want to make the transition to the community and 2) with hospitals and other community agencies to divert people from entering the nursing home.

- **The Medical Assistance for Workers with Disabilities (Medicaid buy-in)**: was funded. Working age people with disabilities who make below 250 percent of the federal poverty level will be able to keep their health care, attendant services and prescription drug coverage when they return to work.

Challenges

The state has faced a variety of Medicaid rate, service and eligibility reductions that may affect the state’s capacity to implement its plans.

Lawsuits

There are no current or pending lawsuits related to the *Olmstead* decision.

Next Steps

The Missouri Department of Social Services received a $2 million Systems Change Grant. Some of the activities that this money supports include the following:

- **Informed Choice**: A work group is developing a curriculum to train advocates and state staff on how to offer informed choice to residents of institutions. The goal is to ensure that consistent, accurate and unbiased information is provided so that individuals have access to the resources, peer support and independent living services they may need to make informed choice and transition to the community. People trained on informed choice then will make contact with residents of institutions.

- **Best Practices Demonstration Projects**: Part of the Real Choice Systems Change grant money will be used to support a few demonstration projects to find effective and innovative ways to improve the delivery of existing services and supports, or to find new methods to keep people in their own homes and communities. The findings from demonstration projects will be used to make recommendations for systems change.

- **Interagency Coordination and Information Sharing**: Individuals and families report that lack of information and poor interagency coordination are two major barriers. Grant money will be used to collect and make available information about all the community services and supports available, develop Web sites and kiosks, implement an automated referral system, and support an interagency task force.

- **Transition to Independence Grants**: Because Missouri’s Nursing Home Transition Grant proposal was not funded, a portion of the Real Choice Systems Change Grant will be used to fund Transition to Independence Grants to help people who are moving out of institutions set up their new homes. (*No grants have yet been used.*)
Montana

Task Force
Due to the diverse Medicaid programs within Montana's Department of Public Health and Human Services, several Olmstead plans were developed. They include:

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

Each division has developed a task force consisting of consumers, legislators, advocates, family members, state staff and providers. The groups have met several times and have generated planning documents. Each program has a plan and an accompanying timetable. Referrals are being made for community services, which continue to be developed. However, the timetables will be affected because state officials do not expect to gain increased funding during the 2003 session of the Legislature.

The Plan
Montana's Senior and Long-Term Care Advisory Council released its final Olmstead report in December 2001 for public review and implementation.

The key elements of the final Olmstead plan for senior citizens are as follows.

1. *Ensure that appropriate stakeholders participate in the development of the plan and conduct follow-up.*
   - The Senior and Long-Term Care Division will share the Olmstead plan with other DPHHS divisions.
   - Share its plan with the Olmstead Council for the Disability Service Division and the Division for Addictive and Mental Disorders.

2. *Prevent and correct current and future institutionalization of individuals with disabilities.*
   - Conduct a thorough assessment of individuals in nursing facilities in a timely fashion.
   - Pursue creative ways to use existing funding to address unmet needs.
   - Educate consumers and the health care community regarding the service options.

3. *Access and availability of services.*
   - Address the need to find innovative ways to find, hire and retain caregivers for long-term care services.
   - Collaborate with agencies that address these issues:
     - Licensing of personal care facilities,
     - Housing to ensure the availability of HUD housing,
     - Transportation,
     - Durable medical equipment for those individuals with disabilities, and
     - Medicaid application process.

4. *Informed choice.*
   - Establish educational materials in all formats, readily accessible and obtainable.
   - Target the consumers, medical professionals and others who come in contact with individuals with disabilities.
- Educational materials should be standardized and presented in a positive light.

5. **Quality Assurance.**
- Increase adult protective services and ombudsman networks to ensure individuals in the community are free from abuse, exploitation and neglect.
- Review current services and backup systems to ensure individuals are not left without support.

**Implementation**

*Legislation*
There is no specific legislation regarding the *Olmstead* decision.

*Successes*
Each program is having success in terms of developing plans and implementing service delivery strategies that focus on community-based services. The state is continuing efforts to move people into these types of services wherever and whenever possible.

*Challenges*
The major problem at the present time is funding. The state is in a serious budget crisis and programs are being cut. These cuts make *Olmstead* planning very difficult.

*Lawsuits*
One lawsuit was scheduled to go to trial in November 2002. Filed in 1996 by the Montana Advocacy Program, it is class action litigation that seeks community-based developmental disabilities services for people who currently are residing in state-run residential facilities and for individuals in the community who are at risk of institutionalization. For an update on lawsuits in Montana and other states, see *Status Report: Litigation Concerning Medicaid Services for Persons with Developmental and Other Disabilities* by Gary A. Smith at http://www.hsri.org/index.asp?id=news.

*Next Steps*
Each program is moving forward with action steps regarding *Olmstead* implementation. For example, the developmental disabilities system is moving away from a “contracting” model of slot-driven services to a more individualized, choice-driven approach.

Montana’s Department of Public Health and Human Services, Disability Division, received a $1.385 million Real Choice Systems Change Grant.
**NEBRASKA**

**Task Force**
Nebraska does not have an *Olmstead* task force or an *Olmstead* state plan. Instead, Nebraska is using statutorily established councils and advisory boards to plan for future service delivery. Nebraska's planning and programmatic efforts have focused on three strategies: moving qualified individuals to community-based services, preserving community-based placements for individuals who are difficult to serve, and developing additional community-based services. The active involvement of consumers and family members has contributed to the success Nebraska has had in serving consumers in community settings.

**Implementation**

**Successes**
The Mental Health Commitment Act of 1976 required the use of “least restrictive alternatives” for persons with mental illness. The Development Disabilities Services Act of 1991 emphasized community-based services for persons with developmental disabilities. Under the authority of these laws, the state is purchasing services in the community for over 90% of persons receiving state-supported mental health services and for over 80% of persons receiving state-sponsored developmental disability services. Nebraska is now focusing on persons with lower levels of disability and is developing individual plans for maintaining or placing them in community settings.

**Challenges**
Although funding issues continue to make serving clients challenging, new funds have been allocated in recent years. In 2001, the state increased funding for the biennium for non-hospital based residential services for persons with mental illness by $7.5 million with an additional $6.5 million allocated to increase capacity in community-based mental health and substance abuse services. Community-based services for persons with developmental received an additional $8 million during the same period.

**Lawsuits**
There are no lawsuits in the state related to the *Olmstead* decision.

**Next Steps**
Nebraska received a $2 million Systems Change Grant from the federal government and is working on a three year planning effort know as Real Choices. This initiative will seek greater flexibility in service delivery, particularly home-based or community-based services, by providing consumers with more service choices and more say about their services. The initiative is working on a range of issues for the aging population, persons with developmental disabilities, persons with physical disabilities, persons with behavioral health need and persons with medically-complex conditions.
NEVADA

Task Force
In response to a proposal in the governor’s budget, the 2001 Nevada Legislature approved funding for a long-term strategic plan to: 1) ensure the availability and accessibility of a continuum of services that appropriately meet the basic needs of people with disabilities; 2) support the ability of people with disabilities to lead independent and active lives within their community; 3) continue the effort of the state of Nevada to provide community-based services that match the needs of the client and provide choices between appropriate services; and 4) ensure that people with disabilities receive the services to which they are entitled pursuant to state and federal law and case law. Advocates for the disabled will be included in the planning process. The plan will not be available for public comment until after January 2003.

Implementation
Legislation
There was no new legislation during 2002 on Olmstead.

Successes
The budget included new funding for independent living assistance for disabled people and an expansion of Medicaid home and community-based waiver services for individuals with physical disabilities. In addition, increases in mental health and developmental services case management, community placements, family support and respite, jobs and day training, and residential support were included. The budget also expanded the Medicaid Community Home-Based Initiative Program (CHIP), doubled the capacity of the Medicaid Group Care Waiver for the Elderly Program, and expanded the Homemaker Program.

Lawsuits
No lawsuits are currently pending that involve Olmstead issues.

Next Steps
Nevada’s Department of Human Resources received a $1.385 million Real Choice Systems Change Grant in 2002 for the next three years. The title of the grant is Community-Integrated Personal Assistance Services and Supports. The money is being used to improve the home and community-based services and to assist people with disabilities who are in need of or at risk of needing personal assistance services.
NEW HAMPSHIRE

Task Force
Legislation enacted in 2002 established a legislative committee to study the development of home and community-based long-term care supports for the elderly and adults with disabilities. The committee must solicit such information from the Department of Health and Human Services’ Office of Community Supports and Long-Term Care, service providers, and consumers as may be helpful to the committee in the performance of its duties.

The Plan
New Hampshire is not involved in traditional Olmstead planning efforts, but state officials are engaged in significant planning efforts that are based on developing community-based services for people with disabilities. Although the state is working to reduce the developmental disability waiting list for people who are living at home and waiting for community services and to divert people from nursing homes, the state would have undertaken these activities regardless of Olmstead.

Implementation

Legislation
The governor signed House Bill 1182 on April 26, 2002, which establishes a study committee to look at the status and development of various home and community-based service alternatives throughout the state. This legislation, based on the progress of 1989 legislation (S 409), is attempting to rebalance the service availability in the long-term care system in New Hampshire.

The 2001 session passed other initiatives that are not directly related to Olmstead, including the creation of a study committee to consider proposals to reduce the developmental services wait list to zero and to allocate $4.5 million for direct care provider salary increases for providers for individuals with developmental or acquired brain disorders.

Funding
The Legislature appropriated $5 million in fiscal years 2002 and 2003 to serve developmentally disabled people who are on the waiting list for home and community-based services and $3 million for people with acquired brain disorders.

Successes
New Hampshire does not operate institutions for people with developmental disabilities, and individuals with mental illnesses are served primarily in the community with acute hospitalizations for crisis stabilization provided at the state hospital. The state has been working to reform home and community-based care for elders and adults with physical disabilities and has reduced the number of people in nursing homes by about 100.

During the 2001 session, legislation passed requiring the Department of Health and Human Services to submit a plan to reduce the waiting period for developmental services to 90 days over a five-year period. The Division of Developmental Services (DDS) has held community meetings to gather input into this plan. The final plan, Renewing the Vision: New Hampshire’s Plan to Provide Essential Community Supports for Individuals with Developmental Disabilities, was completed and submitted to the Legislature in November 2001. It can be found at the New Hampshire Developmental Disabilities Services System Web site: http://www.nhdds.org.
Planning and development continue with a goal of providing community services to allow elders to remain home rather than be admitted to nursing homes. The Legislature also approved a Work Incentive Program that will allow people with disabilities to purchase Medicaid coverage if they are employed and their income makes them ineligible for Medicaid.

State officials note that consumers, advocates and family members are intimately involved in ongoing planning. Using a combination of existing groups (the Family Support Council for Developmental Disabilities, the Brain Injury Advisory Council, the Governor’s Long-Term Care Task Force, and the Alliance for the Mentally Ill), town meetings and individual consumer feedback, they are able to assess and improve their system.

**Challenges**
The lack of funding for these programs is the most significant barrier.

**Lawsuits**
In the case *Cumming vs. Shaheen*, New Hampshire is being sued by the Disability Rights Center regarding people with developmental disabilities who are awaiting community services. The proponents argue the state of New Hampshire has failed to provide adequate community-based services for people with developmental disabilities. The case was filed in 2001 for people with developmental disabilities who are waiting for community services, or who are dissatisfied with their current services. A preliminary hearing was held in April 2002, and the judge denied injunctive relief. A class action suit, *Bryson vs. Shumway*, is pending in federal court on behalf of 42 adults with acquired brain disorders who reside in nursing homes and are on Medicaid waiver waiting lists. For an update on lawsuits in New Hampshire and other states, see *Status Report: Litigation Concerning Medicaid Services for Persons with Developmental and Other Disabilities* by Gary A. Smith at http://www.hsri.org/index.asp?id=news.

**Next Steps**
The next step for implementing the plan is budgeting to meet the timelines outlined in the developmental disabilities waiting list plan and advocating for adequate funding. The state will continue the work of various coalitions to develop consumer-directed community-based supports for everyone. To date, no timelines have been established.

The state of New Hampshire received a $2.3 million Systems Change Grant. This money is being used to fund the Facilitating Lifespan Excellence (FLEX) Program. The purpose of the program is to develop a statewide system that puts into operation the concepts of consumer-directed services and supports; individualized budgeting; service brokerage (i.e., allow individuals to hire their own personal care attendants); and to ensure quality care for people with disabilities, elders and those in need of long-term services and supports.
New Jersey

Task Force
The New Jersey Olmstead Stakeholders’ Task Force, convened by the Governor’s Office of Policy and Planning, is meeting with the goal of issuing an Olmstead plan in 2003. The draft plan has been submitted to the Office of the Governor for review. The task force anticipates the draft plan will be available for public comment in January 2003. The task force includes people who have themselves made the transition from institutions to the community and state agency, provider and advocacy representatives.

The Plan
The plan will set forth proposals to guide the state’s action during the next five years. It will include regulatory recommendations, legislative recommendations, and new initiatives, many of which build on existing activities. Implementation of the plan will be subject to appropriations decisions to be made by the Legislature.

Many of the plan’s recommendations are likely to build on actions already under way in New Jersey, including assessments of individuals in psychiatric and developmental facilities, bridge funding to support people as they move from institutions to the community, and community living programs developed through the Nursing Home Transition Grant.

Among key issues facing the group are 1) identifying ways to move beyond the group home model that is dominant in developmental disabilities services, and 2) setting forth strategies to prepare individuals and their families for community placement.

Implementation
Legislation
No legislation was enacted during the 2002 legislative session related to Olmstead.

Lawsuits
There are no current lawsuits related to Olmstead. Two complaints recently filed with the Office of Civil Rights are now being resolved.

Next Steps
The state of New Jersey received a $2 million Real Systems Change Grant in 2002. The grant will support the exploration of innovative housing ideas and an interactive housing Web site. Funds will also be used to develop a personal care assistant registry and rapid-response back-up system. Case managers will receive additional training on consumer-directed care, and quality measures will be developed.
NEW MEXICO

Task Force
A task force was created in 2002 through legislative action.

The Plan
New Mexico is drafting a plan with a set of recommendations (considered a work in progress) that has been submitted to the Legislative Interim Committee for review and comments and that has not been returned to the Committee on Concerns of the Handicapped, as of Dec. 11, 2002. The committee does not anticipate any further action will be taken on the draft plan until early 2003.

Implementation

Legislation
SJM 54 was approved in 2002. This resolution requests that the Governor’s Committee on Concerns of the Handicapped, with the cooperation and participation of the Human Services Department, the Health Department, and other appropriate agencies and stakeholders, lead a task force to develop a comprehensive and coordinated state plan in response to the Olmstead Supreme Court decision. The Health and Human Services departments are to report to the legislative health and human services committee and the legislative finance committee on the assessment of people currently in institutional settings in the state and their ability to live in community-based settings. They are required to report the number of people assessed that are inappropriately placed and the number of people who choose community living.

Lawsuits
Lewis vs. New Mexico Department of Health is in federal court. It was filed on behalf of 3,000 individuals with developmental disabilities in nursing facilities on Medicaid waiver waiting lists who were not receiving their Medicaid services in the community and either had to go without services or accept institutional services. For an update on lawsuits in New Mexico and other states, see Status Report: Litigation Concerning Medicaid Services for Persons with Developmental and Other Disabilities by Gary A. Smith at http://www.hsri.org/index.asp?id=news.

Next Steps
New Mexico’s Human Services Department, Medical Assistance Division, received a $1.38 million Real Choice Systems Change Grant. The agency will disperse money to various agencies across the state through a request for proposal (RFP) system, which has yet to be established.
NEW YORK

Task Force
The state of New York has an Olmstead-related task force established through 2002 legislation. On Sept. 17, 2002, Governor Pataki signed Assembly Bill 9913-B into law to establish a Most Integrated Setting Council in the state of New York. The Most Integrated Setting Council will develop and oversee the implementation of a comprehensive, statewide plan for providing services to individuals of all ages with disabilities in the most integrated setting within one year of the effective date of this bill.

The Most Integrated Council is to contract with an independent organization with expertise in the provision of community-based services for individuals with disabilities, as well as an expertise in program evaluation research in order to conduct an evaluation of the council’s plan. This evaluation is to be completed three years after the effective date of the bill. The council is to provide a report to the governor, the temporary president of the Senate and the speaker of the Assembly one year after the effective date and annually thereafter. Such report shall detail the plan developed, any changes made to such plan, all steps taken to implement the plan and their outcome, and any future actions planned.

Implementation

Successes
There was momentum in the House and Senate during the 2002 legislative session to create a task force for Olmstead compliance. The passing of Assembly Bill A.9913-B through the Assembly and Senate is the most significant success to date.

Funding
No funding is mandated by A.9913-B. However, the bill requires the state to review existing funding sources in an effort to increase the availability of community-based services and to conduct an analysis of how these varied funding streams can be organized into a coherent system of long-term care. The measure also mandates the development of a single assessment process, implemented by one community-based agency, through the use of a uniform assessment tool.

Lawsuits
There are no current lawsuits in the state related to the Olmstead decision.

Next Steps
The New York State Department of Health was awarded a $1.385 million Real Choice Systems Change Grant in 2002 by the Centers for Medicare and Medicaid Services (CMS).
The North Carolina Department of Health and Human Services released “State Plan 2002: Blueprint for Change” on Oct. 31, 2002. It is an evolving document related to mental health, developmental disabilities and substance abuse services that will be revised as the state works toward its goal of developing community capacity. The final plan will be ready in 2003. It can be viewed online at http://www.dhhs.state.nc.us/mhplan/draftplan.htm. An earlier planning effort, the interim Olmstead plan was released in 2000; it is available online at: http://www.dhhs.state.nc.us/docs/draftolmsteadplan-toc.htm.

The Plan
The guiding principles of the recently issued Blueprint for Change are:

- Treatment, services and supports to consumers and their families shall be appropriate to needs, accessible and timely, consumer-driven, outcome oriented, culturally and age appropriate, built on consumer’s strengths, cost effective, and reflect best practices.
- Research, education and prevention programs lower the prevalence of mental illness, developmental disabilities, and substance abuse; reduce the impact or stigma; and lead to earlier intervention and improved treatment.
- Services should be provided in the most integrated community setting suitable to the needs and preferences of the individual planned in partnership with the consumer.
- Individuals should receive the services needed, given consideration of any legal restrictions, varying levels of disability, and fair and equitable distribution of system resources.
- Services will meet measurable standards of safety and quality and demonstrate a dedication to excellence through adoption of a program for continuous performance improvement.
- All components of the system will be clinically effective and operated efficiently.

The Blueprint emphasizes eight core functions: screenings; assessment; referral; emergency services; service coordination; consultation; education; and prevention. The target population includes adults with mental illness, children with mental illness, people with developmental disabilities and people with substance abuse problems. The plan endorses a system that makes sure those most in need receive the appropriate services in a timely manner. It also calls for the use of a statewide system contractor to provide referral, crisis hotline services, and utilization management. The plan recommends that a full array of services be available to people in all target populations, including interpretation/translation services, housing options and employment opportunities. The Plan provides for continued consumer and family input.

Implementation
Legislation
North Carolina Senate Bill 1115, enacted in 2002, specifies that all reductions designated for state facilities shall have the least effect possible on the state’s ability to comply with Olmstead, and that maximum resources be retained for transfer to local programs for community capacity building.

Next Steps
Recent developments in the state include the receipt of a $1.6 million Real Choice Systems Change grant of $1.6 million to support implementation of North Carolina’s Olmstead plan. The money will be used to examine workforce issues through the work of three work groups, consisting of
The three workgroups are 1) recruitment and retention; 2) direct care workers; and 3) consumer-directed care.
NORTH DAKOTA

Task Force
The Governor’s Commission on Olmstead was formed through an executive order issued in January 2000. The governor charged the commission to have recommendations in the form of a plan for the 2003 legislative session. The plan is not yet complete.

The task force is broad-based; its members include state legislators, consumer representatives and executive branch officials. The task force hired a consultant to organize and facilitate its meetings.

Implementation
Legislation
There was no legislation in 2002 related to Olmstead.

Lawsuits
There are no lawsuits related to the Olmstead decision.

Next Steps
The state of North Dakota received a $900,000 Real Choice Systems Change Grant. The money will be used to establish demonstration projects to study making enduring changes in the long-term care system. The projects will examine the philosophy of the system, different approaches to running programs, expanding home and community-based services for the elderly population and creating new programs that will enable people with disabilities to stay in their homes.
Ohio

Task Force
Created by executive order in June 2000, the task force—called Ohio ACCESS—issued its comprehensive report to the governor on Feb. 28, 2001. The report, Ohio Access for People with Disabilities, is located at www.state.oh.us/age/ohioaccessrpt.pdf.

As part of Ohio ACCESS, the governor directed the director of the Office of Budget and Management, along with the Ohio departments of aging, alcohol and drug addiction services, health, job and family services, mental health, and mental retardation and developmental disabilities, to conduct a comprehensive review of Ohio’s services and supports for people with disabilities and to make recommendations for improving services during the next six years. The governor also mandated that people with disabilities and their representatives participate in the review and development of the recommendations.

Ohio ACCESS, led by the Medicaid program, consisted of the directors of all the relevant agencies. The short-term recommendations focused on customer services; the long-term recommendations focused on workforce issues. The commission is giving priority to the needs of people with developmental disabilities and people with physical disabilities. Within these disability groups, the commission focused on strategies for moving people out of institutions.

The Plan
Overall, the cornerstones of the Ohio ACCESS vision are consumer self-determination and a people-centered planning approach with assistance from family, friends and caregivers. The recommended strategies for overcoming barriers to achieving the vision include:

- Matching capacity with the demand for community-based services.
- Generating and sustaining the necessary resources to expand community services.
- Overcoming federal policy constraints such as the federal Medicaid waiver.
- Addressing the health care workforce shortage by creating a public-private workgroup; conducting a labor market analysis; studying wage and rate issues. creating demonstration projects to examine career ladders, scholarship opportunities, and payments to family members and other informal caregivers on a controlled basis; examining alternatives to the traditional provision of long-term care by looking at scope of practice issues, assistive technology; and the increased use of independent service providers.
- Overcoming policy constraints on self-sufficiency and personal and family responsibility by providing better information and assistance for consumers and their caregivers.

In addition to the recommendations, the report contains:

- An overview of state-supported, community-based long-term care services in Ohio;
- The currently offered community services for people with disabilities;
- Federal constrains that have contributed to the current institutional bias present in publicly funded programs; and
- Challenges to state policy that exist and must be addressed for the vision of the report to be implemented.

Implementation
Legislation
There was no legislation related to the Olmstead decision in 2002.
Funding
The FY 2002-2003 appropriations included:
- Adding 1,300 slots in FY 2002 and another 1,600 slots in FY 2003 to the PASSPORT waiver program, which provides care to people over age 60 who otherwise would need nursing home services (the program currently has more than 24,000 slots);
- Adding 500 slots in both FY 2002 and FY 2003 to the Home Care Waiver Program, which provides care to disabled people under age 60 or people of any age with a chronic, unstable condition who require nursing care (the program currently has 8,200 slots);
- Adding 500 slots in both FY 2002 and FY 2003 to the Individual Options Waiver Program, which serves people who otherwise would require institutionalization in an intermediate care facility for the mentally retarded (ICF/MR);
- Establishing an Ohio Success pilot program to fund up to $2,000 in transition costs for 75 people in FY 2002 and 125 individuals in FY 2003 to be used as seed money for the first month’s rent, utility deposits, moving expenses and other related costs;
- Developing cost management tools that promote choice and personal responsibility;
- Redesigning the mental retardation and developmental disabilities Medicaid delivery system by moving the Community Alternative Funding System Program to a fee schedule and by making the transition to new home and community-based waivers; and
- Improving cost management tools within the community mental health system.

Lawsuits
A class action suit, Martin vs. Taft, is pending in federal court on behalf of 6,000 adults with developmental disabilities on Medicaid waiver waiting lists. For an update on lawsuits in Ohio and other states, see Status Report: Litigation Concerning Medicaid Services for Persons with Developmental and Other Disabilities by Gary A. Smith at http://www.hsri.org/index.asp?id=news.

Next Steps
The Ohio Department of Job and Family Services received a $1.385 million Real Choice Systems Change Grant. The money is being used to create a program titled “No Wrong Door.” The approach of this program is to coordinate services and work in collaboration with the Department of Aging to establish a database of available services throughout the state and make the database accessible to everyone (providers, consumers, etc.)
The Olmstead Strategic Planning Work Group, established through 2002 legislation, requires consumers, state agencies and organizations that serve people with disabilities to develop a plan to provide services in the most integrated setting. The initiative is being coordinated by a myriad of organizations that have donated money and time to ensure the completion of the plan.

The committee will submit a report of its findings and recommendations to the Legislature and governor by July 15, 2003, and each July 15 thereafter, as necessary, until completion of the comprehensive strategic plan.

The Office of the Attorney General, the Department of Human Services, the Health Care Authority, and the Department of Mental Health are the lead agencies and may use the expertise of House and Senate staff.

Organization members include, but are not limited to, centers for independent living, the Developmental Disability Council, Oklahoma AbleTech, the Statewide Independent Living Council, the Oklahoma Policy Consortium, the Brain Injury Association, Tulsa ARC, the Long-Term Care Authority, Oklahoma People First, Tulsa and the OKC housing authorities, the Housing and Finance Agency, the Oklahoma Commission on Children and Youth, the National MS Society, the Community Action Agency of OKC, the Oklahoma Disability Law Center, the Oklahoma Mental Health Consumer Council, OASIS, and home health and case management organizations.

State agencies include, but are not limited to, the Department of Rehabilitation Services (DRS), the Department of Human Services (DHS), the DHS Department of Aging Services, the DHS Developmental Disabilities Services Division, the Department of Transportation, the Office of State Finance, the Oklahoma Health Care Authority, the Department of Mental Health, the Employment Security Commission, Oklahoma State University, the Center for Learning and Leadership, the Office of Handicapped Concerns, the Department of Health, the Attorney General's Office, the Department of Education, and the Department of Labor.

Members from the House and Senate, parents, family members, individuals with disabilities, advocates and others also are represented.

The group will develop a comprehensive, strategic plan for Oklahomans with disabilities, pursuant to the Olmstead decision by:

- Reviewing Oklahoma’s service delivery system and the way in which people with disabilities currently gain access to the services;
- Reviewing existing statutes, policies, programs, services and funding sources that affect Oklahomans with disabilities, including, but not limited to, identifying unique approaches and strategies to funding;
- Identifying and reviewing funding and resource information that are available to people with disabilities and their families in the state; and
- Identifying gaps and barriers in programs and services to individuals with disabilities and making any recommendations to enhance programs and the delivery system for people with disabilities in Oklahoma.
Implementation

Legislation
As noted, Senate Bill 1512 was signed by the governor on May 30, 2002, to create the Strategic Planning Work Group on the *Olmstead* decision. The committee will develop a comprehensive, strategic plan to implement the state's response to the ruling, including examining statutes, policies, service delivery, funding, and program gaps and barriers.

Successes
The work group received donations and in-kind support to contract with a facilitator to organize the work group process.

Five committees have been established: The Dollar Follows the Individual, Diversion, Community Supports, Quality Assurance, and Budget and Finance. All committees meet in a central location at the same time to accommodate everyone’s schedule and to allow maximum stakeholder participation.

Challenges
Existing budget shortfalls have the attention of most Oklahomans. Focusing on the plan without reacting to the obvious budgetary barriers will be an issue.

Lawsuits
A lawsuit has been filed in Federal Court to prevent cuts to prescription drug coverage in the Home and Community-Based Waiver.

Next Steps
The Oklahoma Department of Human Services’ Aging Division was awarded two of the three systems change grants: Real Choice Systems Change and Community-Integrated Personal Assistance Services and Supports. The money will be used to strengthen the infrastructure that supports the availability of personal assistance services in a manner that affords consumers maximum control over the selection of individuals working on their behalf. It also will be used to develop intermediary services organizations (ISOs) to serve as consumers’ business agents and consultants for employer responsibilities.
OREGON

Task Force
Oregon does not have a task force established to oversee an Olmstead plan.

Implementation
As an outgrowth of legislation enacted in 1999, the state developed a six-year plan that has as its goal the elimination of the waiting list for community-based services for people with developmental disabilities. The plan was the basis for the state's recent settlement of a lawsuit.

Successes
There are no waiting lists for services for people with physical disabilities or the frail elderly.

For senior citizens and people with physical or developmental disabilities, the state has available a broad array of community supports, including in-home care, foster care, residential programs, assisted living facilities, small group homes and employment supports. Based on this array of services, the state discourages institutional care and offers alternatives for anyone who wishes to leave an institution. Oregon's current efforts related to expansion of community-based care currently focus on people with developmental disabilities. The state has agreed to create 50 new non-crisis placements annually from FY 2001 to FY 2007 and will increase the availability of personal care and respite services. The governor proposed adding $45 million (the state's general fund share) to the budget for these services for fiscal years 2001-2003; additional requests are anticipated for fiscal years 2003-2005.

Challenges
The issue of under-served populations centers on the developmental disabilities and mental health populations.

Lawsuits
The state settled a lawsuit, Staley vs. Kitzhaber, in September 2000. This suit was filed on behalf of more than 5,000 people on a waiting list for care. As a result of the settlement, the state phases in in-home services to those individuals on the waiting list.


Next Steps
Oregon received a CMS Systems Change Grant in the amount of just over $2 million. The money is being used to advance consumer direction through enhanced infrastructure of community services. Oregon has broken the Systems Change Grant into four initiatives:

1. Address affordable and accessible housing. Provide additional staff and services for homeless individuals and those at risk of institutionalization.
2. Provide training on ADA and Olmstead to consumers, family representatives and managers.
3. Increase affordability of personal assistance and registered nurses for individuals with psychiatric disabilities. Promote informed choice and living in most integrated settings by changing assessment tools to be more person centered.
4. Assess Oregon’s and other states’ Medicaid programs to develop ways to increase resources in the communities.

The task force wants to expand family and consumer-directed decisions. It primarily focused primarily on adults in state hospitals, but now is focusing more broadly across populations as a result of the Olmstead and CMS letters. Housing issues are a major focus in Oregon. A $260,000 grant is being used to assist individuals who have start-up barriers (i.e., have their own place, but are unable to pay the first month of rent because they do not yet have the housing voucher) to make the transition into the community. The funds are distributed in the form of mini-grants.
PENNSYLVANIA

Task Force
The External Stakeholder Planning Team of more than 40 representatives has met six times to study and discuss the guiding principles and critical elements of a successful home and community-based services system. The team addressed the critical beliefs and goals to guide consumers, advocates, providers and government in future changes and decisions. The planning team presented a draft transition document with recommendations to the governor for review that provides a framework for a plan. The planning committee members do not anticipate further action until early 2003.

In the spring of 2001, the Commonwealth of Pennsylvania created a Home and Community-Based Services Project, which includes an internal governance structure to A) create a seamless system of home and community-based services for consumers by striving for consistency across various programs and staff agencies, b) share information and ideas across program areas to capitalize on the skills and expertise of the Commonwealth’s human resources and c) coordinate resources and maximize efforts across program areas and agencies. The HCBS Project Governance structure teams are listed below.

- **The Executive Steering Committee** was comprised of top officials from the various program areas who oversee and manage the governance structure and function as decision makers in reviewing and approving the work of the individual teams. The steering committee set policy on budget and broad-based system issues.
- **The Streamlining Eligibility Team** developed appropriate principles and approaches to assess eligibility and needed supports for individuals. The team reviewed current assessment mechanisms, and evaluates critical timeline points for assessment and reassessment of individuals, and also developed guiding principles for appropriate assessment tools and methods.
- **The Tracking and Data Management Team** developed and implemented procedures to collect, track and analyze program data, including individual-specific data. The short-term goals focused on assessing current systems for compatibility, identifying relevant populations, and determining which data points to include. In the long-term, the team will develop a methodology, produce and refine reports, and coordinate its data system with other agencies.
- **The Policy, Program and Operations Team** focused on developing and coordinating the policies and procedures for the various programs and Commonwealth agencies and on simultaneously developing a network of contacts among them. In the short-term, the team analyzed, reviewed and recommended changes to existing policies. The long-term goal is to reduce and minimize gaps and overlaps in the home and community-based service system.
- **The Communications Team** was responsible for outreach, education and training. The short-term goals were to research and identify appropriate outreach and educational topics, while also considering the appropriate vehicle to use. Over the long-term, the team will provide education to stakeholders and develop an effective campaign, including Internet materials, brochures and training.
- **The Quality Management Team** focused on quality of life and consumer satisfaction issues. To that end, it will assess its existing quality management system and recommend improvements and guiding principles for an effective quality management program.
focus of the team was on both quality assurance and measurement and continual quality improvement.

**Implementation**

*Legislation*

No legislation in the 2002 legislative session was related to the *Olmstead* decision.

*Lawsuits*

A number of lawsuits have been filed in Pennsylvania. For an update on all lawsuits in Pennsylvania and other states, see *Status Report: Litigation Concerning Medicaid Services for Persons with Developmental and Other Disabilities* by Gary A. Smith at http://www.hsri.org/index.asp?id=news.

*Next Steps*

Pennsylvania’s Department of Public Welfare received a $1.385 million Real Choice Systems Change Grant this year. The money is being used to fund the planning team, and $750,000 of the total is earmarked for local grants to improve access to local delivery system services.
RHODE ISLAND

Task Force
Rhode Island does not have an Olmstead task force. Throughout the years, the Human Services Department has internally reviewed its long-term care systems and made improvements as needed. The issue of developing an Olmstead plan will be revisited with the new administration.

Implementation

Legislation
No legislation was enacted this year related to Olmstead.

Lawsuits
There are no lawsuits related to the Olmstead decision.

Next Steps
The state Department of Human Services, Center for Adult Health received a $1.385 million Real Choice Systems Change Grant. The money is being used to assist the state in moving people from nursing homes to community-based settings under a nursing home transition grant.
Task Force
In November 2000, the governor issued an executive order to establish the South Carolina Home and Community-Based Services Task Force and directed it to develop a plan. The task force includes 33 members representing state agencies, service providers, consumers, families, advocates, and members of the state legislature. The task force was divided into three workgroups that parallel the state government organizations that serve people with disabilities in institutional and community settings. The three workgroups are 1) the Department of Disabilities and Special Needs (DDSN); 2) the Department of Mental Health (DMH); and 3) the Department of Health and Human Services (DHHS).

The Plan
The final plan was submitted to the Governor on August 31, 2001. The report is available online at www.scddc.state.sc.us.

The final plan is a composite of the recommendations made by the three workgroups. A set of “core principles” guided the task force in reviewing the state’s existing services and making recommendations for change. Those core principles are nurturing human potential, choice and self-determination, autonomy and consumer-direction, flexibility, respect and dignity, integration, empowerment, equity, availability, prevention, quality, health and safety, responsiveness, efficiency, accountability, advocacy, and cultural competence. Key recommendations from the report follow:

Assessment
- The task force recommends developing an independent assessment process to offer people opportunities to live in a home or community-based setting. The first step in the assessment process should present a choice: where, how and with whom do you want to live? The next step will be an assessment of needs to make the preferred option possible.

Those Currently in Institutional Settings
- Making the Transition to the Community: All those living in institutions who wish to move to a community setting should be moved within a year of plan implementation, barring health and safety issues. Sufficient bed reserve capacity should be maintained for up to 90 days to allow the re-admission of people whose community placement has not been successful.
- Quality of Institutional Care: The quality of institutional care should be improved in areas such as food, clothing, personalized spaces, day activities, employment and recreation. Consumer satisfaction and family satisfaction should be monitored.

Those at Risk of Being Institutionalized
- Individuals deemed to be at risk of institutionalization should be linked with a care/service plan and be monitored.
- Health professionals should explain alternatives to institutionalization to at-risk people.
- A comprehensive, statewide crisis intervention and support system should be developed to prevent unnecessary institutionalization (e.g., community-based crisis respite beds).
- All those who are seeking nursing home placement, regardless of their funding source, should be assessed, prior to nursing home admission.

Waiting Lists
- Waiting lists should be developed, maintained and monitored.
· An unmet needs list should be created to document the needs of those on waiting lists and additional needs to those receiving some services.

**Data Systems and Collection**
- An interdepartmental task force should study the feasibility of adopting common computer hardware and software to assist with tracking individuals who need and receive care.

**Quality Assurance/Outcomes**
- Quality should be defined and measured in terms of the personal goals, outcomes and satisfaction of the individual consumer.
- A complaint system for in-home care should be developed, similar to an ombudsman program.

**Community Services and Supports**
- A multi-system team, consisting of consumers, families, stakeholders, state agencies, and private providers, should continue to work together to address the needs of consumers.
- Community resources should be assessed.
- A variety of service coordination options should be available to consumers, including independent, agency-based, team coordination and self-directed service coordination.
- Direct care worker wages should be adequate to recruit and retain quality personnel.
- Specific recommendations are offered for increasing the number of housing units available in community settings to allow consumers to move from institutions into the community or from one community setting to another, less restrictive setting.
- Transportation services should be improved to include door-to-door and escort provisions, and CMS policies toward non-medical transportation will be investigated. Public transportation and transportation alternatives also will be improved. One recommendation calls for labor and mileage reimbursement to friends and family who provide transportation for consumer and family choice, control and autonomy.
- Education in self-advocacy, continued financial support to consumer advocacy groups, and supported employment programs and services are recommended.
- A greater emphasis should be placed on supported employment programs.
- Recommendations also are made in the areas of day activities, family and caregiver supports, respite, and assistive technology.

**Implementation**

**Legislation**
There was no legislation related to *Olmstead* during the 2002 legislative session.

**Successes**
The state has eliminated some barriers that prevented individuals from successfully making the transition into community settings through agency collaboration and by establishing a program that allows the funding to follow each individual.

**Challenges**
Securing funding to continue running the programs is the most significant challenge to date. In addition, strengthening the community networks to prevent unnecessary institutionalization of individuals with disabilities has been an ongoing challenge, but it is slowly improving.

**Lawsuits**
There are no pending lawsuits related to the *Olmstead* decision.
Next Steps
South Carolina received a $2.3 million Real Choice Systems Change Grant. The money is being used for the Options for Community Living Program, to improve accessibility to comprehensive, up-to-date information about services and resources in the community for older adults and people of all ages with disabilities. The program also will increase options for consumer-directed care.
**SOUTH DAKOTA**

**Task Force**
The state does not have an *Olmstead* task force and is not preparing a plan. State officials do not report problems with *Olmstead* compliance.

**Implementation**

*Legislation*
No legislation related to *Olmstead* was reported.

*Successes*
The state has made modest increases in funding to support expanded staffing for people with developmental disabilities. State officials reported no waiting lists for services. The state uses an annual service plan review mechanism to determine the appropriateness of continuing placement at developmental disability state facilities. For placements in mental health facilities, a periodic service plan review is conducted.

*Lawsuits*
There are no pending lawsuits related to the *Olmstead* decision.

*Next Steps*
South Dakota did not receive a Real Choice Systems Change Grant.
TENNESSEE

Task Force
Tennessee does not have an Olmstead task force. In 1998, prior to the Olmstead ruling, the Long-Term Care Planning Council was created by statute. It was charged with developing a comprehensive, long-term care plan for the state to guide funding, coordination and delivery of long-term care services for Tennesseans, regardless of age, disability or economic status. The Planning Council included the commissioners of Health, Finance and Administration, and Human Services and the executive director of the Commission on Aging. A 16-member Long-Term Care Advisory Council worked with the planning council. In March 1999, the planning council released the Tennessee Comprehensive Plan for the Delivery of Long-Term Care Services to the Elderly and Disabled Persons. The plan focused on extending and expanding home and community-based services, especially through Medicaid waivers, to people with disabilities and the frail elderly.

Due to the concerns about a fragmented delivery system, the Department of Finance and Administration (the agency that houses Medicaid) is seeking to hire a disability coordinator in the near future to coordinate activities across departments and funding sources.

Pre-Olmstead Plan
The planning council identified several principles in the long-term care services plan, including: 1) broad-based education and dissemination of information; 2) services in home and community-based settings to those most financially and medically needy; 3) well-coordinated programs; 4) simplified access to services; and 5) ways of encouraging individuals to take responsibility for themselves and their future. Specific components included:

- Developing and implementing a statewide home and community-based waiver;
- Developing strategies for extending home and community services to people who do not meet Medicaid eligibility criteria;
- Exploring other service options for individuals who need long-term care services;
- Enhancing and simplifying consumer and caregiver access to long-term care services for the elderly and physically disabled;
- Developing additional information and education initiatives to promote and explain long-term care and additional health-related services;
- Pursuing a long-term care insurance partnership program; and
- Exploring ways to promote long-term care insurance programs with public and private employers.

The council was expected to continue to meet to monitor the implementation of the programs recommended by the governor and the legislature.

Implementation
Legislation
There was no 2002 legislation related to the Olmstead decision.

Funding
Since the release of the 1999 plan, most state discussions have focused on funding levels for community-based care.
Lawsuits
A lawsuit, *Brown vs. Tennessee Department of Mental Health and Developmental Disabilities*, is pending in federal court on behalf of individuals with developmental disabilities who are not receiving services. For detailed information on this litigation, see *Status Report: Litigation Concerning Medicaid Services for Persons with Developmental and Other Disabilities* by Gary M. Smith at [http://www.hsri.org/index.asp?id=news](http://www.hsri.org/index.asp?id=news).

Next Steps
The state of Tennessee received a Real Choice Systems Change Grant of more than $1.768 million in 2002. The money is being used to design and implement a more effective, consumer-directed and accessible housing resource system for people with mental illness. The money also will be used to increase the number of people in quality, affordable housing and to reduce the stigma of mental illness statewide.
Texas

Task Force
In September 1999, the governor issued an executive order requiring the Health and Human Services Commission (HHSC) to conduct a comprehensive review of all services and support systems available to people with disabilities in Texas. To include stakeholder involvement, the HHSC created the Promoting Independence Advisory Board (PIAB). The PIAB provided guidance to the HHSC in the evaluation of a system of community-based services and supports for people with disabilities. The board included providers, people with disabilities and their representatives, and state agency officials. In response to the executive order, HHSC developed the Promoting Independence Plan and released the first version to the governor and Legislature in 2001.

A new stakeholder task force, the Interagency Task Force on Care Settings for Persons with Disabilities, replaced the previous board. However, many of the same members were kept on the new group in an effort to maintain continuity. The group released a revised version of its plan on Dec. 2, 2002. The plan is located online at http://www.hhsc.state.tx.us/tpip/tpip_report.html.

The Plan
The Promoting Independence Plan contains recommendations related to the system of long-term care services and supports for the populations affected by the Olmstead decision. The recommendations include:

- Expanding all waiver programs.
- Increasing outreach to inform people with disabilities about community options.
- Providing permanency planning to develop community placements for children.
- Moving nursing facility residents into the community.
- Providing temporary rent subsidies for consumers who are awaiting federal housing assistance.
- Making available one-time grants to families who need to make a home modification to care for children with disabilities.
- Providing funding for non-medical transportation for people who are making the transitioning into the community.

The plan also coordinates the efforts of the multiple agencies that provide long-term care services within the state. The two largest agencies are the Department of Human Services and the Department of Mental Health and Mental Retardation.

The Texas Department of Human Services is using a multi-phase approach to identify and assess individuals to whom Olmstead applies. Phase one of the plan was implemented and effective Dec. 1, 2000. Phase one activities involved informing nursing home residents about community-based alternative programs, training agency staff, promoting community awareness about choice and community options, collecting baseline data about nursing home residents who are seeking to make the transition into the community, and developing permanency planning for community placements for children in facilities.

Phase two is being implemented over a two-year period beginning from September 2001 to September 2003. The department will hire and train relocation specialists, develop an identification process and assessment instrument, track data from the relocation specialists, and conduct com-
munity awareness activities. Phase three will divert people from institutionalization by placing additional staff in hospitals and rehabilitation centers for preadmission and admission screening.

The state views its response to Olmstead as an ongoing process. With the completion of the Promoting Independence Plan, the state intends to continue moving forward in its efforts to identify individuals who are living in institutions but who are desirous of community-based services, helping these individuals make the transition into the community, reducing the waiting lists, and coordinating all long-term care services and supports to improve services to citizens of the state with disabilities. The state expects its plan to evolve over time in response to funding, stakeholder input, agency-related initiatives, and continued growth and demand for community services and supports for people with disabilities.

Implementation Steps

Funding and capacity issues implementation steps:

- HHSC will address Olmstead related issues through their agency planning activities and through their budget development activities.
- HHSC will work with the Legislative Budget Board and the Governor's Office of Budget, Planning and Policy to encourage further investment in community-based services.
- HHSC will request funding for continuation and expansion of the family-based alternatives project.
  
  Requires legislative direction and appropriations.
  
  HHSC will assist those individuals who make the transition from institutional care into the community with a “money follow the individual” mechanism, when funding is not cost neutral and the cost of community care must be supplemented in order for the service to be provided in the community.
  
  Requires legislative direction.
  
  HHSC would assist in the redirection of institutional money appropriated to follow the individual into the community, if the individual chooses. The state would monitor the effects of any decision to implement the redirection of funds to allow the money to follow the individual for his or her choice of services and to assess the effects on providers, individuals and state general revenue.
  
  Requires legislative direction.
  
  HHSC would implement changes to allow HHSC to use funds appropriated for long-term care waiver slots for: a) the establishment, maintenance, and development of capacity to expedite utilization of long-term care waiver slots; b) the provision of wrap-around services that are specifically associated with such slots and that relate to transitional services, access to immediate housing, and transportation services; c) the development of family-based alternatives for children leaving institutions, and d) the development of capacity in community waiver services.
  
  Requires legislative direction and appropriations.
  
  HHSC would assist appropriate agencies in the implementation of funding appropriated for transition providers who voluntarily downsize their facilities. The funding would be used for specific increased per capita costs incurred as individuals with disabilities and/or families exercise their right to choose to live in community settings.
  
  Requires legislative direction.
  
  HHSC would assist agencies to implement a sliding fee for institutional and community services and support programs of children under age 22 and adults with legal
guardians, to the extent allowed by federal regulation. HHSC would ensure that the sliding fee scale be developed with input from families, advocates and other interested stakeholders.

**Housing issues implementation steps:**

- HHSC has requested funding for promoting independence supports in housing and transportation assistance.
- HHSC, upon request, will assist in the provision of staff training related to disability issues. The training should be developed with input from appropriate stakeholders.
- HHSC will assist in enhancing the stock of accessible, affordable integrated housing in Texas, and will work to remove the existing barriers to accessible housing.
- HHSC will work to give technical assistance to local public housing authorities so that they may apply for and prioritize accessible, affordable integrated housing for people with disabilities.

**Workforce Issues Implementation Steps:**

- HHSC will assist to assure optimal work opportunities for people with disabilities.
- HHSC will work to review and identify workforce issues and concerns.
- HHSC will coordinate a forum with providers on implementing the *Olmstead* decision and the implications to members of labor unions and other workers in relation to helping individuals make the transition from institutions to the community.
- HHSC requested legislative consideration for Medicaid rate increases as indicated by current rate methodology and cost reviews.
- HHSC will explore and develop employee recruitment and retention incentives for all providers of long-term care services.

**Children’s issues implementation steps:**

- HHSC has implemented permanency planning as provided by law.
- HHSC will study existing agency data collection mechanisms.
- Requires legislative direction and appropriations.
  - HHSC would work to target 20 percent of newly appropriated HCS/MRLA waiver slots (FY 2004 and FY 2005), for children placed on the waiver waiting or interest list as a result of permanency planning efforts and for those children living in institutions within the Family-Based Alternatives Project.
- Requires legislative direction and appropriations.
  - HHSC would work to study and implement the use of appropriate waiver slots for children, particularly those placed in licensed institutions for children with physical and cognitive disabilities.
- Requires legislative direction and appropriations.
  - HHSC would assist in the permanency planning function being removed from the ICF/MR provider.
- HHSC will work to coordinate services for individuals who are making the transition from nursing facilities, including addressing those individuals from birth to age 2.

**Other implementation steps:**

- HHSC will work with appropriate agencies to review and provide input into all workgroup recommendations.
- HHSC will have mechanisms for public input throughout the state.
- HHSC will review all policies and procedures and rules regarding services to individuals
that would assist them in making the transition from institutions.

- HHSC will ensure that any information and referral assistance systems is linked to the existing 211 efforts.
- HHSC will include a definition of individuals at imminent risk of institutionalization.
- HHSC will develop a subcommittee to review all materials and processes that inform individuals of community-based alternatives.
- HHSC will invite the Texas Hospital Association to participate in discussions about effective discharge planning from a hospital setting into the community.
- HHSC will invite the Texas Board of Nurse Examiners to participate in discussions about the nurse practice act and nurse-delegated tasks in a community setting.
- HHSC will evaluate the rule related to nurse delegation of tasks in an independent living environment.

**Access Issues**

**Local Access Plans**

- HHSC will work with agencies to develop a system of access to services that will be local, user friendly, and provide the information necessary to consumers, family members, volunteers and advocates to reduce the fragmentation of the current system of services.
- HHSC will complete the work of the Texas Long-Term Care (TLC) Access Review Committee to review local plans and develop a state response to requests for assistance.

**Consumer Assessment and Navigation Services**

- HHSC and HHS agencies will study the current case management system and the possible development of specialists who can navigate the network of services on behalf of the consumer and his or her family, in order to reduce the fragmentation of services.
- HHSC will ensure that the system of access will incorporate development of the information and referral network and potential use of the 211 telephone number.
- HHSC will continue work on a single functional assessment and the consolidated waiver pilot project and will move forward with implementation if data indicates a successful system change.

**Training and Information**

- HHSC will coordinate with appropriate agencies to develop and implement training in the history, intent and scope of the Promoting Independence Initiative, development of community supports for people in transition from institutions to the community, contact information of service providers, and initiation of community-based services.
- HHSC will take the lead in developing one comprehensive information packet and video that can be used in all institutional settings to educate residents, families and guardians about all available community services; using stakeholder focus groups for input regarding content, format, etc.

**Technology**

- HHSC will study the infrastructure issues between agencies related to varying computer systems, databases and tracking of consumers.
- HHSC will continue the work in standardization and consistency in data systems across agencies.
- HHSC will continue the work of the technical architecture committee to assist in the development of a single data center where various agency service tracking systems can be consolidated and data can be easily shared.
- HHSC will continue evaluation of products that will allow the current agency systems to share data.
On December 1 of each even-numbered year, HHSC will use the information gleaned from task force meetings, reports and continued public comment to revise the Texas Promoting Independence Plan. The biennial revision allows the state’s efforts to stay vibrant and effective in meeting the changing needs of individuals with disabilities. The commission will continue to seek public input into its plan.

**Implementation**

*Legislation*

There was no 2002 legislation related to the *Olmstead* decision. During the 2001 session, several laws were enacted related to the Promoting Independence initiative.

- **Senate Bill 368** directed the Department of Protective and Regulatory Services to develop a permanency plan for each child in an institution for whom the department has been appointed permanent managing conservator. It also directed the state to contract with various organizations to develop and implement a system under which a child may receive necessary services in a family-based alternative.

- **House Bill 966** required the study of costs of institutional care and the ability to move funding with the consumer as the individual moves into the community.

*Lawsuits*


*Next Steps*

The state of Texas received a $1.385 million Nursing Facility Transitions, Independent Living Partnership Grant. The money is being used to expand upon successful outreach activities to identify people with disabilities of all ages in nursing facilities who are seeking to make the transition into the community with appropriate services and supports.
Utah

Task Force
In September 1999, key state agencies created a long-term care (LTC) network task force to address issues raised by the Olmstead decision and to extend the state’s work on community-based services. The task force submitted a draft plan in March 2002 and a final version in November 2002. The plan is available online at http://www.dhs.utah.gov/olmstead.htm. The task force has established subcommittees to address certain sections of the plan, such as: housing, risk management, transitional services and transportation.

The Plan

Goals
1. The state will continue to make good faith efforts to enable qualified recipients in institutional settings to receive applicable services in a less restrictive environment within five years.
2. Once a qualified individual elects to move to a less restrictive environment and state professional staff agree that such a move is appropriate, the move should occur as fast as reasonably possible given the individual’s needs and available supports and funding.
3. Continue the assessment of disabled individuals and their critical needs to determine whether publicly funded home and community-based services are appropriate.

Taking into consideration the barriers, problem statements and goals identified earlier in this document, the state will continue its efforts to meet the increased needs of the diverse disabled population in the most integrated, least restrictive environment.

To assist the state in accomplishing the identified goals, the action plan outlines the course of action to be taken in three categories: overarching home and community-based initiatives, cross-agency planning and individual department or division plans.

Home and Community-Based Initiatives Action Plan
- Evaluate the outcomes of the Department of Health’s Long-Term Care Managed Care Initiative (FlexCare) to determine whether to expand to other areas of the state.
- Outline the plan for continuing the DD/MR Open Enrollment Process (Portability) by reviewing:
  - The progress and outcome data, obtaining additional input from the original design group, and making any necessary modifications to the program’s outline.
- Design the plan for continuing the Nursing Facility Consumer Education and Assessment Process and determine the feasibility of implementing the processes over the long-term by evaluating:
  - Assessment data from the current project to determine needs and availability of resources.
- Evaluate the effectiveness of the Dual Diagnosis Demonstration Project and determine the appropriate course of action for continuing, modifying or expanding the project.
- Design necessary modifications of existing 1915(c) HCBS waivers to assure compliance with the intent of the January 2000 letter from the HCFA State Medicaid Director.
- Evaluate existing agency policies and practices relating to the current 1915(c) HCBS waivers to address issues that may exist in terms of both:
- Equitable allocation of resources between the various target populations, and
- Equitable access to covered services between the various waivers.
- Evaluate existing waiting lists to address issues that may exist, and make any necessary modifications.

**Cross Agency Action Planning**

The following apply:

- Design a model for continuity of care across the long-term care system that will include clearly delineated elements of institutional-based services, community congregate care-based services and home-based services.
- Design necessary modifications to existing agency policies and practices to assure an objective, reasonable and consistent methodology for defining and measuring institutional level of care as an element of long term care program eligibility.
- Design a model for integrating long-term care programs into the continuum of care for people who do not meet institutional level of care eligibility criteria.
- Integrate self-determination concepts into the long-term care system.
- Identify opportunities to expand access to effective services through the redesign and unbundling of existing service packages and definitions (attendant care, personal care, emergency response systems, assistive technology, and environmental adaptations are among the services to be considered).
- Identify effective approaches to expand access to community-based services by complex populations that cannot currently be appropriately served outside an institutional setting (intensive behavioral characteristics, advanced dementia, heavy assist needs, and intensive skilled; all who are non complaint with treatment regimes should be evaluated).
- Identify the problems, needs and potential partners for expanding the integration and transition of housing and health care for people with chronic illness and disabilities, as well as the specific desired outcomes.
- Identify the problems, needs and potential partners for expanding medical and non-medical transportation for people with chronic illnesses and disabilities, as well as the specific desired outcomes.
- Identify the problems, needs and potential partners to support meaningful, integrated employment for people with chronic illness and disabilities.
- Identify the problems, needs and potential partners to address workforce shortage issues in the long-term care system.
- Design and implement a system for the sharing of accurate, current and responsive information about the availability of services for people who are seeking assistance to prevent the untimely loss of independence for a disabled person, due to the lack of knowledge of the available options.

**Individual Department or Division Plans**

The state’s plan is a compilation of concepts and principles taken from the various reports of each affected agency within the Department of Human Services, the Department of Health and the Department of Workforce Services. As additional action steps from various agencies or communities are developed, reviewed and approved they will be added to this plan. Individual division plans are available from the respective divisions within each department. Some of the goals and recommendations in the divisions’ plans are found in the state’s plan, but some are not.

The comprehensive plan is Utah’s statement of responsibility for providing identified services and programs. Individual division directors were asked to include specific *Olmstead* planning in their
overall annual management plans in order to avoid fragmentation of services or separation of the Olmstead-specific population. These division plans and specific action steps are broader and address all populations served by the respective divisions. The following are division specific plans for serving the Olmstead population.

**Division of Aging and Adult Services**
- Identify barriers that prevent qualified senior citizens from moving back into the community from institutional settings, as well as potential partners and action steps to overcome these barriers.
- Identify barriers that prevent qualified senior citizens from remaining in their homes, as well as potential partners and action steps to remove these barriers.
- Develop and implement the family caregiver support program statewide.
- Develop an online-statewide resource directory.
- To ensure that programs to enable senior citizens obtain care in a community setting are having the desired effect, the division and the area agencies identified a series of outcomes for seven services that will be measured regularly. A random sample of recipients will be surveyed to assess how well their needs are being met. Information will be used to continuously monitor the effectiveness of the programs.

**Division of Child and Family Services (DCFS)**
To ensure that all children (including those with disabilities) are consistently placed in the least restrictive, most appropriate placement, a wide range of placement options must be maintained. A least restrictive placement, in most cases, is one that allows the child to remain close to family and community when out-of-home placement is required.
- Through increased skill training, child protective workers, with the assistance of kin locators in each region, will successfully engage the family at the time of removal to jointly find an appropriate resource for children who require out-of-home care.
- By strengthening their approach to recruitment and training, DCFS will make more foster families that practice the behavior replacement model of care available statewide.
- Caseworkers will be appropriately trained to know where and how to research appropriate resources, both formal and informal, for children in the custody of DCFS.
- DCFS will develop “wraparound plans” to provide individualized, community-based services and natural supports for the child and family.

**Division of Mental Health (DMH)**
- Adopt standardized preferred practice guidelines in the assessment of adults. These standardized guidelines would ensure statewide consistency in the delivery of mental health services. The goal is to provide a comprehensive assessment to identify the least restrictive appropriate level of treatment for each consumer.
- Engage the Mental Health Planning Advisory Group in continued Olmstead planning in order to outline the problems, needs, potential partners and desired outcomes on mental health issues.
- Hire a consultant to work with the Olmstead planning committee and the division to develop the details of the plan and to coordinate it with the other Olmstead efforts within health and human services.
- A new utilization review process plan has been developed to coordinate the efforts of the Utah State Hospital (USH), the Division of Mental Health (DMH) and the Department of Health (DOH). This Plan brings together Health Care Financing (HCFA) standards and hospital processes. The plan is designed to monitor compliance with all federal re-
quirements and to implement safeguards to ensure that the patient is receiving proper treatment and appropriate integration of USH services with community programs.

- DOH has retained two independent consultants to review USH programs, and the overall health system. They will provide recommendations for programs and alternate care options to provide services in the community whenever possible.

- DMH will continue to conduct internal reviews of its monitoring process for the community mental health centers. DMH will continue to review best practices and to apply them to individual cases and will include consumers and advocates in these reviews.

- Individual Case Review Process.

- Outline a process to assess a referral for community placement from any source. The process will include the following steps:
  - The client is referred for a case review from any source, such as USH, the local mental health centers, advocates, families, courts, the Disability Law Center, professionals and others.
  - A review team is convened and provides a clinical assessment. The review team includes mental health professionals, a consumer advocate, a representative from an advocacy group, and a representative of DHS for cases that involve DHS clients.
  - Olmstead criteria are applied to the case and a system response is developed.

Division of Services for People with Disabilities (DSPD)

- The division and department are engaged in efforts to address the waiting list in concert with the Legislative Auditors Office.

- DSPD will provide individuals with disabilities who are receiving division services:
  - The option of self-directed supports;
  - The option of using a micro-board;
  - Local access to an independent, statewide self-advocacy network;
  - Direct voting representation on boards, advisory groups and committees that make or influence decisions that directly affect their lives; and
  - Choice of providers and service locations, along with the ability to initiate a request for a change of providers or locations at any time.

DSPD will also:

- Extend service brokering to everyone on the waiting list;
- Redirect administrative funds to program budgets;
- Develop and implement a plan to address the immediate needs of those who are found eligible for services at their entry point and thereby prevent them from enduring the wait for services that typically increases the need for more intrusive and costly services;
- Develop new approaches to the waiting list, after considering shared ideas; and
- Build capacity to ensure availability of community-based services.

Division of Youth Corrections (DYC)

- Length of stay in secure facilities as it relates to disabled individuals served.

- DYC will identify problems, perceived needs, potential partners and desired actions to address the following issues and populations:
  - Secure facilities
  - Sex offenders/residential treatment
  - Restrictive treatment centers, and
Division of Health Care Financing (DHCF)—Long-Term Care Unit

The Long Term Care Unit established workload priorities to achieve the following objectives:

- Support and assist in the timely completion of the Action Plan.
- Make “good faith” efforts to implement the strategies outlined in the “HealthPrint for Long-Term Care” and the “Final Report of the Long-Term Care Technical Advisory Group” as elements of the Medicaid long-term care program.
- Monitor major long-term care initiatives, identify issues emerging on a national scale, and evaluate their implications for Utah’s long-term care system.

Department of Workforce Services (DWS)

- DWS will identify the employment needs of people with chronic illness and disabilities and will develop strategies to address these needs.
- DWS will address workforce development issues related to the long-term care system.
- DWS will provide eligibility services for people in community-based settings.

Implementation

Legislation

There was no legislation in 2002 related to the Olmstead decision.

Funding

New funds allocated during the past several years are being used to extend home and community-based waiver services to those with chronic illnesses and disabilities.

Successes

The Utah Department of Health’s Long-Term Care managed care demonstration project became operational in 2000 and as of October 2001 had helped 160 Medicaid clients make the transition from acute care hospitals, Medicare skilled nursing facility beds, and Medicaid nursing facility beds to home and community service arrangements. The project will continue through March 2003 with the potential to serve up to 500 enrollees at any given time.

Under a state legislative initiative and a grant from Center for Health Care Strategies Inc., residents of nursing facilities and ICFs/MR received information about available home and community-based long-term care programs and were offered individualized assessment and support to determine transition opportunities. Education outreach activities will continue as an element of fostering informed consumers.

Challenges

Reduction of waiting lists remains a priority in the state.

Lawsuits

There are no lawsuits related to the Olmstead decision.

Next Steps

Utah received a $1.368 million Real Choice Systems Change Grant. The money is being used to study and establish a structure for an entity to direct individuals to both institutional and noninstitutional services.
VERMONT

Task Force
Senate Bill 224, signed by the governor on June 13, 2002, establishes the Olmstead advisory commission in the Agency of Human Services and specifies the commission’s membership. The Olmstead advisory commission must submit a status report by January 1 of each year to the governor and the legislature.

Implementation
Legislation
As noted, legislation created the Olmstead advisory committee in the Agency of Human Services.

Lawsuits
There are no current lawsuits related to the Olmstead decision.

Next Steps
The state of Vermont received a $2 million Real Choice Systems Change Grant that will be used to identify gaps in care and coordination of services. The state will develop training materials and recruit a crew of self-advocates to train others. Nursing home placement counseling will be implemented, and a paraprofessional organization will be established. The grant also will be used to amend the state’s Section 1115 waiver and research the state actions necessary to allow for direct consumer funding.
VIRGINIA

Task Force
House Bill 30, signed by the Governor on May 7, 2002, directs the Department of Mental Health, Mental Retardation and Substance Abuse Services to convene a task force to develop a plan for serving people with disabilities that is consistent with the *Olmstead* decision. Its 65 members include consumers, family members, advocates, providers and 15 state agencies that are responsible for providing services to individuals with disabilities in the Commonwealth. The task force must submit its final recommendations to the governor, the chairmen of the House Appropriations and Senate Finance committees, and the chairman of the Joint Commission on Health Care by Aug. 31, 2003 with an interim report being issued for public comment in April.

Implementation
Legislation
As noted, 2002 legislation requires the development of a plan.

Successes
The state has reduced institutional developmental disability placement by 30 percent during the past three years and has reinvested state mental health facility dollars into the community.

Challenges
The state has Grants from the Advocates for Human Potential and the Virginia Board for People with Disabilities to support its work with the Task Force. Funding for state programs that provide services is a challenge.

Lawsuits
A class action suit, *Quibuyen vs. Allen*, on behalf of individuals with developmental disabilities who reside in institutions and who are on Medicaid waiver waiting lists, was dismissed in 2001 when the state agreed to change its procedures.

Next Steps
Virginia received a $1.25 million Real Choice Systems Change Grant from the federal government. This money is being used to fund the Consumer Choices for Independence Program.
WASHINGTON

Task Force
At the direction of the governor in March 2000, the Department of Social and Health Services (DSHS) established an Olmstead Workgroup to coordinate planning and accelerate ongoing processes and programs. This workgroup includes representatives from the following 14 DSHS programs: the Aging and Adult Services Administration, the Children’s Administration, the Division of Alcohol and Substance Abuse, the Division of Developmental Disabilities, the Division of Vocational Rehabilitation, the Medical Assistance Administration, the Mental Health Division, the Budget Office, the Office of Research and Data Analysis, the Attorney General’s Office, the Department of Transportation, the Agency Council on Coordinated Transportation, the Office of Community Development and the Department of Veterans Affairs.

The purpose of the Olmstead Workgroup 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 Plan
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.

Housing
Stakeholder Comments: The workgroup has received more comments about housing than any other topic. For example:
- The supply of safe, affordable housing is insufficient to meet the demand.
- Wheelchair-accessible housing is difficult to find.
- The process of finding and securing housing is confusing and burdensome.
- People need a diversity of housing, including single-family, co-living arrangements, adult family homes, etc.

Department Activities: As people are increasingly served in the community, DSHS recognizes the need to collaborate with agencies, individuals and advocacy groups to link services with housing organizations. In order to address the need for linkages between housing and services, DSHS has:
- Dedicated a portion of the Olmstead coordinator’s time to promote partnerships and act as a resource between housing and social services.
- Participated in ongoing housing policy discussions that affect affordability, availability and access for individuals served by DSHS.
- Identified areas that DSHS staff currently work directly or indirectly with housing providers and organizations to build on existing efforts.
- Implemented an executive-level initiative called Integration, including No Wrong Door, to improve cross-system collaboration to achieve community living goals.
· Collaborated with other state and local partners to write the Washington State Homeless Families Plan and participated in a federally Sponsored Policy Academy to address issues for homeless families in Washington.
· Participated in multiple cross-system efforts to link services with housing organizations, including grant-writing opportunities.

Transportation
Stakeholder Comments:
· Transportation services are not adequate and are crucial for people with disabilities to live successfully in the community.
· DSHS needs to support ACCT’s recommendations on transportation.
· The Olmstead Workgroup will continue to coordinate with the Agency Council on Coordinated Transportation (ACCT) to improve transportation services that support community living.
· DSHS administrations worked with partners to develop the Coordinated Special Needs Transportation Services, Administrative Policy No. 8.09. As required by RCW 47.06B.030 (5), the policy supports special needs coordinated transportation for people with disabilities. Administrators will work to see that DSHS clients have access to covered services through a coordinated transportation system. This is an ACCT recommendation.

Employment
A DSHS cross-agency workgroup has been working with multiple partners, including the Social Security Administration and employment providers, to plan for the implementation of the Ticket to Work and Work Incentives Improvement Act (TWWIIA) in Washington. The Division of Vocational Rehabilitation is leading the effort.

The Medical Assistance Administration chose to implement the Medicaid Buy-In Program to support the competitive employment of individuals with disabilities. Under Healthcare for Workers with Disabilities (HWD), working people with disabilities are able to continue Medicaid coverage by paying premiums based on a sliding income scale.

Integration
DSHS has many projects that provide collaborative client services to bring together partners from throughout the department, from other levels of government, and from non-government organizations. DSHS is building on these efforts with the No Wrong Door Initiative. This includes projects that coordinate services and share information for three specific groups that use multiple services: long term TANF families; individuals with multiple disabilities; and troubled children, youth and their families.

In order to build upon No Wrong Door, the broader Integration Initiative has been established. The goals of the Integration Initiative are to:
· Improve client outcomes and satisfaction;
· Increase cost effectiveness of services, especially for high-risk, high-cost clients;
· Improve community partnerships, including development of innovative pilot projects and models; and
· Increase employee satisfaction.

A variety of strategies and projects are being implemented throughout the department to facilitate integration, including multi-disciplinary teams for case staffing, development of shared data bases, streamlining policies, and other such activities to promote the delivery of services from a client-centered perspective.
**Stakeholder Interaction**

**Stakeholder Comments:**
- No system will work if it lacks meaningful input by the people who use it.
- Provide a method whereby the public can post questions and comments on a Web page for DSHS response.
- DSHS designed Internet pages, posted the *Olmstead* Plan and related documents and updates, and provided a means of Web-based communication between DSHS and stakeholders. This is in addition to participating in multiple consumer and stakeholder meetings where input is given; seeking advise from numerous consumer task forces and advisory groups, and hiring an *Olmstead* coordinator who works specifically with individuals with disabilities, families and advocates, and activities that promote community living.

**Coordination**

**Stakeholder Comments:**
- Divisions and programs within DSHS need to coordinate better to serve clients who need to access services across division lines.
- The plan should incorporate more cross-system collaboration to address the needs of those individuals who fall through the cracks.
- Activities emphasize coordination between DSHS administrations and divisions and between DSHS and the Department of Transportation.

**Implementation**

**Legislation**

There was no 2002 legislation related to the *Olmstead* decision.

**Funding**

Appropriations for FY 02 included:
- $8.4 million to provide community placement for up to 80 individuals with developmental disabilities who currently reside in state and community institutions.
- $5.7 million to serve clients with mental illness (who currently are in state psychiatric hospitals) in other settings.
- $3.2 million to establish a 35-bed chemical dependency involuntary treatment program in eastern Washington.
- An additional $201.4 million for existing community living programs.

**Successes**

State officials have been able to more solidly incorporate the community living direction into overall strategic planning. Washington has long been committed to community living through several and community waivers, but the *Olmstead* planning process is focusing on an integrated approach. DSHS is continuing to coordinate initiatives with other state agencies and community partners, including transportation, health care and housing.

**Challenges**

Additional funding, a key to successful change, is a major impediment due to the current budget crisis. The number of staff at the DSHS has been reduced, and funding for basic services for many low-income people is declining. Availability of affordable, accessible and barrier-free housing, as well as general and specific-needs transportation, also are major issues.
Lawsuits

Next Steps
The planning process, originally centered on budget years, is ongoing. Amid the budget crisis, new budget proposals are not likely. The Disability Initiative Advisory Committee (DIAC) is the conduit for consumer input, and it has recommended integration with other systems and more local partnering to administer services.

Washington received a $2 million Systems Change Grant. The money will be used to assist the Washington State Department of Social and Human Services to strengthen its long-term care system with three goals: 1) enhance skills needed for self-directed care and community living for individuals with disabilities, caregivers and case management staff; 2) develop and implement statewide effective cross-system case management coordination models for consumers with multiple disabilities; and 3) develop consumer assessment tools and the automation necessary to implement consumer-directed service payment options such as vouchers or case and counseling. The state also is improving community services by changing the systems that help people move from institutions to community-based settings.
West Virginia

Task Force
An executive order in September 2000 created the West Virginia Olmstead Task Force. The task force originally was charged with developing a comprehensive plan by June 30, 2001, but another executive order extended the timeline to Dec. 31, 2001. As of October 2002, NCSL analysts had not received the report. The governor’s office reviewed the plan in early 2002, and proposed revisions. The task force does not anticipate any further action on the report until 2003.

Implementation

Legislation
There was no legislation in 2002 related to the Olmstead decision.

Lawsuits
Shortly after the Olmstead decision, the U.S. District Court ruled in Benjamin H. V. Ohl. The court found West Virginia’s practice of limiting home and community-based service waivers to those with an emergent need to be a violation of the due process and equal protection requirements of the Medicaid Act and the ADA. The Court ordered that individuals on the waiting lists receive services within 90 days of determination of their eligibility. In addition, waiting lists must move at a reasonable pace. As a result of this decision, state officials established a centralized process to review the waiting lists at the 14 community mental health facilities and the four community developmental disability centers and agreed to increase the number of people served.

Next Steps
West Virginia’s Department of Health and Human Resources received a $551,678 Nursing Facility Transitions Grant. The money is being used to increase information on community resources, supports, and services to enhance informed choices for community living for people with disabilities or those with long-term care needs; and to identify people who wish to make the transition from nursing facilities into communities. The state also will identify barriers in Medicaid/Medicare service plans and waiver programs and recommend changes to support community living, implement transitional support models, and evaluate cost effectiveness and consumer satisfaction.
Wisconsin

Task Force
The governor appointed the 15-member Wisconsin Council on Long-Term Care in July 2000. The Wisconsin Department of Health and Family Services, with the Governor’s Office, the Legislature, the counties, advocacy organizations, and consumers, in cooperation with the appropriate federal, state and local entities, coordinated Wisconsin’s activities. The council is studying the state’s various long-term care systems and identifying strategies for improving service delivery.

Phase 1 of the state plan was released in January 2002 and is available online at http://www.wcltc.state.wi.us/PDF/ADAPlan1-02.pdf. More information about the *Olmstead* activities can be found at http://www.wcltc.state.wi.us. The plan contains a rough outline of resources provided in the FY 2001-2003 biennial budget, additional resources needed and cost estimates. A set of recommendations concerning long-term care, issued in November 2002 is available online at http://www.wcltc.state.wi.us/PDF/Council%20recs%20-%20Nov%202002.pdf.

The Plan
Wisconsin’s ADA Title II Plan is divided into two phases: Phase 1 and Phase 2. During Phase 1, which occurred in 2001, the ADA Committee focused on consumers of all ages who currently are living in institutions. Phase I also responds to the recommendations from a recent special legislative study committee that looked at the *Olmstead* decision in its report, *Report of the Wisconsin Joint Legislative Council’s Special Committee on Developmental Disabilities* (May 1, 2001).

Phase 2, which began in 2002, focuses on consumers who are at risk of institutionalization, those on waiting lists, repeat admissions (revolving door), and prevention strategies that allow consumers to live in their own homes or in other community settings. The authority and oversight of the Council on Long-Term Care will continue during review and implementation of the final development of ADA Title II recommendations as contained in this plan and in Phase 2 of the plan development.

*ADA Title II Plan Objectives:*

**Informed Choice:** Ensure that long-term care (LTC) consumers, and their families and guardians are informed of their rights under Title II of the ADA and are empowered to make informed choices about whether to live in the community or in an institution. In Phase 1, the term “consumer” refers primarily to people who currently are in institutions.

**Assessment and Decision Making:** Develop, systematically apply, and periodically evaluate consistent criteria and the assessment and decision-making processes (with clear delineation of the role of consumers, families, guardians, case managers, and other professionals) for institutional admissions, discharges from institutions and acute settings, reviews of “appropriateness” of existing institutional placements, and evaluations of consumers in the individual planning process.

**Range of Services:** Develop and implement strategies to achieve the full range of LTC services, balancing consumer choice for independent living, in-home support services, and new community-based facilities. The housing capacity and workforce must be adequate to serve diverse consumer choices, including all persons with LTC needs throughout Wisconsin.
Funding: Provide sufficient funding to relocate appropriate individuals in institutions by moving institutional capacity and resources to community care, to expand capacity to eliminate waiting lists for community service, and to strengthen existing community care capacity for current consumers. This should be accomplished no later than July 1, 2007, for all institutionalized people who a) have not made an informed choice to stay in the institutions, and b) could be served appropriately and cost effectively in the community. Incremental progress will be made in each year of the biennium to achieve these goals. Priority will be given to relocating those individuals who are in institutions or are at clear risk of institutionalization, and are interested in and determined appropriate for community living.

Safeguards: Develop more effective safeguards to ensure that the ADA Title II rights, wishes and preferences of consumers are taken into account as much as possible in every phase of service delivery, regardless of whether the person has a guardian or other legally designated decision maker in his or her life.

Oversight: Wisconsin will incorporate criteria derived from the Supreme Court’s Olmstead decision and President George Bush’s Executive Order on the Olmstead decision to carry out its oversight, monitoring, plan review mandates related to the effectiveness, and coordination of long-term care to meet the individual outcomes of people with disabilities.

Implementation

Legislation
No legislation regarding Olmstead was reported in 2002.

Successes

· All resource centers have made great strides in implementing the vision of increasing access to long-term care information.
· The federal government has approved the new long-term care functional screening. This screening device is designed to standardize the nursing facility level of care determination process.
· The resource centers report diversions from institutional services. The centers are offering pre admission consultation and options counseling services to individuals who want long-term placements in residential settings.

Challenges

· Resource center resources are stretched and are not adequate at times to fulfill all the functions.
· Challenges in establishing eligibility criteria and streamlining the eligibility process.
· Pre admission consultation is not being executed properly. They were not screening out those who did not have long-term care needs, resulting in a deluge of referrals to the resource centers with a large number of people who were not appropriate for long-term care.
· Due to lack of visibility and knowledge, certain areas of the state do not receive adequate support from and outreach by the resource centers.
· Conflicts of interest exist between entities that provide functional eligibility support and the enrollment counseling agencies.
Lawsuits
State officials report that people with developmental disabilities and people with physical disabilities have filed some complaints with the Office of Civil Rights. The complaints generally are from people on the waiver waiting lists.

Next Steps
The state of Wisconsin received a $450,000 Nursing Facility Transitions, State Program Grant. The money is being used to develop and implement relocation plans for consumers who reside in nursing facilities and who want to move to the community and to train and support transition specialists and peer support volunteers. The state plans to set up a Web-based chat group to connect independent living center (ILC) transition specialists with the Department of Health and Family Services (DHFS) and to conduct statewide outreach to individuals in nursing facilities and the agencies with which they may come into contact.
Wyoming

Task Force
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. Draft documents were reviewed by the Office of Civil Rights and sent for public comment in April 2001. The plan was approved by the DOH director in July 2002 and released. In addition, the DOH has conducted 23 county visits in preparation for implementing the plan. The Olmstead Plans can be viewed at http://wdhfs.state.wy.us/OLMSTEAD/index.htm.

The Plan
The plan consists of four sections: Aging, Developmental Disabilities, Acquired Brain Injury, and Mental Health. Each section includes nine elements: 1) Participation of key stakeholders in the development of the plan; 2) Needs assessment process; 3) Development of new community services and support infrastructure; 4) Transition services to prepare individuals for a change in placement; 5) Data collection which is individualized and tied to individual program plans; 6) Outcomes measurement and target dates; 7) Quality assurance; 8) Resource development; and 9) Revision guidelines/timelines. The plan will be reviewed, revised and updated at least every two years beginning in July 2004. Examples of plan content drawn from the aging portion of the plan follow.

1. Participation of Key Stakeholders in the Development of the Olmstead Plan
   - The Aging Division would like to include the stakeholders in discussions of future service improvements.
   - Stakeholders are organized into four subcommittees (representing regions of the state) and serve as an advisory committee to the Aging Division.

2. Needs Assessment Process
   - Current assessment procedures may be modified to create a new assessment tool that will guide the development of individualized service care plans.
   - Within one year of the implementation of the plan, all clients will be reviewed for potential community placement.
   - The Aging Division has created a resource directory listing services and supports available to assist those who desire to reside in an integrated community setting.

3. Needs Assessment Process
   - The Aging Division notes the following areas that need to be addressed: Medicaid subsidized assisted living, adult chronic mental illness residential homes, increased senior housing options or group homes for seniors, training health professionals (promoting person-centered planning), training for service providers, and senior center participation.
   - The division has adopted the Olmstead philosophy in modified rules for assisted living facilities (ALF). The rules speak to Medicaid subsidized assisted living, allowing clients to choose the ALF as their “home,” and receiving nursing services or skilled nursing services in the ALF as long as they are provided by an outside entity.
   - To enhance community infrastructure, the Aging Division may address the following areas:
     - Strengthening adult protective services.
     - Chronic mental illness residential homes for the elderly (group home).
Housing recommendations may include increasing home modification allowance up to $300, utility deposits, allowances for furniture and household needs, first and last months’ rent.

Increase number of HCBS waiver slots.

Train health professional in person-centered planning.

Train senior centers as service providers.

Train service providers to help clients make the transition to the community.

4. Transition Services to Prepare Individuals for a Change in Placement

- The Aging Division will develop a “transition profile” of each client, based on client choice and assessment results. The form will standardize transition information.
- Transitioning will be eased with day or partial day visits to the new setting by the client.
- Subsequent assessments will be conducted annually.
- The division has recommended a “bed hold” policy, whereby a client on a waiting list who has left the facility but needs to return within 90 days of making a transition is given preference.
- Allowable pre-placement home visits and overnight stays coordinated with current service providers.
- Choice of alternative placements.
- Develop procedures for institutionalized people who are seeking Section 8 vouchers for housing (subsidizes low-income individuals’ monthly rent).

5. Data Collection that Is Individualized and Tied to the Individual Program Plan

- Necessary data include, but are not limited to, tracking of assessment time, length of time on waiting list, monitoring of services and his/her healthcare status at current placement site, client satisfaction levels on each service, and tracking complaints and grievances.

6. Outcome Measures and Target Dates

- Aging Division is developing an automated database system to identify individuals who are institutionalized and ready to make the transition to a more integrated setting.
- Outcome data could include, number of clients reviewed for community placement, anticipated date of transition, number of clients transitioned into the community and the resulting outcome, number of clients returning to their original care provider, frequency of assessments of clients for future placement consideration.

7. Monitoring and Quality Assurance

- Monitoring will be done by teams who will conduct site visits.
- Key elements of monitoring will include regular review of individualized plans of care; training for monitors; meaningful self-assessment process; confidentiality of personal information; ensuring client access to the ombudsman; self-advocacy training; service provider standards, rights and expectations; and appeals and grievances procedures.

8. Resource Development

- The Aging Division has not identified a specific focus for resource development.

9. Plan Updates and Revisions

- This plan will be evaluated, revised and updated annually. These efforts will coincide with the state budget cycle for funding purposes.

Implementation

Legislation

There is no legislation currently under consideration for the 2003 legislative session.
Successes
Obtaining approval of the *Olmstead* Plan is a major success. In addition, the Department of Health currently has an assessment tool for determining nursing home medical and financial necessity and will develop assessment tools for other health care facilities, including assisted living facilities.

Challenges
Although work on the plan is occurring, the barriers of lack of adequate finances, divergent views among the various advocacy groups, a shortage of primary care physicians and mental health professionals, and the rural nature of the state make it difficult to develop a community-based infrastructure.

Lawsuits
There are no *Olmstead*-related lawsuits.

Next Steps
The Wyoming Department of Health, Aging Division, received a $500,000 Systems Change Starter Grant for December 2001 through December 2002. The department is awaiting a notification of a $600,000 grant award from CMS for Systems Change Nursing Facility Transitions Grant for Sept. 30, 2002, through Sept. 29, 2005.

The Systems Change Starter Grant funds have been used to educate consumers, professionals and advocates of the *Olmstead* Supreme Court decision and Wyoming’s plan to address it. Community meetings have been held throughout the state to gather input from stakeholders regarding the strengths, barriers and solutions for their local community. This information will provide valuable insight regarding the infrastructure, supports and services available. Also, a *Wyoming Resource Guide for Older Citizens* has been developed and distributed throughout the state to help link individuals with the services and supports needed to maintain a higher quality of life and to avoid premature institutionalization.

Wyoming will use funds from Nursing Facility Transitions Grant to transition nursing home residents into the community if they so desire, are capable, and supports and services are available. The state’s goal is to move 85 residents back into the community. The money also will be used to educate people about and promote the program, entitled Project OUT; provide transportation vouchers; and provide housing start-up assistance such as first and last months’ rent, utility hook-ups and move-in expenses.