

The Community First
OLMSTEAD PLAN
A Summary



The Community First Olmstead Plan: A Summary



A VISION FOR THE FUTURE

Empower and support people with disabilities and elders to live with dignity and independence in the community by expanding, strengthening, and integrating systems of community-based long-term supports that are person-centered, high in quality and provide optimal choice.

WHAT IS AN OLMSTEAD PLAN?

In 1999, the U.S. Supreme Court rendered a favorable decision in *Olmstead v. L.C.*, a case that challenged the state of Georgia's efforts to keep people with mental disabilities institutionalized. The Court interpreted the Americans with Disabilities Act (ADA) to require states to provide services "in the most integrated setting appropriate to the needs of qualified individuals with disabilities." Additionally, the Court indicated that each state should develop an Olmstead plan to demonstrate efforts to be consistent with the ruling.

WHY IS AN OLMSTEAD PLAN IMPORTANT TO MASSACHUSETTS?

The elder and disabled populations in Massachusetts are growing. They are diverse groups of individuals, many of whom depend on state-supported programs. With a broad array of home and community-based services, including case management, housing supports, and transportation, many can live in less restrictive, and sometimes, less expensive, community-based settings where they would prefer to live.

- Massachusetts has a total population of over 6.4 million people, including approximately 13% (roughly 832,000) who are 65 years and older.
- In Massachusetts' general population, the likelihood of having a disability varies by age. For people between the ages of 16 and 64 years of age, 11 percent (more than 470,000 individuals) report having a disability. For those individuals over the age of 65, the percentage of people who report having a disability is 36 percent (close to 300,000 individuals).ⁱ
- As of August 2008, there were approximately 25,000 kids with disabilities, 203,000 adults under the age of 65 with disabilities, and 107,000 seniors enrolled in MassHealth.
- On any given day, the average number of MassHealth clients (over the age of 18) residing in nursing homes is approximately 28,300.ⁱⁱ
- The current federal and state long-term care financing system was originally designed for institutional rather than community care and as a result, it has tended to favor institutional over community care.
- Among elder and disabled MassHealth members living in the community, as well as among those who are not MassHealth members, there is a desire for more access to home and community-based supports.
- Employment opportunities, critical for supporting elders and people with disabilities in leading self-sufficient and independent lives, are limited in Massachusetts as elsewhere.
 - People with disabilities in Massachusetts are almost three times as likely to be unemployed as their non-disabled peers.
- Access to sufficient affordable and accessible housing is often one of the greatest challenges to successful transition from institutional care to independent living.
- The ability of elders and people with disabilities to choose community over institutional care is affected by the availability of community options.

HOW WAS THE PLAN DEVELOPED?

Governor Patrick established an Olmstead Planning Committee in fall, 2007. A large group of representatives including providers, consumers, and advocates, as well as elders and individuals with disabilities (see Appendix), worked collaboratively with state agency staff to develop the current framework and implementation strategies for the Administration's Plan. The original *People's Olmstead Plan*, produced by a group of consumer advocates in 2002, was the starting point for the discussions. Using the goals of the *People's Olmstead Plan* as a foundation, the Olmstead Planning Committee reviewed prior and current EOHHS Olmstead-related initiatives and objectives and identified gaps in service and policy development. The Committee identified six over-arching goals and short-term action steps that are the basis of this eighteen-month implementation plan.

THE COMMUNITY FIRST OLMSTEAD PLAN

The overall purpose of the Massachusetts Olmstead Plan ("Plan") is to maximize the extent to which elders and people with disabilities are able to live successfully in their homes and communities.

The following are the six major goal areas included in the Plan. Detailed objectives and timeframes for each area are included in the Community First Implementation Plan, which can be accessed via the World Wide Web at: www.mass.gov/hhs/communityfirst.

1. Help individuals transition from institutional care.

This goal is at the heart of the Supreme Court decision and is the core focus of the Plan. Identifying institutionalized individuals who want to move back home or to other community settings can be challenging. Disability and elder-related organizationsⁱⁱⁱ, in addition to EOHHS staff, currently work to engage individuals in transition processes. However, a more systematic approach would further greater success. Implementation of the Long-term Care Options Counseling process^{iv}, and initiation of the transition services components of the planned Community First 1115 Waiver program^v, the *Hutchinson* settlement, and the alternative *Rolland* settlement^{vi} will provide important ingredients toward success in moving individuals to community settings. Ongoing assessment of the effectiveness of these transition interventions will provide a basis for continuous quality improvement.

2. Expand access to community-based long-term supports.

Among the efforts to improve access to home and community-based services will be activities to expand access to case management, medication management, behavioral health, caregiver supports, assistive technology and accessible transportation for elders and persons with disabilities. At the same time, efforts will be made to improve transition services for adolescents with disabilities who are leaving the education system.

The Olmstead Plan will also focus on increasing the access that elders and people with disabilities have to community-based long-term resources. The primary means of achieving this objective during the Plan's initial implementation period will be the launch of the Community First 1115 Waiver program. Specifically, by the end of the 18-month implementation period following federal approval, we anticipate that 15,600 people will be enrolled in the Community First Waiver program. In addition, during this same period, EOHHS will also engage in activities to meet the obligations of the *Rolland* court settlement. The state will also work to expand Medicaid community support coverage options by exploring the feasibility of options such as those permitted by the federal Deficit Reduction Act.^{vii}

The Olmstead Plan also refers to several current program review processes which will, when completed, offer solutions to removing other access barriers. For example, one workgroup is focused on identifying and implementing effective ways to improve the MassHealth Personal Care Attendant program's operations. There is also a cross-agency initiative modifying the way EOHHS coordinates planning to assist severely disabled young adults who are turning 22 and "aging out" of educational services.^{viii}

3. Improve the capacity and quality of community-based long-term supports.

A core principle of the Olmstead Plan is choice. To promote choice, agencies will emphasize consumer empowerment and person-centered planning and decision-making. This emphasis on choice will be complemented by improvements in current guardianship, regulatory and administrative practices.

Ongoing and new efforts will concentrate on developing mechanisms to sustain and expand the skills of a high-quality, appropriately trained community workforce. The Personal Care Attendant (PCA) Quality Workforce Council, established by the state Legislature in 2006, is one such mechanism which makes it easier for individuals with disabilities to find and hire PCAs.^{ix} The objective of initiatives such as the Community First Waiver program will be to increase financing options and service choices, including residential supports that allow people to live in the community in a variety of settings including group homes, foster care and individual apartments. Additional projects will help to define the quality and measure the performance of the long-term support systems.

4. Expand access to affordable and accessible housing with supports.

Affordable, accessible housing is critical to a system that successfully supports elders and people with disabilities who either remain in the community or move to the community from an institutional setting. To develop more accessible housing, EOHHS will collaborate with the Department of Housing and Community Development (DHCD) in efforts to develop affordable housing while renovating existing housing stock. EOHHS will also focus on raising citizens' awareness about accessible housing, promoting the Mass Access Housing registry^x and the state's home modification and assistive technology funding options.

5. Promote employment of persons with disabilities and elders.

Efforts must include greater access to employment opportunities, including employment support services, for elders and individuals with disabilities, increased access to vocational rehabilitation services and career planning for individuals with disabilities, and evaluation of the effectiveness of employment initiatives.

Newly established EOHHS employment goals as well as several federal grant initiatives^{xi} provide both the framework and the support for re-tooling employment services for the target population. Expanded collaborations with the state Department of Elementary and Secondary Education (DESE) and the state Executive Office of Labor and Workforce Development (OLWD) will improve vocational training services for transition-aged youth, employer engagement strategies, market-based skill development, and job retention support. Improved monitoring of employment outcomes holds the promise of continuous quality improvement.

6. Promote awareness of long-term supports (LTS)

A strategy must be developed for educating clinicians in community practices and institutions, as well as residents of the Commonwealth, about availability and viability of community-based LTS options.

Implementation of the Long-Term Care Options counseling processes will go a long way toward ensuring that elders and individuals with disabilities have better information about their options when contemplating long-term support decisions. Finally, efforts will be made to reach community members to make them more aware of both institutional and non-institutional support options. These efforts will include promotion of available online information resources in addition to a broad outreach and education strategy.

Appendix

Olmstead Planning Committee Members



OLMSTEAD PLANNING COMMITTEE MEMBERS

Al Norman	<i>Massachusetts Home Care</i>
Annette Shea	<i>Office of MassHealth</i>
Arlene Korab	<i>Brain Injury Association of Massachusetts</i>
Betty Sughrue	<i>Massachusetts Rehabilitation Commission</i>
Bill Allan	<i>Disability Policy Consortium</i>
Bill Henning	<i>Boston Center for Independent Living</i>
Blair Cushing	<i>AIDS Housing Corporation</i>
Carol Menton	<i>Massachusetts Commission for the Deaf and Hard of Hearing</i>
Carol Suleski	<i>Elder Services Plan of the North Shore (Senior Care Options (SCO)/ Program of All Inclusive Care for the Elderly (PACE))</i>
Cindy Wentz	<i>Massachusetts Rehabilitation Commission</i>
Courtney Nielsen	<i>AIDS Housing Corporation</i>
Daniel J. Greaney	<i>Stavros Center for Independent Living</i>
Ed Bielecki	<i>Mass Advocates Standing Strong</i>
Elissa Sherman	<i>Mass Aging Services Association</i>
Elizabeth Fahey	<i>Home Care Alliance</i>
Ellie Shea-Delaney	<i>Department of Mental Health</i>
Gigi Alley	<i>Advocate</i>
John Chappell	<i>Massachusetts Rehabilitation Commission</i>
John Winske	<i>Disability Policy Consortium</i>
Katherine Fox	<i>Briarcliff Lodge Adult Day Health Center</i>
Keith Jones	<i>Soul Touchin' Experiences</i>
Lisa Gurgone	<i>Massachusetts Council for Home Care Aides</i>
Lisa McDowell	<i>MassHealth Office of Long-term Care</i>

Loran Lang	<i>Massachusetts Commission for the Blind</i>
Maggie Dionne	<i>Massachusetts Rehabilitation Commission</i>
Margaret Chow-Menzer	<i>Department of Developmental Services</i>
Maria Russo	<i>The May Institute</i>
Martina Carroll	<i>Stavros Center for Independent Living</i>
Nancy Alterio	<i>Disabled Persons Protection Commission</i>
Pat Kelleher	<i>Home Care Alliance</i>
Paul Lanzikos	<i>North Shore Elder Services</i>
Paul Spooner	<i>MetroWest Center for Independent Living</i>
Rick Malley	<i>Massachusetts Office on Disability</i>
Rita Claypoole	<i>Advocate</i>
Rita Barrette	<i>Department of Mental Health</i>
Robert Sneirson	<i>Disability Policy Consortium</i>
Sue Temper	<i>Springwell</i>
Valerie Konar	<i>Massachusetts Assisted Living Facilities Association (Mass-ALFA)</i>

OLMSTEAD PLANNING COMMITTEE STAFF LEADS

Eliza Lake	<i>Systems Transformation Grant Lead for Diversion Committee</i>
Jean McGuire	<i>EOHHS-Disability Policies and Programs</i>
Laurie Burgess	<i>EOHHS-Disability Policies and Programs</i>
Mason Mitchell-Daniels	<i>EOHHS-Disability Policies and Programs</i>
Michele Goody	<i>Office of MassHealth</i>
Peter Ajemian	<i>EOHHS-Disability Policies and Programs</i>
Ruth Palombo	<i>Executive Office of Elder Affairs</i>
Sandra Albright	<i>Executive Office of Elder Affairs</i>
Shannon Hall	<i>University of Massachusetts Medical School-Project Management Office</i>

Endnotes:

- i General population demographic data is based on information from the American Fact Finder, an online tool which reports on the American Community Survey. The American Community Survey is an ongoing survey that provides data on communities every year and is administered by the US Census Bureau. Numbers in this report are estimates for 2007.
- ii MassHealth nursing facility data is from claims paid for state fiscal year 2007.
- iii These organizations include Aging Service Access Points (ASAPs) and Independent Living Centers (ILCs), networks of providers that work with elders and people with disabilities in the community.
- iv The Long-Term Care Options Counseling process was developed pursuant to a 2006 state statute. This statute, Chapter 211 of the Acts of 2006, specifies long-term care options counseling requirements.
- v The Medicaid program is a medical assistance program operated under federal and state law. The Medicaid statute lays out the rules about what can be a covered service and who can be covered. Federal law allows for the federal government to waive some of those statutory rules and provide for different rules requested by the state and specified by the terms of the waiver – i.e., the waiver program. The planned Community First 1115 Waiver is an example of such a Medicaid waiver program, which is intended to reduce barriers to accessing MassHealth-funded home and community-based services (HCBS) in the community and help individuals, who can do so safely and beneficially, to return to community living from nursing facilities. The Community First 1115 Waiver application is currently awaiting federal approval.
- vi Under the Rolland Settlement, the Commonwealth agreed to either provide certain services to individuals who are Rolland class members and residing in nursing facilities or to place these individuals into community-based programs. Under the Hutchinson Settlement, the Commonwealth agreed to establish a Home and Community Based Waiver program for individuals with Acquired Brain Injuries.
- vii The federal Deficit Reduction Act (DRA) was passed in 2005 and established several law changes related to long-term care. Several of the changes presented new options for states to offer new or expanded programs for people needing long-term care services.
- viii This effort is called the “Turning 22 Initiative.”
- ix Chapter 268 of the Acts of 2006 is the state statute that created the PCA Quality Workforce Council.
- x The Mass Accessible Housing Registry is a free program that helps people with disabilities find rental housing in Massachusetts, primarily accessible and barrier-free housing.
www.massaccesshousingregistry.org
- xi The Medicaid Infrastructure and Comprehensive Employment Grant (MICEO) is intended to increase the number of people with disabilities who are employed while improving the quality of jobs. This grant is intended to build on the work of the previous 2001 Medicaid Infrastructure grant and is defining employment services outcomes by working with the EOHHS Strategic Task Force on Employment.

