

The Community First
OLMSTEAD PLAN



The Community First Olmstead Plan



I. SUMMARY	3
II. BACKGROUND	4
What is the Olmstead Plan?	4
Why is the Olmstead Plan important to Massachusetts?	4
How was the Plan developed?	4
What are the Principles that underlie this plan?	5
III. COMMUNITY FIRST OLMSTEAD PLAN	7
Help individuals transition from institutional care.	7
Expand access to community-based long-term supports.	8
Improve the capacity and quality of community-based long-term supports.	9
Expand access to affordable and accessible housing and supports.	10
Promote employment of persons with disabilities and elders.	11
Promote awareness of long-term supports.	12
IV. CONCLUSION	12
APPENDIX A: Community First Olmstead Implementation Plan	14
APPENDIX B: Olmstead Planning Committee Members	26

The Community First Olmstead Plan



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.

I. SUMMARY

The Commonwealth of Massachusetts is establishing its **Community First Olmstead Plan** pursuant to a Supreme Court decision compelling states to create meaningful community living plans for people with disabilities and elders. In keeping with the framework of *Olmstead v. L.C.* and the Patrick Administration’s commitment to a “community first” long-term care policy, this plan embraces a vision of choice and opportunity that requires the deliberate development of more accessible and effective long-term supports in local communities. Thus, the Plan supports the Administration’s commitment to shifting focus of long-term care financing from institutions to the community. Grounded in the 2002 *People’s Plan* and the extensive home and community-based service developments that have occurred through the efforts of the Executive Office of Health and Human Services (EOHHS), the Plan has greatly benefited from the significant input of a broad array of internal and external stakeholders (see Appendix B).

Focusing on six critical goal areas, the Plan provides a roadmap for the future of community-based support for elders and people with disabilities. Strategic short-term objectives describe an eighteen-month course of action for the Administration in crucial regulatory, fiscal and program development arenas which will, of necessity, be contingent on the availability of re-aligned as well as new public and private long-term support funding.

The public-private collaborations that have brought the Plan thus far will be the cornerstone of future efforts and hold the promise of new and meaningful opportunities for the nearly 20% of Massachusetts residents who are elder or disabled and want the opportunity to choose community first.

II. BACKGROUND

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 institutionalize people with mental disabilities. The Court ruled that the Americans with Disabilities Act (ADA) required states to provide services in the most integrated settings appropriate to the needs of individuals with disabilities; additionally, the Court indicated that each state should develop an Olmstead plan consistent with the decision. The 2001 federal New Freedom Initiative, multiple subsequent directives and grant funding from the Centers for Medicare and Medicaid Services, and extensive monitoring by the Office of Civil Rights, the National Council on State Legislatures, the American Association for Retired Persons, and others have supported and tracked the development of Olmstead plans now underway in most states.

Why is an Olmstead Plan important to Massachusetts?

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

- 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).
- 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.

- 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?

At Governor Patrick's request, an Olmstead Planning Committee was convened in late Fall 2007. A large group of representatives including provider, consumer, and advocacy organizations, as well as elders and people with disabilities (see Appendix B), worked collaboratively with state agency staff to develop the framework and implementation strategies for the Administration's Plan. The People's Olmstead Plan, which was produced by a group of consumer advocates in 2002, provided the starting point for the discussions. Using the People's Plan goals as a foundation, the Olmstead Planning Committee reviewed prior and current EOHHS initiatives focused on achieving Olmstead-related objectives and identified gaps in needed service and policy development. The Committee articulated six over-arching goals and focused on identifying short-term action steps that now form the basis of an eighteen-month implementation plan (Appendix A).

What are the Principles that underlie this Plan?

The primary principles that inform the Plan are the following:

- People with disabilities and elders should have access to community living opportunities and supports;
- The principle of “community first” should shape state elder and disability policy development and funding decisions;
- A full range of long-term supports, including home and community-based care, housing, employment opportunities, as well as nursing facility services are needed;
- Choice, accessibility, quality, and person-centered planning should be the goals in developing long-term supports;
- Systems of community-based care and support must be strengthened, expanded and integrated to ensure access and efficiency;
- Public and private mechanisms of financing long-term care and support must be expanded;
- Long-term supports developed under this plan must address the diversity of individuals with disabilities and elders in terms of race, ethnicity, language, ability to communicate, sexual orientation, and geography.

The Community First Olmstead Plan is a work in progress. Ongoing community engagement will be critical to implementation, evaluation, and revision as the Plan evolves to meet changing needs and resources.

III. THE COMMUNITY FIRST OLMSTEAD PLAN

The overarching purpose of the Massachusetts Olmstead Plan is to maximize the extent to which elders and people with disabilities are able to live successfully in their homes and communities. Six goals provide the framework for achieving that vision:

1. Help individuals transition from institutional care.
2. Expand access to community-based long-term supports.
3. Improve the capacity and quality of community-based long-term supports.
4. Expand access to affordable and accessible housing and supports.
5. Promote employment of persons with disabilities and elders.
6. Promote awareness of long-term supports.

Detailed objectives and timeframes for each of the goal areas are included in Appendix A. The rest of this section highlights the major objectives and provides additional background for each goal area.

1. Help individuals transition from institutional care.

OBJECTIVES:

- Expand existing and implement new mechanisms for identifying individuals in institutions who wish to live in the community
- Implement additional mechanisms for facilitating transition from institutional settings

This goal reaches to the heart of the *Olmstead* decision and, thus, is a core obligation of this Plan. Successfully identifying institutionalized individuals who want to move back home or to other community settings can be challenging. Aging Service Access Points, Independent Living Centers, EOHHS agency staff, and other disability and elder related organizations currently work to engage individuals in transition processes, but a more systematic approach is needed to ensure greater success. Implementation of the Long-term Care Options Counseling process, mandated under Chapter 211 of the Acts of 2006, and initiation of the transition services components of the planned Community First (CF) 1115 waiver, the *Hutchinson* settlement, and the alternative *Rolland*

settlement will put in place capacity needed to facilitate successful movement of institutionalized individuals to community settings. Ongoing assessment of the effectiveness of transition interventions will provide a basis for continuous quality improvement.

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

OBJECTIVES:

- Improve access to necessary home and community-based services including, but not limited to, case management, medication management, behavioral health, caregiver supports, and assistive technology for elders and persons with disabilities
- Improve access to accessible transportation for elders and persons with disabilities
- Improve transition services for adolescents with disabilities who are leaving the education system

Massachusetts' public and private systems of long-term supports are unevenly available to elders and people with disabilities. In the public arena, one of the challenges to access is differing financial and clinical eligibility standards that exist across programs and funding streams that particularly affect persons as they age and/or their conditions change. In this goal area, the focus will be on reviewing eligibility standards to implement ways to broaden coverage as resources permit. Successfully launching the Community First 1115 Waiver is the major focal point of this goal during the initial Olmstead Plan implementation period; 15,600 people will be enrolled by the end of the eighteen-month timeframe. During this same period, EOHHS will also begin to meet the obligations of the resolution of both *Hutchinson v. Patrick* and *Rolland*. Over time, services developed in response to these cases will reach hundreds of individuals currently residing in nursing homes. The state will also explore the feasibility of expanded Medicaid community support coverage options for other disabled and elder MassHealth members, such as those permitted under the federal Deficit Reduction Act. Additionally, the development of expanded private and public-private financing mechanisms for long-term supports will be initiated.

The implementation plan references several current program review processes underway that will, when completed, yield solutions to other access challenges. The Personal Care Attendant Improvement Workgroup, for example, will identify and implement effective ways to improve the MassHealth program's operations. The EOHHS Turning 22 Initiative is working to guide changes in planning and supports for young adults with disabilities who are turning 22 and aging out of educational services. The absence of a clear "agency of tie" for many of these young people makes adult service planning challenging.

Even when community services exist, access is often complicated for both elders and people with disabilities by the often limited availability of accessible transportation options. Several EOHHS initiatives currently focused on increasing transportation access will expand cross-secretariat coordination and collaborative purchase mechanisms.

A core principle of the Olmstead Plan is choice, choice that is informed, supported, and secure. Work within this goal arena will assure that expanded consumer empowerment and decision-making is accompanied by improvements in current guardianship regulatory and administrative practices.

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

OBJECTIVES:

- Expand and sustain a high-quality workforce in the community
- Increase availability and diversity of residential support options
- Improve financing for community-based long-term supports
- Incorporate self-direction in the long-term supports system
- Implement system-wide quality improvement processes in the existing and future long-term support delivery systems

The success of the state's efforts to effectively assist individuals in returning to live safely in the community relies on enhancing access to high quality community-based services. This requires an adequate workforce, funding for a broad mix of services, flexible choices that respond to diverse needs and preferences, including culture and communication, and a system that is responsive to changing individual needs.

Ongoing and new efforts will focus on strategies for expanding the skills of, and sustaining, a high-quality, appropriately trained workforce in the community; expansion of the work of the Personal Care Attendant (PCA) Quality Workforce Council is an example of one such mechanism. Initiatives, such as the CF 1115 waiver, will also focus on expanding coverage and service choices, such as residential supports, which enable people to live in the community in a variety of settings including group homes, foster care and individual apartments. A Long-Term Care Financing Advisory Group will be established to determine a roadmap for public and private financing development. Lastly, a series of initiatives will focus on defining quality and measuring the performance of the long-term supports system.

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

OBJECTIVES:

- Improve the coordination of long-term supports within affordable housing
- Increase access to affordable housing with long-term supports
- Increase availability of accessible low-income housing stock

Affordable and accessible housing is one of the most critical components of a system that successfully supports elders and people with disabilities to both stay living in the community and successfully move from an institutional setting. Massachusetts, like most states, struggles with ensuring not only that there is sufficient stock of affordable housing, but that there is affordable housing with access to or integrated supports for elders and persons with disabilities. Therefore, the strategies in this goal area are three-pronged, focusing on both increasing the quality and accessibility of housing stock, as well as increasing the kinds of options for support for individuals residing in community settings. To foster growth in the accessible housing market, EOHHS will collaborate with the Department of Housing and Community Development (DHCD) through the Interagency Council on Homelessness and in other efforts to expand affordable housing options and to develop and renovate housing stock to increase accessibility. EOHHS will also focus on raising the general public's awareness of accessible housing, promoting the MassAccess Housing registry and increasing use of the state's home modification and assistive technology funding options.

5. Promote employment of people with disabilities and elders.

OBJECTIVES:

- Improve access to gainful employment and employment support services for elders and individuals with disabilities
- Increase access to vocational rehabilitation services and career planning for individuals with disabilities
- Ensure the effectiveness of employment initiatives

Employment enables people with disabilities and elders to sustain self-sufficient and independent lives in the community. This goal focuses on both improving access to employment opportunities and providing supports to enable individuals to remain employed. Newly established EOHHS employment goals and several federal grant initiatives provide both the framework and the support for re-engineering employment services for elders and people with disabilities. Expanded collaborations with the Department of Elementary and Secondary Education (ESE) and the Executive Office of Labor and Workforce Development (OLWD) are focusing on improving: vocational training services for transition aged youth; employer engagement strategies; market-based skill development; and job retention support. Additionally, work is underway to identify and tackle potential disincentives to employment that may be inherent in critical public support systems like CommonHealth. Improved monitoring of employment outcomes holds the promise of continuous quality improvement in this arena.

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

OBJECTIVES:

- Implement strategy for informing Commonwealth residents of LTS options
- Develop strategy for educating clinicians in community practices and institutions, including hospitals, about availability and viability of community based LTS options

Lack of information about long-term support options may impede service decision-making by consumers, their family members, and their health and other care providers. Implementation of the Chapter 211-mandated long-term options counseling will go a long way towards ensuring that elders and individuals with disabilities have better information about their community-based options when contemplating long-term supports decisions. Outreach and education strategies will target clinicians to ensure that they have the information they need to present institutional and community options to their patients. Finally, efforts will be made to target general community members to make them more aware of both institutional and non-institutional support options.

IV. CONCLUSION

The Community First Olmstead Plan is a work in progress. The six goals provide a framework for ongoing and future work focused on achieving the mandate and the spirit of the *Olmstead* decision: people with disabilities across the lifespan have a right to live in their communities.

Appendix A: **The Community First Olmstead Implementation Plan**

The following pages present all of the key objectives that the Olmstead Planning Committee has identified as essential for Massachusetts to meet the six primary goals encompassed in this Plan. Each goal is followed by objectives that include a description of main tasks required and completion dates.

The six goals, again, are:

1. Help individuals transition from institutional care
2. Expand access to community-based long-term supports
3. Improve the capacity and quality of community-based long-term supports
4. Expand access to affordable and accessible housing with supports
5. Promote employment of persons with disabilities and elders
6. Promote awareness of long-term supports

I. HELP INDIVIDUALS TRANSITION FROM INSTITUTIONAL CARE

OBJECTIVE 1:

Expand existing and implement new mechanisms for identifying individuals in institutional settings who wish to live in the community

- a) Recommend mechanisms for improving the identification of individuals for transition. *(Completion Date: 12/31/08)*
- b) Implement Long-term Care Options Counseling. *(Completion Date: 12/31/08)*

OBJECTIVE 2:

Implement additional mechanisms for facilitating transition from institutional settings

- a) Implement Community First (CF) 1115 waiver program (transition group benefit package will support transitions). *(Completion Date: Spring 09)*
- b) Implement a mechanism to track effectiveness of transition activities across Secretariat and institutional settings. *(Completion Date: 4/1/09)*
- c) Support the expansion of respite capacity to serve as both a diversion from intermediate care and as a step down from state psychiatric hospital/units. *(Completion Date: 7/1/09)*

2. EXPAND ACCESS TO COMMUNITY-BASED LONG-TERM SUPPORT

OBJECTIVE 1:

Improve access to home and community-based services including but not limited to case management, medication management, behavioral health, caregiver supports, and assistive technology, for elders and persons with disabilities, regardless of income

- a) Implement CF 1115 Demonstration program. Implementation will include expansions to income and asset test criteria for individuals who are clinically eligible and choose to enroll in the waiver. *(Completion Date: Spring 09)*

- b) Report on feasibility of application for Home and Community Based Services (HCBS) State Plan Amendment (SPA) which would provide access to case management, medication management, cueing and monitoring of activities of daily living, and other select HCBS services. Assess and report on options for implementation. *(Completion Date: 12/31/09)*
- c) Establish Long-term Care Financing Advisory Group. *(Completion Date: 9/30/08)*

Recommend options for the development of public/private and private mechanisms to fund community-based services for people who are not low-income or otherwise not eligible for MassHealth. *(Completion Date: 6/30/09)*
- d) Assess and report on options for removing barriers to community-based care, including examination of cost sharing and eligibility rules. *(Completion Date: Ongoing until 9/1/10)*
- e) Complete Personal Care Attendant improvement activities. *(Completion Date: 12/31/08)*
- f) Establish safeguards to ensure the availability of safe, accountable, and well-informed guardians and conservators and a judicial process that supports appropriate fiduciary relationships. *(Completion Date: 2/1/10)*
- g) Support collaboration between the Massachusetts Commission for the Blind (MCB), the Executive Office of Elder Affairs (EOEA), and medical community to develop strategies to address serving elders who are visually impaired. Collaboration on strategies has potential to impact many individuals currently not served by MCB. *(Completion Date: Ongoing)*
- h) EOEA in partnership with the Department of Public Health (DPH) is implementing a grant to empower at-risk older adults to take more control of their health through evidence-based prevention programs (EBDP). Programs include focuses on chronic disease self-management and healthy eating. *(Completion Date: Ongoing until June 2010)*
- i) EOEA will work with DPH on its suicide prevention task force to develop recommendations regarding initiatives focusing on elders relating to the prevention of suicide. *(Completion Date: Ongoing)*

Incorporate initiatives in the Suicide Prevention plan.

(Completion Date: Fall 08)

- j) Analyze variations in access to specific assistive technology such as hearing aids and captioned telephones, across public and private benefit plans. Recommend strategies to increase access to these goods and services. *(Completion Date: 12/1/08)*
- k) Create new Medicaid home and community-based services waiver options through the Department of Developmental Services (DDS) for individuals with mental retardation *(Completion Date: Summer 09)*
- l) Create a Medicaid home and community-based waiver program through the Massachusetts Rehabilitation Commission (MRC) for persons with acquired brain injuries to meet requirements of the *Hutchinson* settlement decision. *(Completion Date: TBD)*

OBJECTIVE 2:

Improve access to accessible transportation for individuals with disabilities and elders

- a) Recommend options to improve access to and options for transportation services for individuals in need of LTS services. *(Completion Date: 9/1/10)*

OBJECTIVE 3:

Improve transition services for adolescents with disabilities who are leaving the education system

- a) Recommend strategies regarding the Chapter 688 ("Turning 22") process, including recommendations on information dissemination to families about community-based options. *(Completion Date: 12/31/08)*
- b) Determine Department of Elementary and Secondary Education (DESE)/Executive Office of Health and Human Services (EOHHS) program development and reimbursement strategies that support transitions. *(Completion Date: 12/31/08)*

3. IMPROVE THE CAPACITY AND QUALITY OF COMMUNITY-BASED LONG-TERM SUPPORTS

OBJECTIVE 1:

Expand and sustain a high quality workforce in the community

- a) Implement PCA Directory and provide recommendations on how to improve PCA training and PCA workforce development and stabilization. *(Completion Date: 12/31/08)*
- b) Determine options for supporting caregivers across the system of long-term supports. Analysis would include evaluation of viability and appropriateness of paying spouses as caregivers in the delivery system. *(Completion Date: 9/1/10)*
- c) Recommend mechanisms for increasing and sustaining paraprofessional and professional LTS workforce. Recommendations to consider:
 - Recruitment and retention strategies
 - Culturally competent workforce development including American Sign Language (ASL) fluent workforce and foreign language fluent workforce
 - Wage and benefit modifications
 - Initial and on-going training/ education of workforce
 - Coordination of training for certified nurse aides (CNAs) and Home Health Aides
 - Training curricula for complex, marginalized or hard-to-reach constituencies
 - Training on cultural competency, including working with interpreters, for human service workers and caregivers
 - Trainings for caregivers, as mandated reporters, to include recognizing, reporting, and responding to abuse and neglect committed against individuals with disabilities and elders
 - Development of career ladder across long-term supports system *(Completion Date: 6/30/09)*
- d) Evaluate strategies for expanding the capacity to provide certain skilled care services in the community, such as revising the state's Nurse Practice Act *(Completion Date: 2/1/10)*

OBJECTIVE 2:

Increase availability and diversity of residential supports options

- a) Implement CF 1115 Waiver program. *(Completion Date: Spring 09)*
- b) Identify mechanisms to align EOHHS-funded residential supports across agencies. *(Completion Date: 12/31/08)*
- c) Determine mechanisms to expand access to supportive services in publically-funded disability/elder housing programs and other integrated public housing such as the Community-Based Housing (CBH) fund. *(Completion Date: 12/31/08)*

OBJECTIVE 3:

Improve financing for community-based long-term support system

- a) Recommend short- and long-term alternative financing options for expanding the community-based long-term supports system. Collaborate with Long-Term Care Financing Advisory Group. *(Completion Date: Ongoing until 9/1/10)*
- b) Establish mechanism to measure expenditures on long-term community and institutional care and develop a 3-year plan to increase investment in community-based services. *(Completion Date: 3/1/09)*
- c) Analyze rate structures and payment methods across the community-based long-term supports delivery system and identify strategic purchasing opportunities to build capacity. *(Completion Date: 12/1/08)*

OBJECTIVE 4:

Incorporate self-direction throughout the long-term supports system

- a) Recommend strategies for EOHHS on incorporating self-determination across the Secretariat, including consideration of what to require of all contracted provider types. *(Completion Date: 9/1/08)*
- b) Recommend an implementation strategy for Person-Centered Planning across the Secretariat. *(Completion Date: Ongoing until 9/1/10)*

- c) Implement Aging Services Access Points (ASAP) staff training on consumer directed philosophy and application to both agency services and self-directed programs. *(Completion Date: 12/1/08)*
- d) Implement a self-direction delivery system option within the CF 1115 Waiver program which will include a self-directed care component. *(Completion Date: Spring 10)*

OBJECTIVE 5:

Implement system-wide quality improvement processes in the existing and future long-term support delivery systems

- a) Adopt Quality Mission and Vision statements for the EOHHS long-term supports systems. *(Completion Date: 9/1/08)*
- b) Implement proposed strategies for increasing consumer involvement in quality management activities across long-term supports system. *(Completion Date: Ongoing)*
- c) Propose plan for establishment of comprehensive quality management system for long-term supports across EOHHS administrative agencies. *(Completion Date: Ongoing through 9/1/10)*
- d) Provide recommendations to the EOHHS Office of Health Equity regarding the adoption of a focus on disparities in accessing HCBS services. Analysis would include looking at disparities by race; language; sexual orientation; disability type, especially among individuals who are Deaf, late-deafened, hard of hearing or deaf blind; and individuals dealing with communication barriers on top of another disability (physical, cognitive, or psychiatric). *(Completion Date: Ongoing)*

4. EXPAND ACCESS TO AFFORDABLE AND ACCESSIBLE HOUSING WITH SUPPORTS

OBJECTIVE 1:

Improve the coordination of long-term supports within affordable housing

- a) Develop housing training processes for EOHHS staff who assist with care plan development. *(Completion Date: 1/1/09)*
- b) Propose a housing needs and preferences assessment as a supplement to current service planning processes. *(Completion Date: 1/1/09)*
- c) Expand the number of supportive housing sites, including sites that have the technology and communication accessible features for elders and individuals with disabilities across disability types. *(Completion Date: 8/1/08 and ongoing)*

OBJECTIVE 2:

Increase access to affordable housing with long-term supports

- a) Support expansion of the MassAccess Housing Registry. *(Completion Date: Ongoing)*
- b) Conduct outreach to consumers, providers, and housing industry on Home Modification Loan Program. *(Completion Date: 12/1/08)*
- c) Develop plan for conducting outreach to home/builders/managers re: need for accessible and affordable housing. *(Completion Date: Ongoing)*
- d) Explore alternatives to making 'existing housing with long-term supports' affordable, (e.g., assisted living, congregate, group home models, etc). *(Completion Date: Ongoing)*

OBJECTIVE 3:

Increase availability of accessible low-income housing stock

- a) Develop a three-year strategic plan to identify ways to increase availability of accessible and affordable community-based housing. Plan to include consideration of:
 - housing for individuals eligible for institutional services, but capable of living in less restrictive setting
 - housing with technology and layout access for individuals with disabilities of all kinds
 - increasing capital funding for CBH and Facilities Consolidation Fund (FCF) budgets
 - collaboration with Homelessness Commission and implementation of recommendations from this group which clearly focus on people of all ages with disabilities
 - implementing ways to promote visitability of housing
(Completion Date: 2/1/09)
- b) Support expanded capital funding for Alternative Housing Voucher Program for people of all ages with disabilities. *(Completion Date: 9/30/08)*

5. PROMOTE EMPLOYMENT OF PERSONS WITH DISABILITIES AND ELDERS

OBJECTIVE 1:

Improve access to gainful employment and employment support services for elders and individuals of all ages with disabilities

- a) Collaborate with the Medicaid Infrastructure and Comprehensive Employment Opportunities (MICEO) Grant and EOHHS Steering Committee on Employment to make recommendations on how to improve access to employment for elders and individuals of all ages with disabilities. *(Completion Date: 4/1/09)*
- b) Develop strategies to make state government a model employer of elders and people with disabilities. *(Completion Date: 10/1/08)*

OBJECTIVE 2:

Increase access to vocational rehabilitation services and career planning for individuals with disabilities

- a) Collaborate with Department of Elementary and Secondary Education (DESE) to improve Individual Educational Plan (IEP) process requirements to focus on employment. *(Completion Date: 2/1/10)*

OBJECTIVE 3:

Ensure effectiveness of employment initiatives

- a) Report on rates of employment for individuals with disabilities. *(Completion Date: Ongoing)*

6. PROMOTE AWARENESS OF LONG-TERM SUPPORTS

OBJECTIVE 1:

Develop strategy for educating clinicians in community practices and institutions including hospitals about availability and viability of community-based LTS options

- a) Implement CF 1115 Waiver program. Implement provider training and outreach to assist in the identification and referral of eligible applications for the 1115 waiver implementation and consider plan for on-going outreach and training. *(Completion Date: Spring 09, then ongoing)*
- b) Develop strategies on how to engage and educate clinicians on the broad array of community-based long-term supports options and availability of long-term care options counseling. *(Completion Date: 9/1/08 and ongoing)*
- c) Develop strategies for working with healthcare providers (i.e., private physicians) and community-based providers to ensure interpreter/CART services are provided when needed. Issues to consider include concerns about cost of services. *(Completion Date: Ongoing)*

OBJECTIVE 2:

Implement strategy for informing the general public of LTS options

- a) Implement Aging and Disability Resource Consortium (ADRC) model statewide to serve as an access point of information for elders and individuals with disabilities. *(Completion Date: 12/31/09)*
- b) Implement Long-term Care Options Counseling processes, which will include educating residents of Massachusetts regarding the broad array of community-based long-term supports options. *(Completion Date: 12/31/08)*
- c) Conduct outreach on existence and utility of the Massachusetts Aging and Disability Information Locator (MADIL: www.mass.gov/madil) to provide information on long-term supports options. MADIL pulls together information maintained by: 1-800-AGE-INFO, New England INDEX, and MassAccess Housing Registry. *(Completion Date: 7/1/08 and ongoing)*
- d) Develop recommendation regarding expansion of MADIL to include information on existing informal support networks in the community. *(Completion Date: 9/1/09)*
- e) Implement a PCA Directory which will provide access to information on available Personal Care Attendants in the community. *(Completion Date: 12/1/08)*
- f) Develop and conduct comprehensive outreach and education strategy on long-term support system issues for broad audience including legislators, providers, and the general public. Strategy should consider how to include access to information via web, presentation in multiple languages, ASL, and captioning. *(Completion Date: 12/31/08)*
- g) Create a public marketing strategy on long-term supports options. *(Completion Date: 2/1/10)*

- h) Develop recommendation on implementation of a registry/central repository of information on all direct care workers available in the community for consumers regardless of payer source.
(Completion Date: 9/1/10)
- i) Provide optional training for elders and individuals with disabilities on recognizing, reporting, and responding to abuse and neglect committed against them. *(Completion Date: 9/1/10)*

Appendix B: 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>Metro West Independent Living Center</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>

