

Addendum to DC—One Community For All: 2015 Community Integration Plan

Purpose

This Addendum to the District's current Olmstead Plan, DC –One Community for All: 2015 Community Integration Plan (the Addendum) clarifies the time frame of the current Olmstead Plan and provides an explanation of the District's goals and commitments to assist individuals with disabilities with the transition process from nursing facilities to less restrictive settings when treatment in a less restrictive setting is appropriate given the available private and public home- and community-based supports for the individual, the individual does not oppose a less restrictive setting, and the needed assistance and home- and community-based services can be reasonably accommodated, taking into account the District's available resources and the needs of others with disabilities.

This Addendum also confirms the District's commitment to a substantial revision of the Olmstead Plan, which will be drafted, with the consultation of community stakeholders, during the remainder of 2015. The District will convene an Olmstead Working Group, comprised of government and community stakeholders, to advise on the drafting of the 2016 Olmstead Plan. The District will also provide a draft of the 2016 Olmstead Plan to the community to review, with an opportunity to provide suggestions and comments in community meetings prior to the publication of the 2016 Olmstead Plan.

Time Frame for 2015 Plan

As part of its effort to increase transparency, the District moved from fiscal year (October-September) reporting to calendar year (January-December) reporting at the end of 2014.

The switch from fiscal year to calendar year reporting resulted in one quarter, October – December 2014, as a stand-alone report, not included in any yearly report. Moving forward, the District will continue to report on a quarterly basis, but the year-end compilations will be calculated on a calendar year basis to minimize confusion about the reporting cycle.

Because of this reporting change, the District has deleted references to the fiscal year in the Olmstead Plan. No other changes have been made; all of the agency quantitative and qualitative goals remain the same for 2015.

Nursing Facility Transition Process

The District is committed to a streamlined person-centered approach of nursing facility transitions for individuals when treatment in a less restrictive setting is appropriate given available home- and community-based supports, the affected individual does not oppose a less restrictive setting, and the needed assistance and home- and community-based services can be reasonably accommodated.

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Outreach and Training

Goal: Ensure individuals, families, and nursing facilities understand the availability of home- and community-based services and supports and how to access them.

District Commitments:

- The District provides oversight of nursing facilities to ensure compliance with federal and local requirements. Nursing facilities are required to conduct initial quarterly and annual assessments of all nursing facility residents using the standard MDS 3.0 (produced on the federal level by Centers for Medicare & Medicaid Services and used by all jurisdictions), which include asking residents their preference for home- and community-based settings. If an individual expresses a desire to speak with someone about living in a less restrictive setting, the nursing facility is required by federal standards to make a referral to the District for appropriate follow-up.
- The District contracts with a Quality Improvement Organization (QIO). Among other responsibilities, the QIO must perform an on-site review of every nursing facility resident on an annual basis (and two reviews within the first year of nursing facility admission). For individuals who do not meet the Level of Care required for Medicaid paid nursing facility stays (nursing facility LOC), the QIO provides information on home- and community-based services.
- The District conducts regular outreach at every nursing facility in the District of Columbia and selected facilities in the neighboring jurisdictions with significant populations of District residents receiving DC Medicaid-funded nursing facility services. The District also provides outreach and trainings on various topic areas related to home- and community-based services to nursing facilities upon request outside the standard outreach calendar.
- The District will review its current informational materials on long-term services and supports and will produce new materials for 2016, if needed, including posters for nursing facilities to place in common areas and materials for nursing facilities to provide to residents on home- and community-based care options.
- The District will review its current training processes through the Olmstead Working Group, including trainings for nursing facilities and hospitals regarding available home- and community-based services and supports, and will include specific training goals in the 2016 Olmstead Plan.

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Transition Services¹

Goal: Provide a person-centered approach to assess and facilitate an individual's desire and ability to transition from the nursing facility to the community.

District Commitments:²

- Once the District receives a referral regarding an individual's interest in transitioning from the nursing facility, the District will contact the individual within three business days, absent extraordinary circumstances, to initiate the assessment process for transitioning to a less restrictive setting and schedule a time to administer the Community Preference Survey (see attachment 1). The Community Preference Survey solicits information on the individual's desire to live in the community, general health needs, and resources (including access to appropriate housing, income, and family support).
- Within three business days of completing the Community Preference Survey, the assigned District personnel compose an Initial Transition Services Checklist (the Checklist) for the individual, if the individual continues to express a preference for treatment in a less restrictive setting.

Items that can be included in the Checklist include applications for personal identification documents; applications for wheelchair-accessible transportation services; requests for benefit statements; applications for employment supports; and applications (or updating applications) for public housing through DC Housing Authority.

The individual is responsible for providing necessary information and paying any applicable fees for obtaining the required services. If the District has funds available to assist individuals with applicable fees for obtaining the required services, District personnel will assist individuals in obtaining those funds when individuals meet the eligibility criteria. The Checklist is updated as needed to reflect any changes in circumstances or information.

- Once individuals have identified appropriate housing and sufficient resources to support treatment in a less restrictive setting (with assistance from District personnel, if necessary), District personnel are responsible for assisting

¹ All District Commitments to Transition Services are dependent on the District's available resources and the needs of others with disabilities unless otherwise stated.

² During fiscal year 2015 (beginning October 2014), the District engaged in a one-year planning process for a No Wrong Door (NWD) system to transform the delivery of long term services and supports through a planning grant from the federal government. NWD is an effort to develop streamlined, coordinated systems of access to long term care services and supports, across District agencies, with the assistance of stakeholder and advisory groups. The District currently is working on a three-year implementation work plan for a NWD system, which will span fiscal years 2016-2018, and focuses on coordinating the District's person-centered philosophy, stakeholder engagement, resource sharing, and coordinated IT systems across the District's human service agencies.

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individuals with connecting to the appropriate home- and community-based services for which the individual qualifies based on the eligibility criteria for each individual program (see attachments 2-5 for information on specific programs).

In order to be eligible for continued transition services, treatment in a less restrictive setting must be appropriate for the individual given the home- and community-based supports for which the individual is eligible, as determined by the individual's support team, which includes the individual and people the individual invites (family and/or friends), and can include treatment professionals, including the person's doctor, social worker, nurse, and/or legal representative.

If an individual, family member, and/or legal representative for the individual disagrees with the support team's finding that treatment in a less restrictive setting is inappropriate, given the home- and community-based supports for which the individual is eligible, the individual, family member, and/or legal representative can contact the District's Long-Term Care Ombudsman (LTC Ombudsman) at 202-434-2190 for further assistance. The District provides funding for the LTC Ombudsman, but the LTC Ombudsman remains independent from the District and advocates for the rights of individuals receiving long-term care services in the District.

- If a less restrictive setting is appropriate for the individual, District personnel collaborate with the nursing facility social worker to assist individuals in identifying the individual's available resources and applying for public benefits including Medicaid as needed.

Depending on the individual's level of need and eligibility for services, the District will collaborate with the nursing facility social worker to assist the individual to obtain needed services such as Durable Medical Equipment, behavioral health services, day treatment services, home health services including skilled nursing care, occupational therapy and physical therapy, personal care aid services, support for employment, and other services and supports as needed and for which the individual is eligible.

- District personnel or case managers (if the individual is enrolled in the Elderly and Persons with Physical Disabilities Waiver (EPD Waiver)) participate in discharge meetings and ensure treatment in a less restrictive setting is safe for the individual.
- Once the transition to the community is complete, individuals may be eligible for ongoing case management. If the individual is receiving services under the EPD Waiver, case management is included as part of the EPD Waiver. If the individual is not on the EPD Waiver, the individual may still qualify for community case management at one of the eight District Lead Agencies. Lead Agencies are District grantees that provide case management services to people ages 60 and over. Community social workers from the District of Columbia's Aging and

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Disability Resource Center are co-located at each Lead Agency to assist with case management of individuals with disabilities ages 18-59. District personnel assigned to assisting the individual in the transition process assist in identifying ongoing case management assistance, if needed.

Capacity

Goal: Maximize District resources to assist the greatest number of individuals possible in appropriate, sustainable treatment in the least restrictive setting in a streamlined, person-centered process.

District Commitments:

- Medicaid waivers

For individuals who meet the nursing facility LOC, the District offers two home- and community-based waivers, which are special programs that provide long term care services to eligible individuals, allowing them to live in the community with necessary services and supports.

The EPD Waiver offers a range of services (see attachment 2). The District can enroll up to 4,960 eligible individuals in the EPD Waiver in 2015. Based on current enrollment and past utilization, the District does not expect a need for a waiting list. If enrollment approaches the cap for the program in 2015, the District will evaluate the need for a prioritization process with interested stakeholders. In 2016, the District will adopt a waiting list policy for the EPD Waiver, which will be developed with interested stakeholders.

The Intellectual and/or Developmental Disabilities Waiver (ID/DD Waiver) provides residential, day/vocational, and other support services for people with intellectual disabilities who choose to live in their own homes or in other community-based settings (see attachment 3). The District can enroll up to 1,692 eligible individuals in the ID/DD Waiver in 2015. The District does not currently anticipate a waiting list, but if one were to be put in place, it would be in accordance with the HCBS IDD Waiver policy and procedure, available at: <http://dds.dc.gov/book/vi-administrative-dda/hcbs-idd-waiver-waiting-list>.

- Community Medicaid

Community Medicaid (also sometimes called State Plan) is an entitlement program that does not have a cap on enrollees. Individuals are required to meet certain income eligibility requirements. Community Medicaid offers fewer services and supports than the District's Medicaid waivers because individuals receiving Community Medicaid require a lower level of care (see attachment 4).

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Community Medicaid services that provide long-term care supports and services to individuals in the community include: home health care, personal care assistance services, adult day health services, and an array of mental health services including Assertive Community Treatment (ACT) and mental health rehabilitative services.

- Money Follows the Person Demonstration Project (MFP)

MFP is a federal demonstration project with an allocation of 65 housing choice vouchers (vouchers), some of which are being used by participants in the community. All 65 vouchers will be in use by individuals who transitioned from nursing facilities to the community by the end of 2015. MFP includes all EPD Waiver services (EPD Waiver eligibility is a condition of MFP participation) and some additional services (see attachment 5).

Reporting

Goal: Collect and report data to track the effectiveness of the District's system of ensuring individuals are in the least restrictive living environment where appropriate, the individual does not oppose a less restrictive setting, and the needed assistance and home- and community-based services can be reasonably accommodated, taking into account the District's available resources and the needs of others with disabilities.

District Commitments:

- The District reports on qualitative and quantitative goals in the District's 2015 Olmstead Plan, DC—One Community for All: 2015 Community Integration Plan. The District publishes the agencies' reports on a quarterly basis. The reports are available here: <http://odr.dc.gov/page/olmstead-community-integration-quarterly-reports>. On or before February 2016, the District will publish the compilation of the 2015 quarterly reports into one annual report. The annual report will include whether or not the District achieved its goals, along with explanations for each goal.
- In the drafting process of the 2016 Olmstead Plan, the District will review the current reporting requirements through the 2015 Olmstead Plan and make adjustments as necessary on the reporting metrics. New reporting metrics may include the average length of time it takes individuals to apply and be approved for home- and community-based services, how many individuals inquire about home- and community-based services, and if individuals are unable to transition, what reasons prevent treatment in a less restrictive setting, even if individuals desire it.
- All agencies involved in the nursing facility transition process, whether providing direct services or oversight of contracted or licensed entities, report directly to the Deputy Mayor of Health and Human (DMHHS) services. If agencies are unable

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to meet the commitments in the Olmstead Plan, DMHHS works with the agencies to correct any deficiencies and make adjustments as needed.

Conclusion

In 2015, the District has made significant system improvements to the nursing facility transition process based on feedback from District personnel and the community. The District is pursuing an ongoing dialogue with stakeholders to ensure that individuals are able to access all of the services and supports for which individuals are eligible in the least restrictive setting possible, subject to the District's available resources.