**Quarterly Olmstead Community Integration Summary**

1. **Report For:** First Quarter 2016
2. **Prepared By:** Department of Health Care Finance
3. **Date Submitted:** April 25, 2016

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| **Community Integration (Olmstead Plan)****Coordinator** | **Agency Leadership** |
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| **Number of PEOPLe to be Moved to Community Services****GOAL** | **Descrip-tion** | **CY1****(Jan-Mar) Progress** | **% of Annual Goal CY1** | **CY2****(Apr-Jun)****Prog.** | **% of Annual Goal CY2** | **CY3****(Jul-Sep)****Prog.** | **% of Annual Goal CY3** | **CY 4****(Oct- Dec)****Prog.** | **% of Annual Goal CY4** | **Total Progress** | **Total % of Annual Goal** |
| **Numerical Goal**  | **How agency arrived at number; what is it** | **\_\_\_** | **%** | **\_\_\_** | **%** | **\_\_\_** | **%** | **\_\_** | **%** | **\_\_\_** | **%** |
| **30** | Unduplicated count from the transition goals of other District agencies’ Olmstead goals.  | 3 | 10 |  |  |  |  |  |  |  |  |

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| **Quantitative Goal Progress****Qualitative Goal Progress** | **Narrative here explains number above and also details barriers faced or programmatic shifts within the agency or DC gov that affect numerical transitions either positively or negatively.**Three (3) unique enrollments in Personal Care Aide Services under the Medicaid State Plan and/or Elderly and persons with Physical Disabilities Home and Community-Based Services Waiver Program within 60 days of discharge for those Medicaid beneficiaries who were discharged from a nursing facility, January through March, 2016, after a 90+ day stay. **Narrative here provides descriptions of agency programs, initiatives, and services designed to foster community integration. Agencies should organize narrative under the following headings with the 9 priorities of the 2016 Plan in mind.****Quality of Institutional and Community-Based Providers*** Assess and reduce duplication of services offered by Medicaid and DCOA (DHCF and DCOA by September 2016).

DHCF and DCOA (in collaboration with ESA) have been engaged in a 6 month effort to analyze and re-engineer the workflow for individuals seeking and retaining long term care services. This workflow analysis has allowed the agencies to identify duplicative or inefficient processes and streamline access to LTC services. DHCF and DCOA have also developed plans to maximize Medicaid reimbursement for services that are currently being funded with local dollars, specifically, transportation and case management services. * Review and strengthen regulatory options to more effectively deal with quality issues when they arise (DHCF, DDS, DBH, DOH by December 2016).

DHCF is updating its rules for EPD waiver providers, Home Health Agencies, Adult Day Health Providers and for Provider Screening and Enrollment. DHCF has developed new protocols with DOH to foster greater collaboration and information sharing regarding personal care aides who are terminated for cause. * Review all providers’ Language Access plans to ensure residents with limited English proficiency have access to linguistically and culturally appropriate services (DHCF and DDS by December 2016).

DHCF was recently classified as an agency with “major public contact”, and therefore included on the Office of Human Rights’ (OHR) efforts around maintaining and monitoring departmental language access plans, per the DC Language Access Act. DHCF’s Medicaid Director has convened a workgroup of staff representing each division within DHCF to develop the Department’s Bi-Annual Language Access Plan, due to OHR October 2016. The workgroup is meeting every two weeks, and is working towards efforts including* Submit/implement/monitor 2 year language access plan (next cycle—FY17/18)
* Designate a DHCF language access coordinator
* Documented community outreach re language access

As part of these efforts, DHCF is focusing on:* Defining DHCF-specific threshold languages (>3% of population or 500 ppl)
* Data collection
* Staff training
* Providing translation (DHCF must translate all “vitals documents” into the threshold languages)
* Providing interpretation

**Housing**DHCF, in collaboration with DCOA’s ADRC held a lottery on February 29, 2016 for 14 available Housing Choice Vouchers to support the transition to community living for preliminarily MFP-eligible nursing facility residents. 14 residents were selected, as well as 109 alternates. DHCF updated and released the accompanying transmittal on conditions of selection (Transmittal 16-02) and FAQs on February 1, 2016. DHCF provided training for the ADRC Community Transition Team on the conditions in February 2016 ahead of the lottery. **Waiver Management/Systems Issues*** Develop training on how to access Medicaid Waiver services and troubleshooting for agency and provider staff involved in the EPD Waiver process (DHCF, ADRC, DOH by May 2016).

DHCF LTC Administration staff met twice during the period with representatives of the LTC and Health Care Ombudsmen’s offices, the Legal Counsel for the Elderly, and DCOA’s Aging & Disability Resource Center to discuss access to services for existing beneficiaries and new enrollees, some of whom would be transitioning from nursing facilities and other LTC facilities to the community. The discussion focused on defining services and appropriate referrals, and identifying contact points for each participating agency and program. DHCF has also involved providers and stakeholders in meetings to review and develop new business processes to streamline the waiver eligibility process.* Develop and implement a Participant Directed Program, allowing people receiving EPD Waiver services to have responsibility for managing and directing all aspects of service delivery, including who provides the services and how the services are provided (DHCF by December 2016).

The Participant-Directed Services (PDS) program, Services My Way, began enrollment March 1, 2016, and is anticipating that services for the first participants will begin in late April 2016. The PDS workgroup continues to advise DHCF via monthly meetings, and the PDS Program Coordinator completed individualized trainings for all case management agencies enrolled as providers in the EPD Waiver. The PDS Program Coordinator continues trainings for DHCF staff, and stakeholders, on the PDS Program. **Intake, Enrollment, and Discharge**DHCF is proposing rules to establish standards governing the assessment process for the level of need for beneficiaries who receive Long Term Care Services and Supports (LTCSS), with the exception of Intermediate Care Facilities for Individuals with Intellectual and Developmental Disabilities (ICF/IDD) services, and Home and Community-based Waiver Services for Individuals with Intellectual and Developmental Disabilities (IDD Waiver). This includes nursing home services, supports under the Elderly and Physical Disabilities Home and Community-Based Services waiver (EPD Waiver), Personal Care Assistance (PCA) services, Adult Day Health Program (ADHP) services under the home and community-based state plan benefit, and other LTCSS not intended to service individuals with IDD. The assessment process is conducted by using a standardized needs-based assessment tool. The tool is currently being used by DHCF to assess the need for Medicaid PCA services under the State Plan and EPD Waiver. It will eventually be used to assess the need for the other long term care services described herein as the rules governing those services are amended. Hence, the effective date of the tool will be staggered to coincide with the effective date of the revised/amended EPD Waiver rules, and the revised rules governing other long term care services. **Person-Centered Culture*** Develop and implement clear expectations, competency criteria, standards, policies and protocols for all LTSS staff in the consistent use of person-centered approaches to service and planning, including using principles of supported decision-making (regardless of whether individuals have guardians or other substitute healthcare decision-makers) (NWD/DDS by September 2016).

DHCF is working closely with the No Wrong Door team to implement a robust training curriculum, including a person-centered thinking trainer at DHCF, conducting 2-day training for all Long Term Care and Ombudsman staff on person-centered thinking, and requiring 10 hours of on-line training across a 12-month period for each EPD-serving case manager. DHCF also continues to conduct PCP trainings, most recently of the LTC Monitoring Team and for DHCF’s long term care services and supports contractor, Delmarva Foundation. |