

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

EDWARD DAY, *et al.*,

Plaintiffs,

v.

DISTRICT OF COLUMBIA,

Defendant.

Case No. 10-cv-02250 (ESH)

NOTICE OF FILING OF OLMSTEAD COMMUNITY INTEGRATION INITIATIVE

Defendant the District of Columbia respectfully notes the public release of its Olmstead Community Integration Initiative, entitled "One Community for All." A copy of this document is attached hereto.

DATE: April 6, 2012

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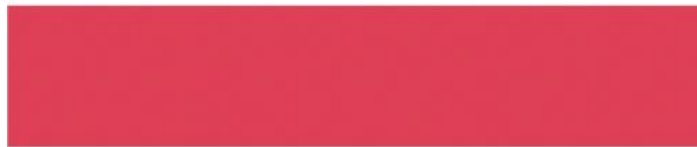
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EXHIBIT A

The District of Columbia

Olmstead Community Integration Initiative

One Community for All



April 2012

Introduction

On June 22, 1999, the United States Supreme Court ruled in *Olmstead v. L.C.*, 527 U.S. 581, that the unjustified segregation or isolation of people with disabilities in institutions can constitute discrimination based on disability in violation of the Americans with Disabilities Act (ADA). Accordingly, the Court held that the ADA requires that States provide community-based treatment for persons with disabilities “when the State’s treatment professionals determine that such placement is appropriate, the affected persons do not oppose such treatment, and the placement can be reasonably accommodated, taking into account the resources available to the States and the needs of others with . . . disabilities.” 527 U.S. at 607.

In light of this decision, the District is instituting a comprehensive working plan to serve qualified individuals with disabilities in accordance with the Supreme Court’s holding in *Olmstead*. This plan establishes certain goals of the District to help ensure that community-based treatment is provided to persons with disabilities, when such treatment is appropriate. However, this plan does not create independent legal obligations on the part of the District.

A wide range of District stakeholders including persons with disabilities and Mayor Vincent Gray directed and supported the Office of Disability Rights to develop the *Olmstead* Community Integration Plan in accordance with policies and procedures outlined in D.C. Act 16-595 the Disability Rights Protection Act of 2006. The District values its residents with disabilities as contributing members of society and understands the cost-effective benefits of supporting them with integrated, community-based services. The DC *Olmstead* Community Integration Plan, ***One Community for All*** is a policy document that details the rights of each person with a disability to self-determination in the District of Columbia.

One Community for All endeavors to meet the needs and preferences of the individual while allowing him or her to choose where s/he wants to live in the community with the appropriate supports and services consistent with the *Olmstead* decision and the resources available to the District to serve such individuals, taking into account the needs of others. The Plan is a living document, providing specific goals, action steps, and tools, while allowing for better flexibility and improved services for individuals with disabilities.

Nine (9) District agencies participating in this initiative are responsible for implementing the Plan. These District agencies include: Office of the State Superintendent for Education (OSSE), Office on Aging (DCOA), Department of Youth Rehabilitation Services (DYRS), Department of Disability Services (DDS), Department of Human Services (DHS), Department of Mental Health (DMH), Child and Family Services Agency (CFSA), DC Public Schools (DCPS) and the Department of Health Care Finance (DHCF). These agencies are collaborating in the hope that the District of Columbia will become a national model for providing community services and supports to persons with disabilities.

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Background

The ADA and the *Olmstead* Decision

Title II of the ADA provides that “no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any such entity.” 42 U.S.C. § 12132. In addition, the regulations implementing Title II of the ADA contain an “integration mandate” requiring that state and local government agencies provide services “in the most integrated setting appropriate to the needs of qualified individuals with disabilities.” 28 C.F.R. § 35.130(d).

On June 22, 1999, the United States Supreme Court ruled in *Olmstead v. L.C.*, 527 U.S. 581, that the unjustified segregation or isolation of people with disabilities in institutions can constitute discrimination based on disability in violation of the ADA’s “integration mandate.” In *Olmstead*, the Court found that the State of Georgia Department of Human Resources violated the ADA by keeping two women with mental health conditions in a state psychiatric hospital long after their treatment professionals recommended their transfer to community-based care and while the State’s home and community based programs had the capacity to serve them.

The Supreme Court concluded that under Title II of the ADA States are required to provide community-based treatment for persons with disabilities when the:

- (1) State’s treatment professionals determine that such placement is appropriate;
- (2) Affected persons do not oppose such treatment; and
- (3) Placement can be reasonably accommodated, taking into account the resources available to the state and the needs of others with disabilities.

Id. at 607.

In reaching this conclusion, the Court expressly recognized the States’ (the District’s) “need to maintain a range of facilities for the care and treatment of persons with diverse ... disabilities, and the States’ obligation to administer services with an even hand” must be taken into account in complying with the ADA. *Id.* at 597. Further, the Court recognized that “to maintain a range of facilities and to administer services with an even hand, the State must have [more] leeway” than the courts previously understood was allowed under ADA. The Court concluded that one way States could meet their obligations under the ADA’s “integration mandate” is by instituting a comprehensive, effectively working plan for placing individuals in less restrictive settings, and a waiting list that moves at a reasonable pace not controlled by endeavors to keep institutions fully populated. *Id.* at 606-607. The *Olmstead* Plan being instituted by the District is consistent with the Supreme Court’s decision.

Disability Rights Protection Act of 2006

The Disability Rights Protection Act of 2006 (D.C. Code § 2-1431) (DRPA) and Mayor's Order 2008-06 established the Office of Disability Rights' authority and responsibility for creating the District's "Olmstead Compliance Plan." The Olmstead Compliance Plan is defined as "a comprehensive working plan, developed in collaboration with individuals with disabilities and with District agencies serving individuals with disabilities, which shall include annual legislative, regulatory, and budgetary recommendations for the District to serve qualified individuals with disabilities in accordance with *Olmstead v. L.C.*, 527 U.S. 581, and in the most integrated setting as provided in 28 C.F.R. Part 35, App. A." The DRPA mandated that, in developing the Olmstead Compliance Plan, the Office of Disability Rights (ODR) would work actively with the District of Columbia Commission on Persons with Disabilities (DCCPD) to ensure that individuals with disabilities, their families, and advocates participated in creating the Plan.

Forward

In ***One Community for All***, primary service agencies responsible for maintaining and serving people with disabilities in both in-state and out-of-state institutions are expected to increase community-based services and supports to facilitate transition to community-based living, as well as to divert individuals who are at risk for placement in institutional facilities to more inclusive, integrated settings.

These agencies include:

District of Columbia Primary Service Agencies			
1.	Department on Disability Services (DDS)	6.	Department of Mental Health (DMH)
2.	Office on Aging (DCOA)	7.	Child and Family Services Agency (CFSA)
3.	Office of the State Superintendent of Education (OSSE)	8.	DC Public Schools (DCPS)
4.	Department of Youth Rehabilitation Services (DYRS)	9.	Department of Health Care Finance (DHCF)
5.	Department of Human Services (DHS)		

An integral part of this endeavor includes secondary service agencies that provide community services, such as the Department of Health (DOH), Department of Employment Services (DOES), DC Housing Authority (DCHA), and the Department of Housing and Community Development (DHCD).

There are a number of key community stakeholders of ***One Community for All***. An effective collaboration with input from a wide range of stakeholders will help agencies ensure that they are providing effective transition to community services to qualified persons with disabilities in institutional settings.

Key Community Stakeholders of One Community for All			
1.	Individuals with disabilities	5.	Local government officials
2.	Families	6.	District of Columbia employers
3.	Disability advocacy groups and spokespersons	7.	Community leaders
4.	Service provider agencies	8.	General public

Key Elements of *One Community for All*

- *Data collection and analysis* – Current data about the number of people with disabilities living in institutional settings as well as the number of people with disabilities living in the community is critical.
- *Assessment* – The District must determine what general services are necessary to prevent institutional placements and allow persons with disabilities to successfully participate in their community. On an individual level, determining the services an individual should receive in a community-based setting will be based on a comprehensive assessment of the person's needs taking individual preferences into account. The agencies currently providing institutional services will develop agency procedures to properly evaluate the needs of these individuals as they transition to community-based services and supports. ODR provided the agencies with a prototype tool for collection and analysis of this needed data.
- *Prioritization* – Each primary service agency will collect data regarding the number of people it serves in institutional placements and assess the individuals it serves according to established criteria. These data and assessments will allow each primary service agency to set its own criteria for identifying who will be given priority for transitioning from institutional settings to the community.
- *Transition and Diversion* – Each primary service agency will draft policies and guidance with criteria for identifying individuals ready for safe transitions from institutions to community-based settings. Families and caregivers will also play a vital role in the identification and transition process as agencies seek to provide accessible basic services such as housing, transportation, and employment with necessary supports.
- *Communication* – As each primary service agency develops and implements its individual agency plan to provide community-based supports and services to persons with disabilities currently living in institutional placements, communicating with and obtaining feedback from these individuals and their family members will become an integral part of the process. In addition to these efforts, each agency will identify and designate an agency Olmstead Liaison to communicate with stakeholders regarding their concerns and to convene an annual meeting to obtain recommendations from constituents.
- *Outreach* – Accurate information about available community-based options will be developed for individuals with disabilities, their families, caregivers, advocates, and service providers through a multifaceted approach designed to effectively communicate to these constituencies. These approaches will ensure that stakeholders have access to current information regarding community services.
- *Quality Assurance* – Agencies will develop procedures to allow persons with disabilities to receive and evaluate the quality of the community-based supports.
- *Evaluation* – Agency progress on community integration goals will be monitored, evaluated, and reported internally within each primary service agency and to qualified District residents with disabilities who are living in or at immediate risk of living in institutional settings.

One Community for All: A Community Integration Plan

Vision:

District of Columbia residents with disabilities will have access to person-centered services and community-based support options that will maximize choice, self-direction, and dignity.

Four Guiding Principles

Individuals with disabilities must be able to choose where, how, and with whom they will live in the community. In pursuing this goal, the District of Columbia will develop services and supports designed and coordinated to meet the specific needs and preferences of the individual with a disability. Four guiding principles are vital to implementing the goals and objectives of ***One Community for All***:

Guiding Principle 1: Diversity

The District's goal is to support individuals and their families in a culturally competent manner, which is responsive to their beliefs, interpersonal styles, attitudes, language and behaviors while ensuring effective and meaningful opportunities for full participation in their communities.

Guiding Principle 2: Respect and Dignity

Respect and dignity are inherent rights of each individual; therefore, persons with disabilities should be the final decision-makers regarding their supports and services. Individual choice and self-determination respect the experience and knowledge of each person who receives services and supports in the District of Columbia.

Guiding Principle 3: Flexibility

The lives of all persons with and without disabilities change over the course of time. Consequently, services and supports should not be static and should remain flexible throughout the lifespan of the individual.

Guiding Principle 4: Empowerment

People with disabilities are given information and opportunities to be involved in planning programs and choosing activities that are of interest to them. Advocating for changes may be a part of this process, and persons with disabilities should be empowered to advocate for themselves as they influence systemic changes in support service provision that directly impacts their lives.

District of Columbia Primary Service Agency Priorities

Priorities and eligibility criteria will be tailored to the population each agency serves *and* will be created collaboratively with the constituents who receive services. The following populations should be prioritized as agencies review their policies and procedures to reflect the goals of ***One Community for All***:

- Children and adults who are receiving institutional residential services from District agencies. Priority should be given to individuals who currently receive these services outside of the District of Columbia. The agencies may need to develop service capacity to meet the needs of this population within the District of Columbia.
- Persons with disabilities who are homeless, soon to be released from jail, prison or juvenile detention facilities or otherwise known to District agencies;
- Persons who are receiving community living services, but still have significant unmet needs that put them at risk of unjustified institutionalization;
- Persons who are known to need, but currently receive few or no community living services and therefore are at immediate or long term risk of unjustifiable institutionalization; and
- Persons with disabilities who are currently not receiving services from District agencies because they live with a family member who can no longer support an individual with a disability.

Each primary service agency, in collaboration with stakeholders, will establish annual performance measures that embrace the spirit and intent of the Olmstead Community Integration Plan. In creating the annual performance measures, the primary service agencies will:

- Recommend community services and supports that reflect personal choice thus allowing individuals with disabilities to select services and supports that are designed to meet their specific needs.
- Provide information about community-based providers in accessible formats that promote effective communication and respect individual choice.
- Develop a goal of transition or diversion upon admission of an individual to institutional services. Individuals will require a reasonable amount of time based on their needs to develop a transition or diversion plan. In order to facilitate timely community placement, potential service providers must be identified when the individual is admitted to an institutional setting.
- Develop outreach materials in accessible formats to be distributed to the agency's service population. These materials should promote effective communication and provide clear and concise information on community-based services and options.

- Facilitate community forums for each agency's constituency. These events will be conducted so that community members may receive accurate information on how to access community-based services and exercise personal choice. These forums will be scheduled, publicized, and hosted throughout the fiscal year to promote the education of the target population regarding community-based services and options.

Barriers to Community-Based Services

In the process of developing ***One Community for All***, the following barriers to providing community-based services have been identified for the primary service agencies to address:

- Many service providers and community members may not have comprehensive information on all available community-based supports and services for persons with disabilities.
- Accessible, affordable and integrated housing is scarce.
- Persons with disabilities need assistance and support to manage the impacts of institutionalization, discrimination, fear and stigma that are a part of daily life.
- Basic support services such as assistance with activities of daily living, transportation, employment and education are often unavailable to persons with significant disabilities
- Direct support employees who work in the community with persons with disabilities need to be competently trained (including cultural competency), adequately compensated, and available in sufficient numbers to meet the support needs individuals with disabilities.

Goals

This plan is a living document – continuously reviewed, revised and updated to reflect current available information. In light of this fact, the following proposed tasks and activities support the successful implementation of ***One Community for All***.

District of Columbia Primary Service Agency Responsibilities:

1. Identify an agency Olmstead Liaison to work collaboratively with the Olmstead Program Liaison at the Office of Disability Rights.
2. Identify and designate agency employees who will be responsible for identifying and assessing individuals in institutional placements who are willing and able to transition from institutional care to community-based placements.
3. Collect relevant data regarding individuals the agency serves in institutional settings, including costs, needed community-based services, and other barriers to deinstitutionalization.
4. Conduct the actual assessments of all individuals currently served in institutions to determine the individual's readiness for community placement.
5. Identify specific individuals to be offered transition plans and community-based services on an annual basis beginning in fiscal year 2012.
6. Identify an agency transition team to work with the agency's identified Olmstead Liaison to develop policies and procedures that promote safe transition plans for individuals with disabilities currently receiving institutional care from the agency that will transition to community-based settings.
7. Schedule, publicize, and host community forums on services offered to support persons with disabilities in community-based settings. These events should be held throughout each fiscal year.
8. Identify an Olmstead Performance Goal that will capture and measure the Agencies' Goals for this initiative.
9. Develop outreach materials and an outreach plan designed to inform individuals, their families, caregivers, advocates, and service providers about the availability of community-based services and supports. Individual agency and cross-agency materials should be made available in order to provide a menu of all the available community-based support services and options available to persons with disabilities.
10. Develop budget projections that address financial expenditures that may be required to meet agency community integration goals.
11. Announce quarterly via website(s) and other agency specific means for communicating with constituents and other stakeholders data such as:
 - Number of individuals who are projected to be transitioned out of institutions
 - Number of individuals who are projected to be diverted away from institutions
 - Number of individuals transitioned out of institutions
 - Number of individuals who were diverted away from institutions

Accountability

The success of ***One Community for All*** will be dependent on the accountability measures developed and implemented by the individual primary service agencies. ODR will convene semi-annual meetings with the primary service agency Directors to exchange information and collaborate on goals related to the implementation of One Community for All.

Recommended Agency Olmstead Initiative Outline

The following outline provides guidance for each primary service agency to develop their individualized Olmstead Initiative. This outline is recommended but is not intended to be used as a strict format for agency Olmstead Initiatives.

1. Agency mission and vision
2. Agency future planning
3. Agency's identified population and the definition of this population
 - a. Number of people currently living in these institutions
 - b. The demographics of the individuals in the institution
 - c. Number of individuals that are currently residing in out-of-state institutions and in-state institutions
 - d. The average length of stay for individuals in these institutions
4. Agency's identified barriers unique to each population the agency serves
 - a. Housing
 - b. Transportation
 - c. Other barrier issues and service needs unique to the populations that the Agency serves in institutional settings
 - d. Number of individuals who were transitioned or diverted out of institutions safely for each fiscal year
 - e. Available resources to be used in order to safely transition or divert these individuals
5. Service needs that challenged the Agency to comply with the Olmstead Initiative
 - a. Services currently available to individuals with disabilities that support self-determination, transitioning, and/or diverting from institutional placements
 - b. Other District agencies that are currently coordinating or providing services and/or financial assistance to people currently living in institutions.
6. Barriers to providing self-determination and transitioning and diverting the Agency's population away from institutions

FY 2012 Agency Performance Measures and Outlines

Department on Disability Services (DDS)

FY 2012 Community Integration (Olmstead) Performance Measures:

1. Conduct 3 outreach activities quarterly (including service provider fairs, inter-agency liaison assignments, and relationship building with community resources).
2. Reduce the number of people receiving DDA services in congregate settings by ten (10) individuals in FY 2012. These individuals will transition to community-based placements where they will receive needed support services.
3. Divert the placement of ten (10) individuals eligible for DDA services into institutional settings in FY 2012 through effective service planning and delivery of community-based services and supports.
4. Increase the number of qualified providers by four (4) in FY 2012 to meet identified service gaps.

FY 2012 Community Integration (Olmstead) Initiative Outline:

Agency Mission:

The mission of the Department on Disability Services (DDS) is to provide innovative, high quality services that enable people with disabilities to lead meaningful and productive lives as vital members of their families, schools, workplaces and communities in every neighborhood in the District of Columbia. The Department is comprised of the Rehabilitation Services Administration (RSA) and the Developmental Disabilities Administration (DDA).

The Developmental Disabilities Administration (DDA) is responsible for the oversight and coordination of all services and supports provided to all qualified persons with intellectual disabilities in the District of Columbia. Intellectual disability is a disability characterized by significant limitations both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behavior, which covers a range of everyday social and practical skills. The age of onset of an intellectual disability is prior to the age of 18. To be eligible for services from DDA, a person must have a diagnosis of an intellectual disability. Many persons receiving DDA services also are considered to have developmental disabilities. Developmental disabilities include a range of significant, life-long behavioral, intellectual and/or physical conditions. National prevalence data indicate that nearly one half of all persons with intellectual also have developmental disabilities. Other disabilities that may result in developmental disabilities include: cerebral palsy, Down's syndrome, autism and other significant life-long impairments that occur before the age of 22. Some people with developmental disabilities also have significant medical or mental health needs.

DDA provides leadership, oversight and policy direction for the District's Developmental Disabilities Services system. DDA delivers service coordination services for all individuals in the DC Developmental Disabilities Service system, is the operating agency for the Medicaid IDD Home and Community-Based Services Waiver Program, coordinates admission into the Intermediate Care Facilities for persons with Intellectual Disabilities (ICF/ID) program certified by the Department of Health, and operates an on-going program of quality assurance and improvement over the District's overall Developmental Disabilities Services system. The DDA Office of the Deputy Director is responsible for policy development and leadership in areas of best practice, performance management, and strategic planning. The Department on Disability Services provides administrative support and is responsible for budget authority, quality management and compliance with CMS and *Evans v. Gray* requirements and contracts and procurement.

Vision:

The Department on Disability Services Developmental Disabilities Administration (DDS/DDA) is making great strides in its efforts to provide District residents with intellectual and developmental disabilities with the services and supports necessary to enable people to live in the most integrated setting appropriate to their needs. Until recently, the vast majority of persons receiving DDA services lived in restrictive ICF/DD settings. This is no longer true. Over the past two years, DDA has increased its capacity to enroll and serve persons in the Medicaid HCBS waiver and the number of people served as a result of this has grown. On December 31, 2011, DDA served 1,502 individuals with developmental and intellectual disabilities through the Medicaid HCBS waiver.

Agency's Population and the Definition of this Population:

1. Number of people currently living in these institutions - DDS/DDA has 370 people living in ICF/IDD facilities as of December 31, 2011.
2. Number of individuals who are currently residing in out-of-state institutions and in-state institutions – DDS/DDA has twenty-one (21) people residing in out-of-state settings not classified as community-based integrated settings.
3. Over the last two fiscal years Department on Disability Services / Developmental Disabilities Administration has averaged diverting and/or has returned 100 people to the community with the appropriate supports. This is accomplished through Home and Community-Based Services (HCBS) waiver enrollment and through the Money Follows the Person program in collaboration with the Department of Health Care Finance

Agency's Barriers Unique to each Population:

- Housing – accessible, affordable housing in safe neighborhoods.
- Transportation – Medicaid funded transportation reliability.
- Due to the unique medical and behavioral challenges faced by the people who are placed out-of-state, the District has historically struggled to find providers with the unique expertise needed to support these individuals. DDS/DDA has enhanced its provider development as well as recruitment to ensure those providers deemed qualified have the expertise required to serve the people who will be returning to the district.
- Home and Community-Based Services (HCBS) waiver service options- access to funded skilled nursing services in community-based settings.

Service Needs that Challenged the Agency to Comply with the Olmstead Initiative:

DDS/DDA is in the process of building the infrastructure to develop a self-determination process, which accommodates quality assurance and improvement components. DDS is collaborating with Department of Health, Health Regulatory and Licensure Administration (DOH/HRLA) to ensure appropriate licensing regulations are in place which supports community-based service options. DDS is collaborating with the Department of Health Care Financing (DHCF) in the development of the DDA HCBS waiver renewal and a second DDA Supports HCBS waiver to advance self-direction.

Office on Aging (DCOA)

FY 2012 Community Integration (Olmstead) Performance Measure:

1. DCOA and its Aging and Disability Resource Center (ADRC) will transition 60 residents from District nursing homes or hospitals back into the community through its Money Follow the Person and Hospital Discharge Planning programs.
2. DCOA/ADRC will partner with local District hospitals and the Delmarva Foundation to develop a discharge planning framework designed to identify people at risk for institutionalization and assisting them with locating the necessary home and community-based services to prevent long-term stays in health care facilities.

FY 2012 Community Integration (Olmstead) Plan Outline:

Agency Mission:

The mission of the DCOA/ADRC is to assist the District's elderly and persons with disabilities in maximizing their independence and improving their quality of life by linking people with a range of quality services. In addition, the DCOA/ADRC provides assistance and information to seniors and persons with disabilities about their current situation and helps them explore options and benefits available to them.

Vision:

The vision of the DCOA/ADRC is to be a highly visible and trustworthy resource center and primary point of contact in the District for public and private-pay elderly and persons with disabilities, their families, friends, and health care providers who are seeking assistance and information on public and private long-term support programs and benefits.

Agency Future Planning:

The DCOA/ADRC has a two-prong approach for addressing institutionalization in the District: hospital discharge planning and nursing home transition. Through the hospital discharge planning efforts, DCOA/ADRC will educate people about institutionalization, nursing home diversion, and about the importance of getting an effective plan of care and discharge plan if one must go to a nursing home from a hospital. DCOA/ADRC will collaborate with government agencies and private nonprofit organizations to identify individuals who are able and desire to return to the community. Such individuals will receive assistance from DCOA/ADRC in beginning the transition process and identifying resources for moving them back into the community. The transition process also consists of identifying a home for the client and securing furnishing and other household items that are essential for living in a new home.

Agency’s Population and the Definition of this Population:

The Office on Aging and its Aging and Disability Resource Center are designed to assist older adults and persons with disabilities in locating supportive services and eldercare resources in order to continue living as they choose in their community.

Agency’s Barriers Unique to each Population:

1. Housing: Lack of accessible and affordable housing units.
2. Transportation: Lack of adequate wheelchair equipped transportation. Also, restrictions of pick up location – clients must be able to enter transportation from the curb rather than receiving “door to door” assistance from driver.
3. Other barrier issues and service needs unique to the populations that the Agency serves in institutional settings: There is not an identified case management agency that provides wrap-around services for the targeted population under 60 years of age who is transitioning from an institutional setting back into the community. Also, some informal caregivers are unable to pay for respite care services. Thus, some type of subsidy program may be beneficial to this population. Lastly, the lack of a client’s social support network may lead a client to be without the necessary assistance to maintain an independent, quality life in the community.
4. Barriers to providing self-determination and transitioning and diverting the Agency’s population away from institutions: The lack of public knowledge about home and community-based services and the cost and programmatic restrictions associated with respite care programs make it difficult for family caregivers to support a loved one with special needs in the community.
5. Available resources to be used in order to safely transition or divert these individuals: grant funding through the Money Follows the Person and Hospital Discharge Planning programs.

Service Needs that Challenged the Agency to Comply with the Olmstead Initiative:

The following unmet service needs have hindered DCOA/ADRC from complying with the Olmstead Initiative:

There is a lack of available services for individuals with disabilities that support self-determination, transitioning, and/or diverting from institutional placements of persons with disabilities. As part of the Olmstead Initiative, DCOA/ADRC and its co-located agency staffs offer options counseling, which is a decision making approach, that empowers its consumers with the necessary information to make informed decisions about receiving long-term care services in an institution or at home.

Office of the State Superintendent of Education (OSSE)

FY 2012 Community Integration (Olmstead) Performance Measure:

OSSE will determine an accurate, complete count of the number of students currently served by OSSE funds in residential treatment centers. This count will include the total number of children served by disability, gender, race/ethnicity, in-state/out-of-state, type of treatment program, and length of stay.

FY 2012 Community Integration (Olmstead) Plan Outline:

OSSE maintains that all children are entitled to an equal opportunity, high quality education, in the least restrictive environment, that prepares them to be actively involved in all aspects of society. OSSE has worked to ensure that children with a disability residing in the District of Columbia are educated with their non-disabled peers to the greatest extent possible.

OSSE does not place children in residential facilities. The State Education Agency's (SEA's) responsibility is to pay for special education expenses for all District children placed into all nonpublic special education settings, including residential facilities, by the Local Education Agencies (LEA's) and other District agencies.

While OSSE does not place students in facilities, OSSE plays a lead role in ensuring program quality and monitoring for compliance with federal and local law.

Agency Mission:

OSSE sets high expectations, provides resources and support, and exercises accountability to ensure that all residents receive an excellent education.

Vision:

All District residents will receive an excellent education.

Agency Future Planning:

OSSE will continue to collect data that allows the District to focus its attention on creating a more accurate picture of the population served in-state or out-of-state in residential institutions. Toward this end, OSSE will coordinate with other agencies and its Local Education Agencies (LEAs) to improve data collection to inform city-wide future planning. OSSE will also continue to support the District's efforts to ensure a smooth and effective transition for children returning to District LEAs from more restrictive settings.

Agency's Population and the Definition of this Population:

OSSE will continue to work with the District's placing agencies to collect district-wide for all students placed in residential treatment centers. OSSE tracks the number and types of placements made by the District of Columbia Public Schools (DCPS), the District of Columbia public charter schools, and other placing agencies. Regular compilation and verification of this information will provide an accurate picture of this population.

Agency's Barriers Unique to each Population:

OSSE is not a placing agency and therefore does not face barriers related to community-based services to the same degree. However, OSSE plays a role in supporting LEAs, through monitoring, policy issuance, and training, with appropriate placements and transitions back to less restrictive placements.

Service Needs that Challenged the Agency to Comply with the Olmstead Initiative:

OSSE's main challenges have been related to the fact that it is a new State agency that needed to develop data systems, policies, and procedures from the ground up. OSSE has effectively developed these systems and is fully able to support the work of the Olmstead committee.

Available Resources Utilized to Safely Transition or Divert Students:

OSSE partners with all relevant stakeholders, including sister agencies and LEAs, to support the appropriate placement into, and return from, restrictive, separate settings. OSSE uses its monitoring, data, training, and policy teams to support this work.

Service Needs that Challenged Agency Compliance with the Olmstead Initiative:

OSSE does not place students in residential facilities. The State Education Agency's (SEA's) responsibility is to pay for special education expenses for all District children placed into all nonpublic special education settings, including residential facilities, by other the Local Education Agencies (LEAs) and other District agencies.

Barriers to Providing Self-determination and Transitioning and Diverting the Agency's Population Away from Institutions:

OSSE does not have the authority or responsibility either to place children into or transition children from institutions. The most difficult barrier OSSE has faced is the lack of comprehensive data to accurately depict the population, to inform city-wide coordination and planning efforts.

Department of Youth Rehabilitation Services (DYRS)

FY 2012 Community Integration (Olmstead) Performance Measure:

In FY 2012, DYRS will partner with the Department of Mental Health (DMH), and other community-based organizations, and aim to transition 30 committed youth with disabilities from Residential Treatment Centers (RTCs) or Psychiatric Residential Treatment Facilities (PRTFs) to their home community with services, but only if such community-based placements protect the safety of the young persons and the public.

FY 2012 Community Integration (Olmstead) Plan Outline:

Mission:

The mission of the Department of Youth Rehabilitation Services is to improve public safety and give court-involved youth the opportunity to become more productive citizens by building on the strengths of youth and their families in the least restrictive, most home-like environment, consistent with public safety.

Vision:

The Department of Youth Rehabilitation Services will provide the nation's best continuum of care for court-involved youth and their families through a wide range of programs that emphasize individual strengths, personal accountability, public safety, skill development, family involvement and community support.

Agency Future Planning:

In 2009, DYRS established the Lead Entity Service Coalition initiative, now known as DC YouthLink, a regionalized continuum of community-based services. Two community-based organizations, East of the River Clergy Police Community Partnership and Progressive Life Center, were identified to broker large arrays of both traditional and non-traditional services and supports for DYRS youth returning to their home communities. Previously, either youth were sent out-of-state to access needed services or youth and their families had to travel throughout the District to access services and supports, resulting in their reduced utilization. By enhancing services available in local communities, and by adding to the array, non-traditional services (e.g., non Medicaid-able services such as recreational opportunities and arts and leadership programs), DYRS strives to increase the likelihood of their successful use and to be able to keep more youth in their communities. Going forward, DYRS intends to expand the quality and breadth of services available to youth in the community through DC YouthLink.

Agency's Population and the Definition of this Population:

Many youth committed to DYRS have significant behavioral health needs. These youth may be sent to out-of-state RTCs or PRTFs to receive treatment and services. DYRS predominantly serves an African American population of males under the age of 21. In FY 2011, for example, 98% of youth committed to DYRS were African American. The most significant barrier to keeping youth in their home communities continues to be the lack of available resources in the District.

Department of Human Services (DHS)

FY 2012 Community Integration (Olmstead) Performance Measure:

DHS will provide housing to 200 formerly homeless individuals with disabilities by providing an individualized mix of community-based case management services.

FY 2012 Community Integration (Olmstead) Plan Outline:

Agency Mission:

The mission of the District of Columbia Department of Human Services (DHS), in collaboration with community-based homeless service providers, is to assist low-income individuals and families to maximize their potential for economic security and self-sufficiency.

Vision:

The specific focus of the Homeless Services Program (HSP) is to ensure that shelter services, transitional housing, permanent supportive housing and supportive services are provided to individuals and families that are homeless (or at-risk of homelessness) with the goal of moving them beyond homelessness and towards self-sufficiency.

Agency Future Planning:

During FY 2012, DHS will continue to address the need for housing and individualized case management within Homeless Services Programs such as those listed below:

- Permanent Supportive Housing for Veterans Initiative – Veterans Administration (VA) funded initiative which is a partnership between the VA Medical Center, DHS and DCHA. Through this initiative veterans in the District will be provided permanent supportive housing.
- Emergency Rental Assistance Program – This program provides crisis intervention in the form of payment of rental arrearages, security deposit, and/or first month's rent. The purpose of the program is to prevent homelessness by enabling very low-income families, and individuals who are elderly or have disabilities, and who are at imminent risk of homelessness to remain in or access permanent housing.

Agency's Population and the Definition of this Population:

During FY 2012, DHS will continue to serve persons who are homeless that have disabilities.

Agency's Barriers Unique to each Population:

All HSP populations face one or more of the following barriers:

- Availability of safe, decent and affordable housing
- Availability of accessible housing units
- Transportation resources
- Substance Abuse
- Mental illness
- Medical ailments
- Unemployment/underemployment (limited income)
- Legal (immigration) status

Agency Resources Identified to Transition Identified Population: DCHA vouchers, Housing First subsidies, Federal housing resources, local HSP budget resources.

Barriers to Providing Self-Determination and Transitioning and Diverting the Agency's Population Away from Institutions:

- Limited affordable housing resources in the District
- Availability of accessible housing units

Department of Mental Health (DMH)

FY 2012 Community Integration (Olmstead) Performance Measure:

Working through the Division of Integrated Care, DMH will reduce the census at Saint Elizabeth's Hospital to 280 people with disabilities by placing them in "non-institutional" type settings by September 30, 2012.

FY 2012 Community Integration (Olmstead) Plan Outline:

Agency Mission:

The goal of the Department Mental Health is to develop, support and oversee a comprehensive, community-based, consumer-driven, culturally competent, quality mental health system. This system should be responsive and accessible to children, youth, adults, and their families. It should leverage continuous positive change through its ability to learn and to partner. It should also ensure that mental health providers are accountable to consumers and offer services that promote recovery from mental illness.

Vision:

DMH strives to provide a dynamic, innovative, outcome-oriented mental health system for the residents of the District of Columbia. DMH wants to maximize consumer choice, offer flexible and responsive services, and partner with competent mental health providers committed to providing quality care.

Agency Future Planning:

DMH has included a level of service goal as part of its Olmstead Compliance plan. Specifically, DMH will keep the St. Elizabeths census below 280 patients. This goal reflects a shift to providing community based supports for persons with significant behavioral health concerns. DMH has also been collaborating with DHCF and advocacy organizations on strategies to transition people with mental health diagnoses from St. Elizabeths Hospital, Mental Health Community Residential Facilities and Nursing Facilities. The DMH Chief Medical Officer and a DMH nurse consultant meet with nursing homes periodically and on an as needed basis to assist with identifying and treating mental illness and transitioning mental health consumers to community-based settings.

Agency's Population and the Definition of this Population:

There are 71 DMH monitored youth residing in Psychiatric Residential Treatment Facilities (PRTF's). Additionally, there are 264 individuals residing at Saint Elizabeth's Hospital. The average length of stay for this demographic is over 30 days.

Agency's Identified Barriers Unique to each Population:

The Department will continue to build housing for Transition Age Youth, 18-21 years of age, which will provide services fitting their social, emotional and other needs. Medicaid is supporting some transportation needs.

Other Barrier Issues and Service Needs Unique to this Population:

DMH would like to widen its array of service providers for children and youth.

Service Needs that Challenged the Agency to Comply with the Olmstead Initiative

In partnership with all of the child/youth serving agencies in the District, the Department of Health Care Finance (DHCF), the Managed Care Organizations (MCO's), the Office of the State Superintendent of Education (OSSE), representatives from the Deputy Mayor's Office and youth advocates, DMH is working to develop a common set of standards for all agencies to use in making decisions regarding residential placements for children and youth.

Child and Family Services Agency (CSFA)

FY 2012 Community Integration (Olmstead) Performance Measure:

In collaboration with DMH, CFSA continues to make significant progress in reducing the number of youth placed in Psychiatric Residential Treatment Facilities (PRTF), including those placed more than 100 miles from the District. Each month the agency continues to discharge or transition a steady stream of eligible youth to local community-based services.

FY 2012 Community Integration (Olmstead) Plan Outline:

Agency Mission:

The Child and Family Services Agency (CFSA) is the District of Columbia's cabinet-level, child welfare agency. CFSA is charged with protecting children and youth from abuse and neglect and for those removed from their homes, ensuring safe, permanent placements that can effectively support them in meeting their goals for well-being.

Vision:

The mission and commitment of CFSA is rooted in protecting child victims and those at risk of abuse and neglect up to age 21. CFSA's goal is to ensure children have safe, permanent homes with their birth parents, relatives, or adoptive families, or otherwise support and prepare them to function as competent, independent adults with connections to the communities in which they reside whenever possible.

When children and youth are removed from their homes to ensure their safety, CFSA's goal is to provide them with a family setting that promotes a continued connection to their siblings, parents, extended family members, and communities. CFSA seeks to place all children and youth in its care in family-based settings first, before seeking congregate care placement alternatives.

Agency's identified Population and the Definition of this Population:

CFSA closely monitors this population; reviews are conducted on a monthly basis and are discussed at meetings with CFSA leadership. In order to address the lack of local treatment services for youth with serious emotional, behavioral, and mental health, or who have certain disabilities, CFSA is participating in a city-wide conversation about how to bridge the service gaps in the District's continuum of care for youth. Partner agencies will focus on incentivizing the development of appropriate and effective services in the District.

FY 2008 was the first year of the multi-year mental health plan, during which time CFSA and DMH assessed the array of existing services to determine the extent to which they met the needs of the population they served.

Rate increases for counseling/therapy and medication management services went into effect on November 1, 2008, with the expectation of increasing the pool of providers

who participate in providing community services to the target population. Four Core Service Agencies through the DMH have been selected as Choice Providers to provide evidenced-based, effective and quality services to the children and families served through CFSA.

In addition to the action steps already described, the Agency is proposing implementation of a Nurse Case Management Model in FY 2010 that will greatly enhance the supports available to resource families, particularly for those families caring for children who are medically fragile or developmentally delayed. Under this new approach to service delivery, nurses in CFSA's Office of Clinical Practice, Clinical and Health Services Administration, will each carry a caseload and provide support to children in care. The nurses will review individual service needs and assist resource families in navigating the health care and related service systems. The Agency projects that the addition of this particular support will increase the willingness of resource families to care for medically fragile children who otherwise must remain in a congregate or hospital setting.

CFSA is also reviewing its current MOU with the Department on Disability Services Developmental Disability Administration (DDS/DDA) to ensure the terms are aligned with new proposed legislation that would enable CFSA to refer eligible youth for services prior to their 18th birthday.

Number of People Currently Living in Institutions:

Children who require the highest level of specialized care are placed in residential treatment centers (RTC's) or psychiatric residential treatment facilities (PRTF's). This type of specialized care may include treatment for neurological impairments, medically fragile conditions, sexual abuse and/or sexual offense, as well as treatment for youth in foster care who have also been in the juvenile justice system for various crimes (assault, possession of weapons, robbery, theft, etc.).

The Demographics of the Individuals in Institutions:

The children in the District's foster care population are older than in most jurisdictions, largely African American (at approximately 90%, an over representation compared with the district's overall ethnic population profile), and about equally distributed between male and female.

Agency's Identified Barriers Unique to Population:

Due to a lack of local treatment services for youth with serious emotional, behavioral, and mental health, or who have certain disabilities, CFSA is participating in a city-wide conversation about how to bridge the service gaps in the District's continuum of care for youth. Partner agencies will focus on incentivizing the development of appropriate and effective services in the District.

Number of Individuals who were Transitioned or Diverted out of Institutions Safely for the Fiscal Year:

CFSA's primary goal is to transition all children and youth to the least restrictive environment possible. This is based on the treatment progress of the children or youth

in these settings. Currently, CFSA participates in treatment planning meetings to determine if the children/ youth are meeting the goals for discharge.

The Following Resources have been Instrumental in Safely Diverting Children from Institutional Care:

Wraparound Pilot: CFSA's implementation of the mental health wraparound pilot (2008) was designed to result in a fundamental shift in the way the District delivers services to children and youth with complex emotional and behavioral needs. Wraparound is an approach to care that has evolved through efforts to help families with the most challenging children function more effectively in the community. More specifically, rather than relying on PRTFs, wraparound services incorporate a definable planning process that results in a unique, individualized set of community services and natural supports that "wrap around" a child and family to further their efforts towards safety, permanency, and well-being. The philosophy that led to wraparound is relatively simple: identify the community services and supports that a family needs and provide them as long as they are needed. The wraparound process is expected to help build the District's capacity to serve children. This pilot is jointly funded by CFSA and the District's Department of Mental Health.

Family Team Meetings (FTM's): FTM's are a child welfare strengths-based, family conferencing model. FTM's are employed to increase family and community involvement at times of critical decision-making. System of Care (SOC) meetings are designed to identify the level of supports and services that a child/ youth will require. Department of Mental Health (DMH) coordinated network of agencies and providers that make a full range of mental health and other necessary services available as needed by children with mental health problems.

Mobile Crisis Response: The District is also planning to implement new crisis-management services to include "crisis beds" as well as a Mobile Response Stabilization Team. One of the primary objectives of crisis beds is to circumvent psychiatric inpatient hospitalization for youth ages 6 to 21. The crisis beds will provide psychiatric stabilization and rehabilitative services that address the psychiatric, psychological, and behavioral needs of the children and youth who need support.

Available Services for Individuals with Disabilities that Support Self-Determination, Transitioning, and/or Diverting Individuals from Institutional Placements:

All staff is charged with supporting the mission of CFSA and ensuring the overall safety, permanence and well-being for the children and families served by the Agency. CFSA employs a multidisciplinary team approach which includes but is not limited to staff from: Program Operation (case managers), Office of Clinical Practice (Residential Treatment Center Specialist (RTC), Health Services (nurses), Special Needs Liaison, and Mental Health Specialist. Each child also has a Guardian Ad Litem (GAL) advocating on their behalf. In addition to the case management services provided by CFSA, the Agency also utilizes:

- Mobile Crisis
- Crisis Behavioral Intervention
- Nursing
- Wraparound Services
- Intensive Home and Community-Based Services
- Multi-Systemic Therapy

Other District Agencies that are Currently Coordinating or Providing Services and/or Financial Assistance to People Currently in Institutions:

CFSA's Office of Clinical Practice works closely with the District's Department of Mental Health (DMH) to meet the needs of the target population. DMH is responsible for coordinating and facilitating the family-focused System of Care (SOC) meeting to develop individual service plans required to meet the needs of the child or youth. These meetings are used as tools to help identify the least restrictive settings possible.

Barriers to Providing Self-Determination and Transitioning and Diverting the Agency's Population Away from Institutions:

The major barrier is the lack of provider capacity in the local DC metropolitan area for any such specialized population.

District of Columbia Public Schools (DCPS)

FY 2012 Community Integration (Olmstead) Performance Measure:

As of October 2011, DCPS monitored 23 students with disabilities placed in residential schools by DCPS, and DCPS will return 8 of these students to school settings in their home communities with appropriate support services.

FY 2012 Community Integration (Olmstead) Plan Outline:

Agency Mission:

The mission of DCPS is to educate students with disabilities to become successful adults who live independently, have meaningful careers, and are fully engaged in the community.

Agency Future Planning:

To reduce residential school placements, DCPS will proactively engage community services and exhaust school-based interventions to ensure that all possible special education and community resources are explored before residential school placements are utilized for DCPS students with disabilities. DCPS will also reduce the need of extended residential placements by creating discharge plans for DCPS-placed students with disabilities prior to their entry into residential facilities to ensure an appropriate and timely return to the District of Columbia. Services and supports provided to students with disabilities may include wraparound case management services, transition to adulthood services, and other services and supports that are specified within each student's Individual Education Plan (IEP).

Agency's Identified Population and the Definition of this Population:

DCPS has identified special education students who are currently placed in residential school settings. OSSE is the sole source of funding for the student's placement in these residential settings. The average length of stay for students in these placements is approximately 24 months. Residential school placements represent the most restrictive environment for a student with disabilities. The decision to place a student in a residential setting is made based on what is considered to be the most appropriate placement for the individual student as agreed during the IEP process, or as determined by an independent hearing officer as the result of a due process complaint.

Agency's Identified Barriers Unique to the Population the Agency Serves:

1. Students placed for educational reasons have exhausted all of their other, less restrictive school options. Therefore, educational placements into residential facilities tend to be longer in duration than placements made by other District agencies.
2. Lack of school and community ability to offer the services and supports necessary to accommodate the most severe needs of students within the community.

3. Lack of education for families about students' disabilities and how to accommodate students within the home environment. Moving forward, DCPS will make efforts to link families to core service agencies that can provide family counseling.

Service Needs that Challenged the Agency to Comply with the Olmstead Initiative:

1. Lack of wraparound case management and behavioral supports to be able to serve these students within neighborhood schools.
2. Services for medically fragile students are not coordinated among schools, District government agencies (DMH, CFSA, etc.), medical providers, and community support agencies to support these students within local schools. Moving forward, DCPS will make efforts to include the student's receiving school in the discharge planning process to ensure relevant stakeholders are aware of the student's needs.

Barriers to Providing Self-Determination and Transitioning and Diverting the Agency's Population Away from Institutions:

1. Students with disabilities are often placed without coordinated educational and treatment plans that comprehensively consider the goals of the placement from date of admission to the discharge planning process. DCPS is working to ensure students placed into residential facilities by DCPS enter with discharge plans clearly articulating the goals of the residential treatment to ensure an appropriate and timely return to the District.
2. Educational attorneys representing students and families and independent hearing officers may advocate for residential placements.

Department of Health Care Finance (DHCF)

Agency Mission:

The mission of the Department of Health Care Finance (DHCF) is to improve health outcomes by providing access to comprehensive, cost-effective and quality healthcare services for residents of the District of Columbia.

In addition to the Medicaid program, DHCF also administers insurance programs for immigrant children, the State Child Health Insurance Program (S-CHIP or CHIP) and Medical Charities (a locally funded program).

DHCF's evolving Olmstead Initiative is a reflection of its commitment to providing a continuum of high quality long term care services and supports for all Medicaid beneficiaries who have a disability. The need for an Olmstead Initiative that evolves is based on the principles of "continuous quality improvement" - an approach to improving health care that emphasizes meeting (and exceeding) consumer needs and expectations, and using scientific methods to continually improve care.

The new DHCF Administration has identified the need for a comprehensive DHCF plan for providing services and supports to individuals with disabilities in the most integrated setting appropriate. In FY12, DHCF plans to build upon and strengthen existing Medicaid programs and assess the advantages of providing services through alternative strategies made available to states, territories, and the District of Columbia under federal Medicaid laws.

Vision:

Provide services and supports to all Medicaid beneficiaries who have a disability, in the most integrated setting appropriate, through a continuum of high quality long term care services and supports in accord with a comprehensive plan that:

- Involves Medicaid beneficiaries with disabilities in the design of the long term care system;
- Provides access to a broad range of high-quality long term care services and supports through a network of providers to meet the needs of eligible beneficiaries;
- Provides care more efficiently, through ensuring program integrity, while maximizing federal resources; and
- Strengthens the partnership between DHCF and a broad network of quality providers, as well as with other government agencies, to expand healthcare services.

FY 2012 Community Integration (Olmstead) Initiative Outline:

In FY 12, the Initiative will address:

1. Initial analysis of the needs of persons with disabilities in the DC Medicaid program, a review of barriers and the drafting of policies and procedures;
2. Restructuring and realigning Medicaid personnel and resources to provide stronger focus on community-based long term care services and supports and the quality of those services;
3. Review of the performance of the array of community-based long term care (CB-LTC) services and supports in the Medicaid program; and
4. Development of a 12-month work plan for strengthening the safety, effectiveness, patient-centeredness, timeliness, efficiency, and equity of long term care services¹ including home and community-based long term care to prevent institutionalization and to ensure that individuals with disabilities receive services in the most integrated setting appropriate to their needs.

DHCF conducted preliminary analysis of the magnitude of need in the DC Medicaid program. The DC Medicaid program offers CB LTC services through multiple Medicaid pathways: as a benefit under the DC Medicaid State Plan; through two waiver programs that offer more intensive services to persons with physical or intellectual disabilities; and through a Money Follows the Person (MFP) initiative aimed at helping people living in nursing facilities or Intermediate Care Facilities for the Intellectually or Developmentally Disabled (ICF – ID/DD) return to the community.

The initial focus for reform was on the Money Follows the Person (MFP) program and State plan personal care aide (PCA) benefit as the PCA benefit serves the greatest number of people, incurs the greatest cost, and historically had less attention than other CB LTC waiver programs. By more appropriately deploying these services, people who need support in the community can receive it while overutilization is controlled, freeing resources to provide other critical supports.

Reform is unfolding in three phases: 1) short term actions that could be taken within 30-60 days without a state plan amendment (SPA) or new regulations; 2) more substantial modifications to existing DC Medicaid CB LTC benefits that would likely require some combination of SPA / regulations and/or contracting and therefore more time to implement; and 3) analysis of new ways to best provide CB LTC service in the future in the face of multiple delivery options.

¹These six goals have been embraced nationally as the aims of good quality health care towards which all involved in health care should focus their efforts. (See IOM. 2001. *Crossing the Quality Chasm. A new health system for the 21st century*. National Academy Press. Available online at: http://www.nap.edu/catalog.php?record_id=10027)

FY 2012 Community Integration (Olmstead) Performance Measure:

In FY 2012, DHCF's Olmstead performance measures will focus on MFP activities, tracking the number of people transitioned out of institutions and into HCBS waiver settings (see item 4 above). The bulk of the agency's activities involve planning ahead. During 2012, DHCF will aid a minimum of 60 people to transition out of institutions (i.e., ICFs/MR, Nursing Homes, Mental Health Facilities) into Home and Community-Based Services waiver (HCBS) settings.

Agency Future Planning:

The foundation for DHCF planning efforts is the development of a Comprehensive DHCF Olmstead Initiative in FY 13. This will include focus on the Money Follows the Person program, as well as the continuum of other CB-LTC Medicaid benefits.

With respect to MFP, the CMS-approved Operational Protocol (OP) outlines a deinstitutionalization strategy for MFP-eligible people with Intellectual and Developmental Disabilities (I/DD) through the Intellectual and Developmental Disabilities (IDD) HCBS Waiver administered by the Developmental Disabilities Administration (DDA). In FY 2010, CMS approved the expansion of the OP to reach people who are eligible for the Elderly and Physical Disability (EPD) HCBS Waiver administered by DHCF.

Through MFP, DHCF has also been collaborating with the Department of Mental Health and advocacy organizations on strategies to transition people with mental health diagnoses from St. Elizabeths Hospital, Mental Health Community Residential Facilities and Nursing Facilities.

Agency Identified Population and the Definition of this Population:

The DHCF strategy will focus on adults (22 years old and older) who:

1. Live in DC long-term care institutions or are at risk of institutionalization; and
2. Receive DC Medicaid

For the target population, funding will shift from payment for Medicaid Inpatient Services delivered by institutions to payment for Home and Community-Based Services through one of three HCBS options:

1. Intellectual and Developmental Disabilities (IDD) HCBS Waiver - Administered by the Developmental Disabilities Administration (DDA)
2. Elderly and Physical Disability (EPD) HCBS Waiver-Administered by DHCF
3. Rehabilitation Option of the State Plan for people with Mental Illness/Mental Health Diagnoses-Administered by the Department of Mental Health (DMH)

Agency's Identified Barriers Unique to the Population the Agency Serves:

Perceived benefit of move. At an average size of about 6 beds, DC's ICFs are relatively small group homes. It is sometimes challenging to convince residents, their families, other decision-makers and caregivers that a move to a home of 4 or less is beneficial.

Funding for housing. DDA funding for room and board has recently been reduced. Increasingly, it will become a challenge to support home and community-based living options for IDD Waiver recipients.

EPD HCBS Waiver Eligible

Isolation. Isolation after the move is a fear for both older and younger people transitioning from nursing homes, and it is a reality for some in the community who DHCF is connected to through existing deinstitutionalization efforts.

Funding for housing. Diverse funding sources need to be cultivated. Currently, Housing and Urban Development Housing Choice Vouchers have been identified as an option.

MH Rehabilitation Option Eligible

Community-based Housing. DHCF is working with DMH to search for available and affordable housing options that can provide the necessary supports for people who are transitioning from St. Elizabeths Hospital and from contractual Mental Health Community Residential Facilities (CRFs).