

California Community Choices Forum and Survey Results

The project team held five community forums and a web cast from March 25-28, 2008 to learn about the priorities and perspectives of stakeholders. The forums were held in Sacramento, Nevada City, Oakland, Los Angeles and Orange County and were attended by 172 participants representing consumers; advocates; family members; caregivers; Independent Living Centers; community organizations; Area Agencies on Aging; researchers or research organizations; provider organizations and local or state agencies. A web based survey was also conducted to provide stakeholders who could not attend a forum an opportunity to offer their perspectives.

Table 1. Forum and survey participant affiliations		
Affiliation	Forums N=172	Survey* N=86
Consumers	4.8%	11.4%
Advocates	11.5%	20.3%
Family members	3.0%	8.9%
Caregivers	6.1%	3.8%
Independent Living Centers	10.9%	2.5%
Community organizations	12.1%	15.2%
Area Agencies on Aging	5.5%	7.6%
Researchers	1.8%	0.0%
Provider organizations	23.0%	16.5%
Local or state agencies	21.2%	13.9%

* In addition, 2 respondents were affiliated with a Regional Center and 2 with an IHSS Public Authority.

During each Forum, participants were asked to rate the importance of a series of questions using electronic voting keypads. Five questions were rated very important by over 70% of the participants. Highlights:

- Nearly 90% of the participants responded that it was very important to establish a long-term services and support center in each county/region (one-stop-shopping) to help people find and receive the services they need;
- Over 86% said it was very important to increase hospital-to-home discharge planning services;
- Seventy five percent said that allowing case managers to expedite the Medi-Cal financial eligibility process for beneficiaries who are at-risk of entering a nursing home was very important; and
- Developing strategies to retain and expand the long-term care workforce received high ratings.

Questions with the lowest “very important” ratings were: to create incentives for and encouraging purchase of long-term care insurance; use a single assessment tool for Medi-Cal beneficiaries who apply for admission to a nursing home that provides opportunities for options

counseling; develop a single assessment tool for long-term care services and establish one Department for long-term services and supports.

Results from the web survey were consistent with the forums. The top six rankings were nearly identical and both groups rate long-term insurance lowest.

At each forum, participants were asked to identify the most important change that should be made in California’s long-term care system and from among the changes listed, to vote for the most important change. The highest ranked changes are presented in Table 2.

Table 2. Forum Priorities		
Location	Priority	Percent
Nevada City	Increased Funding for LTSS and IHSS	31%
	Universal Health Care	22%
	Expand local decision making in funding	13%
	Increase options to prevent institutionalization	13%
Sacramento	Single payer healthcare	54%
	Housing and transportation	21%
	Long-term care integration	8%
Los Angeles	Ending Institutional Bias	33%
	Provide a One-Stop Shop	22%
	Provide Adequate Funding	22%
	Streamline Eligibility Process	11%
	Affordable and Accessible Housing	11%
Orange County	Pass the Community Choices Act of 2008	24%
	Integrate funding streams for medical and LTS...	21%
	Create an inventory of LTSS	15%
	Simplify funding process and program requirements	13%

The complete forum results are presented in table 3. Summary web based survey results are presented in table 4 and the results and comments on each question from the web based survey are presented in the tables that follow (questions 1-18).

Table 3: California Community Choices Forum Results

Questions – How important is it to:	Very important	Important	Somewhat important	Not important	Not sure
Provide information about services and supports that enable people to live at home and in the community rather than in nursing facilities.	89.4%	8.8%	1.2%	0.6%	0.0%
Increase hospital-to-home discharge planning services and supports.	86.5%	7.7%	3.2%	1.9%	0.6%
To improve access to home and community-based services, enable case managers to speed up Medi-Cal eligibility process for individuals at risk of admission to a nursing home.	75.7%	9.0%	7.6%	4.9%	2.8%
Develop strategies to retain and expand the long-term care workforce.	72.4%	16.4%	4.6%	5.3%	1.3%
Create the same financial requirements for nursing facility and home and community-based Medi-Cal eligibility to make it easier for Medi-Cal eligible individuals to receive services/supports at home and in the community.	72.2%	10.6%	0.7%	2.6%	13.9%
Establish a long-term services and support center in each county/region (one-stop-shopping) to help people find and receive the services they need.	71.2%	17.6%	8.2%	1.2%	1.8%
Increase Medi-Cal asset and income eligibility requirements.	68.4%	8.6%	9.2%	5.3%	8.6%
Expand managed long term care program options*	67.1%	14.3%	2.9%	4.3%	11.4%
Create one state budget (one line item) that combines funding for home and community-based services and nursing facilities so that funds could be used to respond to consumer preferences.	62.3%	13.2%	6.6%	5.3%	12.6%
Develop more cost-effective strategies in order to reduce the rate of growth in Medi-Cal spending for long-term services and supports (including both institutional and home and community-based services)	57.2%	22.4%	4.6%	3.3%	12.5%
Provide Medi-Cal waiver funding for services in residential settings (for example, expand the Assisted Living Waiver Pilot Program or add assisted living to the Multipurpose Senior Services Program waiver).	53.6%	23.2%	8.6%	4.0%	10.6%
Allow In Home Support Services to be provided in Residential Care Facilities for the Elderly.	49.7%	17.9%	9.7%	14.5%	8.3%
Create a state department that combines long-term services and supports.	41.0%	27.1%	13.3%	9.6%	9.0%
Use a single statewide assessment tool for home and community-based services such as In-Home Supportive Services, Adult Day Health Care and other in-home services.	36.0%	29.1%	17.4%	5.2%	12.2%
Use the (single statewide) home and community-based assessment tool for nursing facility placement.	32.7%	23.4%	18.1%	9.4%	16.4%
Encourage, and provide incentives for, people to purchase long-term care insurance.	30.1%	21.6%	18.3%	13.1%	17.0%

* This question was only asked during the forum in Orange County.

Table 4: California Community Choices Web Survey Results

Questions - How important is it to:	Very important	Important	Somewhat important	Not important	Not sure
Provide information about services and supports that enable people to live at home and in the community rather than in nursing facilities.	82.6%	12.8%	2.3%	1.2%	1.2%
To improve access to home and community-based services, enable case managers to speed up Medi-Cal eligibility process for individuals at risk of admission to a nursing home.	76.5%	17.6%	3.5%	1.2%	1.2%
Increase hospital-to-home discharge planning services and supports.	64.7%	25.9%	5.9%	0.0%	3.5%
Develop strategies to retain and expand the long-term care workforce.	63.9%	30.1%	3.6%	1.2%	1.2%
Create the same financial requirements for nursing facility and home and community-based Medi-Cal eligibility to make it easier for Medi-Cal eligible individuals to receive services/ supports at home and in the community.	60.0%	30.6%	2.4%	1.2%	5.9%
Establish a long-term services and support center in each county/region (one-stop-shopping) to help people find and receive the services they need.	58.8%	21.2%	10.6%	3.5%	5.9%
Increase Medi-Cal asset and income eligibility requirements.	56.0%	23.8%	7.1%	4.8%	8.3%
Provide Medi-Cal waiver funding for services in residential settings (for example, expand the Assisted Living Waiver Pilot Program or add assisted living to the Multipurpose Senior Services Program waiver).	53.7%	31.7%	4.9%	0.0%	9.8%
Create a state department that combines long-term services and supports.	52.3%	29.1%	7.0%	4.7%	7.0%
Develop more cost-effective strategies in order to reduce the rate of growth in Medi-Cal spending for long-term services and supports (including both institutional and home and community-based services).	51.8%	18.8%	17.6%	3.5%	8.2%
Use a single statewide assessment tool for home and community-based services such as In-Home Supportive Services, Adult Day Health Care and other in-home services.	45.8%	20.5%	21.7%	6.0%	6.0%
Create one state budget (one line item) that combines funding for home and community-based services and nursing facilities so that funds could be used to respond to consumer preferences.	45.2%	28.6%	8.3%	4.8%	13.1%
Use the (single stateside) home and community-based assessment tool for nursing facility placement.	36.6%	24.4%	19.5%	7.3%	12.2%
Allow In Home Support Services to be provided in Residential Care Facilities for the Elderly.	36.6%	29.3%	12.2%	6.1%	15.9%
Expand managed long term care program options	37.8%	37.8%	4.9%	2.4%	17.1%
Encourage, and provide incentives for, people to purchase long-term care insurance.	31.3%	27.7%	21.7%	10.8%	8.4%

Web survey results and comments

Please rate the importance of the following:

1. Create a State Department that combines long-term services and supports.		
Option	Percent	Count
Very important	52.3%	45
Important	29.1%	25
Somewhat important	7.0%	6
Not important	4.7%	4
Not sure	7.0%	6
Total	100.0%	86

Comments

Respondents noted a diverse range of opinions. Many responses noted the fragmentation of the current system and cited the need for centralizing or consolidating long-term care functions in a single agency to improve communication and centralize responsibility across programs. Some respondents thought that coordination among existing agencies would be better than creating a new agency and one commented that there is too much diversity in the populations that need long-term services and supports - children, young adults, persons with psychiatric co-morbidities, wheelchair users versus nonusers, seniors, Medi-Cal only versus dual eligible versus private pay – to consolidate all long-term services and support programs in one agency.

2. Establish a long-term services and support center in each county/region (one stop shopping) to help people find and receive the services they need. (The functions of a one stop could include information and assistance, referrals, screening and assessment, options counseling, functional eligibility, developing a care plan, authorizing services in the plan, monitoring and reassessment).		
Options	Percent	Count
Very important	58.8%	50
Important	21.2%	18
Somewhat important	10.6%	9
Not important	3.5%	3
Not sure	5.9%	5
Total	100.0%	85

Comments

Respondents noted the importance of establishing an entity that provides information, assistance and access to long-term services and supports. Several comments suggested that the entity be

local or county based and some pointed out that their organization was the logical entity to serve as a one-stop or asked how it would affect their current role. Another comment noted that “the one-stop shopping concept is good, but coordination among agencies to ensure “no wrong door” equally important.”

3. Provide information about services and supports that enable people to live at home and in the community rather than in nursing facilities.		
Options	Percent	Count
Very important	82.6%	71
Important	12.8%	11
Somewhat important	2.3%	2
Not important	1.2%	1
Not sure	1.2%	1
Total	100.0%	86

Comments

Comments noted the importance of providing information about long-term services and supports because people prefer to remain at home and often lack information about the services available to help them remain independent. Several noted that existing organizations provide information but it is not integrated and the information that is provided sometimes conflicts with what others provide. Marketing such information to reach the target audience is the critical need.

4. Use a single statewide assessment tool for home and community-based services such as In-Home Supportive Services, adult day health care, and other in-home services.		
Options	Percent	Count
Very important	45.8%	38
Important	20.5%	17
Somewhat important	21.7%	18
Not important	6.0%	5
Not sure	6.0%	5
Total	100.0%	83

Comments

Respondents had several questions about the design and use of a uniform assessment tool. For individuals that needed a single service, obtaining comprehensive information may become a paperwork burden. Others felt it may help address the current fragmentation. Since everyone already gathers the same information, it needs to be done electronically in a statewide system to enable easier access. Rural and urban areas have different needs and resources that should be reflected in assessment tools. One respondent noted that currently, there is no consistent

mechanism for evaluating a person's care needs. IHSS hours are too dependent on the experience and quality of IHSS worker. The tool would have to recognize that each service has its own regulations and requirements, but if regulations and requirements were more flexible, it would allow for flexibility in what an agency could provide once the assessment tool was completed. Another noted that the value of a single assessment tool has been overrated except to identify needs beyond that which would be covered by the target program while others felt there is a critical need for a uniform tool.

5. Use the statewide home and community-based services assessment tool for nursing facility placement.		
Options	Percent	Count
Very important	36.6%	30
Important	24.4%	20
Somewhat important	19.5%	16
Not important	7.3%	6
Not sure	12.2%	10
Total	100.0%	82

Comments

Who uses the tool, the purpose of the tool and concern that it not delay placement in a nursing home were noted but another comment said that it is important to help people look for options other than nursing homes. The assessment should focus on the consumer’s options to admission.

6. Provide Medi-Cal waiver funding for services in residential settings (expand the Assisted Living Waiver Pilot Program or add assisted living to the Multipurpose Senior Services Program waiver).		
Options	Percent	Count
Very important	53.7%	44
Important	31.7%	26
Somewhat important	4.9%	4
Not important	0.0%	0
Not sure	9.8%	8
Total	100.0%	82

Comments

Respondents felt it was necessary to have services available in more places to help divert admissions to nursing homes. Until Medi-Cal covers residential care outside of nursing homes, individuals will continue to languish in inappropriate institutional placements rather than more home-like environments. MSSP is a critical component of long-term services and supports and

expanding the waiver to include residential settings is a natural fit. The service array should be as creative as possible by identifying funding sources and expanding the spectrum of services funded. But one respondent felt that we should simplify Medi-Cal first and increase provider reimbursement rates before covering services in new settings.

7. Allow In-Home Supportive Services to be provided in Residential Care Facilities for the Elderly.		
Options	Percent	Count
Very important	36.6%	30
Important	29.3%	24
Somewhat important	12.2%	10
Not important	6.1%	5
Not sure	15.9%	13
Total	100.0%	82

Comments

Comments on this question ranged from “people thrive with additional support” to “it is a low priority” and “aging-in-place is better.” A few felt that RCFEs already provided personal assistance services (under the SSI state supplement). Others felt it will greatly improve the quality of care and oversight of individuals in care facilities but IHSS could not afford the increased costs. Allowing IHSS to cover services in RCFEs would increase demand for services and the cost to the State. Yet another said it still saves money by keeping folks out of institutional care.

8. Encourage, and provide incentives for, people to purchase long-term care insurance.		
Options	Percent	Count
Very important	31.3%	26
Important	27.7%	23
Somewhat important	21.7%	18
Not important	10.8%	9
Not sure	8.4%	7
Total	100.0%	83

Comments

Respondents felt insurance needed to be more affordable and it is only appropriate for certain middle-income people. Legislation should be passed that limits the amount premiums can be raised so people do not lose the insurance if premiums become unaffordable. People with income and resources that make them ineligible for public programs need (tax) incentives to purchase insurance. Standardized offerings would help people understand what they are paying for.

Several noted that insurance is very expensive and quite restrictive because of underwriting standards.

9. Increase (expand) Medi-Cal asset and financial eligibility requirements.		
Options	Percent	Count
Very important	56.0%	47
Important	23.8%	20
Somewhat important	7.1%	6
Not important	4.8%	4
Not sure	8.3%	7
Total	100.0%	84

Comments

Most of the comments noted that the current income and asset limits are too low and the share of cost means that some people living at home cannot afford to pay their share. A few noted that the state’s current budget shortfall would not support any expansions. One respondent said it is entirely appropriate for people to spend their estate on their own care and not rely on public programs until they are nearly broke.

10. Create the same financial requirements for nursing facility and home and community-based Medi-Cal eligibility to make it easier for Medi-Cal eligible individuals to receive services and supports at home and in the community.		
Options	Percent	Count
Very important	60.0%	51
Important	30.6%	26
Somewhat important	2.4%	2
Not important	1.2%	1
Not sure	5.9%	5
Total	100.0%	85

Comments

Comments on this questions felt it was important to create a level playing field to end the institutional bias. However, one participant said that they didn’t think making eligibility levels the same is as necessary as increasing the income and asset limits for people living at home.

11. Develop more cost-effective strategies such as rate adjustments and a full array of services in order to reduce the rate of growth in Medi-Cal spending for long-term care services and supports (including both institutional and home and community-based services).

Options	Percent	Count
Very important	51.8%	44
Important	18.8%	16
Somewhat important	17.6%	15
Not important	3.5%	3
Not sure	8.2%	7
Total	100.0%	85

Comments

Responses to this question were quite varied. Some felt adding services to assist people in making the transition from hospital to home or a nursing home would be cost effective. Creating a sliding fee scale for services might allow individuals to pay according to their means without depleting their finances and ending up on Medi-Cal. One person said the state should increase the maximum number of IHSS hours someone can get under protective supervision. Several respondents noted that rates for many providers were very low and had not been increased in some time.

12. To improve access to home and community based services, enable case managers to speed up the Medi-Cal eligibility process for individuals at-risk of admission to a nursing home (presumptive eligibility).

Options	Percent	Count
Very important	76.5%	65
Important	17.6%	15
Somewhat important	3.5%	3
Not important	1.2%	1
Not sure	1.2%	1
Total	100.0%	85

Comments

Responses indicated that establishing financial eligibility was often inefficient and delaying access to home and community based services sometimes led to nursing home admissions. Another noted that many people who leave hospitals need rehabilitation in a nursing home and were not appropriate for in-home services at the time of discharge. Another said that the state needs to increase funding for eligibility staff. Complex regulations and under staffed programs won't allow for faster decisions.

13. Create one state budget (one line item or appropriation) that combines funding for home and community-based services and nursing facilities so that funds could be used to respond to consumer preferences.		
Options	Percent	Count
Very important	45.2%	38
Important	28.6%	24
Somewhat important	8.3%	7
Not important	4.8%	4
Not sure	13.1%	11
Total	100.0%	84

Comments

The comments on this question raised questions about how a single long-term care line item might work. Everyone might be fighting for funds for their program which creates uncertainty about how it might affect home and community based services. But one person said, “People need to be able to make a choice” and another would support anything that increases the choices for care in or out of the home. One respondent said, “This is the best idea yet!”

14. Develop strategies to stabilize and expand the long-term care workforce.		
Options	Percent	Count
Very important	63.9%	53
Important	30.1%	25
Somewhat important	3.6%	3
Not important	1.2%	1
Not sure	1.2%	1
Total	100.0%	83

Comments

Comments on this question were very positive. More funding is needed for training of IHSS workers through IHSSPA and IHSS Consortiums. The need for workers will grow as we face demographic change that will create a crisis. Some felt that we need a more efficient workforce and better oversight and training. Better wages and benefits were mentioned as necessary strategies to stabilize the workforce.

15. Increase hospital-to-home discharge planning services and supports.		
Options	Percent	Count
Very important	64.7%	55
Important	25.9%	22
Somewhat important	5.9%	5
Not important	0.0%	0
Not sure	3.5%	3
Total	100.0%	85

Comments

Nearly all of the comments said that better hospital discharge planning was needed to prevent admissions to nursing homes because it is easier than arranging in-home services. But one respondent said that there are good processes in place for discharge planning and in most hospitals the problems implementing discharges to the home are due to lack of resources or lack of funding for those resources. Discharge planners need smaller caseloads and more training (about community resources). Another felt the system needed local partnerships with local hospitals, Area Agencies on Aging, IHSS and Public Authorities to initiate these supports.

16. Expand managed long-term services and supports integration options for Medi-Cal beneficiaries such as PACE and models implemented in other states.		
Options	Percent	Count
Very important	37.8%	31
Important	37.8%	31
Somewhat important	4.9%	4
Not important	2.4%	2
Not sure	17.1%	14
Total	100.0%	82

Comments

- Several respondents were not familiar with PACE or other managed long-term care models. These models should be pursued and include younger persons with disabilities but with a caution that they should not be dominated by a “medical” model of care.

17. Describe the three most important changes that need to be made in California's long-term care "system." These changes could include, but are not limited to, the examples provided in questions 1-16.

Responses to this question were grouped into 12 categories.

Access to services

Many of the respondents said that better (faster) access to HCBS was needed to avoid institutional placement. Access through community based one stop-shop programs was needed to make the process more user-friendly, safer, and more individualized. Steps that integrate services, a no wrong door approach, and electronic assessment tools would expedite access to services. A significant number of respondents recommended increasing hospital-to-home planning service and offering more case management on discharge.

Streamline delivery system

Concerns about the delivery system were reflected in comments that listed simplifying access to services, the assessment process, level of care determination and Medi-Cal financial eligibility as important changes. Another comment recommended avoiding costly duplication and delays in the eligibility and assessment process. Creating a standard assessment tool was recommended to simplify the application process. Respondents wanted to create interconnected agreements between HSN, transit and long-term care services and to expedite access to durable medical equipment to facilitate delivery of home care services and staying at home.

State organization

Four respondents recommended creating a State Department that combines long-term services and supports.

Array of services

Changes related to the array of services available to Medi-Cal beneficiaries included covering services in assisted living facilities, generally expanding the services and supports available while providing stable funding and funding transitional care programs like San Francisco's Homecoming Services Program.

Long-term care insurance

Five respondents recommended changes to make insurance accessible and affordable and offering additional incentives for individuals to purchase insurance.

Financial

A range of general comments were made concerning funding for long-term services and supports. Five respondents called for leadership that is willing to make the hard decisions about duplicative administrative departments and channeling all long-term care funding into one budget so funds could be used to support individual choice. Rewarding cost effectiveness and eliminating incentives to shift costs to other programs and budgets were also noted. Three respondents want to eliminate the nursing home funding bias and provide the same funding for home and community based services. Suggestions were also made to expand funding for community-based long-term care services.

Rates

Respondents recommended providing the same rate increases for home and community based services that are given to nursing home providers. Physician reimbursements should be raised to motivate them to take Medicare assignment and Medi-Cal. Rates should be restructured to support effective and cost-efficient ways of managing chronic illness, such as paying for phone calls to patients, caregivers, case managers, etc., and for home visits. Reimbursement for support groups and education in self-care should be available.

IHSS

Several recommendations were made to change the IHSS program. They involved: retaining or increasing hours for IHSS services; reducing unnecessary recertification visits and paperwork for persons receiving IHSS services; expanding the maximum monthly hours allowed; and allowing social workers more freedom to allocate hours to make sure that consumer receive the total number of hours needed to support ability to live safely in their homes with dignity.

Statutory changes/Section 1115 Demonstration waiver

Several recommended changes require either a change in statute or a §1115 demonstration program waiver. One general suggestion would require a waiver to get into nursing homes and home and community based services would be a state plan service and another said the state should cover home and community based services as a state plan service rather than under waivers. This recommendation would require changes to the 1915 (i) state plan HCBS DRA statute in order to be implemented. Other changes would amend the Nurse Practice Act to provide for nurse delegation to support social model (versus medical model) long-term care options and to prevent the unnecessary segregation of persons with disabilities. Amending the Nurse Practice Act would enable more people to remain in their own homes and avoid outliving their money. The scope of practice of personal care attendants should be expanded.

Managed long-term care

Changes in this area called for expansion managed long-term services and supports integration options for Medi-Cal beneficiaries such as PACE and models implemented in other states.

Housing

Lack of housing was often mentioned as a barrier to transition for individuals in institutions. General statements were submitted that would increase housing for elders and people with disabilities and to provide more accessible, affordable housing.

Workforce

One suggestion recommended increasing the supply of experienced long-term care workers, perhaps through easier immigration rules. Several recommendations involved raising wages and benefits for IHSS caregivers and provide workers with more training.

18. What realistic steps should be considered to improve the State's long-term services and supports programs, given the State's budget problems?

Responses to question 18 were similar to the previous question.

Improve access and the delivery system

A wide range of general recommendations recognizing the state's budget problems were made. Many comments addressed improving coordination and cooperation among existing programs and among state and non-profit organizations. Creating one-stop shopping resources was one approach to improving coordination. Two comments called for the state to mandate collaboration and integration at the local levels to eliminate duplication of services and accelerate implementation of the ADRCs using community partnerships. Improving hospital-to-home discharge planning services and supports and streamlining access to and providing information about services and supports which will enable people to live in the community were also suggested.

Other changes included developing a strategy to minimize the Medi-Cal impact of the increasing population with Alzheimer's disease and other dementia diagnoses. Those strategies would include expanding support for family caregivers without establishing Medi-Cal eligibility (or more flexible eligibility via a demonstration waiver); consolidating programs in one area and effectively utilizing the community-base organizations that are already transitioning individuals.

Revenue measures

Nine respondents called for raising taxes, revenues, automobile taxes or fees to relieve the budget crunch. Some would limit the increases to wealthy individuals. One participant suggested creating a social insurance program, like social security, or family medical leave/state disability programs through taxes that could pay for some of the long term care costs. A related suggestion would consider a state tax specifically to support implementing/expanding the most effective community-based long-term care services for those eligible for Medi-Cal. But one respondent said the state should not implement any changes that cost more money.

Saving and incentives

Respondents noted a variety of ways to save money or create incentives for home and community based services such as: cut back on building more prisons; eliminate some of the state commissions; take money out of the prison systems to help fund services; and giving tax breaks to RCFEs who serve SSI beneficiaries.

Incentives were suggested that would change funding for nursing homes to eliminate payment for unoccupied beds.

Leadership

A number of recommendations called for leadership from legislators to focus on real needs; to include IHSS funding with other programs; and to re-prioritize spending needs for the state to support aging adults. Several previous efforts made recommendations that have not been implemented and generating support for those recommendations will be needed. Some felt that

the budget crisis will defer actions that will result in higher costs later when revenues improve. Perhaps the most poignant comment was to “realize the spirit behind Olmstead.”

Efficiencies and effectiveness

Respondents suggested that state agencies should conduct more analysis of programs that are growing rapidly to make sure they are cost effective and to conduct more studies of what does work to grow programs that are cost effective. Consolidation of programs and agencies would reduce duplication of resources and infrastructure. Simplifying and streamlining the bureaucracy would reduce red tape. Demographic trends are likely to increase demand for services and the state needs to operate efficiently to respond to the expected increases in the need for supports.

Efficiencies can be gained by allowing workers with specialized training to perform work above their usual licensing. For instance, a home care worker who sees a certain customer nearly every day (for dressing and bathroom assistance, for instance) could give blood sugar tests and insulin injections, and make sure medications are taken. Expanding the scope of practice is something that may not cost the state more dollars and allow flexibility in caring for clients. “I understand the implications of professional boards, but digging ones heels into the ground and trying to keep certain tasks to just one type of provider or licensee in my opinion does nothing to improve the status of those individuals who want to go home. Lets figure out ways to provide training and supports letting the professional staff i.e., RN, Pharmacists, Therapists, PT, OT, ST, dieticians etc figure out ways that they can train people to perform certain tasks safely so people can reside in their homes with our existing budget constraints.”

Others strategies to improve efficiency and effectiveness were noted that include: simplify the eligibility determination process would help the consumers and also reduce the need for some staffing or at least utilize staff in a more efficient manner; encourage more group living arrangements for service users (for instance, a visiting nurse with a 4 hour minimum could serve several people in the same area during that 4 hour block if they were in the same complex); and evaluate the need for IHSS on an individual basis; consider community support programs.

Adult day care (the social model) was cited as a cost efficient alternative to more intensive long-term services and often provides the most appropriate level of care for otherwise healthy individuals with Alzheimer's and other dementias, Parkinson's, etc.