

1 [Aging and Adult Services Community Living Special Fund.]

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3 Ordinance amending the San Francisco Administrative Code by adding  
4 Section 10.100-12, to create an Aging and Adult Services Community Living Special  
5 Fund to fund community placement alternatives, including services provided in  
6 assisted living facilities, supportive housing and independent living, and provide care  
7 and support for individuals who may otherwise require care within an institution.

8 Note: Additions are single-underline italics Times New Roman;  
9 deletions are ~~strikethrough italics Times New Roman~~.  
10 Board amendment additions are double underlined.  
Board amendment deletions are ~~strikethrough-normal~~.

11 Be it ordained by the People of the City and County of San Francisco:

12 Section 1. The San Francisco Administrative Code is hereby amended by adding

13 Section 10-100.12, to read as follows:

14 **SEC. 10-100.12. AGING AND ADULT SERVICES COMMUNITY LIVING SPECIAL FUND.**

15 *(a) Establishment of Fund. The Aging and Adult Services Community Living Special Fund is*  
16 *established as a Category 4 special fund, meaning that funds may be appropriated, interest shall be*  
17 *accumulated and that any fund balance shall carry forward year to year. The fund shall contain all*  
18 *monies appropriated from any lawful source for this purpose pursuant to Article IX of the City Charter.*  
19 *Funding may include a percentage of the General Fund savings realized for a given year from changes*  
20 *in Medicaid funding. The funds appropriated to the Community Living Fund, regardless of the source,*  
21 *are not intended to supplant any existing funding for community-based long term care and supportive*  
22 *services.*

23 *(b) Use of Fund. Monies deposited in the fund shall be expended for the purposes designated*  
24 *by the Director of the Department of Aging and Adult Services (DAAS) and as approved by the Aging*  
25 *and Adult Services Commission and shall be used primarily for services, including services in assisted*

1 living facilities and supportive housing. The fund shall target those individuals currently residing in  
2 Laguna Honda Hospital and those individuals at imminent risk of placement in Laguna Honda where  
3 such individuals are willing and able to be discharged to community living. Funding may be used for  
4 services and programs that enable an individual to live independently in the community and may  
5 include, but are not limited to the following: case management, personal assistance services and  
6 homecare, adult day health and social day programs, money management, mental health and substance  
7 abuse services, home health care, subsidies for transitional housing and residential care. Eligibility for  
8 assistance from this fund shall be based on independent needs assessments performed by qualified  
9 public and private providers. Funds shall target low-income individuals with incomes of up to 200  
10 percent of the federal poverty level. Funding is intended to increase and enhance services and support  
11 for individuals in a way that is consumer-centered and flexible.

12 (c) Administration of the Fund. The Director of Aging and Adult Services, or her designee,  
13 shall administer the fund. An annual plan shall be prepared by DAAS and submitted to the Aging and  
14 Adult Services Commission for approval after a public hearing process that includes input from the  
15 Long Term Care Coordinating Council. Wherever possible, the annual plan will prioritize projects  
16 where providing funding is likely to result in additional state, federal or charitable dollars. The  
17 Director shall report annually to the Mayor and Board of Supervisors on the use of the fund.

18  
19 APPROVED AS TO FORM:  
20 DENNIS J. HERRERA, City Attorney

21 By: ALEETA M. VAN RUNKLE  
22 Deputy City Attorney  
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24  
25

Supervisor Alioto-Pier  
BOARD OF SUPERVISORS



## **LONG TERM CARE COORDINATING COUNCIL**

*Guiding the development of an integrated system of home, community-based, and institutional services for older adults and adults with disabilities*

### **WORKING DRAFT**

**March 16, 2006**

### **"COMMUNITY LIVING TRUST FUND" <sup>1</sup>**

#### **GOALS:**

To provide persons with disabilities of all ages with real choices about where and how they receive care and support, and;  
To assure that no individual is institutionalized because of a lack of community-based long term care and supportive services.

#### **PURPOSE OF THE FUND:**

- Expand the amount and types of funding available for home and community-based long term care and supportive services beyond what is currently available in order to allow individuals with disabilities of all ages to remain living safely in their own homes and/or communities.
- Provide incentives to develop new models of financing and service delivery that better leverage local dollars and encourage integration of services and support across departments.
- Provide flexible funding to create "wrap-around" services that offer basic support to enable persons with disabilities, both seniors and younger adults, to live with dignity in their own homes and communities as long as possible.
- Expand, not supplant, existing funding, working to fill funding gaps until new sources of support for long term care services can be secured through waivers and other means.
- Demonstrate service delivery models that strengthen the long term care work force.

#### **SOURCE OF FUNDING:**

Funding could be drawn from City, State and Federal dollars as well as other sources, including but not limited to:

- General fund dollars saved from enhanced Medi-Cal funding ratios;
- General fund dollars saved from increasing access to Medi-Cal funded services and /or administrative support;
- Other discretionary dollars made available through the regular budget process;
- Tobacco Tax funds;
- Savings that result from reductions in institutional placements;
- Other appropriate sources.

#### **ADMINISTRATION:**

The Executive Director of the Department of Aging and Adult Services (DAAS) shall administer the fund and shall develop a spending plan annually as a part of the regular budget



process. The fund will be established as a category eight special fund, allowing for funds to be budgeted and expended over more than a single year period, with interest accruing to the fund and available for continuing appropriations.<sup>2 3</sup>

#### **ANNUAL APPROPRIATIONS PROCESS:**

- An annual plan will be prepared by the DAAS/HSA staff and reviewed by the Long Term Care Coordinating Council (LTCCC), whose membership includes key city departments as well as other stakeholder groups, for consideration and comment prior to presentation to the Aging and Adult Services Commission as a part of the annual budget development process.
- Requests for funding tied to identified needs or gaps in services could come from any relevant department and its community-based contractors, and through a community hearing process. A timeline for this process will be outlined to allow for substantial input prior to the Commission making its budget recommendations.
- To assure that funds are used to enhance rather than supplant existing funding, the Controller shall establish a baseline of funding to help assure "maintenance of effort."<sup>4</sup>
- In order to maximize the impact of the fund, the annual plan will prioritize projects where providing "seed" money or "matching" money would leverage additional state, federal or charitable dollars.
- Each year, the DAAS & LTCCC will report annually to the Mayor and the Board of Supervisors on the use of the fund and gaps identified.

#### **TARGET POPULATION FOR SERVICES:**

Assistance made available through the Community Living Trust Fund should be provided as a result of independent assessments of individuals eligible for discharge from institutions or at risk of institutionalization. Funds will initially target those that are 200% of the federal poverty level.<sup>5</sup>

- The independent needs assessments of individuals eligible for discharge or facing institutionalization, and for receiving support, would be separate from service provision. Programs like TCM, MSSP, or similar behavioral health program will conduct the assessments, as could specially trained staff at DAAS or in the community.<sup>6</sup>
- A menu of service options and levels of assistance, care, and support should be provided, as well as a range of housing and supportive services. A sample list is attached. Using a "wrap-around" concept used in other human service programs, funds would be used flexibly to pay for those things needed for which other funding (either short term or long term) is not available.<sup>7</sup>
- The range of eligible housing and supportive services options should include assisted living, dementia-related assisted living, and supportive housing.<sup>8</sup>

Priorities for the use of the Community Living Trust Fund are as follows:

- The first priority is residents of Laguna Honda Hospital (LHH) and San Francisco General Hospital, willing and able to be discharged to community living.<sup>9</sup>

However, several other groups may be willing and able to remain living in the community, each of which could be prioritized by their level of risk for institutional placement:

- Nursing home eligible individuals on the LHH waitlist, willing and able to remain living in the community.
- Individuals who are at imminent risk for nursing home or institutional placement, willing and able to remain living in the community with appropriate support, including those with mental illness.

Other individuals who need care over time and might be at risk for institutionalization, within 150% of income levels required for Medicaid nursing homes beds, willing and able to remain living in the community.<sup>10</sup>

#### ARRAY OF SERVICES:

The Community Living Trust Fund should fund any service that will help individuals who are currently in or at risk of going to an institution. The Community Placement Plan of the Long Term Care Coordinating Council, adopted in June 2005, outlines a comprehensive plan for how these funds could be used to promote community living. This includes using the fund to "patch" services and housing together.<sup>11</sup>

The TCM staff, staff at Laguna Honda and hospital discharge planners also have identified key service gaps, which need to be bridged to allow people to transition back to the community including intensive case management, peer support and advocacy, and housing with support services. Should the Health Department commit line-item funding to help transition individuals out of Laguna Honda in the coming year, it would be an important step toward informing the actual implementation of this fund.<sup>12</sup>

In addition, DAAS is undertaking a comprehensive "gap analysis" which could further inform the allocation process.

#### Potential Services to be supported by the Community Living Trust Fund (Partial List)

**\*\* Indicates those services where there is significant potential to leverage additional Medicaid funds with a commitment of local matching dollars.**

- Case Management (3 levels) \*\*<sup>13</sup>
- Advocacy
- Transitional Living Training
- Education of Consumers, Families and Others
- Additional In-Home Supportive Services Hours \*\*<sup>14</sup>
- Money Management
- Social Day Services
- Home Repairs/Modifications \*\*



- Transportation: medical appointments & escort services
- Home Delivered Meals
- Mental Health Therapy
- Adaptive Aides and Medical Supplies \*\*
- Non-Medical Home Equipment (like bed pillows)
- Respite Care \*\*
- Transitional Housing
- Services in Support of Mental Health Residential Treatment <sup>15</sup>
- Adult Foster Care Services
- Protective Supervision \*\* <sup>16</sup>
- Linkages to Primary and Acute Care
- Medication Dispensers \*\*
- Personal Emergency Response Systems \*\*
- Translation/Communication Services
- Adult Day Health Care \*\*
- Home Health Care \*\*
- Hospice Services \*\*
- Therapies (OT, PT) \*\*
- Durable Medical Equipment and other Assistive Technology \*\*
- "Patch" funding for residential care \*\*<sup>17</sup>
- "Bridge funding" for transitional housing <sup>18</sup>
- "Share-of-cost" assistance to help eligible individuals access Medi-Cal \*\*<sup>19</sup>

List drawn in large part from the LTCCC Community Placement Plan (July 2005)

## Clarifications, Comments and Unresolved Questions

<sup>1</sup> This term was originally applied to a fund in the Controller's Report regarding options for Laguna Honda (the Health Management Associates report) and then in the Long Term Care Coordinating Council's Community Placement Plan as a way to preserve dollars in long term care if Laguna Honda was rebuilt with fewer than 1200 beds. Since we are looking to move the concept of this fund forward separate from the decision regarding the size of Laguna Honda, we may or may not want to find a new name to minimize confusion. One suggested way to clarify who and what would be to call it the "Community Living Fund for Seniors and Adults with Disabilities" and we could simply refer to it as the Community Living Fund. The issue of Trust relates to how funds are held and may or may not be realistic.

<sup>2</sup> While there seems to be strong feelings that this fund should be developed under the policy guidance of DAAS for a whole variety of legitimate reasons, we need to anticipate that if there was ever a decision re: a smaller Laguna Honda sometime in the future, a separate process will determine if and how those funds would remain in Long Term Care. Everything that we do related to bringing this fund into being will help assure a place at the table for those discussions.

<sup>3</sup> A big question yet to be determined is how will the funds be held and allocated – as an endowment where only the interest is paid, or as a fund to be expended over a number of years. Recommendation at this point is to budget and spend over a number of years. Clearly the amount in the fund and the type of services funded will determine how much and for how long. For example, if a commitment was made of \$10 million this year, those funds could be spent at a rate of \$1 million per year for 10 years, \$2 million a year for 5 years or on some other schedule.

<sup>4</sup> The value of determining this baseline would be two-fold. First, it helps to assure that this fund would expand, rather than replace, existing funding. Secondly, establishing this baseline of funding would allow the LTCCC and others to assess how well San Francisco is doing in pursuing its adopted policy of creating alternatives to institutional care for individuals.

<sup>5</sup> We need to target first call on the funds to low income elders and adults with disabilities, but reach beyond those traditionally served by IHSS. I've placed this at 200% of poverty, but this is something we should assess.

<sup>6</sup> The concept of independent assessments is important to assure that decisions are driven by the needs of the consumer, not by the needs of the program potentially providing services. A number of options exist for how that could happen either by designated and specially trained City staff or through community entities like MSSP on a contract basis. There should be a fair and open process to make referrals for assessments and service to assure access to San Francisco's diverse communities.

<sup>7</sup> Again, programs like MSSP provide a good model here, in that an assessment from a community-based perspective determines an individual's needs and available services and support. Fund then can be used flexibly to purchase services off a list like the one attached.

<sup>8</sup> Clearly, paying a significant share of funding to housing costs would substantially limit the number of people who could be realistically served. Priority might be to partner these funds with other housing programs and/or prioritize keeping individuals who already have relatively affordable housing in place with small housing subsidies, minor home modifications, etc.

<sup>9</sup> This priority is in keeping with the Community Placement Plan. However, it would be important to assure that some funding was available to serve those at risk of institutionalization as well as those being discharged from other community hospitals and institutions.

<sup>10</sup> This means test for eligibility came as a part of the Community Placement Plan. We need to determine the correct level and be consistent throughout.

<sup>11</sup> It would be important to assure the fund could be used to "patch" or supplement existing funds in existing programs to help maximize Medi-Cal dollars. The first example would be to supplement the "current board and



care rate" to preserve this important housing + services resource and provide sufficient funding and accountability to improve quality. The second example is helping individuals who are technically eligible for Medi-Cal on a "share-of-cost" basis pay their out of pocket costs in order to engage Medi-Cal coverage.

<sup>12</sup> The Health Commission is looking to see if they can dedicate funds similar to what is outlined here to begin helping transition individuals out of Laguna Honda, under the auspices of the Targeted Case Management (TCM) program. The Fund could hopefully augment this commitment and be informed by it.

<sup>13</sup> Case management should be delivered in a way that maximizes consumer's ability to help direct care, ranging from minimal support and guidance to intensive case management like what is provided in the current Targeted Case Management Program.

<sup>14</sup> Fund additional homecare for those whose homecare needs exceed the state cap on hours (currently 283 hours per month) on either a short-term or more long term basis.

<sup>15</sup> This needs to be detailed out further.

<sup>16</sup> Available to help individuals whose needs exceed what IHSS and Medi-Cal will pay for in terms of hours.

<sup>17</sup> An example of "patch" funding is supplementing the current board and care rate, enabling low-income individuals to be placed in appropriate residential care facilities (like board and care homes).

<sup>18</sup> "Bridge funding" would be short-term, limited funding for someone ready to leave an institution, has a place to go that is not subsidized though relatively affordable; also has an expected slot in an upcoming unit that is subsidized. OR someone has transitional housing available while they look for ongoing situation. This would have to have some dollar and time limits to work.

<sup>19</sup> Expand the existing IHSS Share of Cost Pilot project to help individuals who are technically eligible for Medi-Cal on a "share-of-cost" basis pay their out of pocket costs in order to engage Medi-Cal coverage.