

**The People's Olmstead Plan**  
The voice of the Massachusetts  
Disability Community

**INTRODUCTION**

On June 18, 2001, President George W. Bush signed Executive Order No. 13217, Community-Based Alternatives for Individuals with Disabilities. The Order calls upon the federal government to assist states and localities to implement swiftly the decision of the United States Supreme Court in *Olmstead v. L.C.*, stating: The United States is committed to community-based alternatives for individuals with disabilities and recognizes that such services advance the best interests of the United States.

*“By the authority vested in me as President by the Constitution and the laws of the United States of America, and in order to place qualified individuals with disabilities in community settings whenever appropriate, it is hereby ordered as follows: The Federal Government must assist States and localities to implement swiftly the Olmstead decision, so as to help ensure that all Americans have the opportunity to live close to their families and friends, to live more independently, to engage in productive employment, and to participate in community life.”*

*President George W. Bush, Executive Order 13217*

The Supreme Court suggested that states take the following action:

- Demonstrate that the state has a comprehensive, effectively working plan for placing qualified people with disabilities in the least restrictive setting appropriate to their needs; and
- Maintains a waiting list that moves at a reasonable pace which is not controlled by state endeavors to keep its institutions fully populated

**The Massachusetts grass roots People's Olmstead Plan**

This landmark Supreme Court decision gave people with disabilities of all ages the right to live in the community, outside of an institution, in the least restrictive setting possible. Collectively, people with disabilities, elders, and others rise up to claim our rightful independence.

This Olmstead Plan is not a bureaucratic response to the broad disability community meant to appease some, but instead, a passionate declaration from the front lines; the nursing homes; the state hospitals; the chronic care facilities, and multitude of other places that society has placed, and continues to place, its citizens' with disabilities.

The plan is a powerful remedy to the existing Massachusetts climate for people with disabilities which is to hastily place "clients " into institutional care, at a phenomenal personal and financial cost, rather than explore viable and proven community-based alternatives. The practice of funding and developing institutionally biased programs, such as nursing homes, at the expense of, a well-developed community-based service system for people with disabilities who want to live independently in the community, is poor public policy, and probably illegal.

In a time of unprecedented budget cuts in Human Services, aggressive implementation of cost-effective, community-based, services and supports is fiscally prudent and the preferred way of living for the vast majority of people with disabilities.

### **Summary of critical mandates in the Plan**

The Massachusetts People's Olmstead Plan consists of four subcommittee's extensive findings, recommendations, and action steps. The four reports cover:

- **Community Services and Supports**
- **Housing**
- **Individuals At Risk of institutionalization**
- **Individuals Who Are Institutionalized**

The following four mandates have been extrapolated from the extensive reports, and represent the most urgent need in each area. This summary is not meant to supersede the additional important areas of change in the Massachusetts Human Services infrastructure contained in the full Plan.

### ***Community Services and Supports***

It is the goal of the Commonwealth to reduce its reliance on institutional long-term care services, and expand the range of options for community care. The Commonwealth shall shift the proportion of state resources devoted to community care versus institutional care, and enhance the provision of community services and programs that avoid or delay institutional admissions, and make institutional care a last resort.

## ***Housing***

Housing programs and property development should be consistent with the following principles:

**Integration:** Housing for people with disabilities should be designed to integrate people with disabilities into the community as fully as possible. In the most integrated, least restrictive housing environment, support services should be available when necessary to help ensure a successful tenancy and lease compliance.

**Housing and Services Relationship:** Before a housing model is funded or endorsed, the relationship between housing and services must be reviewed and determined appropriate for the targeted population.

**Maximum Control:** People with disabilities should have the maximum control possible in their housing choices and management.

**Informed Choice:** People with disabilities must be able to choose their housing. In order to do this, they must be informed fully, in a manner understandable to the individual about the choices available and the responsibilities that accompany these choices.

**A Variety of Choices:** In developing a system of housing for people with disabilities, the overall state system should promote a variety of choices.

**Accessibility:** All housing for people with disabilities must be accessible.

## ***Individuals At Risk of Institutionalization***

Massachusetts faces the challenge of how to remove the bias towards institutionalized care from the present system of long-term care, and to promote the use of home and community based alternatives.

The goal is that, eventually, Massachusetts' long term care system is one where a waiver is required to enter institutionalized care, instead of one where waivers are needed to provide Medicaid community options, as is true in the current federal system.

## ***Individuals Who Are Institutionalized***

Institutional bias in long term care funding must be eliminated in Massachusetts.

Resources will be shifted to minimize institutional capacity while creating maximum community capacity.

**Vigilance must be exercised to ensure that people are diverted from institutions by providing a range of viable choices in the community.**

**A rigorous, independent process is needed for assessing individuals who are seeking long-term care, or who are referred for placement in an institution.**