



**NEW YORK STATE ASSOCIATION
OF AREA AGENCIES ON AGING**

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Olmstead Statement of Principles #2002-18

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Olmstead Statement of Principles

April 9, 2002

The NYSAAAA Long Term Care/Olmstead Workgroup has formulated the following position statement, which was approved by the Association membership at its meeting on April 9, 2002.

In the 1999 federal Supreme Court case *Olmstead v L.C.*, a decision was rendered that supports the requirements of the Americans With Disabilities Act and requires states to (1) serve persons with disabilities in integrated settings and in the least restrictive environments, and (2) develop a state strategy or plan for achieving the stated requirements.

Much of the discussion around the implications of the Olmstead decision focuses on treatment and service options for nonelderly persons with disabilities. However, this case, in fact, also applies to elderly persons who have long standing disabilities, or who have experienced disabling conditions during the elder years, or who can be characterized as disabled because of normal aging-related physical and mental declines that have an impact on their ability to live independently. In New York State, the population aged 60 and over includes 3.2 million people. 38.5% of those aged 65 and over have a disability as defined by the Census Bureau. Disability due to dementia affects over half the population aged 85 and over. New York State's plan, which will provide options for nonelderly persons with disabilities, must also include options for elderly persons.

In order to address the needs and preferences of the State's elderly population, the New York State Association of Area Agencies on Aging proposes that the following principles be adhered to as New York State prepares its plan to fulfill the requirements of the Olmstead decision:

1. Elderly persons should be an acknowledged segment of the population who are affected by the decision rendered under Olmstead v L.C.
2. Advocates for the elderly population, including New York's Area Agencies on Aging, the statewide network of Ombudsmen, and aging services providers should advocate for the development of a New York State plan and should support a plan that will actively promote the intent and requirements of the Olmstead decision.
3. Representation from elderly persons, the families of elderly persons, the State Office for the Aging, the State's Area Agencies on Aging, and New York's statewide network of aging services providers should be included and actively involved in the State's process for developing and implementing its Olmstead plan.
4. Strategies, plans, and options developed for elderly people, as a response to the requirements of the Olmstead decision, should be integral to any deliberations and actions taken to shape the State's overall long term care system.
5. Any Olmstead plan developed and accepted by New York State that includes requirements to deinstitutionalize elderly persons, or that imposes barriers to the use of institutions by elderly persons, or that includes community-based options as the alternative to institutional placement must assure that appropriate, acceptable, and adequately available alternative community-based options and solutions are in place, in order to avoid situations characterized as community-based neglect or abuse or characterized as community-based institutionalized environments.
6. While great emphasis should be placed on creating and promoting community-based alternatives in response to consumers' preferences, nursing homes should continue to be included as a component of the long term care system for elderly people; any Olmstead plan should include provisions for transforming nursing homes from "institutional" environments to "home-like" environments—as defined as acceptable by elderly consumers, their families, and aging services providers, including the New York State Office for the Aging and representatives from the State's network of Area Agencies on Aging.
7. Strategies, plans, and options developed to prevent and avert institutional placement of elderly people should include the entire array of services, programs, and funding streams available in New York State--which would reflect both those services and programs for persons who are Medicaid-eligible as well

as those services and programs provided by the Area Agencies on Aging and other service providers for persons who are not Medicaid-eligible.

8. Strategies, plans, and options developed to prevent and avert institutional placement of elderly people should:

- Include and promote early intervention and preventive approaches, such as assistance and relief for caregivers, expansion of case management services, and use of universal design features, home modifications, and assistive devices.
- Include and promote support for elderly people to remain viably at home, as well as for the development of a variety of community-based age-integrated housing options and a range of senior housing options.
- Emphasize integrated settings that maximize the availability of normalized living environments for elderly people.
- Emphasize attention to those aspects of services, care, and the living environment that have an impact on a person's quality of life.
- Maximize individual-centered approaches to the design and delivery of services, including consumer-directed care options for elderly persons.
- Maximize service and assessment models that recognize and build upon the individual's strengths, in place of deficit-based services and assessments; and include provider training on strengths-based paradigms.
- Include the use of consumer-satisfaction measurements as a means of assuring high-quality service design and delivery across service, treatment, and living environment modalities.
- Include, as a strong fundamental tenet, emphasis on consumer choice and consumer preferences in treatments and options, as well as consumer involvement in the design and implementation of treatment strategies, services, and living environment options.
- Include, as a strong fundamental tenet, emphasis on consumer empowerment by providing effective provisions for educating and informing consumers about alternative choices so as to maximize their ability to make decisions about their living environments and their care.