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The Money Follows the Person Program: Facilitating Return to Community-Based Settings

February 16, 2017

Featured Speakers

- Erika Robbins, MA, PMP
  - Vice President, Lewin Group, Center for Aging and Disability

- Lindsay Miller, MPH
  - Executive Director, New York Association on Independent Living
Conflict of Interest & Disclosure Statements

The planners and presenters do not have any financial arrangements or affiliations with any commercial entities whose products, research or services may be discussed in this activity.

No commercial funding has been accepted for this activity.

Thank You to Our Sponsors

- University at Albany School of Public Health
- New York State Department of Health
Learning Objectives

- Describe the purpose of the *Money Follows the Person* demonstration
- Articulate one major principle of the Olmstead decision
- Identify the steps to take when an individual expresses an interest in returning to the community from an institution
- List three ways that a transition specialist or peer can help individuals return to their communities of choice

Money Follows the Person (MFP)

- Helps transition eligible individuals from institutions to qualified community-based settings
Home and Community Based Services (HCBS)

- Provide opportunities for Medicaid beneficiaries to receive services in their own home or community rather than institutions

- Section 1915(c) waiver programs
  - A catalyst for system change toward community and away from institutional settings

Growth of Home & Community-Based Services

<table>
<thead>
<tr>
<th>Event</th>
<th>% Inst Svcs</th>
<th>% HCBS</th>
</tr>
</thead>
<tbody>
<tr>
<td>OBRA of 1981 establishes Medicaid 1915(c) waivers to cover HCBS</td>
<td>99%</td>
<td>1%</td>
</tr>
<tr>
<td>TEFRA of 1982 enables States to cover certain children w/disabilities living at home</td>
<td>99%</td>
<td>1%</td>
</tr>
<tr>
<td>OBRA 1987 protects nursing home residents and alters 1915(c) waiver cost neutrality formula for people with DD</td>
<td>90%</td>
<td>10%</td>
</tr>
<tr>
<td>Americans with Disabilities Act (1990) - protects people with disabilities from unequal health services</td>
<td>87%</td>
<td>13%</td>
</tr>
<tr>
<td>Cold-bed rule limiting 1915(c) waiver slots is repealed (1994)</td>
<td>84%</td>
<td>16%</td>
</tr>
<tr>
<td>BBA of 1997 allows States to cover workers w/disabilities up to 250% FPL</td>
<td>76%</td>
<td>24%</td>
</tr>
<tr>
<td>Olmstead vs. LC (1999) requires community services in certain circumstances</td>
<td>74%</td>
<td>26%</td>
</tr>
<tr>
<td>DRA 2005 establishes 1915(i), 1915(j) and MFP</td>
<td>63%</td>
<td>37%</td>
</tr>
<tr>
<td>ACA 2010 establishes Balancing Incentive Program &amp; Community First Choice (1915k)</td>
<td>52%</td>
<td>48%</td>
</tr>
<tr>
<td>As of FFY 2014</td>
<td><strong>47%</strong></td>
<td><strong>53%</strong></td>
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</tbody>
</table>
Role of Olmstead in Growth of HCBS

  - “Unjustified isolation” of persons with disabilities is a form of discrimination in violation of Title II of the Americans with Disabilities Act (ADA)

MFP and Olmstead

- Shared goal of affording people with disabilities the opportunity to live in integrated community-based settings
- MFP helps New York State meet its Olmstead-related requirements
MFP Eligibility

- Who is eligible for MFP?
  - Individuals who have Medicaid for at least one day before transition
  - Individuals who have lived in a nursing home, hospital, or intermediate care facility for at least 90 days
  - Individuals who move to a qualified setting

MFP Eligibility

- What is a qualified setting?
  - A house or apartment owned by an individual or family member
  - A community-based residence where fewer than 4 unrelated people live
Quality of Life

- Surveys are administered before transition and after the individual moves to the community
  - Three areas, seven domains
    1. Life satisfaction
    2. Quality of care
    3. Community life
  - Study samples are reasonably close to the overall population

Quality of Life at Three Different Times

<table>
<thead>
<tr>
<th></th>
<th>Pre-transition</th>
<th>One Year Post-transition</th>
<th>Two Years Post-transition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Life Satisfaction</td>
<td>62.5</td>
<td>80.5</td>
<td>79.1</td>
</tr>
<tr>
<td>Satisfaction with Care</td>
<td>75.7</td>
<td>88.8</td>
<td>87.7</td>
</tr>
<tr>
<td>Satisfaction with Living Arrangements</td>
<td>60</td>
<td>92.4</td>
<td>90.8</td>
</tr>
</tbody>
</table>
Quality of Life

- Overall Life Satisfaction
  - Improvements were sustained for at least two years after transition
  - The largest improvements in quality of life were among participants with other types of impairments

Quality of Life

- Quality of Care
  - Participants viewed the care they receive in the community more favorably than the care provided before they transitioned
  - Reported being treated with respect and dignity by providers after transition
Quality of Life

- Community Life
  - Highest level of satisfaction with living arrangements
  - Declines in reported barriers to community integration
  - Participants are more engaged in their community after exiting institutional care

Minimum Data Set (MDS) 3.0

- MDS Section Q is designed to explore the potential for a resident’s return to community
  - Must ask question 0500 unless the resident has an active discharge plan
Importance of Section Q

- Question 0500: “Do you want to talk to someone about the possibility of leaving this facility and returning to live and receive services in the community?”
  - If person answers yes, nursing home staff must make referral to the designated Local Contact Agency
    - New York Association on Independent Living

HHS Office for Civil Rights Guidance

- Guidance and Resources for Long Term Care Facilities: Using the Minimum Data Set to Facilitate Opportunities to Live in the Most Integrated Setting
  - Helps long-term care facilities comply with their civil rights obligations
  - Corrects misinterpretations of the Section Q requirements prevalent in the field
Recent Guidance

- Responsibility of nursing facilities
  - Strong working relationships with the local contact agency
  - Proper administration of MDS Section Q
  - Updating policies and procedures, and providing periodic training to comply with the guidance

New York Association on Independent Living

- Designated Local Contact Agency
- Statewide, not-for-profit membership association of Independent Living Centers (ILCs)
- ILCs - unique, disability-led, cross-disability, locally administered, not-for-profit organizations
  - Advocacy & supports for people with disabilities (all ages) to live independently & fully integrated in communities
Facts of Aging and Disability

- People with disabilities have a right to participate in the full range of human experiences, including success and failure.

- Individuals should have control over their own decisions, including their own care and where to live.

Open Doors Transition Centers
Transition Centers

- Goal is to identify potential participants in nursing facilities, developmental centers and intermediate care facilities and facilitate successful transitions to one’s community of choice

Transition Centers

- NYAIL Transition Coordination Team
- Over 40 Transition Specialists statewide
- Based at 23 Independent Living Centers (ILCs) across the state
Transition Specialists

- Meet with individuals in the facility; can also meet with family or guardian
- Provide objective information about services available in the community
- Help link individuals to the programs that will best meet their needs

Transition Specialists’ Role

- Collaboration
  - Nursing Home Discharge Planners
  - Care Managers
  - Service Coordinators
- Create person-centered transition plan
- Identify community resources
- Follow up with individual after transition
Community Preparedness Education

- What does a person need, day-one, in community?
  - Budgeting/bill paying
  - Medication self-administration
  - Meal preparation
  - Feeding self
  - Shopping
  - Bathroom use
  - Dressing self

Referral Sources

- Nursing Home Staff
  - MDS Section Q
- Care Managers
- Service Coordinators
- Family Members
- Office for People with Developmental Disabilities
Barriers to Transition

- Lack of affordable and accessible housing
- Lack of aides
- Lack of informal supports

Open Doors Peer Program
Peer Program

- Goal is to provide one-on-one peer support to individuals and families interested in transitioning to community living

Peer Program

- Available at ILCs across the state
- Visit participants to share experience of living with a disability in the community
- Approximately matches characteristics of participant
  - Age, physical, or developmental disability
  - Many peers have already transitioned from an institutionalized setting into the community
Open Doors Impact

- Since January 2015 Open Doors has:
  - Received over 5,500 referrals
  - Helped to transition 1,331 individuals
  - Provided peer services to over 600 individuals
    • More than half requested an additional meeting

Open Doors and Nursing Facilities

- Collaboration with social workers and discharge planners
  - Assist with discharge process
  - Help develop a safe discharge plan
  - Educate about available community resources
**Open Doors and Nursing Facilities**

- *Open Doors* staff are available for presentations, trainings, and education
  - Throughout New York State
  - Audience can be residents or staff

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**Referral to *Open Doors***

Many convenient ways to make a referral:

- Local Contact Agency: Local ILC
- Referral form on NYAIL website:
- Phone: 1-844-545-7108
Open Doors Contact Information

- Lindsay Miller, Executive Director
  – lmiller@ilny.org

- Suzanne de Beaumont, Transition Center Project Director
  – sdebeaumont@ilny.org

- Zach Garafalo, Peer Outreach and Referral Program Director
  – zgarafalo@ilny.org

Visit www.ilny.org to learn more about the Open Doors MFP projects and the New York Association on Independent Living

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