MONEY FOLLOWS THE PERSON

NEW YORK ASSOCIATION ON INDEPENDENT LIVING

OpenDoors

Transition Center & Peer Outreach and Referral Program

A project of NYS Money Follows the Person

Money Follows the Person (MFP)

- Federal demonstration
  - Originated under the Deficit Reduction Act of 2005 and expanded by the Affordable Care Act
- MFP involves
  - Transitioning eligible individuals from facilities to the community
  - Using enhanced funding for rebalancing activities

New York Association on Independent Living (NYAIL)

- Statewide, not-for-profit membership association of Independent Living Centers
- ILCs are unique disability-led, cross-disability, locally administered not-for-profit organizations, providing advocacy and supports to assist people with disabilities of all ages to live independently and fully integrated in their communities
- ILCs have been transitioning and diverting people from institutions for more than 20 years

Money Follows the Person in NYS: The Open Doors project

- NYS Department of Health contracts with NYAIL for the Open Doors program to facilitate community transitions
- NYAIL is the DOH-designated Local Contact Agency for MDS 3.0 Section Q Referrals
- Two components to Open Doors program:
  - Open Doors Transition Center
  - Open Doors Peer Outreach and Referral

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TRANSITION CENTER



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Transition Center Project

Goal: Identify potential participants in nursing facilities, developmental centers and intermediate care facilities and facilitate successful transitions to one's community of choice

Transition Center Structure

- 9 Regional Lead ILCs and 15 Auxiliary ILCs
  - Regional Transition Coordinator/Liaison
  - Transition Specialist(s)
  - Over 60 Transition Specialists statewide
- NYAIL Staff
  - Project Director
  - Statewide & NYC Transition Specialist Liaison
  - Nurse
  - Social Worker

Referral Sources

- Section Q of the Minimum Data Set (MDS)
- Nursing Home Discharge Planners
- OPWDD
- Self
- Family/Advocate
- Regional Resource Development Centers (RRDCs)
- MLTC Care Managers

Transition Specialist Role

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

Transition Specialist Role

- Collaboration
  - Create Person-Centered transition plan
    - Nursing Home Discharge Planners
    - Care Managers
    - Service coordinators
  - Resolve barriers to transition
  - Identification of community resources
    - ILC staff in all areas of state
  - Community Preparedness Education for ‘day one’
  - Follow-up with individual after transition
    - Administer ‘Quality of Life’ surveys after transition to assess an individual’s adjustment to community

Home and Community Based Services

- Nursing Home Transition and Diversion Waiver (NHTD)
- Traumatic Brain Injury Waiver (TBI)
- Office for People with Developmental Disabilities Waiver (OPWDD)
- Managed Long Term Care (MLTC)
- Olmstead Housing Subsidy (OHS)

Home and Community Based Services

- Health Homes
- Health and Recovery Plans (HARPs)
- Single Point of Access (SPOA) for mental health services
- Local community service providers

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PEER PROGRAM

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Peer Outreach and Referral Program

Goal: 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, veteran status
  - Many peers have already transitioned from an institutionalized setting into the community
- Family peers available for families of participants

Open Doors Impact

Since January 2015 Open Doors has:

- Received over 9,500 referrals
- Helped to transition over 2,500 individuals
- Provided peer services to over 1,200 individuals
  - More than half requested an additional meeting
  - Almost 200 who received peer services transitioned home

PASRR and *Open Doors*

- ***Ascend Maximus PASRR Assessor completing resident reviews:***
  - Reviews and documents medical and mental health treatment history
  - May make a recommendation for community placement
  - Indicates that a referral to Open Doors is ***strongly*** recommended for transition assistance for individuals with a community placement recommendation
    - For a resident review that results in a community placement recommendation, the resident usually returns to the nursing home until discharge to the community is complete. A referral to Open Doors can be made either by the hospital or by the nursing home in this situation.

ASCEND
A MAXIMUS COMPANY

New York Summary of Findings
Preadmission Screening and Resident Review

Report Date: 05/25/2018 Individual: [redacted] SSN: [redacted] Medicaid #: [redacted]

n/a

Other Services or Supports

Type	Rationale
Case management	Case management should explore community options for [redacted] given his challenges of physical needs and court orders.
Open Doors referral	A referral to Open doors through the New York Association on Independent Living is recommended in order to support discharge planning. A referral may be submitted by accessing the referral form at https://ilny.ur/programs/mfp/transition-center, emailing secq@ilny.org, or calling 1-844-545-7108.

DSM Diagnoses

Diagnosis	Description
BIPOLAR DISORDER NOS 296.8	

LOCATION INFORMATION

Individual's Address

Mailing Address: [redacted] City: [redacted] State/Zip: [redacted]
RD

Phone:

SSN: [redacted] DOB: [redacted]

Current Location

Current Location: Nursing Facility

Location Name: [redacted] Phone: [redacted]

Street: [redacted] City: [redacted] State/Zip: [redacted]

County: [redacted]

ASCEND OUTCOME

Onsite Evaluator: [redacted] Interview Date: [redacted]/2018

Final Determination By: [redacted] Determination Date: [redacted]/2018

Level II Outcome: Level II - Approved No SS

Sample PASRR Open Doors Recommendation

PASRR and *Open Doors*

- ***Open Doors***
  - Open Doors receives referral from individual or nursing home staff
  - Transition Specialist uses results of PASRR Screen to inform community service needs
  - Transition Specialist meets with individual and provides objective information about community based services and supports available to resident
  - Transition Specialist facilitates the individual's transition to the community
  - Peers provides support for individuals who are uncertain of their ability to live in the community

Referral to Open Doors

- Contact NYAIL with demographics and nursing facility contact information
  - Referral form on NYAIL website: http://www.ilny.org/programs/mfp/transition-center
  - E-mail to: secq@ilny.org

    or
  - Call **1-844-545-7108**

More Information on MFP

View the webcast to learn:

- the purpose of the *Money Follows the Person* demonstration
- principles of the Olmstead decision
- ways that a transition specialist or peer can help individuals return to their communities of choice
- steps to take when an individual expresses an interest to return to community living from an institution

The *Money Follows the Person* Program:

Facilitating Return to Community-based Settings

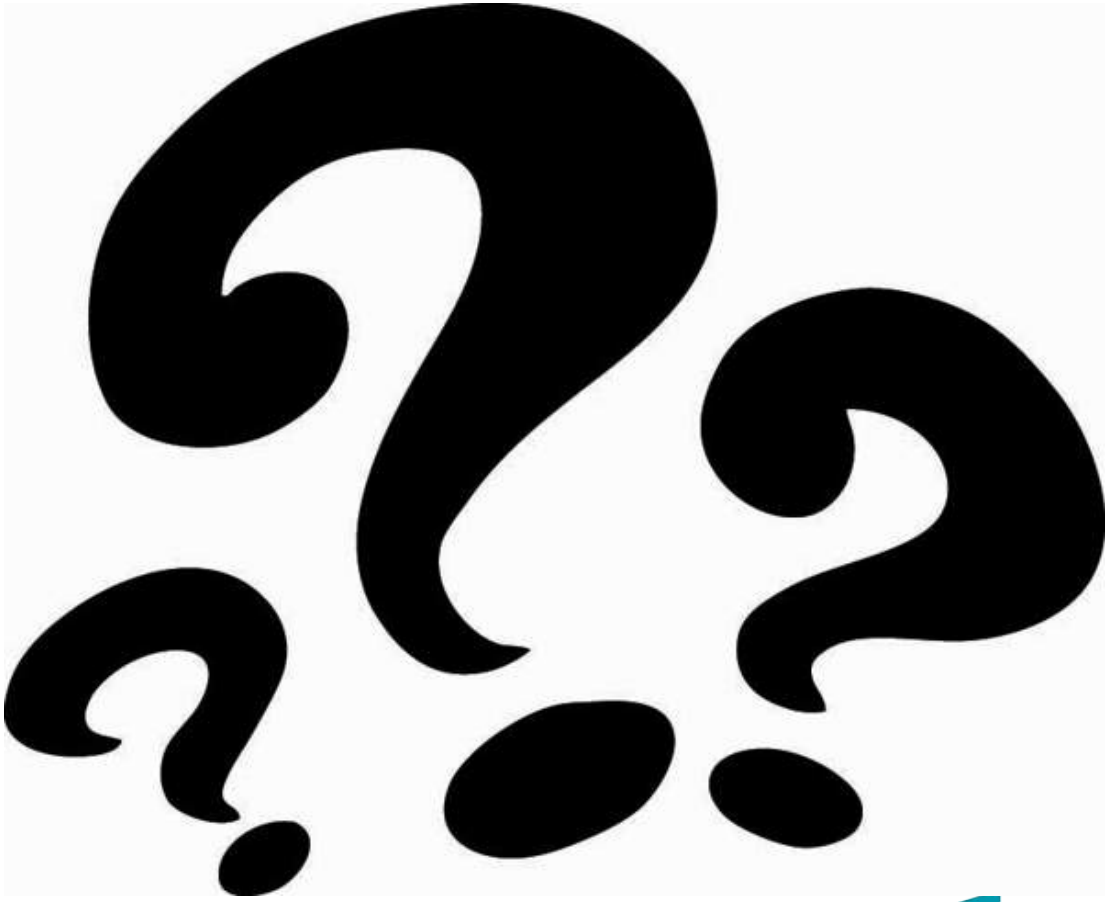
Webcast Recorded on: Thursday, February 16th, 2017, 9-10am*

http://www.albany.edu/sph/cphce/phl_0217.shtml

"PUBLIC HEALTH LIVE is a monthly webcast series designed to provide continuing education opportunities on public health issues. Broadcasts are free and available to all who are interested in furthering their knowledge of public health."

**Continuing education credits may be available.*

Questions?



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

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