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SCHOOL OF PUBLIC HEALTH
UNIVERSITY AT ALBANY State University of New York

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

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Featured Speakers

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- Lindsay Miller, MPH
  - Executive Director, New York Association on Independent Living

Conflict of Interest & Disclosure Statements

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No commercial funding has been accepted for this activity.

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- University at Albany School of Public Health
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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

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Cold-bed rule limiting 1915(c) waiver slots is repealed (1994)	84%	16%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

Role of Olmstead in Growth of HCBS

- *Olmstead v. L.C.* (1999)
  - "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

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

- 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

Referral to *Open Doors*

Many convenient ways to make a referral:

- Local Contact Agency: Local ILC
- Referral form on NYAIL website:
  http://www.ilny.org/programs/mfp/transition-center
- 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
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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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