

Nursing Facility Transition Information Bulletin #1

What is Nursing Facility Transition?

Nursing Facility Transition (NFT) initiatives are designed to provide nursing facility residents with the opportunity to leave the nursing facility and live in another setting. Transition initiatives are targeted to nursing home residents that have been in the facility for six months or longer and who express a desire to live in the community. Such initiatives include: *individual assessments* to determine the individual's ability to live in the community; *one-on-one case management*; *funding for one-time transition costs* (e.g., security deposits); and *person-centered planning* to ensure that service needs are met in the community.

While most people want to live at home for as long as possible, historically long-term care public policy has been biased toward the development and utilization of institutional settings for persons needing care. However, since the 1980's when the first Medicaid Waivers were approved, states have been working to expand home and community options for seniors and persons with disabilities. The Americans with Disabilities Act and the Olmstead Decision led to the development of both state and federal initiatives to "rebalance" long-term care focused on increasing the supply of home and community based services. Though the primary focus has been on nursing home diversion and development of home and community based services systems as an alternative to nursing home placement, states have also worked to transition residents from nursing facilities back to community settings.

From 1998 to 2000, the Centers for Medicare and Medicaid Services (CMS), in association with the federal Health and Human Services' Assistant Secretary for Planning and Evaluation, awarded Nursing Home Transition Demonstration grants to 12 states (Arkansas, Colorado, Florida, Michigan, Nebraska, New Hampshire, New Jersey, Pennsylvania, Rhode Island, Texas, Vermont, Wisconsin). With the ability to use grant funds in creative ways with few restrictions, these states succeeded in removing administrative barriers and developing needed community supports for successful so nursing facility transitions.¹

The New Freedom Initiative, launched by CMS in 2001, is designed to promote the removal of barriers to community living for people of all ages with disabilities and chronic illnesses. To support states' efforts to design and implement lasting improvements in the home and community based services support system, CMS has awarded "Real Choice Systems Change Grants (RCSC) for Community Living" to all 50 states, the District of Columbia and two territories. Included among the RCSC initiatives are grants to support **nursing facility transition**. These grants built on the successes of the NFT Demonstration grants. Between

¹ CMS, Center for Medicaid and State Operations, letter to State Medicaid Directors (August 13, 2002).

October 1, 2002 and September 30, 2004, 33 NFT projects supported by RCSC grants were successful in transitioning 3,633 persons from nursing facilities back to their homes and communities. Thirty per cent (30%) of the individuals transitioned to the community under these grants were between 65 and 84 years of age; an additional 9% were age 85 and older.²

In addition to the RCSC/NFT grants, a number of states, including Colorado, New Jersey, Texas, Washington and Wisconsin, have developed state-specific nursing facility transition initiatives. Texas, which first enacted “Money Follows the Person” legislation in 2001, has established one of the most successful nursing facility transition initiatives. Two thousand 2000 persons were transitioned from nursing facilities in Texas back to the community between September 1, 2001 and August 31, 2003. Since September 2003, an additional 10,711 persons have been transitioned. Sixty-two percent (6,640 individuals) of those who returned to the community were 65 and older. Of these 6,640 persons: 19% were between the ages of 65 and 74; 7.5% were over 90; and 10 persons were over 100 years old.³

Finally, the Money Follows the Person (MFP) Demonstration Grants included in the Deficit Reduction Act (DRA) of 2006, will provide a new opportunity for states to work on nursing facility transition. Up to \$1.75 billion over five years will be available to support states’ efforts to rebalance their long-term care systems. Funding will be targeted to residents in nursing homes for six months or longer to move back to the community. MFP funds can be used to help pay for rent deposits and other expenses such as home modification, personal assistance devices and respite for informal caregivers to enable residents to return to the community. On January 12, 2007 CMS awarded the first round of grants to 17 states.⁴

Ombudsman Program Awareness and Involvement in Nursing Facility Transition Initiatives – Preliminary Data

In December 2006, NASUA emailed a questionnaire to all state ombudsmen for the purpose of identifying current ombudsman practices related to home and community based services, involvement in nursing facility transition initiatives and potential involvement in the Money Follows the Person grant programs. **Preliminary data from 40 ombudsman programs** (responses received as of February 2, 2007) are presented below.

Home and Community Based Services (HCBS):

- 30 (75%) of the 40 ombudsman programs make referrals to HCBS when residents express a desire to leave the nursing home.

² Jennifer Gillespie, *Nursing Facility Transition Grantee Annual Report Data: Issue Brief*, Community Living Exchange (June 2005), p. 2.

³ Barabara A. Ormond, Anna S. Sommers, Kristen J. Black, Examination of Texas Rider 37: A Medicaid “Money Follows the Person” Long-Term Care Initiative, The Urban Institute (May 2006).

⁴ States awarded MFP Demonstration Grants by CMS: Arkansas, California, Connecticut, Indiana, Iowa, Maryland, Michigan, Missouri, Nebraska, New Hampshire, New York, Ohio, Oklahoma, South Carolina, Texas, Washington, Wisconsin.

- 34 (85%) of the 40 ombudsman programs provide training about HCBS options for staff and volunteers.
- 58% of the responding ombudsman programs include issues related to HCBS on their program's advocacy agenda.

Nursing Facility Transition (NFT):

- 32 of 40 LTCO programs reported the existence of a nursing facility transition (NFT) initiative in their states.
- 25 of the above 32 ombudsman programs (78%) have made referrals to the NFT initiative in their state.
- Ombudsman programs in AL, AR, CT, GA, IL, IN, LA, MI, MO, MS, MT, NE, NH, NC, OH, TX, VT, VA, WA, WI, WV reported they have a role in their states' NFT initiative. The most common roles played by the LTCO program are: informing and educating individual residents and families about the NFT initiative; identifying residents who are potential candidates for NFT services; serving on a committee or work group responsible for implementing a NFT initiative; and coordinating with the NFT initiative at the state/local level to help residents move back to the community.
- 22 (69%) of the 32 ombudsman programs in states with NFT initiatives reported having had concerns about the program in their states, including: lack of support by nursing homes; inadequate supply of affordable housing and services to meet transitioned residents' needs; and inconsistency in transition services from one part of the state to another.

Money Follows the Person:

- 28 ombudsman programs reported that their states applied for a Money Follows the Person (MFP) Grant.
- 17 of these 28 programs provided input into the MFP grant proposal and 14 reported that a specific role(s) was identified for the LTCO program in the proposed project.
- MFP grant proposals which identified a role for the ombudsman program were funded in 7 states: Arkansas, Connecticut, Indiana, Missouri, Ohio, Texas and Wisconsin.

Resources on Nursing Facility Transition

Listed below are selected printed materials and websites that offer information on nursing facility diversion and transition activities.

Materials:

- ❖ **Diversion and Transition Services in the U.S., Promising Practices and Options for the Future.** Darlene O'Conner, Linda Long, Emma Quach, Laurie Burgess, Ellie

Shea-Delaney. Center for Health Policy and Research, University of Massachusetts Medical School. February 2006.

http://hcbs.org/files/84/4184/DiversionInventory_NationalReport.pdf.

An overview of diversion and transition initiatives across the country. Discusses the need for increased public awareness about available community options for persons with disabilities or chronic conditions. This report provides valuable information on federal policy changes to support diversion and transition activities, including new initiatives under the Deficit Reduction Act such as expanded access to home and community based services, self-directed personal assistant services and Money Follows the Person demonstration grants. Of particular interest is how states are using assessment and care coordination activities to transition individuals back to the community. The report identifies how states are using relocation workers (OR), case managers (WA) and transition counselors (FL, NJ, PA, AR, MI, CO, TX) to facilitate the transition of residents back to the community as quickly as possible.

- ❖ **Money Follows the Person Toolbox.** Robert Mollica, Susan Reinhard, Jennifer Farnham, Michael Morris. Rutgers Center for State Policy, National Academy for State Health Policy. August 2006.

<http://www.cshp.rutgers.edu/Downloads/6610.pdf>.

Designed to help states applying for a Money Follows the Person grant, this tool box contains a wealth of information on states' promising transition practices. It examines issues such as identifying consumers for transition services, states' uses of assessment instruments, barriers to transition and evaluating and sustaining transition efforts. The chapter on nursing facility transition services contains useful background information on the financing of transition activities including types of activities that can be reimbursed, how transition services can be paid for, and how to help persons maintain their housing in the community.

- ❖ **Nursing Facility Transition Initiatives of the Fiscal Year 2001 and 2002 Grantees: Progress and Challenges: Final Report.** (June 2005) Prepared for CMS by Janet O'Keeffe, RTI International.

http://hcbs.org/files/74/3655/NFT_final.htm.

Provides an overview of the NFT initiatives of the 18 FY 2001 and 2002 grantees. Offers a table with data of each grantee's primary focus and approach. Appendices provide data on the number of persons transitioned and diverted. Also identifies key steps needed to set up sustainable transition/diversion programs and implications for states as they move forward with rebalancing efforts that include diversion and transition as key components of those systems.

- ❖ **Nursing Facility Transition Toolbox.** (revised October 2005). Prepared for CMS by Susan Reinhard of Rutgers Center for State Health Policy and Jennifer Gillespie of the National Academy for State Health Policy.

<http://www.hcbs.org/files/80/3964/NFT-Toolbox10-12-05WEB.pdf>.

Designed for Money Follows the Person grantees, the Toolbox identifies resources that address transition components, including: identification of persons for transition; financing one-time transition costs; financing case management costs; relocation

preparation; evaluation of NFT and outcomes; and state infrastructure and policy issues.

Websites:

These websites contain a wealth of information about nursing facility transitions and the Money Follows the Person demonstration grants are:

- ❖ The Clearinghouse for the Community Living Exchange Collaborative
www.HCBS.org.
- ❖ New Freedom Initiative. Centers for Medicare and Medicaid Services.
www.cms.hhs.gov/newfreedom/.

This document was prepared by the National Association of State Units on Aging for the
National Long-Term Care Ombudsman Resource Center

January 2007