

Other States' Nursing Home Transition Efforts

Transition Initiatives

FLORIDA

Florida received a Nursing Home Transition grant in 2000 that focused on individuals with traumatic brain injuries and spinal cord injuries between the ages of eighteen and fifty-five (a transition program for this population continues to function through a state-established trust fund). Beginning in 2001, a nursing home transition program to relocate Medicaid nursing home residents to assisted living facilities via the Assisted Living for the Elderly Medicaid waiver program was established and is administered by the Department of Elder Affairs.

LOUISIANA

Louisiana received a Real Choice System Change Grant for Nursing Home Transition in 2002. The goals were to establish an infrastructure to assist nursing home residents who choose to return to their local communities, establish outreach and awareness campaigns to train and educate citizens and the media about long-term care options, and to develop educational tools to use in this process. Two nursing home transition coordinators, one in the north of the state and one in the south, worked on outreach and community education with the goal of moving 150 people out of nursing homes by the end of 2005.

NEW JERSEY

New Jersey has supported a nursing home transition program called "Community Choice" since 1998. Community Choice hired approximately thirty to forty "counselors" who were assigned to specific nursing facilities with the purpose of identifying and then working with residents who were potential candidates for transition. These counselors focused initially on individuals who entered as "short-stay" residents. This effort resulted in approximately 1500 individuals being transitioned from nursing facilities over a period of

two to three years. Given that the initial focus was on these “short-stay” residents, it is possible that individuals who may have left on their own are included in this number. New Jersey has continued to expand its efforts with a current staff of approximately seventy Community Choice counselors who transition several hundred people each year on an ongoing basis. According to New Jersey’s Department of Aging and Human Services, Community Choice has helped more than 4,735 individuals make the transition from nursing facilities back into the community since the program’s inception.

Shortly after the state initiated Community Choice, New Jersey received a Nursing Home Transition Demonstration Grant in 1999, a project intended to counsel nursing home residents about home and community-based service alternatives and assist those who wanted to move out of a nursing home to do so. The grant was used to improve the Community Choice program’s infrastructure and to create an assistive technology fund.

OHIO

Ohio qualified in 2002 for a preliminary three-year award in response to their application for a Nursing Home Transition Grant. The Ohio Access Success Project was initiated in 2003 with the goals of developing a protocol to identify residents who are good candidates for transition, providing assistance with transitioning to community services and housing, building an ongoing database on community resources, and providing results of an evaluation to stakeholders. An initial four county pilot effort was planned. Subsequent to this study Ohio began development of a waiver to transition nursing home residents to assisted living starting in 2007.

OREGON

In 1981, Oregon received the country’s first home and community-based services waiver. Language in the original legislation to promote home and community-based services in Oregon laid out a vision for a new system of care that emphasized the transition to home and community-based long-term care. All programs focus on promoting diversion from nursing homes and relocation/transition for nursing home residents who request care in the community.

Oregon began hiring state “relocation workers” in 1982 with state funding to assist individuals who wanted to transition from nursing facilities. These workers contacted nursing facility residents who had been flagged, usually upon admission (Oregon requires face-to-face screening for all nursing facility applicants within thirty days of nursing facility admission), as potentially eligible for transition and then followed up with them on at least a monthly basis for the first ninety days to investigate transition possibilities. These workers would help the residents devise and implement a transition plan. Most of the individuals were transitioned to adult foster homes, although some transitioned to assisted living. Between 1982 and 1996, approximately 10,000 individuals were transitioned from Oregon’s nursing facilities. Because Oregon policymakers believe that most people who could transition have done so, the program has been scaled back from its level when originally established.

TEXAS

As part of its plan to comply with the 1999 *Olmstead* decision, Texas created the “Promoting Independence Initiative.” Under this initiative, the Texas Department of Human Services (TDHS) sent a letter to nursing facility residents and their authorized representatives informing them about their community options and giving them the phone number for their local TDHS Community Care office. If a Medicaid-funded resident indicates a desire to transition to the community, then either a state-employed care coordinator or a transition coordinator from an independent living center assesses the person to determine medical and/or functional eligibility for community services. After establishing eligibility, the care coordinator works with the person to develop and implement a care plan for the community, using any service for which they are eligible. To help facilitate the transition process, \$2500 per person is available for transition costs. This care coordination effort was implemented along with a new “Money Follows the Person” financing system. The combined result of the care coordination and new financing mechanism is that 3,181 individuals transitioned between mid-2001 and early 2004.

Comment [d1]: Pls transfer this section to housing

WASHINGTON

In 1995, Washington passed HB 1908, designed to expand HCBS capacity within the long-term care system. The bill required a reduction in nursing home Medicaid census rates by 1600 beds within two years. The state has been successful in this endeavor, reducing the number of people residing in nursing homes from 17,500 in 1990 to 12,300 in 2005.

Part of the statute of HB 1908 included the creation of a *Nursing Facility Relocation* program. Washington Nursing Facility Case Managers must contact individuals admitted to a nursing facility within seven days. They must conduct a functional assessment, and present and discuss information regarding transition with the individual and the family. For individuals who want to return to the community, the case manager will assess eligibility for community services and assist in the development and implementation of a transition plan. The case manager also monitors the individual after transition.

Case managers have instant access to information, such as the state reimbursement system, via laptop computer. This universal state reimbursement system, utilizes “Care Tools,” to assess acuity levels and link these to reimbursement. This instrument is an interactive interviewing tool designed to collect critical assessment elements and protocols in a flexible and helpful manner.

Washington has had several notable means of funding transition costs. The state permits new nursing facility residents to avail themselves of the home maintenance allowance, which Washington calls the “Medical Institution Income Exemption,” that is permitted under federal regulations at 42 C.F.R. 435.832(d). This exemption allows new nursing facility residents to keep up to 100% FPL of their income for the first 6 months after admission, if the funds are used to maintain a home and a physician certifies that they do not need more than a six-month NF stay.

Note on “Medical Institution Income Exemption” in California: Pursuant to subdivision 14005.12(d)(2) of the California Welfare and Institutions Code, DHS promulgated a regulation at Section 50605 of Title 22 of the California Code of Regulations providing that institutionalized beneficiaries can retain (i.e. protect from share of

cost) a certain amount of their income each month for the upkeep of their home residence provided certain conditions are met. The primary condition that must be met is that there be a written medical determination that the individual will not need to remain in the nursing home for more than 6 months from the date of his or her admittance thereto (so that is it medically reasonably likely that the individual will be able to return to his or her home within this 6 month period). This amount of this deduction is subject to variation pursuant to a computational formula. However, under typical circumstances, the amount of this deduction is \$209 per month.

This deduction was adopted under authority of federal Medicaid law which provided states the option of providing this home upkeep deduction for institutionalized beneficiaries who would be able to return to their homes because their “stay” in the nursing home was likely temporary.

Assessments

MAINE

Maine requires face-to-face screening for all nursing facility residents, regardless of the source of payment and finds candidates for transition to the community. The state hires a private contractor, Goold Health Systems, to conduct an in depth assessment for a nursing facility applicant’s level of care. This assessment is deferred for consumers who do not need Medicaid to pay for their nursing facility stay. When conducting the medical eligibility determination assessment, the assessors use laptops that can receive client’s financial information electronically. The assessor then knows the financial status of the person being assessed and can offer the appropriate option based on both the financial and medical information gathered. For private pay individuals, the assessor advises them on their long-term care options based on the assessment.

MASSACHUSETTS

In 2004, Massachusetts revised its nursing home screening process and developed a more timely comprehensive needs assessment that

helps individuals identify an array of service options available in the community.

MONEY FOLLOWS THE PERSON

Texas

As part of its “Promoting Independence Initiative,” Texas created a new financing mechanism that enables nursing facility residents to receive HCBS waiver services quickly by bypassing the waiver interest list. In the 2001 Appropriations Act, the Texas legislature enacted Rider 37, which stated that “it is the intent of the legislature that as clients relocate from nursing facilities to community care services, funds will be transferred from the nursing facility to community care services to cover the cost of shift in services.” Texas codified this same language in Rider 28 in 2003. This shifting of funds for those who transition into the community makes it possible for them to “jump the list” and be prioritized for services under the state’s HCBS waiver programs.

This approach is often referred to as “Money Follows the Person” in Texas. However, it is important to note that the state does not transfer the amount being spent in the nursing facility to the community at the time the individual moves to the community. Rather, the state periodically determines the average amount spent on HCBS waiver services and on transition costs of up to \$2500 and then transfers that amount from the nursing facility budget to the community services budget retrospectively to cover expenditures for those waiver participants who had transitioned from the nursing facilities. In 2003, the Texas legislature passed a provision stating that if an individual who has transitioned stops receiving HCBS waiver services, then money is no longer transferred from the nursing facility budget for their care. Thus, the base number of HCBS waiver slots is not expanded.

Since Money Follow the Person began in Texas (September 2003), 10,711 people have opted to leave the nursing facilities, have the institutional MA funds follow them, and move into the community. It has been estimated that Texas saves between 20 and 35% of what it previously spent on those individuals living in nursing facilities.

Demographics of transitioned individuals

- 7.5% are over 90 years of age, and 10 were over 100 years old. About 38% were under 65 years old, and 11% were under 44 years. Another 19% were between 65 and 74.
- 65% were female and 64% were white (not of Hispanic origin).

Living arrangements of transitioned individuals

- Nearly all received Medicaid Waiver services.
- 22% live alone, 47% live with family, and 2% live with other persons who are in a waiver program. Most of the remaining 29% live primarily in Residential Care or Adult Foster.

Paying Nursing Homes to Close Beds

As outlined in a CMS letters to State Medicaid Directors, CMS permits, but does not require, states to reduce nursing facility beds “to assist a state in rebalancing its long-term care service system”.

MINNESOTA

Legislation passed in Minnesota in June of 2001 requiring the State to pay nursing homes \$2,080 for every bed they closed. The state funds saved through closure was reinvested in community- and home-based services. In 2001, the state had authority to close 5,100 of Minnesota’s 41,000 beds (720 beds closed in 2000). As of Nov 2004, the number of nursing facility beds closed in MN was about 5,200.

The legislation takes money saved by closing nursing home beds and funnels it into existing community services. It also provides start-up and expansion money for new community services, such as respite care for family members, training for home-based caregivers, and innovations such as the block nurse programs already in place in some Twin Cities neighborhoods. In these programs, neighbors identify older adults in need of help and volunteer their services to keep them in their homes. The new legislation provides more money to serve people eligible for the state’s Alternative Care and Elderly Waiver programs; thus more Medicaid dollars will go toward community-based services for older adults who prefer to live at home or in some other housing option.

Pooling of LTC Funds and other Funding Mechanisms

OREGON

Oregon has a consolidated budget for Medicaid LTC spending, which allows for a greater ability to promote home and community-based alternatives. Oregon's Medicaid program managers closely monitor LTC expenditures and monthly census data on the number of participants receiving services in each setting.

Oregon's Independent Choices Program uses a Medicaid 1115 demonstration waiver to allow people to receive cash in lieu of authorized in-home services. This program assumes that participants want, and have the ability, to control a cash allowance; fiscal intermediaries only support a payroll function. The program is limited to 300 people during the initial demonstration. Participants undergo the regular HCBS functional assessment and the value of the needed services is then converted into a cash equivalent that is sent to the participant's bank account every month. Participants must complete a ten-hour training session and pass an exam in order to be eligible to complete payroll requirements. Additional training each year can be requested if participants or their surrogates cannot pass the test. In addition, spouses can be employed as caregivers (this is normally prohibited under Medicaid law).

VERMONT

A 1996 law required that the balance of Vermont's long-term care spending reduce the rate of growth for Medicaid nursing home expenditures and invest the savings in home and community-based supports. The initiative established specific targets for the level of savings to be achieved in each of the four years following its enactment, and generated savings were used to expand existing programs or to fund new programs. As a result of this legislation, Vermont successfully expanded community-based options, including new residential services, and offered greater opportunities for participants to self-direct their supports.

WASHINGTON

In 1986, Washington consolidated the administration of all long-term care supports for older people and people with physical disabilities.

The Aging and Disability Services Administration has a single budget line item for both community and institutional long-term care and estimates that the cost of caring for people in nursing homes is equal to the cost of providing services for two to four people at home. To provide services immediately, the state presumes eligibility if it appears that the client will be eligible for waiver services.

WISCONSIN

In Wisconsin, the state provides an incentive to counties that assist individuals in transitioning out of nursing facilities. The state adds an amount to the county's allocation of HCBS waiver funds for each occupied nursing facility bed closed in which the person moves into the community. The state increases the county's allocation by the amount necessary to meet the needs of each person who leaves a nursing facility while using the HCBS waiver funds. Once this person no longer needs waiver services, the funds will remain available for other people in that county who need home and community based services.