

**Opportunities to Build on State and Federal Initiatives:  
Update on efforts supporting nursing facility residents' return to the community**

## **1. California Community Transitions**

**Background**—In January 2007, the Centers for Medicare & Medicaid Services (CMS) awarded the state a special grant to implement a Money Follows the Person Rebalancing Demonstration effective through September 30, 2011. *California Community Transitions* (CCT) is administered under the authority of section 6071 of the Deficit Reduction Act of 2005, and the state's approved Medi-Cal state plan and approved home and community-based services (HCBS) waivers. CCT allows eligible Medi-Cal beneficiaries who have been receiving services in nursing or other inpatient health care facilities for six months or longer to transition to a community setting, if that is their preference. Additionally, the state will receive an enhanced federal reimbursement rate for provision of Medi-Cal HCBS to these beneficiaries.

During the demonstration period (365 days), participants receive existing Medi-Cal services that they have identified in an individual comprehensive service plan. After the demonstration period has ended, participants who remain eligible for Medi-Cal will continue to receive services under existing HCBS waivers or state plan services.

Initially, DHCS designated four organizations to be lead organizations to convene project teams to meet with potential participants. Once enrolled in CCT, team members help participants navigate the complex array of Medi-Cal waiver and state plan services, affordable housing, transportation, income maintenance and all the factors that must blend to support a transition from a facility. One outcome of CCT is that more consumers will be informed of the opportunity to enroll in HCBS waivers or certain state plan programs thereby exercising their choice and opportunities for self management.

**Preference Interview**—CCT provides a means for the state to create regional partnerships and build on the work achieved under the Real Choice Systems Change Grant for Community Living, *California Pathways* (Grant No. 11-P-92077/9-01). Under California Pathways, the state developed and tested a resident interview tool and protocol that focuses on direct statements of preference about whether residents prefer to receive services in a health facility or in the community. CCT employs the same direct interview process to find facility residents who prefer to transition to community living. The state is promoting this Preference Interview as a statewide resident protocol that goes well beyond the use of the tool under this demonstration. With wider use of the Preference Interview, the state will broaden the base of consumer information about HCBS in general and will, as a result, increase utilization and expenditures for HCBS.

Use of the Preference Interview and appropriate follow-up by nursing facilities will fulfill the requirements of California Health and Safety Code section 1418.81(a).

## 2. Aging and Disability Resource Connections (ADRC)

Significant progress has been made in a few areas of the State toward single entry point for consumer information about community-based services and supports.

California Community Choices has funded and developed two ADRCs in Riverside and Orange Counties

1. Builds on strengths and expertise of existing community organizations
2. Enhances consumer assistance through Long-Term Care Options Counseling and Short-Term Service Coordination
3. Reaches out to consumers of any age regardless of source of payment

## 3. CalCareNet

California Community Choices will soon launch an enhanced state sponsored web portal to improve online consumer information about community-based services and supports. See the website for information, goals and events <http://communitychoices.info/>

California Community Choices is funded by a Real Choice Systems Transformation grant from the U.S. Health and Human Services Agency, Centers for Medicare & Medicaid Services, awarded to the California Health and Human Services Agency in September 2006.

## 4. Federally Required Minimum Data Set (MDS) Version 3.0

The Centers for Medicare & Medicaid Services (CMS) has made changes to the federally required nursing facility resident assessment instrument. The Minimum Data Set (MDS) Version 3.0 and the related Resident Assessment Protocols (RAP) will be implemented over the next months. *The timeline for launching MDS 3.0 is Attachment #1.* More information is posted at [http://www.cms.hhs.gov/NursingHomeQualityInits/25\\_NHQIMDS30.asp](http://www.cms.hhs.gov/NursingHomeQualityInits/25_NHQIMDS30.asp)

- MDS 3.0 implements many changes; including technical changes that support states that use resident acuity based rates.
- MDS 3.0 also implements a new direct question to residents relative to their preference to transition back to community living (question # Q.2). *See the State Medicaid Directors Letter Attachment #2.*
- Direct question to residents will be required quarterly and with any change in condition. To see the exact question see section Q of the MDS 3.0 at the CMS website: [http://www.cms.hhs.gov/NursingHomeQualityInits/25\\_NHQIMDS30.asp](http://www.cms.hhs.gov/NursingHomeQualityInits/25_NHQIMDS30.asp)
- CMS, with state input, is developing a Resident Assessment Protocol (RAP) that will instruct facilities and community organizations how to follow-up with residents who want to learn more about community living options.
- Requires link and partnership between nursing facilities and community organizations.

## 5. CMS Discharge Planning Checklist

CMS has developed a brochure to help consumers leaving hospitals. The brochure presents the opportunity for states to provide local information to discharge planners. The brochure is available at [www.medicare.gov/publications](http://www.medicare.gov/publications) It is publication # 11376 or search keywords: "Discharge," "Planning," or "Checklist," or on "Planning for Your Discharge."