

# PROMISING PRACTICES IN HOME AND COMMUNITY-BASED SERVICES

## *New Jersey – Community Choice Initiative*

### **Issue: Information and Assistance to People in Nursing Facilities**

#### Summary

The State of New Jersey offers one of the few permanent, state-operated nursing facility transition programs, Community Choice. Forty counselors provide information and assistance to nursing facility residents throughout the state, and New Jersey established a fund for transition expenses for which no other funding source is available, such as furniture and housing deposits. Community Choice helped more than 3,400 people leave nursing facilities during state fiscal years 1998 through 2001.

#### Introduction

In 2000, slightly over one million Medicaid participants lived in nursing facilities across the country.<sup>1</sup> With the right home and community-based services (HCBS), some people in nursing facilities may be able to live in private homes or in community residential settings. Some nursing facility residents may prefer such a change, which also has the potential to save state Medicaid dollars. Few states, however, offer permanent public programs specifically to identify people in nursing facilities who prefer to live in community settings, and provide the necessary resources to effect those transitions.

The State of New Jersey offers Community Choice, one of the few permanent, state nursing facility transition programs. This report describes Community Choice, including its implementation and expansion in the late 1990s. The report is based on interviews with current and former state staff conducted as part of an evaluation of New Jersey's 1999 federal Nursing Home Transition Demonstration Grant. Medstat is conducting this evaluation under a contract with the Assistant Secretary for Planning and Evaluation and the Centers for Medicare & Medicaid Services, both part of the U.S. Department of Health and Human Services.

#### Background

Before Community Choice, nursing facility transition was one of the functions of the state's pre-admission screening (PAS), which New

Jersey required for Medicaid consumers and people who would be eligible for Medicaid if they lived in a nursing facility for 180 days. State-employed registered nurses assessed people before a nursing facility admission to determine whether the admission was appropriate. PAS staff also indicated whether a long-term or short-term stay was appropriate, and identified alternatives for people for whom a short-term stay was appropriate. State-employed social workers visited nursing facilities to follow-up with people recommended for a short-term stay. According to state staff, resources for this program were limited, few community alternatives were available, and the PAS staff did not always know all the options available in the community. As a result, many people approved for short-term stays remained in nursing facilities for months or years.

Community Choice should be considered in the context of other changes in New Jersey's HCBS for older people in the late 1990s. Within a year after Community Choice's start, the state implemented several changes to increase HCBS options for older people, including:

**Community Choice was part of several changes to increase HCBS options for older people.**

- a new Medicaid HCBS waiver for older people and people with physical disabilities, the Enhanced Community Options waiver (ECO), that covered community residential options in the state for the first time;

<sup>1</sup> CMS, Online Survey and Certification and Reporting System (OSCAR), December 8, 2000.

- a state-funded HCBS program, Jersey Assistance for Community Caregiving (JACC); and
- New Jersey Easy Access Single Entry (NJ EASE), a statewide toll-free phone number that provided older people one contact for a variety of health, social services, financial, and other resources.

**Intervention**

Community Choice offers nursing facility residents: 1) information about HCBS and housing alternatives to a nursing facility, and 2) assistance for people who want to move from a nursing facility. New Jersey employs 40 Community Choice counselors – registered nurses and social workers – to provide this information and assistance throughout the state. New Jersey also uses state funds to pay for transition expenses for which no other funding source is available, such as furniture and housing deposits.

**Counselors provide information and assistance to nursing facility residents.**

The state established a process for counselors to learn about nursing facility residents soon after their admission. Community Choice is available to Medicaid participants and people who would be eligible for Medicaid within 180 days if they remain in a nursing facility. When a person meeting this requirement enters a nursing facility, state regulations require the nursing facility to notify the local Long Term Care Field Office. At the field office, the person is assigned to the counselor serving that nursing facility’s residents. The program also receives referrals from Area Agencies on Aging (AAAs), nursing facility staff, the nursing facility ombudsman, residents, and residents’ families.

The counselor assesses the resident’s needs and his or her interest in relocation. The counselor, the nursing facility’s discharge planner, and the resident and his or her family and friends then work together to identify and secure housing and formal and informal services the resident can use once in the community.

To support a person’s transition, New Jersey offers up to \$600 per person for transition expenses. Using state funds, New Jersey pays

for housing deposits, furniture, appliances, other household items, and other expenses necessary to support the participant in the community. Counselors recommend expenditures to Community Choice staff at the state’s central office, who approve the expenditures. A person may receive more than the \$600 per person limit under special circumstances – if approved by the central office. Although most Community Choice participants do not use this fund, counselors reported the flexible funds are very important for the people that need them.

After a person leaves a nursing facility, counselors must make at least two follow-up contacts to ensure the person has the support he or she needs in the community. Community Choice policy requires counselors to call the resident between 24 and 48 hours after discharge. The second contact is required 14 to 30 days after discharge. After the second contact, the person is encouraged to contact NJ EASE or the waiver case manager for his or her HCBS if he or she needs additional assistance.

**Implementation**

When Community Choice began in 1998, New Jersey hired a team of ten counselors. Both program administrators and counselors said the creation of a new team focused solely on nursing facility transition was important for the program’s success. Community Choice expanded in 1999 as part of a Governor’s legislative package called the Senior Initiatives. To make the program available statewide, the state increased the staff to 40 counselors.

New Jersey provided extensive training in the first six months of Community Choice. Every two weeks all counselors attended full-day staff meetings that focused on training. These meetings included information about Medicaid services, AAA services, and public and private housing options. Counselors visited local AAAs, public housing complexes for older people, assisted living facilities, and other HCBS providers to introduce themselves and to gain familiarity with the housing and service providers in their region.

**New Jersey provided extensive training in the first six months of Community Choice.**

Initially, the program focused on people recently admitted to a nursing facility. One reported benefit of concentrating on these admissions was to build the counselors' confidence by allowing them to work with residents that needed less assistance. New nursing facility residents are more likely to have a home in the community, and many of these residents plan to leave the facility after a few weeks of rehabilitation or convalescence. Counselors gained experience in working with nursing facility discharge planners and connecting consumers to HCBS, housing, and other resources. Although Community Choice still serves many residents soon after their admission, counselors serve all residents referred to them, regardless of length of stay.

### **Impact**

More than 3,400 people left nursing facilities with the help of Community Choice counseling between state fiscal years 1998 and 2001.

#### **Discussion Questions:**

**How can states demonstrate the effectiveness of nursing facility transition programs when some residents may have left without assistance?**

**New Jersey was able to add several state employees for Community Choice. How can this model be adapted to states with hiring freezes?**

During state fiscal years 2000 and 2001, Community Choice assisted an average of 1,500 former nursing facility residents each year.

The high number of people assisted by Community Choice did not lead to a reduction in nursing facility residents by the same amount. During the same three years, in which New Jersey started Community Choice and expanded HCBS options, the average Medicaid nursing facility utilization decreased by almost 1,600 people from 29,610 in state fiscal year 1998 to 28,028 in state fiscal year 2001.

### **Contact Information**

For more information about Community Choice, contact Rebecca McMillen at (609) 588-2543 or [rebecca.mcmillen@doh.state.nj.us](mailto:rebecca.mcmillen@doh.state.nj.us). Online information about Community Choice is at <http://www.state.nj.us/health/consumer/choice/index.html>.

One of a series of reports by Medstat for the U.S. Centers for Medicare & Medicaid Services (CMS) highlighting promising practices in home and community-based services. The entire series will be available online at CMS' web site, <http://www.cms.gov>. This report is intended to share information about different approaches to offering home and community-based services. This report is not an endorsement of any practice.