

PROMISING PRACTICES IN HOME AND COMMUNITY-BASED SERVICES

Washington – Facilitating Nursing Facility to Community Transitions

Issue: Offering a Variety of Discharge Resources

Summary

The State of Washington offers a broad spectrum of resources specifically designed to facilitate the transition of nursing facility residents to less restrictive, community settings. Nursing facility case managers help people obtain the housing and services necessary to leave a nursing facility. Washington also uses Medicaid post-eligibility treatment of income rules to allow Medicaid-eligible residents to keep more of their income to maintain their home or to obtain and furnish a home after transition. The state also offers four funding sources for transitional services people may need when leaving a nursing facility. Over a five-year period, the number of nursing facility residents using Medicaid decreased 16%.

Introduction

The State of Washington has long been viewed as a leader in the provision of home and community-based services. Washington's Aging and Adult Services Administration (AASA), a division of the state's Department of Social and Health Services, manages numerous long term care in-home services, residential services, and adult protective services, placing an emphasis on self-direction, civil rights, and community reliance.

This report briefly describes how the State of Washington offers a variety of resources to reduce institutional reliance by supporting people with disabilities, including older people, in the least restrictive environment possible. All information is based on interviews with state staff and publicly available materials from Washington's Department of Social and Health Services web site.

Background

According to state staff, the foundation of the agency's effort is a large Medicaid home and community-based services (HCBS) waiver called the Community Options Program Entry System (COPES). The COPES Medicaid waiver offers a variety of services to over 30,000 people with disabilities, including older people, and has an annual budget of over \$350 million. For people leaving nursing facilities, a notable feature of the COPES waiver program is that

there is no waiting list for services. As a result, nursing facility residents can move quickly and easily into the community.

Intervention: Nursing Facility Case Management

Washington utilizes a system of Nursing Facility Case Management to ensure nursing facility residents know about their options and to assist residents in obtaining home and community-based services. State-employed case managers (social workers), in conjunction with nursing facility staff, quickly identify residents who might live safely and independently in the community. The case managers then provide resources to support a resident who chooses to transition from a nursing facility into the community. The case managers work with nursing facility staff to assist residents in accessing, obtaining, and utilizing services to maintain the highest level of independence in the least restrictive setting.

The case managers are assigned to specific nursing facilities throughout the state. They visit new Medicaid nursing home residents within seven days of their admission and prioritize their workload to focus on newly admitted residents who are Medicaid participants, applicants, or dually eligible for both

Case managers quickly identify residents who might live safely and independently in the community.

Medicaid and Medicare. Although newly admitted residents are their highest priority, case managers also work with residents who likely to become Medicaid-eligible in 180 days, and Medicaid participants who are long-term residents and who express an interest in transition.

Case managers first conduct a functional assessment, discuss with the resident his or her potential for transition, and review all available community-based options. Case managers also offer the resident other supports that can help during transition as appropriate. When a resident or their family expresses readiness to move into the community, the case manager conducts a more comprehensive assessment, and identifies barriers to overcome, as well as the supports and resources necessary for a successful transition. Working with the resident, family members, and nursing facility staff, the case manager develops a transition plan and assists the resident in implementing this plan during and following the transition.

Intervention: **Funds for Transition Supports**

The state uses a Medical Institution Income Exemption (MIIE) policy whereby new nursing facility residents have the ability to exempt more than the standard Medicaid nursing facility personal needs allowance during the first six months of a nursing facility stay. Additionally, the state provides four distinct pools of funding to assist residents as they transition and establish households in the community. This report describes the MIIE policy and the four funding sources.

Using the Medical Institution Income Exemption option under Medicaid, Washington modified their rules for Medicaid post-eligibility treatment of income to assist new nursing facility residents in retaining their residence in the community. Most

A Medicaid-eligible nursing facility resident may keep more of his or her income for six months.

Washington nursing home residents who receive Medicaid must pay all their income toward the cost of their care except for a personal needs allowance of \$41.62. Veterans who receive an improved pension are allowed to keep \$90.00 for personal needs. Under the Medical

Institution Income Exemption, a new nursing facility resident may keep his or her income, up to 100% of the federal poverty level, for a six-month period.

Residents can use this income to maintain their community residence by paying rent, mortgage, property tax, insurance, and/or utility payments on their residence. In addition to nursing facility residents, the MIIE is available to people residing in hospitals, residential rehabilitation centers, and intermediate care facilities for people with mental retardation. In order to qualify for the MIIE, a physician must certify that the resident is not likely to require a stay longer than six months and the exemption must be approved by the state.

In addition to the Medical Institution Income Exemption, four distinct funding sources are available for nursing facility residents who want to move into the community: the Residential Care Discharge Allowance, the Civil Penalty Fund, the Assistive Technology Fund, and the Nursing Facilities Supported Transitions Grant.

The Residential Care Discharge Allowance (RCDA) is a one-time payment of up to \$816 to cover items such as rent, security deposits, utilities, telephone, or the purchase of furniture, bedding, household goods and supplies, or minor home modifications. These monies come from state general revenue funds and can be drawn from by case managers with the approval of an administrator at one of AASA's regional offices. RCDA funds are available only to Medicaid participants who are transitioning to a less restrictive setting from a nursing facility, hospital or other residential setting. For people who receive services from Washington's Division of Developmental Disabilities, RCDA funds are available only when leaving a nursing facility.

The Civil Penalty Fund assists residents with funds collected from nursing facilities for being in violation of state statutes and regulations. A resident can use up to \$800 for one of several purposes. In order to use this fund, the resident must reside in a nursing facility that has been assessed a civil penalty and obtain approval from AASA, which licenses nursing facilities. The fund can be used to support a resident's transition into the community. For example, the

fund may pay for transportation to potential community relocation settings, environmental modifications, assistive technology, or short-term independent living services in a community setting. Funds are also available to compensate a resident for loss of funds or property due to theft or fraud, and to support a resident's move to another facility or into the community if his or her facility is decertified.

The Assistive Technology Fund provides financial assistance for durable medical equipment, assistive technology devices or services, or minor home modifications and repairs. People can also use this fund to purchase evaluations to determine what assistive technology may help them live independently and for short-term assistive-technology training. This fund is a "last dollar resource fund"; it can only be used after other support funds have been used and exhausted and only for devices and services that have no other funding sources. The fund has a limit of \$10,000 per person per fiscal year. Adults with disabilities, including older people, who are functionally and financially qualified for Medicaid or state-funded long-term care are eligible. This fund is available for people already in the community as well as for nursing facility residents, with the qualification that the Assistive Technology fund will not pay for environmental modifications in licensed facilities.

Four discreet funds pay for services a person may need when leaving a nursing facility.

The Nursing Facilities Supported Transitions Grant Fund is part of a Nursing Facility Grant

Key Questions:

How can transition services under a Medicaid HCBS waiver fulfill the same function as the funding sources Washington uses?

Other than a state agency, what other organizations could provide nursing facility case management?

Washington received from the Centers for Medicare & Medicaid Services in 2001 to support the transition of up to 300 people from nursing facilities into the community. State-employed case managers or staff from the state's Area Agencies on Aging can access this fund to support a resident's transition or maintenance in the community. The grant funds can be used to pay for independent living consultation services or for assistive technology supports and services. This fund is available for people under age 65 who either reside in a nursing facility and have a transition plan, or have already transitioned into the community and require additional services.

Impact

Using its Medical Institution Income Exemption policy and several funding sources for transitional supports, Washington assists more than 200 people a month in moving from nursing facilities. As a result of these efforts and Washington's high-level of funding for its home and community-based services, the number of Medicaid nursing facility residents declined by 16% (16,234 to 13,693) from July 1995 to July 2000.

Contact Information

For more information about Washington's transition support resources, contact Bill Moss, Office Chief, Home and Community Services at (360) 725-2527 or MossBD@dshs.wa.gov. More information is available online at <http://www.dshs.wa.gov/aasa/aasa2hp.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.