

## **GEORGIA -- 2001 Nursing Facility Transitions Independent Living Center Grant**

### **Identified Problems with the State's Long-Term Care System**

- Lack of consumer knowledge about home- and community-based services (HCBS).
- Long wait for services or denial of services because consumers need more services or different services than current programs provide.
- No flexible funds to assist with the transition.
- The Independent Care Waiver Program (ICWP) plans of care focus on health and medical issues.
- ICWP consumers have no opportunity to manage their own services and support.
- Providers report increased dissatisfaction with ICWP and fewer providers are offering ICWP services.
- Lack of outreach to hospitalized consumers who could transition and use ICWP.
- Few community providers available in rural areas.

### **Perceived Strengths**

- Georgia's elected leadership has a great deal of sensitivity to the need for cost-effective home and community options.
- An Olmstead Planning Committee, established by the governor, guides the Departments of Human Resources and Community Health in developing a set of recommended action plans for implementation by the state. The committee consists of providers, families, consumers, and advocates.
- Advocacy and service provider communities in Georgia tend to share the values of consumer empowerment and self-advocacy. People with cognitive disabilities, mental disabilities, physical disabilities, and sensory disabilities are working together to solidify their common agenda.
- Two ILCs, disABILITY LINK, and Disability Connections have experience facilitating transitions as part of their case management for the ICWP.

### **Primary Focus of Grant Activities**

- Develop transition infrastructure within the Independent Living (IL) Network that will introduce people with disabilities to peer supporters and role models, expose interested persons to home and community services, offer information, training, and skill development, develop community connections/support, and assist those who choose alternatives to resettle in their home communities.
- Develop partnership with two nursing home chains to identify residents who want and need alternatives and develop collaborative processes for diversion and transition from nursing homes.

- Work with the state to address current problems with Medicaid HCBS waivers.

### **Goals, Objectives, and Activities**

**Overall Goal.** Develop a transition infrastructure within the IL Network and partnerships with state agencies and nursing homes to increase outreach to people in institutions, and to increase available supports to help interested people resettle in the community.

**Goal.** Develop an infrastructure within the IL Network to reach out to institutionalized people with disabilities.

#### ***Objectives/Activities***

- At each ILC, a Transition Team Leader, a local resource committee, and volunteer peer supporters will provide information and education to their peers in institutions, and assist with the transition when and if the person chooses community living.
- Each ILC will develop an Outreach Plan that identifies hospitals and nursing homes within the counties served by each ILC, and contact nursing home directors and hospital discharge planners within the counties served by each ILC with information about the project.
- Review and modify relevant home and community services informational materials (brochures & booklets) so that they are user-friendly and produced in alternate formats.
- Initiate Outreach Plans to institutionalized people with disabilities.
- Write a Georgia-specific manual for the transition process.
- Conduct project evaluation, produce, and disseminate final report.

**Goal.** To develop partnerships with nursing homes and housing authorities to: (a) identify people with disabilities who want and need alternatives; and, (b) develop a collaborative process for both diverting people from nursing facility placement and transitioning those who need alternatives.

#### ***Objectives/Activities***

- Develop an Outreach Plan that identifies people with disabilities in the following priority groups: children, people under the age of 65, and people over 65 who are interested in home and community alternatives.
- Develop person-centered transition plans with 25 to 30 people per year starting with those under 65.
- Identify people who can provide informal support (circle of support) and work to expand the circle of support.
- Work with local housing authorities to locate housing resources for people who are interested in resettlement, and identify service resources for occupants of housing authorities.
- Develop a comprehensive transition plan with individuals, local resource committee, and providers of home and community services, a process similar to the person-centered transition plan. (In both processes relatives, close friends, and professionals assist an individual in planning their lives and then define and identify activities and services to support their goals and objectives).
- Resettle people in their preferred location and offer ongoing IL services, utilizing the circle of support, transition grant funding, nursing home pilot project funding, and existing waiver

services.

**Goal.** Work with the Department of Community Health to address current problems, from the consumer perspective, with the HCBS waivers.

***Objectives/Activities***

- Compile a “consumer wish list” for improvements in the waiver programs, and survey consumers via phone, email, and in-person interviews to identify the top five issues that consumers want to see addressed in each of the programs.
- Host Waiver Improvement sessions that include consumers, top level DCH staff, regional CMS staff, national HCBS experts, and program managers from programs that are considered “cutting edge.”
- Develop strategies for policy changes.

**Key Activities and Products**

- Subcontract with ILCs to develop local transition teams—including a team leader, local resource committee, and peer supporters—to identify and assist individuals wishing to transition into the community.
- Write a Georgia-specific manual for the transition process.
- Work together with two nursing home chains to develop a collaborative process for transitioning people with disabilities into their communities.
- Survey consumers to identify the top five issues consumers want to see addressed in each HCBS program, and develop strategies for policy changes.

**Consumer Partners and Consumer Involvement in Planning Activities**

- *Blue Ribbon Task Force on Home- and Community-Based Service.* This Governor-appointed task force comprising consumers, parents, advocates, and professionals spent over 2,800 volunteer hours listening to Georgians regarding improving and expanding community-based services, and distributed questionnaires to a variety of individuals and organizations receiving, delivering or in need of community services. The Task Force report’s detailed description of the existing strengths and weaknesses of the LTC system and subsequent recommendations formed the basis for this grant proposal’s goals and objectives.
- *Olmstead Planning Committee.* A Governor-appointed committee consisting of providers, families, consumers, and advocates. This systems change proposal is viewed as one of the mechanisms necessary to effectively implement the committee’s action plans.
- *Coalition of Advocates for Georgia’s Elderly (CO-AGE).* Every year, CO-AGE participants choose three legislative and two budget priorities. The current priorities have been incorporated in this proposal’s goals and objectives. These priorities include: 1) fostering the statewide development and implementation of a comprehensive system of long-term care services and supports that maximize the independent living philosophy, quality of life, and recovery, while recognizing the need for interdependence and support; 2) preventing institutionalization when home and community services are more appropriate; 3) integrating

primary care and prevention/early intervention.

- *The Governor’s Council on Developmental Disabilities.* At least 60 percent of the Council’s membership is people with developmental disabilities, their parents, or guardians. Major issues addressed in the Council’s 5-year strategic plan are included in this proposal’s goals and objectives. These issues include: 1) people should have opportunities for real jobs; 2) people should have opportunities for real homes; 3) people should have opportunities for real learning experiences; 4) people should have opportunities for real choice in their lives; and 5) the Council should be an effective, efficient, result-oriented organization.
- *“Unlock the Waiting Lists” Campaign.* The Campaign is a partnership between different long-term care constituency groups. Representatives from the campaign served on the workgroup that prepared this proposal.
- Georgia received a Systems Change Starter grant that was used to fund active consumer advocate involvement (Consumer Systems Change Network) in preparing this grant. The grant funded the services of an experienced grant writer to assist the Network with preparing four grant proposals, it funded travel and lodging expenses for Network members, and it funded printing of resource guides distributed to Network members.

### **Consumer Partners and Consumer Involvement in Implementation Activities**

Each Center for Independent Living will house a Transition Team, which consists of a transition team leader, a local resource committee, and volunteer peer supporters. Ideally, the team leader will be a person with a significant disability who has personally experienced the transition from institution to community living. Peer supporters and many members of the local resource committee will be self-advocates who have experienced institutional living and other people with disabilities.

### **Public Partners**

Department of Community Health.

### **Private Partners and Subcontractors**

- DisABILITY LINK
- Access Center for Independent Living.
- Bainbridge Adv. Individual Network.
- Disability Connections.
- Living Independence for Everyone (LIFE).
- Walton Options for Independent Living.
- TRAC (Tri-State Resource & Advocacy Corporation).
- Golden Age Properties.
- United Health Services.

## **Public and Private Partnership Development/Involvement in the Planning Phase**

### **Public Partners**

No involvement in planning activities cited.

### **Private Partners**

This partnership was developed through the \$50,000 Starter Grant when all collaborated to develop the Consumer System Change Network.

## **Public and Private Partnership Development/Involvement in Implementation**

### **Public Partners**

The Department of Community Health also received a nursing home transition grant and the two grants will coordinate efforts.

### **Private Partners**

- DisABILITY LINK will contract with the other six ILCs to accomplish the goals, objectives, and deliverables of this grant.
- United Health Services and Golden Age staff will be invited to serve on the local resource committees. Staff from these programs will be intimately involved in the transition planning should any of their residents be identified as priority for transitioning.

## **Oversight/Advisory Committee**

The Statewide Independent Living Council (SILC), in which all ILCs are members, will serve as the project's steering committee, will meet quarterly, and will provide guidance and support to the Project Director.

## **Formative Learning and Evaluation Activities**

- The formative learning will utilize established processes within the IL Network, including quarterly meetings of the Statewide Independent Living Council (SILC), which serves as the steering committee for this grant. At a minimum, these meetings will include a "brag & steal" session in which Transition Team Leaders will share their successes and the strategies they used to achieve them.
- The Steering Committee, disABILITY LINK, and Project Director will design the evaluation methodology for the project. At a minimum, project evaluation will include elements such as consumer satisfaction, consumer goal achievement, and quality of life outcomes.

**Evidence of Enduring Change/Sustainability**

- The Waiver Improvement groups will generate enduring changes in policy and practice.
- The ILCs and the SILC have made outreach to people in institutions a priority for their future operational plans and are therefore, committed to locating the resources to maintain this function within the ILC. They will do this by enrolling as providers of HCBS, adding transition services to their contracts with the Statewide Independent Living Council, redefining job descriptions as job vacancies occur to include this function, and finally, by securing funding from private foundations or community groups.

**Geographic Focus**

Statewide.