

MASSACHUSETTS -- 2001 Nursing Facility Transitions State Grant

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

- Inadequate access to affordable housing for persons residing in nursing facilities.
- Poor access to supports for persons residing in nursing facilities.
- Too many unnecessary nursing home placements.
- Inadequate resources dedicated to working with individuals and their families to educate them about community services and resources.
- Inadequate numbers of case managers for individuals with a significant disability residing in nursing facilities.
- Absence of comprehensive housing strategy and dedicated housing staff to focus on identifying, accessing, and developing housing for nursing home population.
- Lack of strong partnerships between the human service agencies and the housing agencies.
- Limited capacity to maintain, reconnect, or develop natural supports.
- Problem of access to and availability of community-based services.

Perceived Strengths

- Massachusetts Medicaid state plan covers personal care assistance, skilled nursing, durable medical equipment and supplies, mental and substance abuse treatment.
- The Aging Services Access Points Programs (ASAPs) provide case management, home care and respite services (under the Executive Office of Elder Affairs). They contract with service providers to address identified needs of eligible elders in the Home Care Program. Available services include homemaker, personal care, transportation, home delivered meals, laundry service, grocery shopping services, adult day care, chore services, companionship, personal emergency response, adaptive housing, and emergency shelter.
- The Massachusetts Rehabilitation Commission (MRC) provides case management services.
- The Department of Public Health (DPH) can help identify and facilitate access to health care resources in local communities.
- The Department of Mental Retardation (DMR) provides residential, day, and specializes services.

Primary Focus of Grant Activities

- Establish an interagency, interdisciplinary case management team to assist individuals transitioning to the community.
- Develop a coordinated housing strategy on a statewide basis, and local strategies to secure accessible, affordable housing for individuals transitioning out of nursing facilities.

- Link person-centered advocacy and self-determination groups with individuals transitioning from, or considering transitions from nursing facilities to community living to provide direct support through peer mentors and community connectors.
- Educate the greater Worcester community to build community capacities to engage individuals transitioning from nursing facilities.
- Establish a local citizen advisory committee composed of at least 51 percent of individuals with disabilities and families that will promote the independence of individuals to transition out of nursing facilities and provide direct advice to the project.

Goals, Objectives, and Activities

Overall Goal. To enhance the Commonwealth's human services infrastructure by expanding and strengthening its capacity, and partnership with housing agencies, to enable eligible individuals in nursing facilities to transition and live safely in the community.

Goal. Transition more individuals with a significant disability in nursing facilities into community homes by increasing access and the availability of long-term community services and supports.

Objectives/Activities

- Seek input from individuals with a significant disability in nursing facilities to identify what services and supports they see as needed to live independently in the community.
- Create an interagency case management team composed of staff with specialized knowledge of the needs of nursing facility residents to support individuals transitioning from nursing facilities to the community.
- Develop sustainable community services for individuals transitioning from nursing facilities.
- Decrease the number of individuals with disabilities who remain in nursing facilities following a hospital stay.

Goal. Increase access to, and the availability of, affordable, accessible, and safe community housing options for individuals who are transitioning out of nursing facilities.

Objectives/Activities

- Develop and implement a blueprint for interagency collaboration for identifying, developing, and coordinating housing for individuals who are transitioning.
- Access and link with public housing resources to identify and secure housing stock for individuals who are transitioning.
- Improve the Commonwealth's information on the housing needs of the nursing home population to generate the cooperation and support of public housing developers, lenders, and subsidy sources.

Goal. Develop family and community connections for individuals in nursing facilities in order to increase their awareness of community services and supports, increase motivation and desire to leave the nursing facility, and to afford the greatest opportunity for involvement and the exercise of choice.

Objectives/Activities

- Create and strengthen connections between individuals residing in nursing facilities and their families, friends, advocates and generic community supports.
- Identify and educate individuals and families to assist them in making informed choices about whether to transition to community living.

Key Activities and Products

- Develop and implement a blueprint for interagency collaboration.
- Identify and quantify the “barriers” to community-based living.
- Create an interagency case management team composed of staff with specialized knowledge of the needs of nursing facility residents to support individuals transitioning from nursing facilities to the community.

Consumer Partners and Consumer Involvement in Planning Activities

No involvement cited.

Consumer Partners and Consumer Involvement in Implementation Activities

Massachusetts Advocates Standing Strong (MASS), the Center for Living and Working (CLW), Metro-West Center for Independent Living (MWCIL), and the Boston Self-Help Center (BSH) will provide the peer-mentoring component of the Community Connection function, participate on the citizens advisory committee, and assist with the annual evaluation.

Public Partners

- Massachusetts Rehabilitation Commission (MRC).
- Department of Public Health, Office on Health and Disability.
- Executive Office of Elder Affairs (EOEA).
- Division of Medical Assistance (DMA).
- Executive Office of Administration and Finance.

Private Partners and Subcontractors

- University of Massachusetts Medical School/Shriver Center.
- Vanguard, Inc.
- Self Advocates/former nursing facility residents.

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

- Executive Office of Health and Human Services.
- Department of Medical Assistance.
- Massachusetts Rehabilitation Commission.

- Department of Public Health.
- Executive Office of Elder Affairs.
- Executive Office of Administration and Finance.
- Massachusetts Developmental Disability Council.

Private Partners

Citizens' Housing and Planning Association.

Public and Private Partnership Development/Involvement in Implementation

Public Partners

- *Massachusetts Rehabilitation Commission (MRC)*. Participates on planning and working committee; assists to establish a coordinated delivery system, participates in the selection of case managers on the Team and provides technical support to them; collaborates on development of training and public relations materials, makes funding available to eligible individuals transitioning from nursing facilities, as appropriate, assists with annual evaluation; will provide ongoing case management and independent living supports for people with disabilities (other than mental retardation) at the end of the project.
- *Department of Public Health, Office on Health and Disability*. Participates on planning and working committee, assists to establish a coordinated delivery system, participates in the selection of public health nurse (PHN) with experience in care of people with disabilities, provides technical support to PHN on the Team, works collaboratively with each individual transitioning to assure linkage in the community with the primary care provider of the individual's choice, provides service coordination for people with MS, collaborates on development of training and public relations materials, provides technical assistance to health care providers and public health program coordinators seeking to provide accessible services to individuals with disabilities, provide access to database of contracted providers with accessible services, assists with annual evaluation.
- *Executive Office of Elder Affairs (EOEA)*. Participates on planning and working committee, through ASAPs, and makes community services and supports available to eligible individuals transitioning from nursing facilities, as appropriate.
- *Division of Medical Assistance (DMA)*. Participates on planning and working committee; provides access to Medicaid state-plan services, including personal care assistants, day-habilitation programs, and transportation; collaborates on development of training and public relations materials; as the single state agency, serves as chief author of application for new, or revisions to, Medicaid services offered in Massachusetts affecting individuals in nursing facilities; assists with annual evaluation.
- *Executive Office of Administration and Finance*. Participates on planning and working committee, convenes statewide housing agencies, and leads in development of statewide housing strategy.

Private Partners

- The University of Massachusetts Medical School/Shriver Center will evaluate and document progress of the project toward meeting the stated goals.

- Vanguard, Inc. will provide a community connector as part of the Community Connection function, provide technical assistance and ongoing support for facilitators and the Team, and assist with the annual evaluation.
- Self-advocates/former nursing facility residents will provide assistance and support to nursing facility residents interested in transitioning to community living.

Existing Partnerships That Will Be Utilized to Leverage or Support Project Activities

- Some of the organizations coordinating peer mentoring (MASS, CLW, MWCIL, and BSH) will use materials already developed to teach about community living, self-determination, and self-advocacy.
- The Department of Housing and Community Development pledged 125 project-based Section 8 vouchers that can be used by individuals with developmental disabilities moving out of nursing facilities. DHCD also administers the Facilities Consolidation Fund, which has \$35 million dollars to develop community residences for clients of DMR and the DMH.
- The Massachusetts Housing Finance Agency sets aside 3 percent of their units for DMR and DMH consumers.

Oversight/Advisory Committee

A unique aspect of this project is the establishment of an Interagency Steering Committee at the state level, to set policy direction and to monitor the project, and a Citizens Advisory Committee, at the local level, to promote the independence of individual and provide direct advice to the project manager. Fifty-one percent of the individuals who serve on the advisory committee will be persons with disabilities and families. Efforts to foster individual choice and maximize community relationships are made through the “community connection” aspect of this project.

Formative Learning and Evaluation Activities

In the first phase of the Evaluation, the Center for Developmental Disabilities Evaluation and Research (CDDER) at the University of Massachusetts Medical School/Shriver Center for Mental Retardation will document progress of the project toward meeting the stated goals. In the final phase, CDDER will survey some members of the target population who have transitioned from nursing facilities in order to ascertain their perceptions about the transition process, satisfaction with the services they are receiving, and their quality of life 6 months after transition.

Evidence of Enduring Change/Sustainability

The participation of individuals with a disability in the project management structure, the inclusion of peer-mentoring and self-advocacy organizations, and the community education component, are features of the project that will help to sustain individuals transitioning from nursing facilities in the community. The initiative is conceived as a 3-year pilot and demonstration project that can be replicated statewide after the grant ends.

Geographic Focus

Greater Worcester area.