

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

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

- Nursing facility residents lack sufficient and accurate information about community programs and resources to make informed decisions about moving into the community.
- Historical tendency of nursing facility discharge planners and community service providers to focus on people who are perceived to have less significant disabilities.
- Lack of resources to access and coordinate a complete package of services for nursing facility residents.
- Lack of accessible, affordable housing resources and support services in many jurisdictions, especially in the rural areas of the state.
- Nursing facilities experiencing fiscal difficulties.
- Centers for Independent Living (CILs) lack dedicated resources and staff to provide widespread peer counseling and outreach to nursing facility residents.
- Lack of psychosocial supports to help people deal with a return to community living.

### **Perceived Strengths**

- Experience and expertise in the non-profit community in utilizing local resources and providers for eligible applicants.
- Experience in the public sector in providing and coordinating community support services.
- An emerging philosophy by stakeholders that individuals with varying levels of significant disabilities can be effectively supported in communities of their choice.
- A demonstrated understanding of effective mechanisms for obtaining input from stakeholders in the design of system reform initiatives.
- A track record of utilizing Medicaid state plan services and 1915(c) waivers for both children and adults to expand community services.

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

- Provide outreach to nursing home residents, family members, support systems, significant others, and staff.
- Provide face-to-face peer counseling sessions with individuals who are interested in learning about community options.
- Provide accurate and useful information about community resources, including education about centers for independent living and their philosophy of self-determination.
- Develop a peer counseling relationship for those who wish to discuss concerns and fears about transitioning.

- Work with existing state programs to ensure that the transitioning process is successful and consumer controlled.
- Develop a curriculum to empower individuals with disabilities to advocate for themselves.

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

**Overall Goal.** Establish a model program in Maryland, using the statewide network of CILs to provide peer support to facilitate the successful nursing home transition of at least 150 individuals to the community.

**Goal.** Conduct outreach to nursing home residents who want to better understand their service options and may want to relocate to the community.

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

- Provide outreach to all nursing facilities in the state.
- Send letters of introduction describing the project to all Medical Assistance (MA) nursing homes in the state.
- Contact all MA nursing home prescreening staff, county ombudsman, and local governmental offices.
- Send letters to advocacy and other local groups who may know of individuals wanting to participate.

**Goal.** Educate and assist these individuals and their support systems to understand, identify, and obtain local community resources.

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

Link transitioning individuals and their families and support systems to community resources and services.

**Goal.** Compile and distribute resource materials from the local community using a first-person perspective.

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

- Expand the pool of outreach materials and resources about home and community alternatives for long-term care.
- Develop and present informal programs and disseminate educational materials pertaining to nursing home transition options.
- Compile and distribute resource materials based on lessons learned from successful transitions.

**Goal.** Empower individuals with disabilities to advocate for themselves.

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

- Assist transitioning individuals to identify psychosocial supports that will make community living more successful.
- Create peer supports who will provide an alternative contact for nursing home residents to the professionals and nursing home staff.

### **Key Activities and Products**

- A Peer Support Team will be established to provide outreach to approximately 1,900 people under the age of 65, and their families to identify individuals who want to move into the community; give peer support and counseling to at least 150 nursing home residents; develop and present informational programs; compile and distribute resource materials; and create a community directory of services and resources.
- Develop and disseminate a “Moving Home” guide that will include information from people who have already made the transition from nursing facility to the community.
- Formation of an Independent living Partnership (ILP) Advisory Committee composed of consumers and State and private agency representatives.
- Conduct periodic consumer satisfaction surveys.
- Create community directory of services and resources.
- Create measurable performance outcomes for monitoring/evaluation and utilization. review.
- Monitor individual’s transition progress.

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

A Community Access Steering Committee was formed in July 2000 to develop a planning process to enhance efforts to serve people with disabilities. Four task forces, (Developmental Disabilities Community Access, Mental Hygiene Community Access, Medicaid Community Access, Systems Integration), were created, with CIL representatives to develop recommendations to be submitted to the Governor in July 2001. The Steering Committee’s recommendations focused on three major goals: building community capacity, helping people currently in institutions move to the community, and helping people stay in the community. To assure consumer participation, the state used a planning grant from the Center for Health Care Strategies to provide transportation and other accessibility assistance for task force members and stipends for consumers that led focus groups in institutional settings.

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

- The grant’s Advisory Committee will include consumers.
- Making Choices for Independent Living (MCIL).
- A Peer Support Team comprising a Peer Support Coordinator and three Peer Counselors will cover all nursing facilities in the state and will work in coordination with all the case management agencies providing services under the HCBS waivers.

### **Public Partners**

- Department of Health and Mental Hygiene.
- Department of Human Resources.

### **Private Partners and Subcontractors**

- Making Choices for Independent Living (MCIL).
- Resources for Independence.
- Center for L.I.F.E.
- Eastern Shore CIL.
- Independence Now, Inc.
- The Freedom Center.

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

#### **Public Partners**

- Department of Health and Mental Hygiene.
- Department of Human Resources.

#### **Private Partners**

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

The Independent Living Partnership Grant will be linked to all relevant existing and pending waiver Medicaid HCBS programs and other collaborative initiatives, including an Olmstead planning grant.

**Oversight/Advisory Committee**

The Independent Living Partnership (ILP) Advisory Committee, composed of consumers and state and private agency representatives, will meet quarterly to provide ongoing review of ILP implementation, advise the CIL partnership and the Project Director on needed changes, share information related to the Peer Support Team program, and provide input and review of Peer Support outreach materials and publications.

**Formative Learning and Evaluation Activities**

Mechanisms for continuous quality improvement will be in place to assure that constructive actions are implemented, and to eliminate or lessen the negative effects of barriers that emerge. These will include Advisory Committee oversight, input and feedback from the Partnership, consumer satisfaction surveys, feedback from CIL staff, weekly supervision, and group team meetings.

**Evidence of Enduring Change/Sustainability**

Work products developed for this grant (publications, relationships established within nursing facilities, etc.) will provide the CILs with the necessary tools to continue the outreach to nursing facilities. The additional resource information that will be collected will enable the CILs to more effectively provide information and referral and advocacy to interested nursing home residents.

**Geographic Focus**

Statewide.