

WISCONSIN -- 2001 Nursing Facility Transitions Independent Living Center Grant

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

- Insufficient transition staff to identify and support people in institutions who want to return to the community.
- Lack of resources to help with transition expenses.
- Approaches to operating Medicaid HCBS waivers vary from county to county.
- Lack of incentives for counties or nursing homes to encourage relocations.
- Some persons with mental illness do not qualify for waivers, discouraging community placement because of high costs to counties.
- Lack of accessible, affordable housing.
- Insufficient number of direct care workers limit consumers' choice of provider.
- No systematic way of identifying consumers in institutions who want to transition to the community.

Perceived Strengths

- The Community Options Program (for older people and people with physical disabilities) and Assistive Community Treatment programs (for people with mental illness) are often cited as models for community services and have been nationally recognized for their innovation.
- Network of skilled county care managers in place who address peoples' service needs locally.
- The Independent Living Centers (ILCs) have extensive experience working with individuals with disabilities and were partners in Wisconsin's Nursing Home Transition grant (the Homecoming Project) in 1999-2000.
- Strengthened relationships among DHFS, ILCs, counties, and nursing home staff that were involved in the Homecoming Project.
- A strong and active consumer advocacy community.

Primary Focus of Grant Activities

- Help 210 people relocate from nursing homes to the community.
- Enhance peer support network for people seeking transition.
- Work with state Medicaid agency to facilitate systems change, and with local housing authorities to increase housing options.
- Develop new public/private partnerships to create permanent funding for transition expenses.

Goals, Objectives, and Activities

Overall Goal. Identify and address methods to eliminate barriers that limit or prevent persons with disabilities or long-term illnesses from living independently in the community of their choice.

Goal. Independent Living Centers (ILCs) will practice a consistent outreach process to identify people who want to move from nursing homes and hospitals to the community.

Objectives/Activities

- Great Rivers ILC will recruit an experienced IL staff person to be the State Transition Coordinator.
- Each of the ILCs will designate a Transition Specialist, who will contact all nursing homes and hospitals in each service area to continue the relationship already established with primary contact staff (social workers, discharge staff, etc.).
- Utilize the Homecoming and/or county transition waiting lists to identify consumers who have indicated an interest in transition.

Goal. Facilitate quality transition services from nursing facilities and hospitals to a successful community placement for 210 persons.

Objectives/Activities

- A Project Coordinator will provide regular and consistent support to Transition Specialists.
- A Transition Specialist will utilize independent living philosophy (consumer-directed services) to facilitate transition activities, using resources available through the independent living center system and through state and county governments.

Goal. Enhance existing Independent Living Center peer support program to be available for consumers, families, and guardians regarding transition.

Objectives/Activities

- Utilize existing Independent Living Center staff and volunteers who have disabilities or nursing home living experience for peer support.
- Collaborate with consumer-directed groups to provide disability-specific volunteer peer counseling.

Goal. Collaborate with local housing authorities and other housing providers and business partners to access and develop resources to increase housing options for people utilizing transition services.

Objectives/Activities

- Transition Specialists will work with existing ILC Housing Specialists when available to identify local housing partners.
- A Transition Coordinator will collaborate with public and private housing advocates and experts to increase housing options statewide for people with disabilities.

Key Activities and Products

- Enhance peer support opportunities for people in nursing homes.
- Statewide outreach to individuals in nursing facilities and the organizations with which they may come into contact.
- Facilitate up to 210 transitions from nursing facilities or hospitals.
- Collaborate with public and private housing organizations to increase housing options.

Consumer Partners and Consumer Involvement in Planning Activities

Great Rivers ILC, the lead organization that wrote the grant proposal, is controlled by a board with a consumer majority.

Consumer Partners and Consumer Involvement in Implementation Activities

- All ILCs, including Great Rivers ILC, the lead organization, are controlled by boards with a majority of consumers. The Transition Coordinator himself successfully moved from a nursing home.
- People with disabilities and nursing home experience will provide peer support.
- Consumer satisfaction surveys are part of the project evaluation.

Public Partners

Wisconsin Department of Health and Family Services (DHFS).

Private Partners and Subcontractors

- Seven ILCs:
 - C Access to Independence
 - C Center for Independent Living of Western Wisconsin
 - C IndependenceFirst
 - C Midstate Independent Living Consultants
 - C North Country Independent Living Center
 - C Options for Independent Living
 - C Society's Assets.
- Wisconsin Coalition for Advocacy (NH Ombudsman).

Public and Private Partnership Development/Involvement in the Planning Phase

Public Partners

The Department of Health and Family Services worked with Independent Living Resources to coordinate the two Nursing Home Transition Grants.

Private Partners

No involvement cited.

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

The Transition Coordinator will meet regularly with staff implementing the state nursing home transition grant (Homecoming II) to assure availability of COP waiver slots for people in transition and access to consumer-directed services and affordable and accessible housing.

Private Partners

- The seven ILCs, in addition to the lead ILC, will hire Transition Specialists to facilitate transitions.
- The Ombudsman (Wisconsin Coalition for Advocacy) will respond to complaints, concerns, or receive referrals for transition.

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

- Wisconsin ILCs have a history of strong collaboration and sharing. For example, all ILCs use the same data collection system and peer support manual.
- The ILCs have established relationships with nursing home, and county staff during the Homecoming project.

Oversight/Advisory Committee

None cited.

Formative Learning and Evaluation Activities

The Great Rivers' Executive Director will monitor the implementation and provide quality assurance oversight to the project. The Transition Coordinator will monitor the provision of transition services throughout the state. This will be accomplished by requiring monthly activity reports, bi-monthly teleconferences and an annual site visit, as well as consumer satisfaction surveys. Quarterly reports will be provided to DHFS to assist in identifying and resolving issues that may occur within the 3-year project. There will be a chat room developed to post frequently asked questions and solutions that will be monitored closely by the Transition Coordinator.

Evidence of Enduring Change/Sustainability

None cited.

Geographic Focus

Statewide