

Summary/Abstract

Kentucky respectfully requests a \$400,000 supplemental budget award to the Money Follows the Person demonstration to strengthen the capacity of the statewide Aging and Disability Resource Centers to coordinate transitions from nursing homes to community based settings for older adults and people with disabilities or chronic conditions. **Goal:** ADRCs will provide options counseling to individuals on supports available in the community to those who transition out of an institution as indicated through the newly-revised MDS, Version 3.0/Section Q thereby referring Medicaid members to MFP and Medicare/Private Pay to available community resources. Related **objectives** are to: 1) Educate AAAIL/ADRC staff on the implementation of the newly-revised MDS, Version 3.0/Section Q and their role as Local Contact Agency for referrals; 2) Develop marketing and training materials for the nursing home community and other potential referral resources; 3) Educate the nursing home community on the designation of the ADRC as the Local Contact Agency for Part Q related referrals; 4) Develop technology capacity for ADRCs to track referrals and outcomes; 5) Monitor progress and frequency of referrals. The funding will be used to develop technology to track referrals and outcome of referrals beyond the two-year supplemental award. While ADRCs are operating state-wide, there are differences between regions in regards to capacity and experience; therefore, there will be flexibility within each region to spend the supplemental grant award that will be allocated by proportion of nursing home beds per region. At a minimum, activities shall include education, marketing, staffing and data reporting with a commitment of sustainability.

Current Status of ADRC and MFP-ADRC Partnership

This section includes a description of the current structure of Kentucky's Aging and Disability Resource Centers (ADRCs), Money Follows the Person (MFP) demonstration, and a description of existing partnerships between the two. The programs are administered by the Department for Aging and Independent Living (DAIL) and the Department for Medicaid Services, respectively. Both departments are located within the Cabinet for Health and Family Services.

ADRCs. DAIL received the first grant to support the development of an ADRC in August 2005. The Northern Kentucky Area Agency on Aging and Independent Living was selected as the ADRC pilot site to coordinate the following goals: 1) Create an efficient, responsive and comprehensive information and referral system to assure clients are informed of all choices for long term supports; 2) Incorporate a seamless system for client access to all long term care supports (including Medicaid eligibility); 3) Include all stakeholders in the project design (which includes an evaluation component to measure visibility, trust, responsiveness, efficiency and cost effectiveness); 4) Hire competent staff who will develop and carry out the project design; and, 5) Develop information technology systems that will coordinate and support the functions of the ADRC.

In the fall of 2007, DAIL utilized state funds to support the implementation of the ADRC concept at the state level, and referred to it as the Kentucky Resource Market, or the Aging and Disability Resource Market. Regionally, each of the fifteen (15) Area Agencies on Aging and Independent Living (AAAIL) also established ADRCs to provide information and assistance to individuals regardless of age or disability. Despite unforeseen budget cuts since the inception of the ADRCs, each AAAIL continues to provide information, assistance and referral. Furthermore, they have each established local Aging and Disability Coalitions to enhance relationships within the community to further strengthen the information capacity of the ADRCs.

Although the ADRC pilot site initially targeted individuals who either had a physical disability or an intellectual disability, it quickly became apparent the centers must be proficient in providing information and referral to any caller, regardless of the type of disability. Simultaneously, DAIL expanded services to include programs outside of aging beginning with the administration of the Consumer Directed Option (CDO) component in the Home and Community Based Medicaid waiver, which targets individuals who meet eligibility criteria for nursing home level of care. Since, DAIL also took administrative responsibility of the Traumatic Brain Injury program and the HART Supported Living (HART-SL) program which targets individuals with any disability as recognized by the Americans with Disabilities Act (ADA). Currently, the AAAIL provide Support Broker services related to CDO for over two thousand clients ranging across the age and disability spectrum. Kentucky also received authorization for the Governor to promote the “Own Your Future” Long Term Care Planning Awareness Campaign. This grant initiative will continue through the current federal year. Finally, more recent changes have been implemented with the ADRC processes, with the award of the 2009 ADRC grant, “Empowering Individuals to Navigate Their Health and Long Term Support Options”. This grant allowed the advancement of support services for hospital discharge planning, financial planning, and a Care Coordination pilot which further streamlined intake processes across programs through the ADRC including the initial intake and referral for other programs outside the AAAIL network offered through the Community Mental Health Centers. This grant also allows for the development of a shared data-base across these programs so that intake occurs once and a universal plan of care is developed to further avoid duplication of intake and services. Furthermore, DAIL recently received a Chronic Disease Self-Management grant requiring strengthened relationships between AAAIL and hospitals/physicians. In summary, ADRCs function as a single point of entry regardless of age or disability.

MFP. In 2007 DMS was awarded approximately \$50 Million to demonstrate MFP within nursing homes and Intermediate Care Facilities for the Mentally Retarded (ICF/MR); the operational protocol proposed a target of 546 transitions across five (5) years. As of July 9, 2010, a total of eighty-four (84) individuals have transitioned into the community, of whom, 14 had an acquired brain injury, 21 were physically disabled, 19 were elderly and 30 individuals had an intellectual or developmental disability. Transitions are on-going and include persons with brain injury, elderly, physically disabled and persons with intellectual and/or developmental

disability. The current transition process involves screening, assessment and development of a transition plan with person centered planning to ensure needs are met. Individuals are provided assistance to identify community placement through housing specialists. Once housing is identified, participants have funds available to assist with setting up the community home including deposits, food and household items. Funds are also available to assist with modifications to homes to ensure accessibility. Once transition has occurred MFP staff continue to follow up with the participant weekly to ensure needs are met.

Partnerships. Currently, referrals between the ADRC and the MFP program occur and program literature is exchanged. Since AAAIL provide Support Broker services specific to the CDO component of the HCB waiver, as well as other wrap around services (e.g., home delivered meals, Adult Day Care, Adult Day Respite, etc.) referrals from MFP to AAAIL are necessary to successfully support the MFP participant in the community. This is especially true for the more rural areas wherein there are few or no providers. The largest barrier for successful transition is locating appropriate and available housing. Strategies to address this barrier include gathering required paperwork early in the process (e.g., birth certificate, Social Security card, etc.), and an interagency agreement with the Kentucky Housing Authority for staff specialists who assist MFP participants to identify appropriate housing and financial support when needed.

Goals, Objectives, and Outcomes

The existing, state-wide network and experiences of the AAAIL and MFP program staff places Kentucky in an ideal position to strengthen the community-based long-term care infrastructure and capacity. **Goal:** ADRCs will provide options counseling to individuals on supports available in the community to those who transition out of an institution as indicated through the newly-revised MDS, Version 3.0/Section Q referring Medicaid members to MFP and Medicare/Private Pay to available community resources. This will assist individuals in meeting their own goals and objectives for living in a setting that best fulfills their needs and desires thereby improving their quality of life. This **goal** will be accomplished through the successful implementation of the following **objectives:** 1) Educate AAAIL/ADRC staff on the implementation of the newly-revised MDS, Version 3.0/Section Q and their role as Local Contact Agency for referrals; 2) Develop marketing and training materials for the nursing home community and other potential referral resources; 3) Educate the nursing home community on the designation of the ADRC as the Local Contact Agency for Part Q related referrals; 4) Develop technology capacity for ADRCs to track referrals and outcomes; 5) Monitor progress and frequency of referrals. As ADRCs become more visible, the anticipated **outcome** is an increase of referrals and subsequent transition to community based services allowing individuals to “age in place”.

At calendar year end 2009, there were approximately 23,500 individuals residing in a Kentucky nursing facility. Considering the varying rates of referral of the samples participating in the following pilot states: Connecticut (15%), Texas (5%) and California (3%); and the high

rate of multiple chronic diseases among Kentucky residents, it is liberally estimated 1,175 individuals (5%) will be referred for Options Counseling and transition to the community. (It is important to note that Connecticut had one of two facilities participate that specialized in HIV/AIDs; therefore, their number of referrals may be inflated). With the increased visibility of the ADRCs role in the community, it is also expected that referrals from other sources will also increase.

Proposed Project

Kentucky's proposed project includes a consideration of how funds will be spent, strengthening partnerships, successful implementation of Section Q, and comprehensive service options as follows:

A large portion of the requested funds will be subcontracted out to each of the fifteen (15) AAAIL using regional nursing home bed count to determine the proportion of funding. Given the unique characteristics of each region, the AAAIL will have the autonomy to develop their own strategies for implementation; however, they will be required to follow a uniform process for contact with all individuals referred from nursing facilities (e.g., response timeframes, data entry/tracking, etc.) During the first grant year, a small proportion will be used by DAIL to develop the technology support to capture the data related to tracking referral agency, resident, dates and types of follow-up and final outcome. During both years of the grant, a small portion will also be used to support the salary of the state-wide coordinator responsible for oversight of successful implementation of the grant. A more detailed budget is enclosed.

Kentucky proposes to expand the statewide roles and responsibilities of the ADRCs in MFP activities by designating the centers as the "Local Contact Agency" for referrals from nursing homes prompted by the MDS Section Q series of questions. All referrals will be made to the local ADRC who will then in turn, refer to MFP if the resident meets basic MFP eligibility requirements. The role of the ADRC will be strengthened state-wide to cover all geographic areas of the state thereby allowing a resident to return to their community of choice regardless of location. All consumer populations, regardless of disability and age, will be targeted for involvement of ADRCs in MFP activities. Accepting all referrals from nursing homes regardless of age and disability, fully leverages the strengths of the ADRC to support MFP goals and MDS 3.0 Section Q implementation by streamlining unnecessary or inappropriate referrals to MFP of a basic nature (e.g., if the resident has not been in a nursing home for three months, or if they are a private pay resident). It will also provide a single point of contact for the nursing homes especially when a resident wishes to move to a community that may not be close to the nursing home (thereby requiring additional contacts with unfamiliar people). In other words, the ADRC in the same region of the referral source will coordinate communication with the ADRC in the region that the resident wishes to move.

Mirroring the ten (10) business day requirement of the nursing home to follow-through on a referral to a Local Contact Agency, once the ADRC receives a referral, they will be required to follow-up face-to-face within ten (10) business days. Additional protocol will be developed to allow for phone follow-up in certain situations (e.g., repeat referrals each quarter that may not be appropriate for transition to community). At the local level, AAAIL will have the flexibility to structure their approach to face-to-face visits utilizing options such as an ADRC staff person, a case manager, Ombudsman, or a “Friendly Visitor” volunteer, etc.

AAAIL will use their existing, local Aging and Disability Coalitions to enhance relationships within the community to further strengthen the information capacity of the ADRCs. As ADRCs implement their Local Contact Agency role they will identify any need for additional partners on their respective Coalitions, especially among local nursing homes. According to the “MDS 3.0 Section Q Pilot Test Interim Report (March 10, 2010), a common breakdown in communication occurred between the Local Contact Agency and the discharge planner at the nursing home. Lead project staff are cognizant of these experiences and will plan accordingly to safeguard against communication breakdown. Resource tools provided as an appendix of the Interim Report will also be shared and discussed.

Project Management

Recognizing the renewed interest, across various national organizations, in the important role ADRCs are prepared to play in supporting transitions from facilities as well as providing options to prevent institutional placement, DAIL has recognized the importance of designating a single staff person at the state level whose sole responsibility will be to continue strengthening regional capacity. DAIL is in the process of establishing this position and will move forward regardless of acceptance of this proposal. If the proposal is awarded, the new position will include the responsible oversight of the outlined initiatives. DMS and DAIL will develop an interagency agreement for implementation of this project, with DMS responsible for programmatic and fiscal oversight. DAIL will report quarterly to DMS on project activities and outcomes.