

Bulletin

February 28, 2014

Minnesota Department of Human Services -- P.O. Box 64941 -- St. Paul, MN 55164-0941

OF INTEREST TO

- Social Services Directors, Supervisors and Staff
- County Public Health Agency Directors
- Tribal Chairpersons
- Area Agencies on Aging
- Nursing Home Administrators
- Case Managers
- Care Coordinators
- Managed Care Organizations
- Providers of Home and Community Based Services
- LTCC Admin. Contacts

ACTION/DUE DATE

Identify qualified transition coordinators to provide transition coordination to eligible participants.

EXPIRATION DATE

February 28, 2016

Description of Transition Coordinator Role and Transition Process for Moving Home Minnesota

TOPIC

US Department of Health and Human Services awarded Minnesota Money Follows the Person (MFP) Demonstration Program Grant. MFP has reinforced Minnesota's commitment of moving people from an institution to the community.

PURPOSE

Outline the role of the transition coordinator role, transition process, transition plan and housing.

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Terminology Disclaimer

The terminology used to describe people we serve has changed over time. The Minnesota Department of Human Services (DHS) supports the use of "People First" language.

Background Information and Overview

This bulletin is the second of two bulletins about Moving Home Minnesota. An overview and general background of Moving Home Minnesota is found in DHS bulletin #13-69-03. This bulletin will cover the main aspects of the transition coordinator and other components of the transition process. This bulletin will also highlight the referral process to be enrolled in Moving Home Minnesota. The referral process is covered in section V of the bulletin and illustrated in appendix A.

- I. What is Moving Home Minnesota?
- II. Moving Home Minnesota's Commitment to Olmstead and Integrated Community Living
- III. Role of the transition coordinator.
- IV. What are the required components of the transition process?
- V. How is an individual referred to Moving Home Minnesota?
- VI. How the housing search is part of transition process
- VII. How are evaluations and follow-up conducted with Moving Home Minnesota participants?
- VIII. Where to contact Moving Home Minnesota staff?

I. What is Moving Home Minnesota?

Moving Home Minnesota is the name for Minnesota's Money Follows the Person (MFP) Rebalancing Demonstration, which is offered through the Centers for Medicare and Medicaid Services (CMS). The demonstration was created as part of the Deficit Reduction Act of 2005. Moving Home Minnesota helps Minnesota continue to rebalance its long-term care support system. The goal of the demonstration is to support the transition of eligible Minnesotans from qualified institutions to community living. Enrolled individuals will have the choice to live in and receive services in the most integrated setting.

Demonstrations operating under MFP focus on the first year after an eligible individual moves from a qualified institution to the community. Demonstration and supplemental services will be used to support the person during that year and to assist each person in becoming fully integrated into the community. The goal is that participants will be able to remain in the community with the supports and services otherwise available under Medical Assistance (MA) and home and community based services (HCBS) at the end of the 12 month transitional period.

Minnesota's Olmstead Plan addresses individuals in a number of segregated settings. Not all of these individuals will be eligible to enroll in Moving Home Minnesota. Individuals who qualify to participate in Moving Home Minnesota include MA-eligible children and adults who have resided in one or more of the following institutions for 90 consecutive days, excluding days paid by Medicare for rehabilitative services:

- Nursing facilities

- Intermediate care facilities for individuals with developmental disabilities (ICF/DD)
- Hospitals
- Community behavioral health hospitals (CBHHs)
- Child and adolescent behavioral health services facility (CABHS)
- Anoka Metro Regional Treatment Center (AMRTC)
 - For individuals under the age of 21 or 65 years and older at the time of discharge. Note that an institution for mental diseases (IMD) is not a qualified institution for persons aged 21 through 64. However, days in AMRTC or another IMD may be included in calculating the 90 consecutive days for individuals aged 21 to 64 if they are discharged from another qualified institution.

II. Moving Home Minnesota's Commitment to Olmstead and Integrated Community Living

To achieve greater integration and inclusion for all eligible Moving Home Minnesota populations, DHS and lead agencies are committed to ensuring people enrolled will live, learn, work and enjoy life in the most integrated setting. Moving Home Minnesota is a tool to assist lead agencies in implementing Minnesota's Olmstead Plan submitted to the United States District Court, District of Minnesota in November 2013 ([Putting the Promise of Olmstead into Practice: Minnesota's 2013 Olmstead Plan](#)).

III. The role of the Transition Coordinator

For purposes of the Moving Home Minnesota demonstration, the Relocation Services Coordinator (RSC) will be referred to as the transition coordinator. Relocation Services Coordination will serve as the model for transition coordination services for most participants in Moving Home Minnesota. The transition coordinator has primary responsibility for transition services in Moving Home Minnesota. The transition coordinator will act as the "general contractor" for identifying and arranging the supports and services needed for a smooth and safe transition. Transition coordination includes activities designed and coordinated to help a person who resides in a qualified institution gain access to needed medical, social, educational, financial, housing and other services and supports that are necessary to move from that institution to the community. A transition coordinator must meet the requirements for a Relocation Services Coordinator. These requirements can be found in Minnesota Statutes, section 256B.0621, subdivision 5.

The lead agency responsible for the provision of transition coordination for Moving Home Minnesota participants is the same as the lead agency responsibility for RSC. Each lead agency is responsible for identifying a transition coordinator to assist Moving Home Minnesota participants with moving to the most integrated setting:

- Managed Care Organizations (MCO) will serve as the lead agency for transition coordination to enrolled Minnesota Senior Health Options and Minnesota Seniors Plus (MSHO/MS+) members over the age of 65 since the MCO is already responsible for relocation services. Transitions for participants over 65, not on MSHO/MS+ will be conducted by the county or tribe.

- For all other Moving Home Minnesota -eligible individuals, the county or tribe will serve as the lead agency and provide (or arrange to provide) transition coordination services. This includes individuals discharged from CBHHs and the CABHS program in Willmar.

The role of the transition coordinator will be performed by a:

- MSHO/MSHC+ care coordinator
- County case manager
- Tribal case manager
- Another professional designated by the lead agency (MCO, tribe or county) who meets the requirements to provide transition coordination services.

Duties of the transition coordinator

The transition coordinator has the following responsibilities:

- Once an individual is notified they are eligible, the transition coordinator will schedule a meeting with the participant in the facility within 20 working days of assignment. Minnesota Statutes, section, 256B.0621, subdivision 7.
- Facilitate the signing of the informed consent form, if not previously completed.
- Coordinate the transition planning process.
- Partner with the participant to develop a person-centered, Moving Home Minnesota Transition Planning Tool which addresses the requirements, and includes risk assessment, and risk mitigation strategies/plan (see page 6 for details).
- Identify and coordinate MA-state plan, waiver and demonstration services necessary for the Moving Home Minnesota participant to be transitioned to the most integrated setting. This includes coordination with the HCBS waiver case manager if applicable.
- Approximately 2 weeks prior to move, contact Moving Home Minnesota enrollment specialist to prepare and schedule evaluation contractor (see page 9 for details).
- Facilitate transportation to search for housing and/or employment (coordinate with Moving Home Minnesota housing staff).
- Coordinate details to set up home, including attending lease signing.
- Coordinate meetings, set up medical follow up appointments, and assure delivery of medical equipment, etc.
- If the participant will be transitioned to a different case manager after discharge, facilitate a meeting between the participant and the new case manager.
- Coordinate day of discharge: The transition coordinator or assigned case manager must be present on the day of the move.
- Assure medications and required services are in place.
- Community follow-up for participants based on the participant's need, but no less than every 90 days.

Communication between DHS, transition coordinators and participants

Application

After the Moving Home Minnesota enrollment specialist at DHS receives the Moving Home Minnesota intake form (eDocs #DHS-5032) or referral from the Senior LinkAge Line® or the Disability Linkage Line®, eligibility will be verified. The intake form is a document that requests general demographic information to help Moving Home Minnesota staff determine eligibility to Moving Home Minnesota. The intake form or call to the Senior LinkAge Line® or the Disability Linkage Line® maybe completed by the potential participant or legal representative. Eligibility determinations will be made within 30 days of receipt of the Moving Home Minnesota intake form at DHS. The individual applying for Moving Home Minnesota will be notified of their participation in Moving Home Minnesota via US mail.

DHS and the assigned transition coordinators will communicate information about Moving Home Minnesota participants via a communications form (eDocs #DHS-6759H). The communication form will be triaged to the lead agency contacts, who will share the information to assigned transition coordinators. The form's goal is to assure that the transition coordinator, the participant and DHS have needed information at all times during the transition process. The communications form should be submitted prior to the move-in date to ensure that the housing is a MFP-qualified residence. Participants who move to a non-qualified residence will not be able to receive Moving Home Minnesota services.

The transition coordinator or lead agency will communicate with DHS when:

- The lead agency is requesting DHS to determine Moving Home Minnesota eligibility for a participant. The intake form must be submitted (eDocs #DHS-5032).
- An estimated date of transition has been determined (preferably about 2 weeks prior to the move).
- Requesting assistance from Moving Home Minnesota (e.g. housing technical assistance or employment resources).
- The participant has successfully transitioned to the community. Transition date and community housing information must be included.
- If there are any other updates or changes of status or enrollment such as re-institutionalization or disenrollment.

Communication between DHS staff, participants, and transition coordinators is instrumental to the success of the program.

Moving Home Minnesota will communicate with the transition coordinator when:

- a participant is eligible and informed consent is needed
- a participant is eligible and informed consent was received
- a participant is not eligible for Moving Home Minnesota
- a participant must be dis-enrolled from Moving Home Minnesota

The following forms will be generated by DHS to participants when:

- Moving Home Minnesota eligibility is determined (Eligibility Notice)

- Moving Home Minnesota informed consent has been received (Approval Notice)
- Moving Home Minnesota eligibility is denied (Denial Notice)
- Moving Home Minnesota participant is dis-enrolled (Disenrollment Notice)
- Moving Home Minnesota services are suspended (Suspension Notice)
- Moving Home Minnesota services are reinstated (Reinstatement Notice)

IV. What are the required components of a Moving Home Minnesota transition process?

Informed Consent

If the person has applied to participate and determined eligible, the transition coordinator is responsible to review the services available under Moving Home Minnesota, and obtain the individual's signed informed consent for program participation if not already provided (eDocs #DHS-6759I). The informed consent will be signed during an initial meeting with the transition coordinator. A participant cannot receive Moving Home Minnesota services until DHS receives the signed informed consent. Individuals determined eligible may begin transition planning activities as soon as DHS receives the signed Informed Consent.

A Moving Home Minnesota participant may receive 180 days of transition coordination services starting with the date DHS receives the signed informed consent, or the date of the first meeting with the transition coordinator, whichever event is later.

Individuals who lack capacity to make informed decisions on their own, and who receive MA services, must have a legal representative to make informed decisions for them. Legal representative means the parent or parents of a person who is under 18 years of age, or a guardian authorized by the court to make decisions about services for a person who is 18 years of age or older.

Assessment

Participants will need to have a current assessment (Developmental Disability screening, Long Term Care Consultation or Personal Care Assistance Assessment) The assessment must be current within 60 days if the participant will be going to a waiver, expect a person going onto the DD waiver is required to have a face-to-face assessment 30 days prior to starting the DD waiver. If the participant does not have a current assessment, or if the assessment is older than 60 days, or the assessment does not reflect changes in condition, the transition coordinator must arrange for a new assessment or an update. Changes should be reflected as updated in and documented in DHS' Medicaid Management Information System (MMIS) (Minnesota Statutes, section, 256B.0911). If the participant will not be using a waiver, the transition coordinator must still ensure a recent assessment for purposes of optimal transition planning (Minnesota Statutes, section, 256B.0911, subdivision, 3b).

Transition Planning and Coordination

The overall scope to plan and coordinate with a participant is a process that has many components, which include:

- Participant engagement
- Developing and implementing a transition plan
- Coordinating HCBS
- Purchasing items related to community establishment

Specifically, the transition coordinator will describe all aspects of Moving Home Minnesota to the participant. The transition coordinator will:

- Share the participant handbook
- Explain available waiver, state plan, Moving Home Minnesota demonstration and supplemental services
 - outline the pre-transition plan
 - the 365-day demonstration period
 - post-demonstration options
- Explain the participant's rights, responsibilities and risks associated with Moving Home Minnesota
- Discuss the 24-hour back-up system and the risk mitigation plan.
- Complete person-centered transition plan

Moving Home Minnesota Transition Planning Tool

Moving Home Minnesota requires person-centered transition planning. Person-centered planning under Moving Home Minnesota focuses on obtaining information from participants about what each individual wants to support and enhance their community living experience. This may include information about preference with regard to services and supports, service providers, types of housing, location, roommates, employment and other factors of community living. The object is to develop a plan that meets these preferences and wants, to the extent possible.

The Moving Home Minnesota transition planning tool and Moving Home Minnesota risk mitigation form can be requested by e-mailing Moving Home Minnesota at movinghomemn.mfp@state.mn.us.

The transition coordinator is responsible for completing a transition plan. The plan must include the following elements:

- An assessment that meets the requirements of *Minnesota Statutes, section 256B.0911*
- A completed Moving Home Minnesota transition planning tool
- A risk mitigation plan and 24hour/7 day a week backup plan for critical services
 - Note that the risk mitigation plan and the 24 hour/7 day a week back up plan may be part of a plan developed under a HCBS waiver and should meet the requirements of the waiver in which the participant is enrolled. If no existing form is provided by the transition coordinator's employer, one can be requested from Moving Home Minnesota staff.

- Individualized, written person-centered transition plan. This plan must include demonstration case management if the participant does not qualify for another type of case management.

Given many Moving Home Minnesota participants will have a current assessment at the time of the initial meeting with the transition coordinator, information from the assessment can serve as a beginning point for the conversation between the transition coordinator and the Moving Home Minnesota participant. The Moving Home Minnesota planning tool drills down into the person's perspective on their move and their present and future quality of life. Questions are written in the first person and are intended to elicit input from the participant. There will also be a section that provides space for the transition coordinator to document their input about the participant. When complete, the tool will give the transition coordinator ideas to move forward in transition planning.

The person-centered Moving Home Minnesota transition planning tool reflects direct input from the participant's point of view and augments the assessment required to determine waiver services or level of care.

V. How is an individual referred to Moving Home Minnesota?

DHS anticipates that there will be multiple sources of communication about Moving Home Minnesota for potential participants. These include:

- Referrals from case managers, MCO care coordinators, facility discharge planners, and lead agency certified assessors under MnCHOICES, LTCC, or DD screenings.
- Use of Section Q data and the Minimum Data Set (MDS) to identify persons with stays of 90 days or more in nursing facilities who may qualify for participation in Moving Home Minnesota .
- DHS use of fee for service (FFS) claims and MCO encounter data to identify individuals residing in ICFs/DD, acute care facilities, CBHHs and IMD.
- Referrals from the Senior LinkAge Line® and Disability Linkage Line®.
- Providers may complete an online referral form through [mnaging.net](https://mnhelpreferral.revation.com/) at <https://mnhelpreferral.revation.com/>.
- Targeted mailings from DHS to individuals who may be eligible for Moving Home Minnesota or their guardians and authorized representatives.
- Outreach to nursing facilities, including facilities with closure plans.
- Outreach to ICFs/DD with a closure plan.
- Independent self-referrals from potential participants or their guardians or representatives for an eligibility determination.

(See bulletin #13-69-03, page 4 for additional information on accessing Moving Home Minnesota.)

VI. How the housing search is part of transition process

Housing is a significant consideration for anyone transitioning from an institutional setting. Moving Home Minnesota does not provide funding for ongoing costs associated with housing.

Individuals will have to access community resources for assistance with housing. (See bulletin #13-69-03, page 7 and 13 for additional Moving Home Minnesota housing related information.)

One of the major responsibilities of the transition coordinator will be to help participants identify housing needs and options that will meet their desires and preferences. Moving Home Minnesota offers tools and support to transition coordinators and participants who are planning a move. The transition coordinator may provide this assistance or coordinate with Moving Home Minnesota housing staff, providers of housing access services and others for more specific housing assistance services.

During the planning process, the transition coordinator may contact the Moving Home Minnesota housing specialist for assistance searching for affordable and accessible housing. The role of the Moving Home Minnesota housing specialist may also include researching housing programs to identify options to pay for community placement.

The housing must meet the definition of qualified residence under Moving Home Minnesota. A qualified residence is:

- Home owned or leased by the individual or an individual's family member
- Apartment with an individual lease, lockable access and egress which includes living, sleeping, bathing and cooking areas over which the individual or the individual's family has domain and control
- Residence in a community-based residential setting, in which no more than four unrelated individuals reside

For potential participants over 65, housing with services settings are considered a "qualified residence," as long as the residence meets the apartment requirements, and a separation between the housing and the services provider is maintained (i.e. the lease is not contingent on receiving services from a particular provider, nor contingent on the receipt of a particular service). For participants of Moving Home Minnesota, an agency may co-sign a lease for an apartment.

Below is a suggested process that will be used to search for housing. *(Note: If the transition coordinator and participant have already identified housing that is determined to meet the participant's needs, and the participant does not want to explore other options, proceed directly to Step 5.)*

Recommended Procedure for housing for the transition coordinator:

1. Complete the housing transitions worksheet (request form at movinghomemn.mfp@state.mn.us), prior to beginning the housing search in order to clearly establish resources and preferences.
2. Begin the housing search process. Contact DHS using the Moving Home Minnesota communications form and indicate you are requesting assistance with locating housing. The Moving Home Minnesota housing specialist will review potential options and send any referrals within 3 business days.

3. Once options have been identified, try to choose at least 3 housing options to visit. Due to limited individual resources and lack of affordable housing stock, it may be difficult to identify housing options.
4. Complete all the necessary paperwork and application processes for the chosen housing.
5. After the decision is finalized, use the Moving Home Minnesota communications form to indicate that the participant is ready to transition. DHS will then verify that the housing is qualified for purposes of Moving Home Minnesota and that it is affordable for the participant.
6. Attend the lease signing and pay deposit through Moving Home Minnesota (see bulletin #13-69-03 for details on deposit)
7. Attend walkthrough of the unit

VII. How are evaluations and follow-up conducted with Moving Home Minnesota participants?

Evaluation is a critical part of the Moving Home Minnesota demonstration. As such, for participants in Moving Home Minnesota there are three considerations for community the follow-up.

- As required by Center for Medicare and Medicaid all states awarded a MFP grant will facilitate a quality of life (QoL) survey of each participant. A participant may decline to participate in the QoL survey at any time. The 15 to 20 minute face to face survey measures the quality of life in seven domains; living situation, choice and control, access to personal care, respect/dignity, community integration/inclusion, overall life satisfactions and health status. As part of this process, it is important the transition coordinator contact Moving Home Minnesota staff (see section VIII for contact information) at least 2 weeks before discharge to prepare and schedule the interview. Vital Research, the contractor, will conduct the survey at three points with the Moving Home Minnesota participant:
 1. prior to discharge,
 2. at 11 months after discharge, and
 3. at 24 months after discharge.
- The transition coordinator will follow-up with the participant as often as the person needs and at least every 90 days.
- Participants over 60 years-old will receive follow up calls from the Senior LinkAge Line® at 90 days after discharge and quarterly for up to five years. The participant may elect not to participate at any point.
- Participants under 60 years-old will receive follow up calls from the Disability Linkage Line®, at 90 days after discharge and quarterly for up to five years, to check in, explore current needs and resources, and plan for future goals. The participant and their needs drive the frequency of the follow up calls. The participant may elect not to participate at any point.

VIII. Where to contact Moving Home Minnesota Staff?

Minnesota Department of Human Services Moving Home Minnesota PO Box 64250 St. Paul, MN 55164-0250	Phone: (651) 431-3951 or toll free 1(888) 240-4756 E-mail: movinghomeMN.mfp@state.mn.us
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Americans with Disabilities Act (ADA) advisory

This information is available in accessible formats to individuals with disabilities by calling (651) 431-4049 (voice) or toll free at (800) 627-3529, or by using your preferred relay service. For other information on disability rights and protections, contact the agency's ADA coordinator.

Appendix A

