Transition Coordination Procedures

Presented By Nora Brahe

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Our Mission

Improving health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.

Session 1 Objectives

- Increase knowledge regarding:
  - Targeted Case Management - Transition Coordination (TCM-TC) Services
  - Transition Coordinator (TC) Responsibilities
  - Introduce Community Living Options Process
  - Multiple roles and responsibilities for entities involved with the transition process

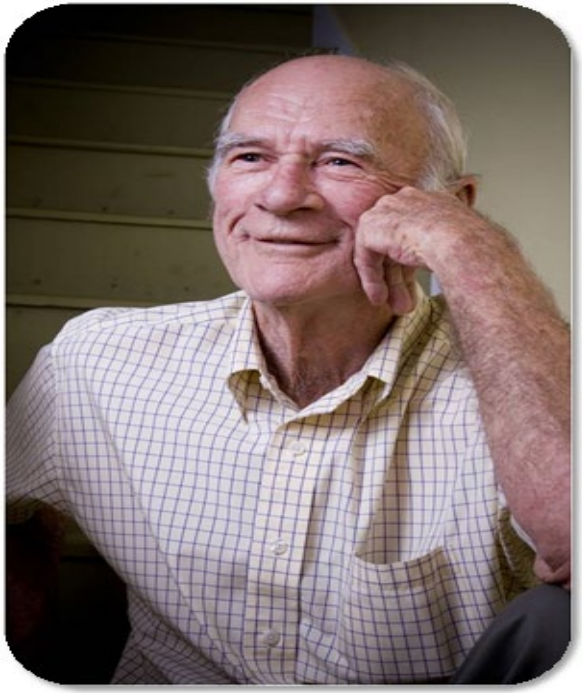
Key principles of Transition Coordination (TC)

Every person has the right to make an informed choice about where to live and how to receive care

Any person can live independently in the community with the appropriate level of supports and services

Targeted Case Management-Transition Coordination (TCM-TC) Services

- Provided through
- Transition Coordination Agency (TCA)
- State Medicaid Plan Benefit
- Reimbursed as Targeted Case Management



Assists individuals who have chosen to pursue the option of transitioning to a community based living arrangement

TC Provides Pre and Post Transition Support

- Facilitation of team process to make transition recommendation
- Management of housing process
- Coordination for discharge planning
- Post-discharge monitoring

Transition coordination requires multiple skills and experience

Five Person-Centered Planning Competency Domains

1. Strengths~Based, Culturally,Informed, Whole Person-Focused
2. Cultivating Connections Inside the System and Out
3. Rights, Choice, and Control,
4. Partnership, Teamwork, Communication, and Facilitation
5. Documentation, Implementation, and Monitoring

National Center of Advancing Person-Centered Practices and Systems (NCAPPS)

Transition Coordinator Description

- Knowledge/experience with population
- Interview and assessment
- Intervention & interpersonal communication
- Knowledge of community resources
- Meeting facilitation
- Organization
- Time management
- Collaboration

Transition Coordination Responsibilities

- Advocate for member
- Document service provision and transition process
- Organize and facilitate transition options team process
- Maintain communication with member/family and other team members
- Conduct activities to assist member to secure a community living arrangement
- Coordinate facility discharge
- Provide post-discharge monitoring

Community Living Options Process

I. Initial meeting- collabaration with Nursing Facility

II. Organize and convene Transition Options Team (TOT)

III. Community Needs Asssessment - Risk Mitigation Plan

IV. Service availability confirmation

V. Transition Recommendation

VI. Complete voucher application & cordinate with housing navigation

VII. Collaboration with Transition Set-up Provider

VIII. Discharge Planning

IX. Transition

There are multiple entities involved in the transition process.

Each has specific roles & responsibilities

Questions?

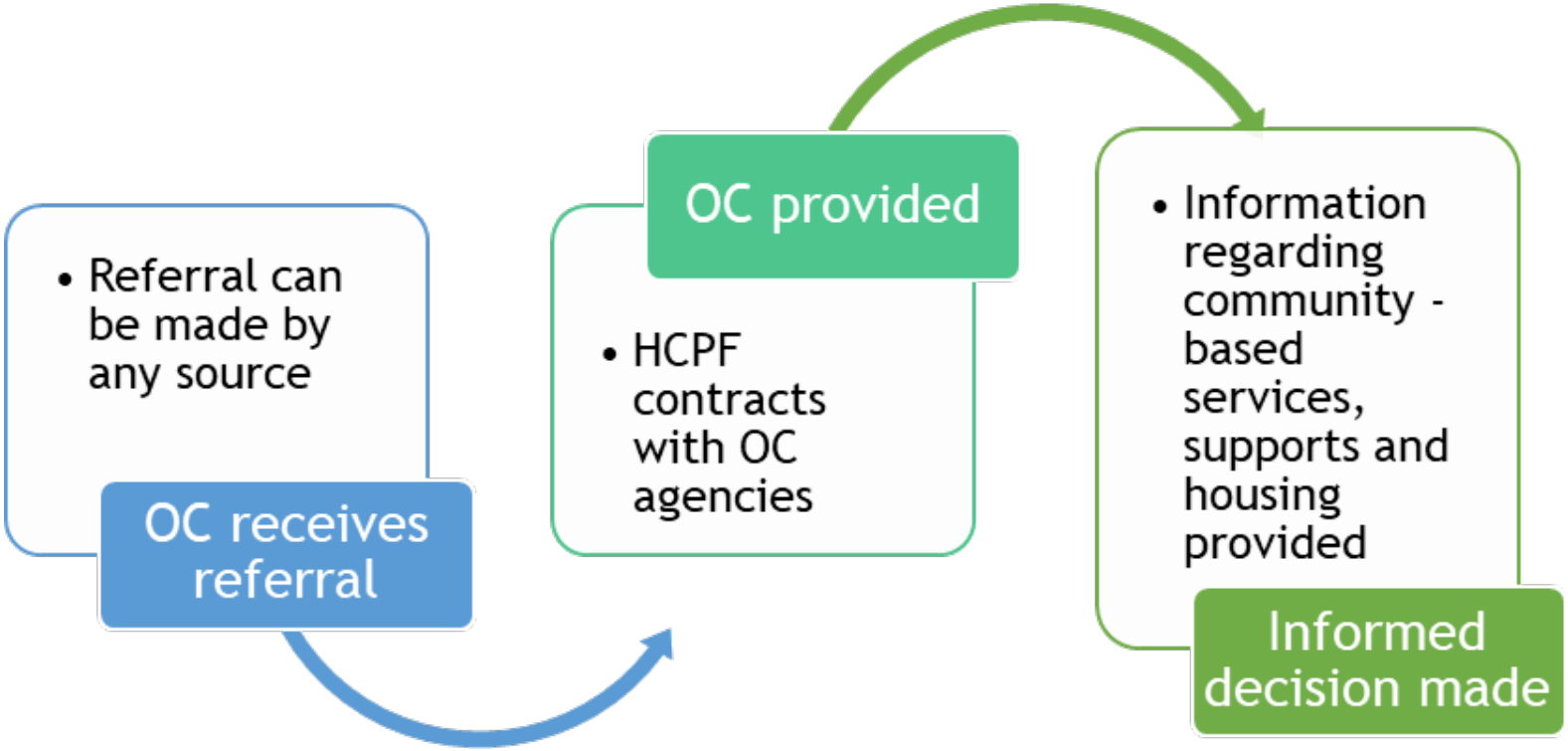
Session 2 Objectives

- Explain Options Counseling process
- Increase knowledge regarding the TC referral process and documentation

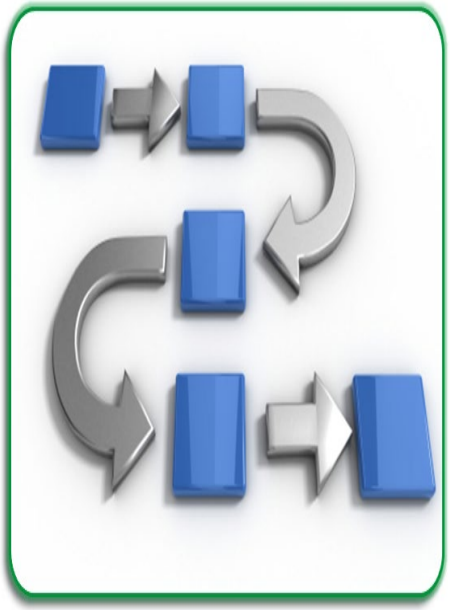
Options Counseling

Information provided to a nursing facility resident regarding community based living services, supports and housing options to allow the individual the opportunity to make an informed choice regarding where and how to receive care.

Options Counseling Process



TCM-TC Referral Process



- Member has requested TCM-TC referral during OC
- OC sends referral to TCA
- Referral is accepted within 48 hours
- OC sends finalized TC referral email

Initiating TCM-TC Services

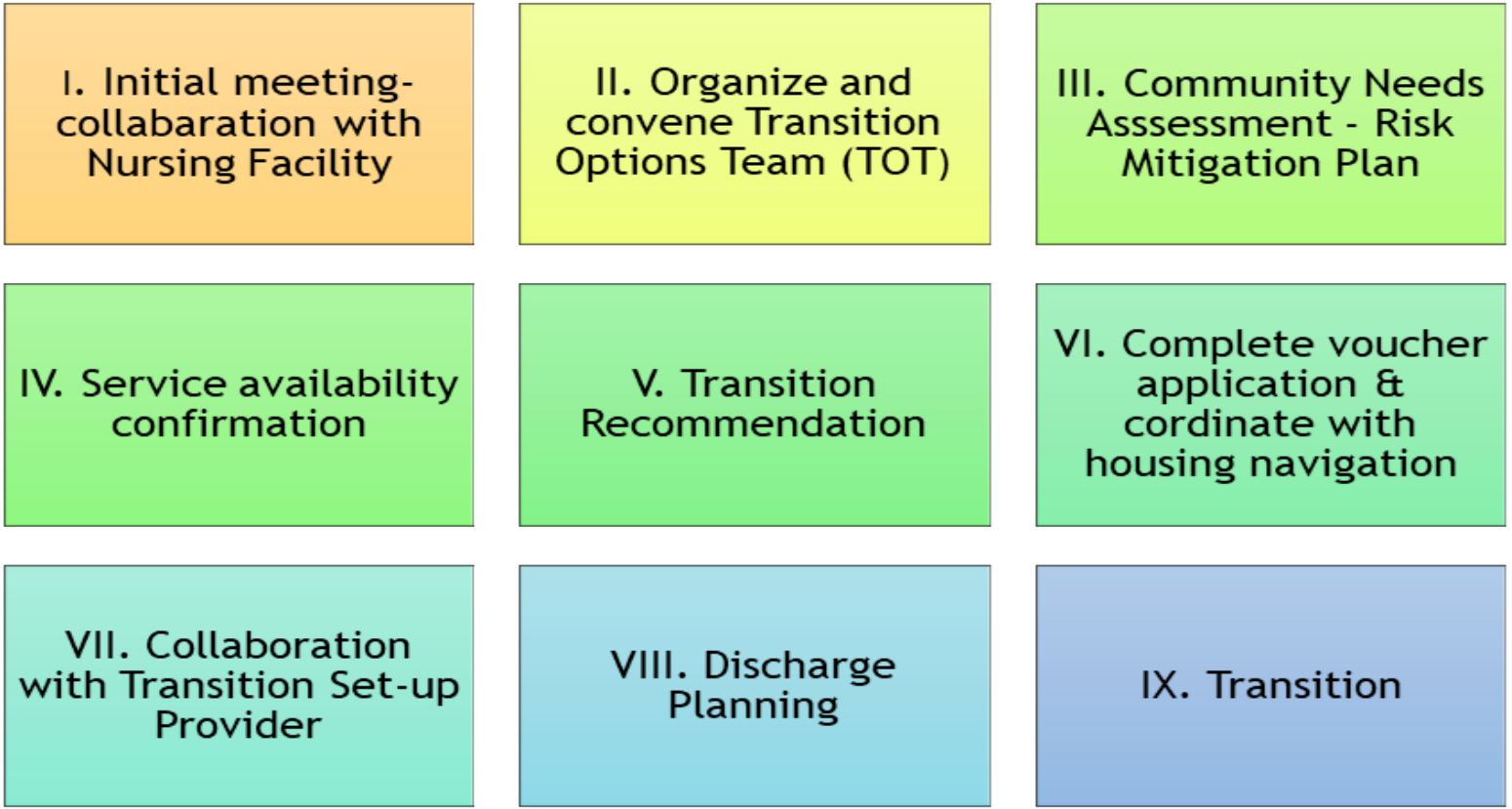
- Transition Coordinator assigned
- Targeted Case Management - Transition Coordination (TCM-TC) Services Referral Information Form is submitted to SEP
- BUS Access obtained
- Transition Process Information Screen is completed in BUS
- Initial meeting with member within 10 days of TCA referral acceptance

Questions?

Session 3 Objectives

- Discuss Person-Centered Competencies
- Describe Community Living Options Process Steps
- Define Transition Options Team & Responsibilities
- Explain Transition Coordination Documents
- Establish Discharge Procedure

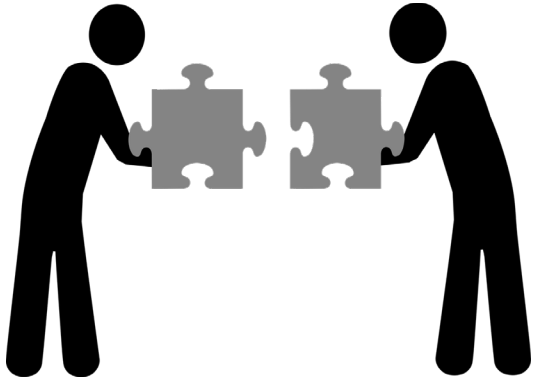
Community Living Options Process



Initial Meeting with Member

- TC and member meet, unless guardian is in place or member requests another person
- Transition process and options team described
- Basis of transition
- Recommendation explained
- Transition Options Team members confirmed

Building a Supportive Relationship



- Meaningful conversation - not an intake or interview
- Introduce yourself - One Page Description?
- Listen and learn - focus on the whole person
- Begin “Important To” conversation
- Discover expectations for living independently - what does it look like?
- Learn how to best support member
- Create a strengths-based profile

Creating Choice - Promoting Self-Empowerment

- Presume that all people have competence and have the capacity, and the right, to actively participate in the planning process.
- Ensure opportunity for equal voice in process
- Solicit ongoing feedback from member about process
- Promote understanding of needs/risks assessment and basis for transition recommendation
- Provide opportunity to practice decision making skills

Transition Options Team

- Member, TC, SNF SW, providers, guardian
- Anyone else member requests
- Organized and facilitated by TC
- Responsible for Transition Assessment, Risk Mitigation Plan and Transition Recommendation
- Inclusive – each member has essential info
- Meetings should have agenda, be productive and efficient use of time
- Preparation for meeting/discussions essential

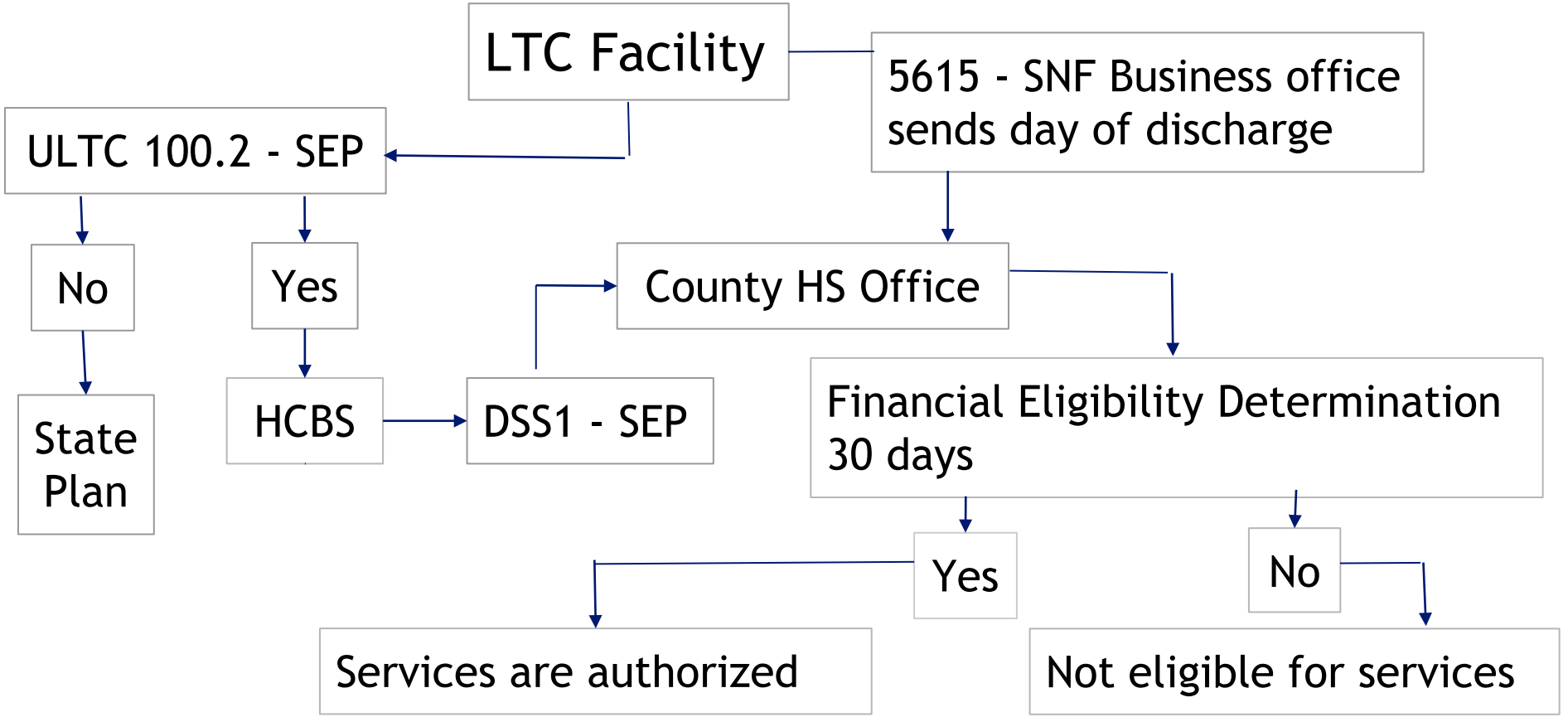
Transition Documents

- Individual Interest Questionnaire
- Community Needs Assessment
- Physician Input Form
- Risk Mitigation Plan
- Transition Options Form
- Community Services Information
- Form
- Transition Plan
- Discharge Plan*

Changes Due To Transition

Services	Long-Term Care (LTC) Facility Based to Community Based Services
Finances	Social Security Payment or Zero Income
Residence	Facility to independent apartment, family or assisted living

Service Change Process



Social Security Income

- Transfer from SNF to member
- Transfer payeeship if necessary
- Plan for lag time
- Notify Division of Housing when full payment begins

Money management

- Bank account
- Rent/bill payment method
- Budgeting
- Life Skills Training

Zero Income

- Identify as risk factor and establish mitigation strategies
- Develop plan to obtain necessary items
- Apply for food assistance as soon as possible
- Apply for other benefits if eligible
- Establish plan to access food banks
- Referrals to Voc Rehab and/or TANF if interested in employment

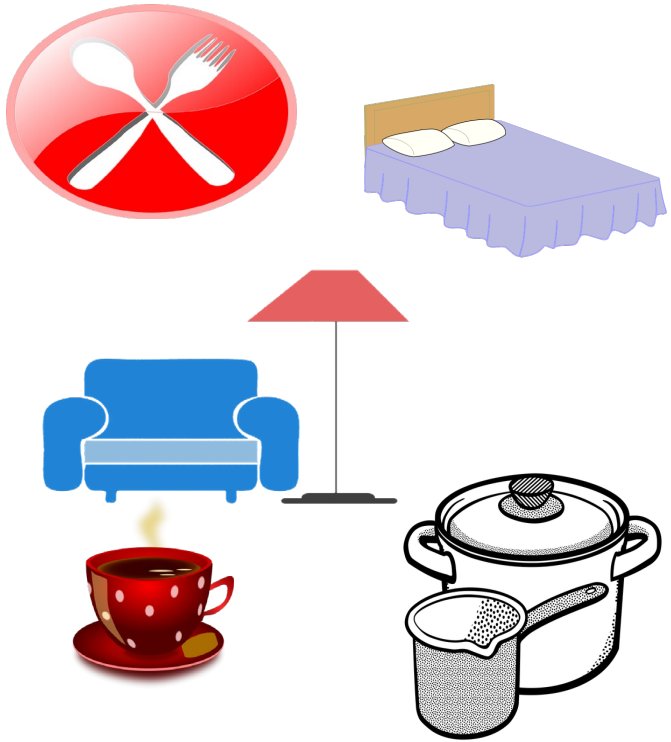
Residential Assistance

- Rental assistance - voucher application
- Referral to Housing Navigation Services
- Coordination with Housing Navigator, voucher administrator, property manager
- Oversight of leasing process

Assisted Living Facility

Shared responsibility between SNF social worker, SEP, CM and TC

Household Set-Up Collaboration



- Provided as Transition Set-up waiver benefit & listed on TC Community Services Information Form
- Choice of Provider facilitated by HCBS Case Manager
- Member choice paramount
- TC assists member to develop budget
- Transition set-up needs determined through community needs assessment

Discharge Preparation

- Housing Obtained and Household Setup Complete
- ULTC 100.2 completed
- SNF set to submit 5615 to county
- Transportation day of discharge arranged
- Medication delivery set-up
- Necessary DME scheduled for set-up
- HCBS service discussion with SEP
- Communicate - Communicate - Communicate

Moving Day

- Support anxiety management
- Obtain medications or prescription
- Collaborate closely with facility staff
- Assist member to move personal belongings
- Meet member at new home to ensure household is setup, groceries in place, emergency information available, schedule next home visit

Post-Discharge Support

- Frequency based on Community Risk Level
- Risk Mitigation Plan primary monitoring tool
- Change in Community Risk Level requires revised Risk Mitigation Plan

Questions?

Contact Information

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THANK YOU!