# Home and Community Based Programs

# Home & Community Based Long Term Care Services and Supports

- Community Options Waiver (CO)
- Increased Community Services (ICS)
- Community First Choice (CFC)
- Community Personal Assistance Services (CPAS)

# Community Options Waiver

- This program helps prevent institutionalization and provides supports in the least restrictive environment.
- CO Waiver serves adults with a nursing facility level of care.
- Client needs to complete medical redetermination annually.
- Most participants need to complete financial redetermination annually
- A person-centered plan of service developed and submitted to MDH for approval.
- Under The Community Options Waiver recipients can receive services at home or in an assisted living facility (ALF)

# Waiver Referrals

- Two ways to be referred to the Community Options Waiver.
  - Community Options Registry – will receive a letter when they can apply
  - Nursing facility Program Education/Options Counseling referrals are made by Nursing Homes, partner agencies, MDH and MDS, LTCOP, family members, MAP staff, etc.
    - BOA&D provides Options Counseling for individuals 18 and older.

# NFPE (Nursing Facility Program Education)

- Advise individual of programs and services available to assist individuals with returning to the community
- Follow up with SW/client regarding LTC MA application
- Assist with obtaining supporting financial documentation
- Submit application
- If the individual has applied for LTC MA within 6 months they can complete an Intent to apply for Waiver Services Form
- Provide Supports Planning Agency Selection Packet
- Referral made to LHD to complete InterRAI assessment which determines whether they are eligible for LOC.

# Increased Community Services

- ICS is a program similar to the CO Waiver and provides individuals in a skilled nursing facility, who are over income for CO Waiver, an opportunity to transition to the community with services.

# Community First Choice

- Was developed in 2014 as part of Medicaid expansion of community-based support services
- Applicants must have Full Community Medical Assistance
- No application to complete
- Referrals can be made from anyone in the community, participants would receive a Level 1 screen, then referred for an AERS evaluation.
- Must have NF LOC or special program code to be eligible
- No age limitation (children in the program)
- Does not include assisted living.

# CPAS Program

- Community Personal Assistance Services can provide services for clients who do not receive a nursing facility level of care but still need assistance with ADLS/IADLS.
- Referrals can also be made from the community and referred to an AERS after the Level 1 screen.
- CPAS LOC also generated from InterRAI assessment
- CPAS only provides personal care, case management, and nurse monitoring.

# AERS (Adult Evaluation and Review Services)

- AERS receives referrals for clients in need of services and conduct an InterRAI assessment and generates a plan of care with recommended services.
  - InterRAI assessment are comprehensive clinical assessments that evaluate individual's ability to complete ADLs and IADLs.
  - AERS POC is a list of recommended services based on the individual's needs.

# Support Planner Responsibilities

- Monitor LTSS system for eligibility, personal care staffing issues, and services
- Make direct contact with clients as needed
  - At least once per month via phone or email
  - Conduct in-person visits at least every 90 days
- Assist with completing housing applications and obtaining documentation
- Assists participants in creating a person-centered plan of service, setting goals and coordinating services based on client individual needs and choices

# Plan of Service

- Develop the POS with the client utilizing person-centered approach annually or as requested.
- POS must be approved by MDH before services can begin

# ADL's and IADLs

- Plans of service should be developed in association with the need for support with ADLs and IADLs.

# Activities of Daily Living (ADLs)

**ADL's are a series of basic activities necessary for independent living in the home or community**

- **Walking**, or otherwise getting around the home or outside. The technical term for this is "ambulating."
- **Feeding**, being able to get food from a plate into one's mouth.
- **Dressing and grooming**, selecting clothes, putting them on, and adequately managing one's personal appearance.
- **Toileting**, which means getting to and from the toilet, using it appropriately, and cleaning oneself.
- **Bathing**, which means washing one's face and body in the bath or shower.
- **Transferring**, being able to move from one body position to another. This includes being able to move from a bed to a chair, or into a wheelchair. This can also include the ability to stand up from a bed or chair in order to grasp a walker or other assistive device.

# Instrumental Activities of Daily Living (IADLs)

- IADL's are similar to ADL's, but require more complex thinking and organization skills:
- Meal Preparation: meal planning, cooking, cleaning after meal, nutritional planning
- Basic Communication skills: using a regular or mobile phone, the internet or e-mail, scheduling appointments
- Transportation- arranging transportation or driving oneself
- Shopping-the ability to make appropriate food and clothing shopping choices
- Performing light chores -that are incidental to the personal assistance services one receives
- Managing personal finances-managing budgets, paying bills

# Services provided in each program area

| Services | CPAS | CFC | CO |
|---|---|---|---|
| Personal Assistance Services | X | X | X |
| Supports Planning | X | X | X |
| Nurse Monitoring | X | X | X |
| Personal Emergency Response Systems | | X | X |
| Transition Services | | X | X |
| Consumer Training | | X | X |
| Home Delivered Meals | | X | X |
| Assistive Technology | | X | X |
| Accessibility Adaptations | | X | X |
| Environmental Assessments | | X | X |
| Medical Adult Day Care | | | X |
| Nutritionist/Dietician | | | X |
| Family Training | | | X |
| Behavioral Consultation | | | X |
| Assisted Living | | | X |
| Senior Center Plus | | | X |

# Questions???

To obtain additional information or for additional questions please contact Christie Mattingly, Program Coordinator at the Bureau of Aging and Disabilities at 410-386-3800