



COMMUNITY TRANSITION ROLE MATRIX – NURSING FACILITY TRANSITIONS

DEPARTMENT OF HUMAN SERVICES

MEDICAL SERVICES DIVISION - MFP

DN 894 (8-2008)

The nursing facility consumer, nursing facility Transition Coordination staff, and nursing facility staff play integral parts in the consumer's successful transition to the community. All participants will be responsible for their individual roles during the transition process. Listed below are the roles of the consumer, Transition Coordinator, MFP Program Manager, Home and Community Based Services Case Manager, and nursing facility staff for the successful transition from the nursing facility to an independent setting. The transition process will focus on a "Consumer Directed" approach; roles should be viewed as a collaboration to assist with successful transition.

CONSUMER (Including involved family members or legal decision makers)

- Control the planning process by making informed choices and decisions related to housing, transportation, health and nutrition services, support systems, social, faith, recreation, employment, and volunteer opportunities.
- Make (informed decisions related to learning options, risks and rights, and responsibilities. Consult a legal-rights advocate if needed
- Participate in the assessment process and provide information that will adequately determine needed services
- Complete worksheets and establish goals that will enable a successful relocation
- Take lead in developing the Independent Living Plan (ILP)
- Collect information needed; locate available services
- Contact identified resources to establish the provision of services on the Independent Living Plan
- Communicate with transition team members and family members

TRANSITION COORDIANTOR (Center for Independent Living Staff)

- Empower consumer to take control of process
- Educate nursing facility staff and consumers about the Money Follows the Person Program
- Meet with consumer individually for a personal interview
- Identify consumer needs, strengths, community supports and issues that enable or prevent the consumer from moving to an independent setting
- Provide a comprehensive assessment with the consumer
- Assist consumer in developing an Independent Living Plan
- Provide consumer with community resources and contact information
- Ensure appropriate housing, transportation, health and nutrition services, support systems, social, faith, recreation, employment, and volunteer opportunities are available for transition
- Advocate for consumer when necessary and provide assistance and support during transition process
- Provide peer support and offer personal experiences as needed
- Develop supportive relationship with the discharge planning team
- Follow-up with consumer during first year of relocation
- Refer any consumer whose interest's conflict with another for independent advocacy. This may include the Long Term Care Ombudsman, Legal Services of North Dakota, the Protection and Advocacy Project, or private lawyers

NURSING FACILITY STAFF

- Refer consumers in the nursing facility who meet Money Follows the Person Grant eligibility
- Refer interested consumers who don't qualify for MFP to the Center for Independent Living Office in the area, the Protection and Advocacy Project, the Long Term Care Ombudsman, Legal Services North Dakota, or a private lawyer)
- Work in partnership with the Transitional Coordinator to adequately provide assistance and support to consumers who would like to relocate to a more independent setting
- Provide documentation on the consumer's medical and functional condition, as well as physical/mental health care and personal care needs with consumer's permission
- Encourage the consumer and family through the relocation process
- Maintain open communication with Transitional Coordinator in order to work together to an independent setting.
- Develop supportive relationship with the discharge planning team
- Follow-up with consumer during first year of relocation
- Refer any consumer whose interest's conflict with another for independent advocacy. This may include the Long Term Care Ombudsman, Legal Services of North Dakota, the Protection and Advocacy Project, or private lawyers



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HOME AND COMMUNITY BASED SERVICES CASE MANAGER

- Assure Level of Care Screening is update before all transitions
- Attend and Participate in the Discharge Planning Team Process Prior to Transition
- Provide ongoing case management services after transition to the community
- Complete HCBS assessment to adequately determine needed services
- Develop Plan of Care that will enable a successful transition and authorize services
- Participate in the development of the Independent Living Plan (ILP)
- Collect information needed; locate available services/providers
- Contact identified resources to establish the provision of services
- Communicate with transition team members and nursing facility staff

PROTECTION AND ADVOCACY OR OMBUSMAN (If involved)

- To provide protective services to persons with mental illness or developmental disabilities if abuse, neglect, or exploitation is suspected
- Educate nursing facility staff and consumers about the Money Follows the Person Program
- Meet with consumer individually for a personal interview
- Provide consumer with community resources and contact information
- Advocate for consumer when necessary
- Provide assistance and support during transition process
- Empower consumer to take control of process, consistent with the consumers legal rights
- Adult Protective Services if needed after transition to the community
- Follow-up with consumer

MONEY FOLLOWS THE PERSON GRANT PROGRAM MANAGER

- Provide needed training and program information to nursing facility Transition Coordinator staff
- Refer individuals in the nursing facilities who meet the Money Follows the Person Program eligibility based on MDS Data
- Refer individuals in nursing facilities who are denied Money Follows the Person eligibility for other advocacy. (Examples include other Centers for Independent Living programs, Long Term Care Ombudsman, Protection & Advocacy, Legal Services North Dakota, and private lawyers.)
- Work in partnership with the Transitional Coordinators to adequately provide assistance and support for transitions
- Review and approve all request for supplemental services
- Provide information/education on the Money Follows the Person Program Operational Protocol and services
- Provide ongoing oversight of the Transition Services and process provided by the Transitional Coordination Staff
- Monitor the Quality of Services provided by the Transition Coordinators
- Maintain open communication with all stakeholders and the Money Follows the Person Stakeholder Committee related to program activities
- Provide ongoing reports to Money Follows the Person Stakeholders Committee related to grant progress