



Connections to Community Living Nursing Home Intervention and Diversion Fact Sheet

Background

- Wisconsin has a history of consumer choice and supports for people to live in the least restrictive, most integrated setting possible. This includes the enactment of the [Community Option Program \(COP\)](#) in 1981 and subsequent creation of [Family Care](#) in 1999, as long-term care programs focused on long-term care in community settings.
- In 1980 Wisconsin ranked 2nd nationally in the number of nursing home beds per capita with 87 nursing home beds per 1,000 residents 65 years of age and over. Thirty years later this rank improved to 20th nationally with 46 nursing home beds per 1,000 residents 65 years of age and over. An improvement of 47%.
- Key federal events such as the 2001 "[New Freedom Initiative](#)", the 2005 "[Deficit Reduction Act \(DRA\)](#)", the 2009 "[Year of the Community](#)" and the 2012 establishment of the [Administration for Community Living \(ACL\)](#) continue to promote community-focused efforts.

Project Goals

- Individuals living in nursing homes know of the supports and options available to live in community settings.
- Increase the number of people residing in community-based settings through:
 - Ø *Diversion*. Early outreach to people admitted for short term rehabilitation to help them avoid long term Nursing Home stays.
 - Ø *Relocation*. Assist people living long term in Nursing Homes who wish to relocate.
- Help people to live in more cost-effective home and community-based settings, where appropriate, to reduce Medicaid costs.
- Increase participation in the Money Follows the Person (MFP) demonstration to enable the state to claim enhanced MFP federal match whenever possible.
- Provide additional support to Aging and Disability Resource Centers (ADRC) and Managed Care Organizations (MCO) to ensure successful community placements.

Project Implementation

- Work with the Division of Quality Assurance (DQA) and nursing homes to increase appropriate referrals for possible relocation (based on responses to the Minimum Data Set -Quality).
- Hire five Community Living Specialists (CLS) using MFP funding. The CLS will connect to nursing homes with high concentrations of Medicaid funded Nursing Home residents to encourage community relocations.
- Identify and disseminate ADRC and MCO best practices related to community relocations. Provide ADRCs and MCOs technical assistance and training to standardize effective processes/activities for community relocations and measure outcomes.
- Increase communication with ADRCs, MCOs, nursing homes, and other community partners regarding MFP requirements for participation, tracking, and reporting of data to increase reimbursement for community-based long-term supports.
- Outreach to nursing homes, nursing home associations, advocacy agencies, home health agencies, social worker and director of nursing associations, and other key stakeholders.

Project Timeline and Deliverables

- July 2012-Jan. 2013 – Key stakeholder discussions to promote Connections to Community Living.
- August 2012 - provided additional funds to ADRCs for nursing home relocation activities.
- December 2012 – 2013 MCO contract adds an incentive payment for each member of an MCO who is relocated from an institution into a community setting consistent with federal MFP guidelines.
- January 2013 - Created a new name, logo and webpage <http://www.dhs.wisconsin.gov/ccl/> as well as data reports with detailed information about nursing homes and people potentially interested in community relocation.
- February 2013 – Hired three Community Living Specialists to begin work in eastern/central Wisconsin; two additional specialists will be hired by the summer of 2013 to focus on Southeastern Wisconsin.