COMMUNITY TRANISTION ROLE MATRIX – NURSING FACILITY TRANSITIONS

DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES DIVISION - MFP
DN 894 (9-2012)

The transition process will focus on a "Consumer Directed" approach. The nursing facility consumer, transition coordinator, and nursing facility staff play important roles in the transition to the community process. Listed below are the roles of the consumer, transition coordinator, MFP Program Administrator, home and community based services case manager, and nursing facility staff for the successful transition from the nursing facility to the community.

CONSUMER (Including involved family members or legal decision makers)

- Direct the planning process by making informed choices about housing, transportation, health and nutrition services, support systems, social, faith, recreation, employment, and volunteer opportunities.
- Participate in the assessment and planning process.
- Provide information that will help determine needed services.
- Take the lead in developing the Independent Living Plan (ILP).
- Communicate with transition team members and family members.

TRANSITION COORDIANTOR (Center for Independent Living Staff)

- Educate nursing facility staff and consumers about the Money Follows the Person Program.
- Complete a comprehensive assessment with the consumer.
- Assist consumer in developing an Independent Living Plan.
- Assure 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; provide assistance and support during transition process.
- Provide ongoing follow-up with consumer after transition.

NURSING FACILITY STAFF

- Work in partnership with MFP Transitional Coordinators to adequately provide assistance and support to consumers who would like to transition back to the community.
- Provide information on the consumer's medical and functional condition, as well as physical/mental health care and personal care needs with consumer's permission.
- Complete Provisional MFP Level of Care screening.
- Encourage the consumer and family through the transition process.
- Maintain open communication with Transitional Coordinator.

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HOME AND COMMUNITY BASED SERVICES CASE MANAGER

- Complete MFP Final Level of Care Screening before all transitions or by the month after transition.
- 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.

PROTECTION AND ADVOCACY OR OMBUSMAN (If involved)

- 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.
- Advocate for consumer when necessary.

MONEY FOLLOWS THE PERSON GRANT PROGRAM MANAGER

- Provide information/education on the Money Follows the Person Program.
- Coordinate MFP outreach and recruitment activities.
- Review and approve all requests for one time moving costs.
- Provide ongoing oversight of the Transition Services.
- Monitor the Quality of Services.
- Maintain open communication with all stakeholders.

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