U.S. Department of Health and Human Services
Assistant Secretary for Planning and Evaluation
Office of Disability, Aging and Long-Term Care Policy

PROJECT CHOICE (CONSUMERS HAVE OPTIONS FOR INDEPENDENCE IN COMMUNITY ENVIRONMENTS):

TEXAS' NURSING HOME TRANSITION PROGRAM

December 2003

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PROJECT CHOICE
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Texas' Nursing Home Transition Program

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INTRODUCTION

The Centers for Medicare & Medicaid Services (CMS), in association with Office of the Assistant Secretary for Planning and Evaluation (ASPE), sponsored the **Nursing Home Transition Demonstration Program** to assist states in providing transition options to nursing home residents who wish to move back to the community.CMS and ASPE awarded grants to 12 states between 1998 and 2000.[1]

The Demonstration permitted states to use grant funds for virtually any direct service or administrative item that held promise for assisting nursing home residents' return to the community. The grants provided targeted administrative or service resources to achieve the following objectives:

- To enhance opportunities for nursing home residents to move into the community by identifying nursing home residents who wish to return to the community and educating them and their families about available alternatives;
- To overcome the resistance and the barriers that may be in the way of their exercising this choice; and
- To develop the necessary infrastructure and supports in the community to permit former nursing home residents to live safely and with dignity in their own homes and communities.

This report describes the Texas nursing home transition grant, called Project CHOICE (Consumers Have Options for Independence in Community Environments). It is one of a series of nine case studies presenting results from the Demonstration. The case studies, along with a final report summarizing results from all these states,[2] provide useful information as states consider nursing home transition efforts or implement nursing home transition programs. Lessons the demonstration states learned during this program are particularly important because CMS awarded a number of Nursing Home Transition grants in 2001 and 2002 under the Systems Change Grants initiative.[3]

During an October 2001 site visit, Medstat interviewed staff from the Texas Health and Human Services Commission (HHSC) and the Texas Department of Human Services (TDHS), the two state agencies involved in the project. Medstat also interviewed staff from the two pilot sites, as well as two consumers who left nursing

[1] In 1998, Colorado, Michigan, Rhode Island, and Texas received grants between $160,000 and $175,000 each. In 1999, New Hampshire, New Jersey, Vermont, and Wisconsin received grants of $500,000 each. In 2000, Arkansas, Florida, Pennsylvania, and Nebraska received grants of $500,000 each.

[2] Eiken, Steve and Burwell, Brian. *Final Report of the Nursing Home Transition Demonstration Grants Case Study*. Medstat: publication pending.

[3] Twenty-three states and ten centers for independent living received nursing home transition grants in 2001 and 2002. More information is available at the following Web site: http://www.cms.hhs.gov/systemschange/default.asp.

homes with the help of Project CHOICE. The State of Texas provided additional information for this report through documents available on HHSC's Web site and final project reports from HHSC and the pilot sites.[4]

The report begins with a brief description of the three components of Project CHOICE, followed by a more detailed description of the two components that directly served consumers: one program to assist nursing home residents who want to move to the community, and one program to help people avoid a nursing home admission. Finally, the report describes initiatives the state has implemented since the grant period to support nursing home residents interested in transition.

[4] Information about these reports is available in the Bibliography.

GRANT DESCRIPTION

HHSC received a $175,000 grant in 1998 for Project CHOICE. Project CHOICE was a joint effort of HHSC, which managed the project, and TDHS, which implemented it. The project had three major components:

- *Transition to Life in the Community (TLC)*, a program to facilitate nursing home transition. People eligible for TLC received one-time flexible grants of up to $2,500 to pay for furniture, housing security deposits, and other items they might need in order to be able to live in the community. The state expected to serve 20-30 people under the TLC component of Project Choice.

- *Presumptive Eligibility*, a program to identify people at high risk of entering nursing homes and prevent nursing home admission by quickly providing home and community-based services (HCBS). The program's goal was to deliver Medicaid HCBS for up to 90 days prior to a final determination of Medicaid and HCBS eligibility. If a person received these services and later was deemed ineligible for ongoing services, the grant would pay for those services. Grant-funded services could continue for 30 days after the determination. The state estimated that 500 people would benefit from presumptive eligibility, and that 50 of these people would need Project CHOICE funds to pay for their services.

- *Public Participation*, a program component to solicit stakeholder input in developing and evaluating Project CHOICE. HHSC established an Advisory Committee of state government officials, consumers, advocacy organizations, housing providers, and service providers. The committee provided input into the project design and the selection of pilot sites. Advisory Committee members also reviewed the administrative rules promulgated for Project CHOICE and discussed project implementation.

State procedural requirements required TDHS to develop administrative rules for Project CHOICE's Transition to Life in the Community and Presumptive Eligibility components. The rule development process delayed the project for almost a year. Project CHOICE started serving consumers in September 1999 and continued until August 2000.

PILOT SITES

Texas initially planned to implement the grant program in only one urban and one rural county, but later chose to use two two-county locations (see Table 1). The state considered several factors when selecting pilot sites, including the need for a large number of nursing homes and residents to ensure many consumers were available. The principal factor governing pilot site selection, however, was two TDHS regional directors' willingness to support the project with staff time. TDHS regional offices provide case management for HCBS programs for older people and people with disabilities, and needed to work closely with the local lead agencies to ensure Project CHOICE participants could readily access HCBS.

TABLE 1. Project CHOICE Pilot Sites and Lead Agencies

Lead Agency	Urban County	Rural County
Area Agency on Aging of Tarrant County	Tarrant County (includes Fort Worth)	Parker County
Accessible Communities, Inc.	Nueces County (includes Corpus Christi)	Kleberg County

Once the state selected the pilot areas, it issued a Request for Proposal to identify agencies to implement the project. The state received little response, and asked the Area Agency on Aging of Tarrant County and Accessible Communities, Inc. to submit proposals. Each pilot site received $20,000 for TLC grants transitioning consumers and $67,700 for outreach, transition coordination, and administrative expenses. Both lead agencies had considerable discretion in implementing Project CHOICE. In Tarrant and Parker Counties, the Area Agency on Aging of Tarrant County led a coalition that included:

- The North Central Texas Area Agency on Aging (which serves Parker County and 13 other counties);
- TDHS;
- The Mental Health Association of Tarrant County (the nursing home ombudsman in that county);
- REACH, Inc. (Rehabilitation, Education, and Advocacy for Citizens with Handicaps), a Center for Independent Living; and
- Fulmer & Associates, a private company that coordinated the project.

In Nueces and Kleberg Counties, Accessible Communities, Inc., a non-profit service and advocacy organization that became a Center for Independent Living after the grant, formed an advisory committee of partners. The committee included two representatives from the Area Agency on Aging of the Coastal Bend (a case manager and the nursing home ombudsman), a nursing home administrator, and TDHS.

TRANSITION TO LIFE IN THE COMMUNITY

The bulk of this report describes Transition to Life in the Community (TLC), the pilot project to assist people who want to leave nursing homes. Like other nursing home transition programs, TLC had three components:

1. transition coordination or case management to help consumers access housing and services in the community;
2. a fund to pay for the up-front costs consumers may incur as they leave a nursing home, such as a security deposit for an apartment; and
3. a method to identify nursing home residents interested in transition.

In addition to these components, TLC faced three common nursing home transition program challenges: coordinating with nursing homes, obtaining housing in the community, and helping consumers obtain HCBS.

Transition Coordination

Both pilot sites used part-time transition coordinators to support nursing facility residents interested in transition. In Tarrant and Parker Counties, case managers at the Area Agencies on Aging (AAA) provided transition coordination for people age 60 and older. REACH coordinated transitions for people under age 60. In the other pilot area, Accessible Communities provided transition coordination for Nueces County residents and the AAA of the Coastal Bend served people in Kleberg County.

The coordinators first assessed residents to determine their needs for housing, services, and items necessary to establish the new home. Coordinators and residents then developed a plan for moving to the community. Coordinators also worked with family and friends to build support for transition and connect the residents to necessary supports. Following relocation, the state required 30 days of follow-up service coordination, which included working with the former resident to develop a household budget. After 30 days, a TDHS case manager was responsible for service coordination.

The transition coordinators had additional case management responsibilities beyond their work for TLC, which state and local staff considered a barrier to effective project implementation. Coordinating transitions was difficult and labor-intensive, so a part-time case manager could work with few consumers at one time. Coordinators' available time was further reduced because they often worked with people in the community who faced a health crisis or a sudden need for services. When this occurred, the coordinator focused on the community-dwelling person.

Identifying Program Participants

In Tarrant and Parker County, Tarrant County's Long Term Care Ombudsman Program provided all referrals for TLC. The ombudsman in Tarrant County, The Mental Health Association of Tarrant County, sends volunteer nursing home ombudsmen to visit every nursing home at least once a month. Part of the volunteer ombudsmen's task is to identify people who could move into a more independent environment. This occurred before Project CHOICE and has continued since the grant ended.

There were no referrals from Parker County because that county's ombudsman, the North Central Texas AAA, did not encounter residents that they believed could move. The North Central Texas AAA visited fewer residents than the Tarrant County ombudsman because its visits to nursing facilities are less frequent and Parker County has a much smaller population.

The AAA of Tarrant County implemented additional outreach activities to broaden awareness of the program, but these efforts did not produce additional referrals to TLC. Outreach activities included:

- Inviting nursing home administrators to attend Project CHOICE meetings;
- Giving presentations to hospital discharge social workers and the Tarrant Area Gerontological Society's social workers interest group; and
- Developing a project brochure and distributing it at nursing homes, libraries, senior citizen centers, and hospitals.

The AAA of Tarrant County also developed a survey to determine key factors affecting individuals' nursing home placement decisions, which it distributed to 1,000 Tarrant County residents through senior citizen centers. People returned only 54 completed surveys, so the data may not have reflected all older people's experience in that county.

The pilot in Nueces and Kleberg Counties did no major outreach to inform nursing home residents about TLC, because the part-time transition coordinator in the larger county (Nueces County) believed she could not transition more than one person per month. Accessible Communities and its partners informed professionals who work with nursing home residents about TLC through informal conversations. The local advisory committee members themselves identified a majority of individuals referred to the program.

The Nueces and Kleberg County pilot area's advisory committee prioritized transition efforts based on the residents' desire to relocate, their ability to live independently once core case management services stopped, and the availability of HCBS. Project staff said the lack of state-established eligibility criteria presented a challenge for the project, because some people who wanted to transition were not appropriate for community living due to abusive behavior, theft, substance abuse, or a

need for more supports than Texas' home and community-based services programs would supply.

Payment of Up-Front Costs

Each pilot site received $20,000 for one-time TLC grants of up to $2,500 to pay expenses related to establishing a community residence, including a housing security deposit, furniture, utility deposits, clothing, moving expenses, transportation, small appliances, linens, and other household items. Each pilot site's lead agencies administered TLC funds so consumers could easily access TLC funding. The state required agencies to keep records on TLC expenditures. Pilot site staff reported that the local fund management enabled them to creatively respond to individuals' needs.

Coordinating with Nursing Homes

The two pilot sites reported different levels of cooperation among nursing home staff. In Nueces and Kleberg Counties, one nursing home administrator participated in the local working committee and referred some of her facility's residents to the program. She also informed other nursing homes about the program, and these nursing homes also submitted referrals. Project staff reported that some nursing homes referred people with disruptive behaviors who were difficult to serve in the facility. Project staff believed some of these people could not live safely in the community.

Staff in Tarrant and Parker Counties reported resistance to the program from some, but not all, facilities. These counties did not need to encourage additional nursing facility cooperation because they had already been identifying transition candidates through the nursing home ombudsmen and working with the residents to support transition. Local project staff said most nursing home residents appropriate for transition had already moved to the community, in part due to the ombudsmen's efforts before the grant to identify people who could live in a more independent environment.

Obtaining Housing

Housing was not a major concern in Parker and Tarrant Counties because all transitioning residents moved into assisted living facilities, of which Tarrant County had a high supply. Project staff in this pilot area considered assisted living a good option for people leaving nursing homes--either as an interim residence or on a permanent basis.

In Nueces and Kleberg Counties, finding affordable and accessible housing was a significant barrier to successful program implementation. Accessible Communities and other agencies in the Corpus Christi area formed a coalition to improve housing for people with disabilities as a result of the housing challenges identified in TLC and other local initiatives.

Program staff in Nueces and Kleberg Counties said more transition housing options, as well as long-term housing options, were necessary. Transitional housing gave people an opportunity to live more independently while exploring long-term housing options. Since the pilot project ended, Accessible Communities received funding from the City of Corpus Christi to purchase two transitional housing units for people leaving institutions. The city used funding under the U.S. Department of Housing and Urban Development's (HUD) HOME Program. Also, the Corpus Christi Housing Authority set aside two HUD Section 8 vouchers to subsidize rent for the people living in these transitional housing units. Accessible Communities' staff said this additional transitional housing was a direct result of the relationship with the housing agency forged during the grant.

Obtaining Home and Community-Based Services

Texas required people using the TLC grants to be eligible for one of three Medicaid HCBS waivers--Community-Based Alternatives (CBA), which serves older people and adults with physical disabilities; Community Living Assistance and Support Services (CLASS), which serves adults with developmental disabilities; and the Medically Dependent Children Program (MDCP), which serves children with disabilities. Twelve of the thirteen people transitioned under Project CHOICE received services under the CBA waiver. The other person declined CBA services.

The CBA waiver included a provision that allowed people who had lived in a nursing facility for some period during the past six months to bypass the waiting list and access services immediately. This provision was critical for transitioning consumers to receive services because the CBA waiver had thousands of people on its waiting list, over 21,000 people as of January 2001. While transitioning residents were able to obtain funding for HCBS, project staff in Nueces and Kleberg Counties reported difficulty finding and retaining attendant care for people who needed many hours of support.

Results

Project CHOICE served people for one year, September 1999-August 2000, and received 35 referrals in the two pilot sites. Thirteen of these people left nursing homes. Table 2 provides some statistics about the people who were transitioned.

TABLE 2. TLC Statistics at a Glance			
	Total	**Tarrant & Parker Counties**	**Nueces & Kleberg Counties**
Number Transitioned	13	8	5
Male	10	6	4
Female	3	2	1
Age 60 or older	5	4	1
Using CBA waiver	12	8	4
Moved to assisted living	9	8	1

Of the 22 referred residents who did not transition under Project CHOICE, five people--four in Nueces and Kleberg Counties--left nursing homes without the program's assistance.

Overall, the two pilot sites reached different conclusions about the effectiveness of the Transition to Living in the Community program. Coalition partners in Tarrant and Parker Counties concluded that most nursing home residents remaining in nursing facilities in that area were significantly disabled, and that transition requires a considerable commitment from both state and local agencies. They concluded that efforts and resources should be targeted toward preventing nursing home admissions by providing supports to people already in the community. Staff at the Nueces and Kleberg Counties' pilot site concluded that the TLC program can be an effective tool to support people moving to the community, although they recommended improving residents' access to HCBS and affordable, accessible housing.

The pilot sites spent $25,441 on transition services, 64% of the $40,000 allocated to them for transition services ($20,000 per pilot). Thirteen people received these funds, including one person who decided to stay in a nursing home after the grant paid for a housing deposit. For the twelve people who transitioned and who used these funds, the average expenditure per person total was $2,120.

PRESUMPTIVE ELIGIBILITY

Program Description

The presumptive eligibility component of Project CHOICE targeted people at high risk of nursing home admission in the same pilot regions as the TLC component. Presumptive eligibility allowed people to receive up to 90 days of HCBS while waiting for a final eligibility determination. People could receive a limited array of services available under the Community-Based Alternatives (CBA) Medicaid HCBS waiver and the Primary Home Care program. Primary Home Care is a Medicaid state plan option authorized by section 1929(b) of the Social Security Act that allows states that meet certain conditions to provide HCBS as part of its Medicaid state plan.

If the person used presumptive eligibility and was eligible for one of these programs, that program paid for the person's services, including those provided before eligibility determination. If the person was not eligible, Project CHOICE paid for services provided while the person waited for eligibility determination. The project also paid for up to 30 days of services after the determination was final. The Project CHOICE grant proposal included $97,200 for services under presumptive eligibility.

Under the administrative rules developed by the TDHS, people could use presumptive eligibility based on a pending determination of financial eligibility or of medical and functional eligibility. Table 3 presents the expedited timeframes that the rules required TDHS regional offices in the pilot regions to meet for the first contact with the participant, assessment, and service initiation.

TABLE 3. Timeframe for Action Under Presumptive Eligibility, by Waiver Program

	Procedures Under Community-Based Alternatives Waiver	Procedures Under Primary Home Care State Plan Option
Pre-enrollment assessment time	Three to five days	Ten days
How assessment transmitted to TDHS	Sent without awaiting physician's signature on form determining medical necessity for nursing home care	Cases handled under verbal referral procedures
Services started	1 day after authorization	1 day after authorization

Home health agencies that provide many services under the CBA waiver and Primary Home Care raised several questions concerning how the presumptive eligibility services related to licensure and Medicaid contractual requirements. For example, licensure required providers to develop a service plan before serving each person and to address all identified needs once services began, not just the needs payable under the limited array of services available under presumptive eligibility. Also, Texas required providers to have a physician's approval in writing before starting services. Project staff reported that final eligibility determination often was complete before the licensure and

Medicaid requirements were met (i.e., physician's approval was obtained and a service plan was developed), thus negating the benefit of presumptive eligibility.

In addition, people who used presumptive eligibility had access to fewer providers than people on the CBA waiver or the Primary Home Care program. Since Project CHOICE was not part of the Medicaid program, the Project CHOICE billing process was separate from the information system used for Medicaid billing. Providers could not bill for services delivered under presumptive eligibility before a final eligibility determination because providers did not know whether to bill Medicaid or Project CHOICE. Some providers were reluctant to wait and did not participate in Project CHOICE.

Results

During the one year in which presumptive eligibility was effective, September 1999-August 2000, only five people used Project CHOICE funds to obtain services. Texas spent a total of $4,192.11 on these services. In addition, TDHS initiated presumptive services for an estimated eight people who were determined eligible for ongoing services and therefore did not use any Project CHOICE grant dollars. Project CHOICE spent only 4 percent of the $97,000 reserved for presumptive eligibility services. The state allocated the extra funds to pilot sites for further TLC outreach.

TDHS staff screened several hundred people in the two pilot projects for presumptive eligibility. Many people were not eligible because they were already enrolled in Medicaid or were eligible for Supplemental Security Income and, therefore, Medicaid-eligible. Others were ineligible for presumptive eligibility for other reasons, such as having income or resources close to the financial eligibility limit or not appearing to meet medical necessity requirements. Some people raised concerns that the administrative rules were too strict and screened out a high number of people. Some consumers, meanwhile, declined to participate in presumptive eligibility because their preferred service provider was not available. A few more people opted out because they could not receive certain CBA services during the presumptive eligibility period, including prescription drugs beyond the number of drugs paid under the Medicaid state plan.

NEXT STEPS

The State of Texas did not continue funding for Project CHOICE after the federal grant concluded at the end of August 2000, but Texas is pursuing several initiatives to assist people who want to move from nursing homes.

TDHS and HHSC built on the information and experience gained during Project CHOICE to design a new pilot project for transition coordination--Community Awareness and Relocation Services (CARS). Texas is spending $1.2 million in state funds on the CARS pilot, which includes funding to pilot public relations campaigns regarding HCBS options. CARS started serving people in June 2002, when the state executed contracts with three organizations. These organizations operate CARS in five geographic areas that include 33 counties. One of the Project CHOICE pilot agencies (Accessible Communities) is a CARS contractor and is serving a larger service area than the two counties it covered under Project CHOICE. As of October 31, 2002, CARS contractors have received referrals for 169 nursing facility residents, 11 of whom have transitioned.

TDHS also implemented a statewide TLC program to provide state funding for transition services. The program uses the same name used under Project CHOICE and has the same limit of $2,500. This funding is available for all nursing home residents, including people served by the CARS contractors. Texas also hired a contractor to assist people age 21 or younger in nursing homes to develop transition plans for all children residing in nursing homes, starting in 2002.

Also, the Texas Department of Housing and Community Affairs (DHCA) received 35 HUD Section 8 vouchers in December 2001 specifically for people leaving nursing homes, as part of HUD's Project Access. TDHS established a referral process with DHCA so it can quickly learn about nursing home residents who may benefit from the vouchers.

Finally, the state legislature passed an appropriations rider to facilitate increased funding for HCBS when people transition into the community. This rider, originally called Rider 37, allows Medicaid-eligible nursing home residents to receive Medicaid HCBS immediately after transition. For each Medicaid participant moving from a nursing home to the community, the state transfers the cost of that person's community services from the nursing facility budget to the HCBS budget. The rider was originally passed for a two-year budget starting September 1, 2001. This year the legislature renewed the rider, now called Rider 28, for the two-year budget that started September 1, 2003. Between September 2001 and October 2002, 1,187 people moved from nursing homes using Rider 37.[5]

[5] More information about Rider 37 is available in a short report by Medstat written for CMS as part of the Promising Practices in Home and Community Based Services Project. The report is available at http://www.cms.gov/promisingpractices/tx-rider37.pdf.

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