

Kansas Department of

Social and Rehabilitation Services

Janet Schalansky, Secretary

Long-Term Care Services Task Force
October 23, 2003

Real Choices Systems Change Grant

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Mister Chairman and members of the Committee, thank you for the opportunity to present an overview of the Real Choices Systems Change Grant. My name is Brent Widick and I am the grant manager for the Real Choices Systems Change Grant.

On February 1, 2001, President Bush announced the New Freedom Initiative in an effort to remove barriers to community living for people of all ages with disabilities or long-term illnesses. The announcement of the New Freedom Initiative was followed with Executive Order 13217, which said in part:

"...The Federal Government must assist States and localities to implement swiftly the Olmstead decision, so as to help ensure that all Americans have the opportunity to live close to their families and friends, to live more independently, to engage in productive employment, and to participate in community life."

As part of the New Freedom Initiatives, various grants were made available to states to expand community services and community living choices for people with disabilities or long-term illnesses. Among the grant opportunities was the Real Choices Systems Change Grant for Community Living.

Beginning on April 3, 2001, the Department of Social and Rehabilitation Services and the Kansas Department on Aging convened a consumer task force to direct planning of the Real Choices Systems Change and related grant opportunities. The consumer task force met on three occasions in April and May followed by nine teleconferences to discuss specific issues related to the needed changes in the long-term care system in Kansas. One of the results of the consumer task force discussions was the recommendation that SRS apply for the Real Choices Systems Change grant.

SRS applied in 2001, but was not awarded in the first wave of Real Choices System Change Grant opportunities. Kansas reapplied in the second wave of grant opportunities and was awarded, from the Centers of Medicaid/Medicare Services (CMS), a three-year Real Choices Systems Change Grant in September 2002. The award amount of the grant is \$1,385,000 in federal funds, and in-kind match of \$312,282, for a total project cost of \$1,697,282.

This grant seeks to build upon the improvements in long-term care which Kansas has implemented through Medicaid home and community based services waivers. The primary overarching goal is to make home and community based services as accessible to individuals with disabilities or long-term illness as institutional care.

There are five goals contained in this project that address specific goals toward achieving the outcome of the grant:

1. Develop a strategic plan and a three-year action plan to guide future systems change.

The Strategic Planning Committee is made up of over 30 members. Membership to the committee include consumers from various disability populations, providers, funding, regulatory stakeholders, and members of the Long-Term Care Services Task Force. Over the next seven months the committee will review and explore legal, regulatory, and policy barriers to a community first long-term care system. They will examine funding issues, employment issues, and capacities of community service providers to provide access to necessary supports and services. The three-year action plan will address increasing independence and freedom of individuals with disabilities or long-term illness, expanding expectations and opportunities for employment, and increasing personal choice and control of comprehensive and coordinated system of supports.

2. Investigate the potential of improved screening instruments for individuals with serious and persistent mental illness in Nursing Facilities for Mental Health (NF/MH).

Prior to the award of this grant, the Kansas Department of Social and Rehabilitation Services (SRS) contracted with the University of Kansas, School of Social Welfare to develop a screening tool for persons with a serious and persistent mentally illness (SPMI) living in nursing facilities. The SPMI screening tool is currently being used by Community Mental Health Centers (CMHC) during routine screenings. As part of this grant, 45 consumers have been trained to be facilitators, accompanying screeners as they conduct the screening process. In a joint effort between SRS and the University of Kansas, consumer facilitators were provided training on their role in the screening process. The consumer facilitators provide encouragement and information to individuals living in nursing facilities on community options and resources as they assist screeners in field-testing the screening instrument.

The consumer facilitators were present as the screenings took place over the past year and not only provided peer support and information about community options to the residents of the NF/MH, but also provided feedback on the screening tool itself. The Screening for Continued Stay (NF/MH) tool has been revised based on feedback from consumer facilitators, screeners, and residents of the NF/MHs. The revised screening tool will be used beginning in the Fall of 2003.

The accomplishment of goal two of the grant was considered successful. As of June 30, 2003, 337 residents of the 12 NF/MH's statewide have participated in the new screening. Because of the success over the past year, the Department of Social and Rehabilitation Services will continue funding consumer facilitators to accompany CMHC screeners during future screenings.

3. Enhance the Diversion Project by providing short-term case management services to divert individuals who are at-risk of placement upon discharge from a hospital.

The Diversion Project seeks to divert individuals who are at-risk of institutional placement upon discharge from Kansas hospitals. Two FTE equivalent case managers will be trained and placed in two pilot hospitals within Kansas, preferably rural and urban, to provide discharge planning. A contractor will provide education to the case managers about resources available in the community for medical, rehabilitative, advocacy and other supports. The education will address possible barriers individuals face upon discharge and how to overcome them. Effective education material and curricula for the case managers will be replicated for use with discharge planners in other hospitals.

4. Provide technical assistance to expand capacity to deliver community based services based on currently identified needs and needs articulated in the strategic plan.

To a large extent, the strategic plan will impact what form this goal takes. Essentially, this goal provides for financial support to undertake capacity building and resource development for community based services and supports. Contractor(s) will be identified within the second and third years of the grant toward the accomplishment of this goal.

5. Develop and present effective education material among the broad range of services providers and other long-term care stakeholders.

Changing referral patterns from institutional dependence to the fullest possible participation in the community, including institutional placement when medically necessary, will require education not only of consumers and potential consumers, but more specifically those professionals who make referrals or recommendations for long-term care services. Continuing education programs relating to the strategic plan for systems change will be developed and presented to physicians, hospital discharge planners, case managers, social workers, and others with the ability to influence long-term care decisions. These continuing education programs will be coordinated through the relevant professional organizations and co-sponsored with professional associations when possible. Contractor(s) will be identified within the second and third years of the grant award.

It is our hope that the system changes developed through this grant will have lasting affect on awareness and obtainment of community services for all Kansans with disabilities and long-term care needs that desire to live and work in their community.

Thank you for the opportunity to discuss the Real Choices Systems Change Grant. I would be happy to stand for questions.