

A Case Study on Ground Breaking Technical Assistance

Background

All across the nation, and on a daily basis, people are stricken with disabling events such as stroke, heart disease, accidents, or new diagnoses, that in a split second can cause financial hardship or ruin, relocation of assets and home, and separation of family. Human service professionals know all too well the journey one goes through to regain their independence and have quality of life. It is this growing need that has prompted a new direction in long term care and what community integration really means.

In recent years, nursing home costs have gone up astronomically, making nursing home care more costly and expensive than ever. In 2005, total Federal and state Medicaid spending was \$316.5 billion, of which 44% accounted for national spending on nursing home care.¹ The combination of growing Medicaid long term care costs and legal mandates such as the Olmstead decision has prompted more intensive efforts to lower the costs of long term care and provide individuals with a choice of community living over institutionalization.

In 2007, the Centers for Medicare & Medicaid Services (CMS) awarded \$1.4 Billion over five years to 30 States and the District of Columbia for their Money Follows the Person (MFP) Demonstration grants. Billed as the largest demonstration program of its kind in the history of Medicaid, MFP was developed as a Federal initiative to help states reduce their reliance on institutional care and expand options for care of individuals

within their communities. The underlying premise of MFP is for States to help transition individuals out of institutional care, such as nursing facilities, intermediate care facilities for the mentally retarded, and psychiatric hospitals, and use the cost savings to invest in their Medicaid long-term care for community-based care and services.

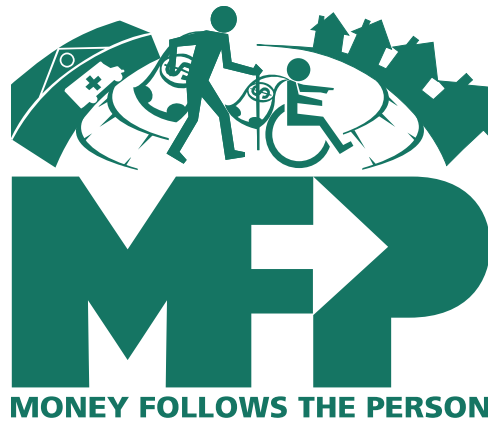
Technical Assistance

In 2004 CMS began requiring states to produce substantive evidence that they had met the federal assurances associated with the 1915c HCBS waivers.

This requirement has resulted in a major shift in the manner in which CMS, as the federal oversight partner, conducts waiver reviews. This shift has necessitated training and technical assistance (TA) to CMS staff, particularly in the skills and knowledge base for assessing evidence presented by states, and to insure equitable and consistent reviews of the waiver programs.

In addition, CMS' revised application template now requires states to describe the details of its quality management system and how evidence will be used in monitoring activities.

Direct technical assistance (TA) is, first and foremost, an interactive interpersonal process. TA ideally implies the transfer of concrete technical knowledge and skills to a recipient who is ready to understand this information and has the capacity to act on the information. Ascellon's experiences in the field, as well as our knowledge of the TA literature, suggests that the idea of successful technical assistance involves more than simply identifying an "expert" and linking him/her with the TA recipient. TA must be based on an explicit process that includes the following steps:



¹ SOURCE: Urban Institute estimates based on data from CMS (Form64), prepared for the Kaiser Commission on Medicaid and the Uninsured.

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- Assessing potential applicants' readiness to make use of the TA (including an assessment of values, attitudes, commitment of all individuals involved, and adequacy of the resources required to implement the proposed studies/techniques);
- Identifying the recipient's goals/objectives for the TA;
- Negotiating around these goals so that both the consultant and the recipient feel comfortable;
- Setting clear boundaries around the extent of the assistance to be provided;
- Negotiating the TA strategy - consultant and recipient review alternative strategies for the TA and decide on the optimal approach;
- Developing a TA plan that identifies the consultant and all relevant recipients, describes the strategy and time lines for the assistance and identifies potential obstacles;
- Providing follow-up TA as required to ensure smooth implementation;
- Evaluation of the TA by the consultant and the recipient.

Overall Goal

These MFP Grantees have proposed transitioning an overwhelming 34,000 individuals out of institutions over the Grants five year period. Well into its second year, many of the Grantees have met many obstacles ranging from developing adequate plans of care that ensure safety of the individual to affordable and accessible housing. Some States continue to experience resistance from family members and social service professionals who do not believe that medically and developmentally disabled individuals can live in the community.

However, the ever growing numbers of transitions occurring daily throughout the country stand as a testimony of change.

Individuals that have spent almost their entire lives in institutions are now living and thriving in community settings and helping States rebalance not only their long term care budgets, but way of thinking as well.

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