



Kentucky Transitions

Frequently Asked Questions

1. What is Kentucky Transitions?

Kentucky Transitions is a program being developed in Kentucky utilizing the CMS Money Follows the Person Demonstration grant which will assist Medicaid members who are currently residing in Nursing Homes and ICF/MR's in transitioning to the community.

2. Who can transition?

Kentucky Transitions is designed to create transition opportunities for three identified population- groups: the elderly and physically disabled, individuals with mental retardation and developmental disabilities, and individuals with acquired brain injuries, all of whom shall have resided in an institution a minimum of six consecutive months. Transitioning of all three population groups will begin in Year Two of the grant (CY2008) contingent upon receipt of CMS approval of the Operational Protocol.

3. What if I have a legal guardian?

If you have a legal guardian, the guardian must be supportive of the transition and will make the decision about transition. Your guardian must be involved in the program education session, provide informed consent and be involved in the transition process from participating in the development of the transition plan to implementing the plan.

4. How is eligibility to transition determined?

In order to transition, you must have been in an institutional setting for six consecutive months, must meet existing Medicaid eligibility requirements and be receiving services paid for by Medicaid for at least the month prior to transition.

5. Who will help me transition?

The Regional Transition Team will work with you throughout the process. The Team is made up of a registered nurse and a social worker. They will provide one on one education regarding *Kentucky Transitions* to you, your legally appointed guardian (if applicable), family members and other interested parties. They obtain informed consent and conduct a screening for eligibility to transition. The Team completes an assessment of your clinical and social needs. Using a team-based approach, they work with you, your family members, guardian, and significant others in developing and implementing your Transition Plan.

6. What services will I get after transition?

For the first 365 days after transition, you will receive services through:

- One of the following existing waiver programs: Home and Community Based (HCB), Supports for Community Living (SCL), or Acquired Brain Injury (ABI).
- HCBS Demonstration Services – These services are additions to and expansions of existing waiver services and are provided only during the transition period (365 days after transition). These services include:
 - Independent Assessment/Reassessment,
 - Independent Case Management,
 - Community Provider Supports,
 - Increased access to homemaking, personal care, attendant care, respite, companion care,
 - Adult Day Medical and Social,
 - Community Living Supports,
 - Therapies – Occupation, Speech and Physical,
 - Specialized Consultative Crisis Service,
 - Transportation**,
 - Alternative Residential Options,
 - Family Home Provider,
 - Adult Foster Care,
 - Nursing Supports – LPN and RN,
 - Assistive Technology, and
 - Personal Emergency Response System.

- MFP Supplemental Services – These services can be provided one time prior to transition. These services include:
 - Housing Modifications (up to \$15,000 or 10% of the value of the property);
 - Any combination of the following services up to \$2,000:
 - Housing Deposits,
 - Utility Deposits,
 - Pest Eradication,
 - Household Goods,
 - Household Setup,
 - Food Stocking,
 - Pre-Transition Transportation,
 - Problem Solving Services,
 - Care Giver Training, and
 - Community Provider Supports.

7. Who will provide my services?

You will choose your providers from the existing available service providers. You will participate in all decisions about your services and service providers.

You may choose to self direct your non-medical, non-residential services (homemaking, personal care, respite, attendant care, etc.) through the Consumer Directed Option (CDO) program which allows you to hire your own employees (family members, friends, neighbors, etc.) to provide those services to you. You will be given a budget and will be able to develop your own service schedule and negotiate what you pay your employees within Medicaid guidelines. You will be give information on CDO during transition planning.

8. How will I get services after day 365?

On day 366, your services will be provided through one of the appropriate existing waiver programs (HCB, SCL, or ABI).

9. I don't have a home to return to. Where will I live?

DMS has contracted with Kentucky Housing Corporation (KHC) to provide assistance in locating housing. KHC will work with you to determine your preferences and to locate three housing choices for you. You will make the final decision on where you live.

10. What happens if I change my mind or I'm not able to stay in the community?

You can change your mind at any time during the process. If you have moved to the community and want to return to the facility, the Regional Transition Team will assist you in locating a bed in the facility you left or in another facility. DMS cannot guarantee that you can return to the actual bed or facility you leave.

11. How can I get more information on the program?

You can contact a member of the MFP Team at (XXX)XXX-XXXX.