SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Healthy Connections MEDICAID

CLASS OF 2018 CERTIFIED PUBLIC MANAGER PROGRAM

Improving Transition Process for the Home Again Program

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South Carolina Department of Health and Human Services

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Introduction

The Money Follows the Person (MFP) Rebalancing Demonstration Grant was created as part of the Deficit Reduction Act of 2005 and it offers states the ability to rebalance their Medicaid long-term care systems through assisting eligible individuals to transition from institutions to the settings of their choice in the community. With the passage of the Affordable Care Act of 2010, the MFP programs were expanded through September 30, 2020 and allowed more states to apply for the grant. South Carolina received the Notice of Award in 2007; named the program "Home Again"; and became operational as of January 1, 2013. The Home Again program is housed under the South Carolina Department of Health and Human Services (SCDHHS). The SCDHHS is a single state agency for the South Carolina Medicaid program. Currently the Home Again program is targeting older adults and/or people with physical disabilities residing in nursing facilities and hospitals for not less than 90 consecutive days and receiving Medicaid reimbursement for at least one day before transitioning. The services that the Home Again program provides are 1) Transition Coordination and 2) Expanded Goods and Services. Home Again participants are also eligible to receive qualified home and community based services.

Problem Statement

According to the most recent assessment report (the reporting period is 01/01/17 through 12/31/17), the average length of time required from referral to initial assessment was approximately 35 days during the reporting period. It is a significant increase from the previous reporting period (01/01/16 through 12/31/16), which was 17 days. As the assessment process

gets lengthy, the program participants and their family members may experience delays on the actual transition and both federal and state government tend to spend more service expenditures on institutional care. For example, an average nursing facility daily rate was $171 and an average Home Again daily rate was $61 as of 2017 (South Carolina Department of Health and Human Services, 2017). The delays on the transition also could impact the program participant's satisfaction level with the program. In this paper, it will be discussed to see if there is a certain trend for an average length of time spent on entire transition process from an institutional setting to the community by the two main phases as described below from January 1, 2014 to December 31, 2017.

- Phase 1: Initial assessment (referral to initial assessment)
- Phase 2: Transition process (initial assessment to actual transition date)

Data Collection

Data was collected from the agency's case management system, Phoenix, to include application ID, applicant's name, age, county, referral date, initial assessment completion date and transition date from January 1, 2014 through December 31, 2017 (see Appendix A). Table 1 indicates a summary of the data.

Phases / Years	**2014**	**2015**	**2016**	**2017**
Average time spent on Phase 1	21.4 days	20.5 days	17 days	34.7 days
Average time spent on Phase 2	62.2 days	73.6 days	70.5 days	43.4 days
Total	83.6 days	94.1 days	87.5 days	78.1 days

Table 1: Average time spent on Phase 1 and Phase 2

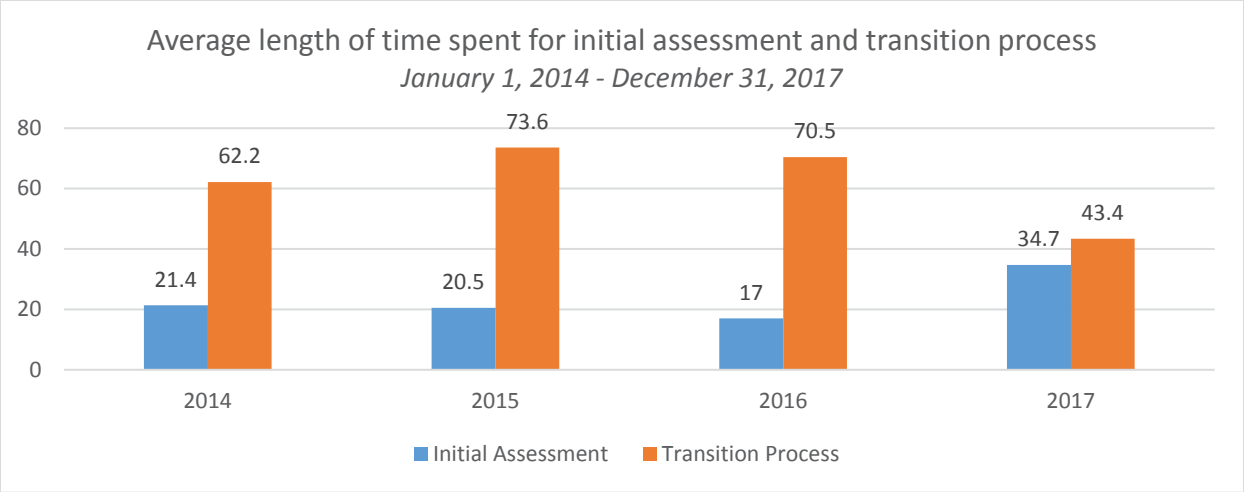


Figure 1: Average length of time spent for initial assessment and transition process

There were 676 applications received during the four years (01/01/2014 – 12/31/2017), however, the sample size was scaled down to 80 as 596 applications were closed before transitioning. The main reasons for termination of the applications will be addressed at a later section in this paper. As part of data collection process, the major steps that are involved with Home Again transition processes are also reviewed and visualized as flow charts (see Appendix B).

Data Analysis

In reviewing the data collected, it appears that the average length of time spent for phase 1 initial assessment increased from 21.4 days to 34.7 days while the average length of time spent for phase 2 transition process deems to be decreased from 62.2 days to 43.4 days over the course of the four years. It brings the average length of time spent for entire transition process from 83.6 days to 78.1 days. Although the average time spent on the entire transition process appears

to get shorter (Figure 2), it would be still meaningful to review both Phase 1 and Phase 2 to find areas of improvement for the current processes.

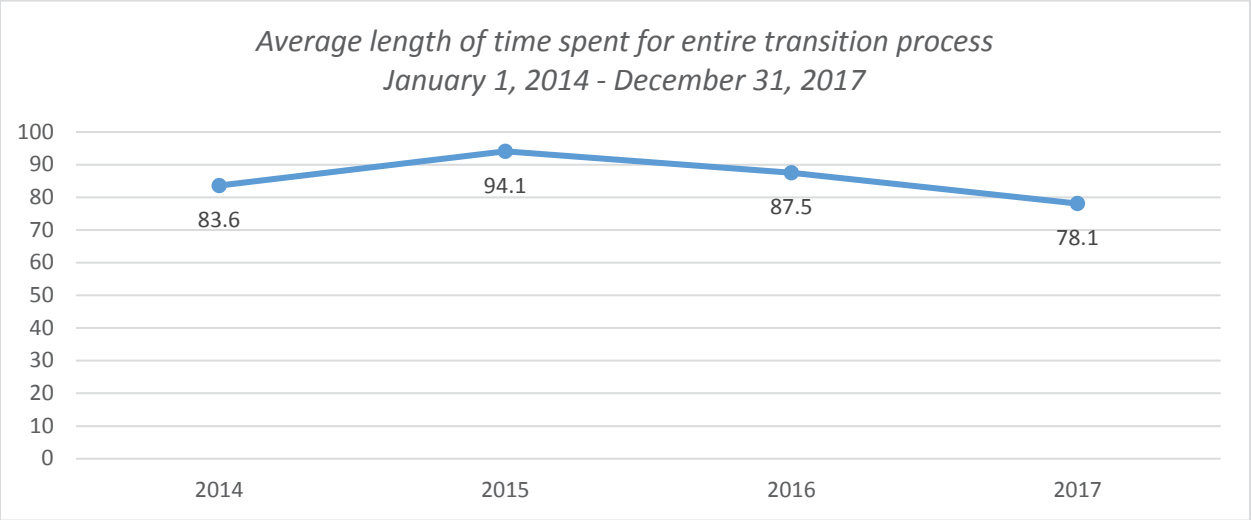


Figure 2: Average length of time spent for entire transition process

Major steps on Phase 1

Phase 1 starts when the Home Again referral is received through an online webpage (https://phoenix.scdhhs.gov/cltc_referrals/new) or phone call (888-971-1637). Once a referral is received, it is converted to an application in Phoenix and shows up on the Centralized Intake team's dashboard. The Centralized Intake staff reviews basic requirements for the program and transfers the application to Home Again staff. The Home Again staff contacts the nursing facility and/or hospital and ask them to complete eligibility packet (see Appendix C). Once a completed packet returns to the Home Again staff, the eligibility packet is reviewed and the application is transferred to an appropriate area office. The area office assigns a nurse consultant to the case and the nurse consultant visits the nursing facility/hospital to conduct an initial assessment.

The Phoenix system has a function to present referral dates and initial assessment dates in designated fields within the system whereas all other detailed processes in between are recorded on Narrative tab where the relative staff who is working on the case can leave a progress note in the system. Eligibility packet receipt dates are manually collected through Narrative tabs for further analysis. Based on the data gathered, an average time spent on 1) referral receipt to eligibility packet return and 2) eligibility packet return to initial assessment were calculated from 01/01/2014 through 12/31/2017 in the Table 2.

Processes / Years	**2014**	**2015**	**2016**	**2017**
Average time spent on referral receipt to eligibility packet return	3.9 days	9.2 days	10.2 days	12.7 days
Average time spent on eligibility packet return to initial assessment	17.5 days	11.3 days	6.8 days	22.0 days
Total time spent on Phase 1	21.4 days	20.5 days	17.0 days	34.7 days

Table 2: Average time spent on referral receipt to eligibility packet return and eligibility packet return to initial assessment

In 2014, Home Again program used to use its own website to receive Home Again referrals and it allowed applicants to submit both referral and eligibility packet at the same time. It made the turnaround time from referral receipt to eligibility packet return 3.9 days on average. However, the referral receipt process was changed in early 2015 to utilize the agency's Centralized Intake process. The Centralized Intake team had a high turnover rate in 2017 and it led a backlog on referral processing for many program areas and Home Again was one of them.

Major Steps on Phase 2

Once the initial assessment is completed by the nurse consultant, the participant chooses his or her transition coordinator and starts working on a transition plan with the transition coordinator. The transition coordinator coordinates appropriate home and community based services for the program participant. If the individual needs housing assistance, the individual should complete and return the Housing Intake Form (Appendix D) including related housing documents to the Home Again housing coordinator. As the program target population is low-income individuals with disabilities, finding affordable and accessible housing is a key to the successful transition. However, it's not unusual that there is a several years-long waiting list for subsidized housing. Because of the waiting time, the transition process for someone in need of housing could take longer than someone who doesn't need housing assistance. Figure 3 shows a brief comparison on average time spent on Phase 2 transition process between the two groups.

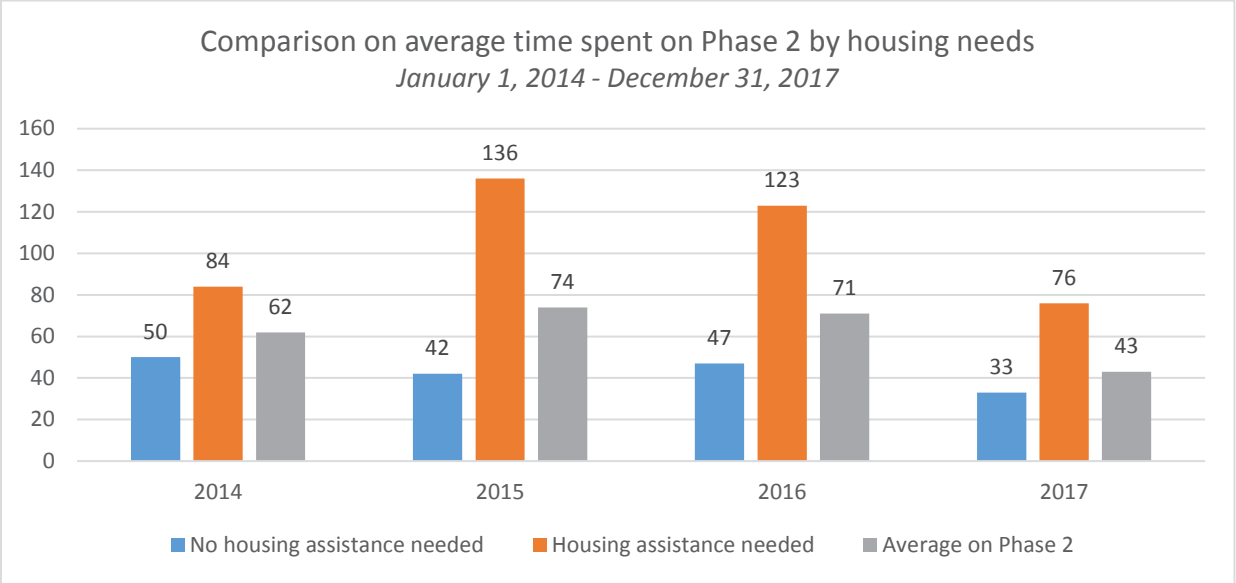


Figure 3: Comparison on average time spent on Phase 2 transition process by housing needs

From 01/01/2014 to 12/31/2017, there were 24 individuals who indicated that they need housing assistance and the average time spent on the group was 105 days while it took only 43 days on average for 56 individuals who already had housing when a referral was made for Phase 2 transition. Among the 24 individuals who needed housing assistance, 80% moved in an apartment without any caregivers, which also can be one of the contributors for delayed transitions due to lack of additional supports in the community.

Terminated Application Analysis

As it was mentioned earlier, there were total 676 Home Again applications received from 01/01/2014 through 12/31/2017 and only 12% were able to make a successful transition from institutional setting to the community during the same time period. As this paper is focusing on how to improve the transition process, it is also very important to review the terminated applications to find out better ways to streamline the eligibility review and assessment processes. Figure 4 describes various termination reasons.

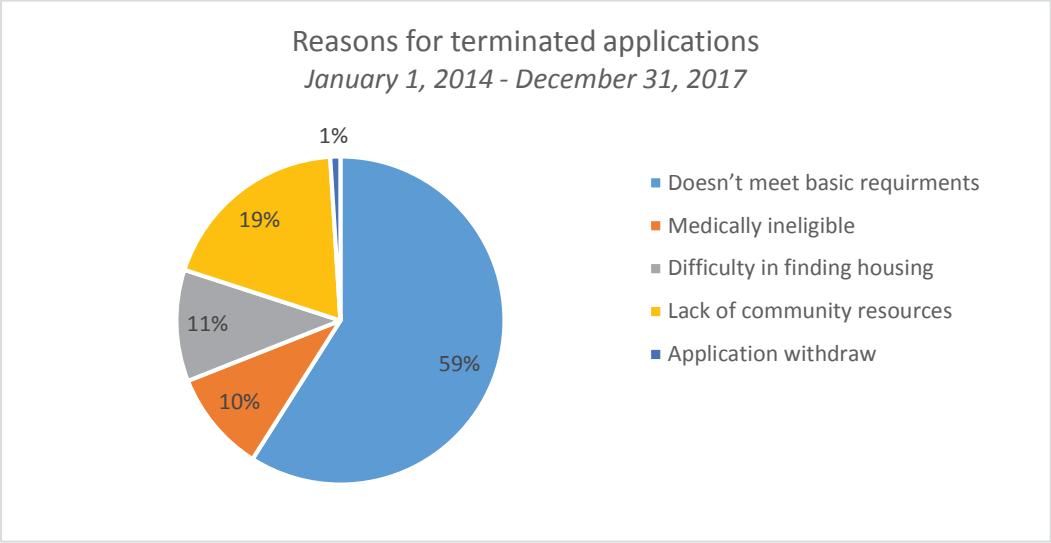


Figure 4: Reasons for terminated applications

In reviewing the termination reasons, it was found that 52% didn't meet the basic program requirements (i.e. 90-day requirement) and 8% were medically ineligible when initial assessment was conducted by a nurse consultant. 10% were terminated due to a difficulty in finding housing option. Home Again housing coordinators take at least one year to find housing for those individuals, but the Home Again application could be closed if there is no proper documentation to apply for housing options found. 17% were terminated due to safety concerns identified during an assessment process (for example, medical needs are greater than what can be provided in the community) and 1% decided to withdraw their application.

Implementation Plan

Based on issues/barriers identified in this paper, the Home Again staff shared the information with the program manager and created an implementation plan. The implementation plan includes barriers, strategies, timeline for completion and status of activity. Implementation of the plan has begun in October 2017 and the activities are still on-going as of February 2018. Table 3 is the summary for the implementation plan details.

Barriers	Strategies	Timeline for completion	Status of activity
Lack of qualified referrals	Create an outreach and marketing plan and implement the plan.	March 2018	Home Again staff met with the agency's Office of Communication staff and developed an outreach and marketing plan. Statewide face-to-face outreach and marketing activities with 105 Medicaid sponsored skilled nursing facilities as of 01/31/2018. Planning a statewide outreach and marketing webinar targeting statewide.

Complicated referral screening process	Analyze the current referral process and research on how equivalent programs in other states process their referrals.	June 2018	Analysis on the referral process has been completed and currently research ways to improve the referral screening process.
Lack of affordable and accessible housing options	Develop an overall housing strategic plan.	December 2018	Home Again housing coordinator is networking with Public Housing Authorities (PHAs) and local apartment managers. The housing coordinator continues to attend community meetings, including Fair Housing, housing conferences and other local housing events.

Table 3: Implementation Plan

Evaluation Method

To evaluate the progress on implementation plan, the program staff will continue to track: 1) successful transition rate among new referrals, 2) turnaround time from referral receipt to Home Again eligibility packet completion and 3) transition processing time for individuals who need housing assistance. A trend will be also created by before/after the intervention to show the effectiveness of the plan.

Conclusion

The current transition process for the Home Again program, while effective, is not as efficient as it could be. When the program was first established it utilized the resources available at that time and therefore staff were limited in ways to improve the process. With the implementation of the plan mentioned above, the program will be able to serve more individuals within the limited time. It will also bring additional cost savings and the individuals who made referrals to the program will be able to access the Home Again services more quickly.

References

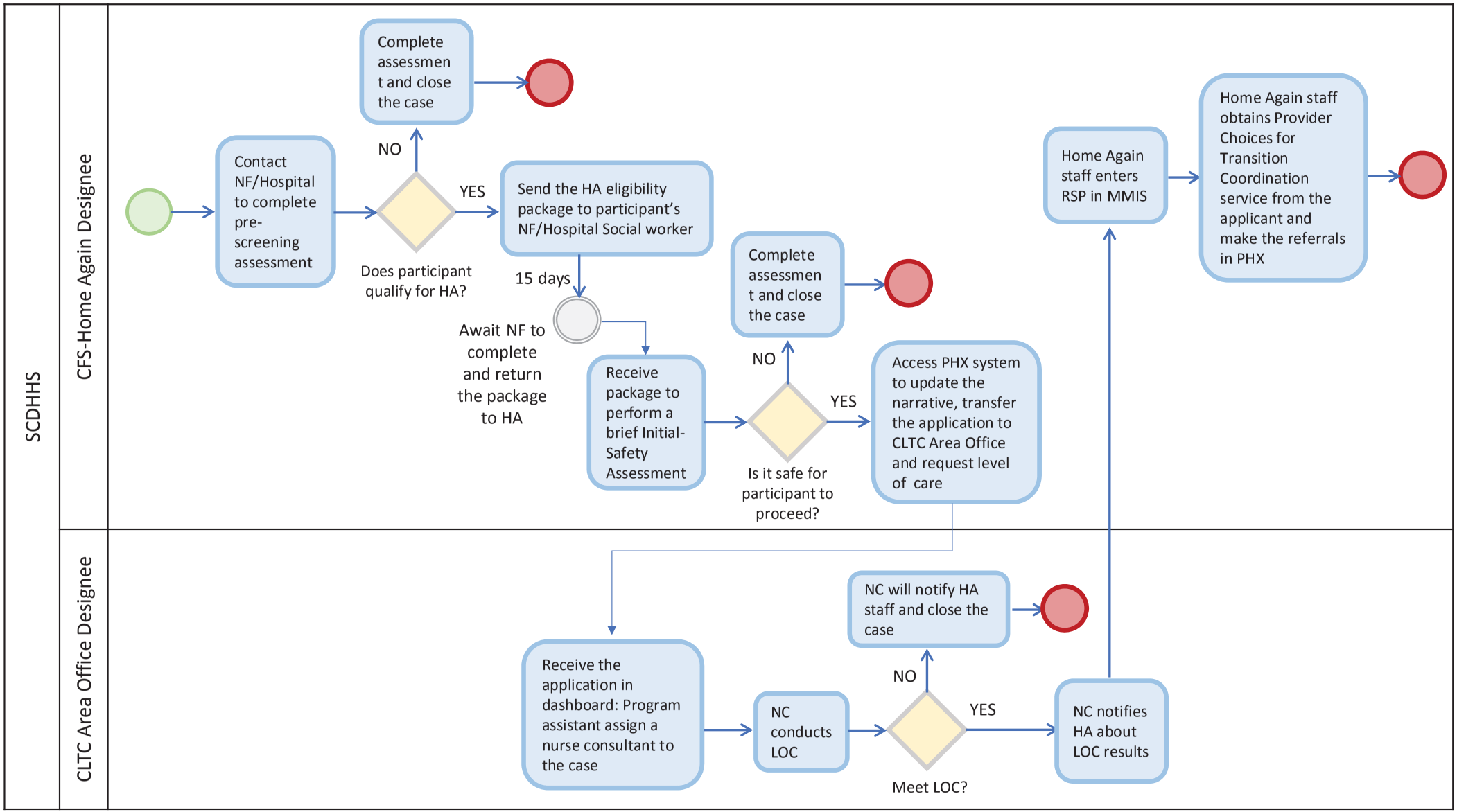
South Carolina Department of Health and Human Services. (2017). *South Carolina Money Follows the Person Rebalancing Demonstration Home Again Program Operational Protocol*. Retrieved from the Home Again website: https://msp.scdhhs.gov/homeagain2/sites/default/files/SC%20MFP%20OP%20Revised%20Final_061217_0.pdf

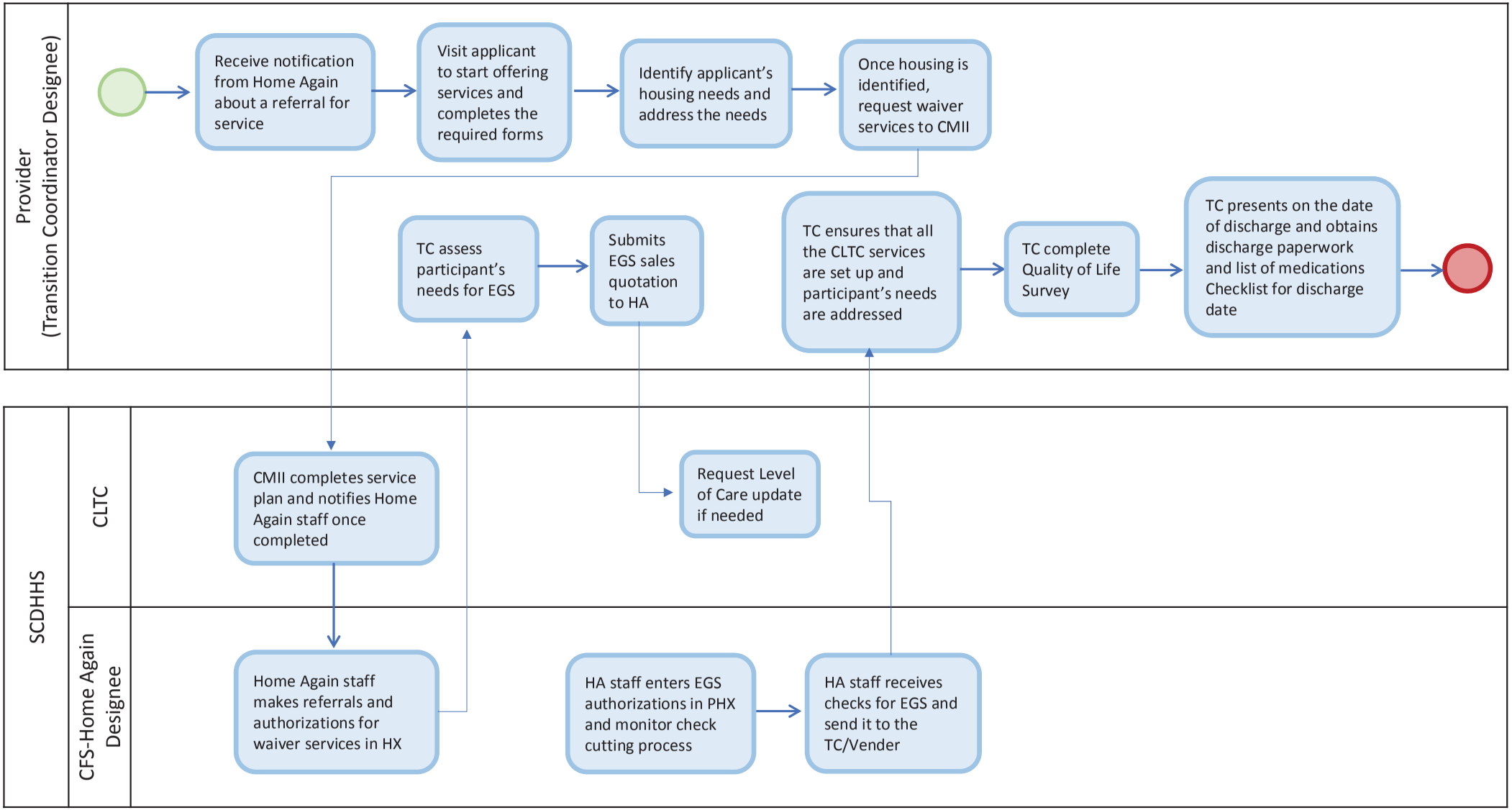
Mathematica. (2017). *Money Follows the Person Demonstration: Overview of State Grantee Progress*. Retrieved from Medicaid.gov: https://www.medicaid.gov/medicaid/ltss/downloads/money-follows-the-person/2016-cross-state-report.pdf

Appendix A: Assessment Data

Application ID	Name	Age	County	Referral Date	Initial Assessment Completion Date	Transition Date
1				12/11/13	12/27/13	01/27/14
2				12/20/13	01/15/14	02/19/14
3				01/08/14	02/04/14	03/04/14
4				03/05/14	04/14/14	04/11/14
5				12/19/13	01/23/14	05/12/14
6				03/05/14	03/20/14	05/16/14
7				04/09/14	04/24/14	05/16/14
8				03/28/14	04/03/14	05/19/14
9				02/27/14	04/11/14	06/26/14
10				04/10/14	04/23/14	07/03/14
11				05/08/14	05/14/14	07/10/14
12				04/11/14	04/28/14	07/29/14
13				06/17/14	07/07/14	07/31/14
14				04/11/14	06/04/14	08/12/14
15				08/05/14	08/14/14	09/26/14
16				07/15/14	08/11/14	10/01/14
17				09/26/14	10/06/14	11/10/14
18				08/19/14	08/29/14	11/24/14
19				08/29/14	09/25/14	11/29/14
20				09/09/14	09/29/14	12/11/14
21				07/31/14	08/19/14	12/15/14
22				06/02/14	06/18/14	12/18/14
23				11/04/14	11/13/14	01/15/15
24				11/10/14	12/17/14	02/18/15
25				01/23/15	02/25/15	03/25/15
26				01/21/15	02/17/15	04/15/15
27				07/24/14	08/06/14	06/01/15
28				04/07/15	04/14/15	06/09/15
29				04/01/15	04/28/15	07/02/15
30				06/15/15	06/29/15	07/28/15
31				06/24/15	07/27/15	08/20/15
32				03/31/15	04/14/15	09/16/15
33				09/16/15	10/06/15	10/09/15
34				07/21/15	08/14/15	10/19/15
35				09/11/15	09/30/15	11/24/15
36				10/20/15	10/27/15	11/24/15
37				07/20/15	08/12/15	12/03/15
38				01/06/16	01/11/16	02/12/16
39				12/09/15	01/20/16	02/23/16
40				03/24/16	03/31/16	05/11/16
41				03/29/16	04/12/16	05/13/16
42				02/09/16	02/17/16	05/24/16
43				05/02/16	05/13/16	07/12/16
44				09/15/15	10/12/15	08/04/16
45				02/29/16	03/29/16	08/17/16
46				07/15/16	08/03/16	08/18/16
47				08/05/16	08/16/16	09/28/16
48				07/27/16	08/16/16	10/11/16
49				08/03/16	08/25/16	11/01/16
50				12/01/16	12/07/16	12/08/16
51				11/18/16	12/14/16	01/06/17
52				10/12/16	12/22/16	02/02/17
53				11/10/16	12/06/16	02/06/17
54				07/01/16	08/18/16	02/07/17
55				11/07/16	11/16/16	02/14/17
56				12/02/16	02/16/17	02/20/17
57				01/04/17	01/18/17	02/23/17
58				01/20/17	02/27/17	02/27/17
59				03/01/17	03/08/17	03/08/17
60				01/20/17	03/02/17	03/28/17
61				03/23/17	03/28/17	03/31/17
62				01/10/17	02/21/17	04/20/17
63				08/02/16	08/18/16	05/01/17
64				01/10/17	02/21/17	05/04/17
65				02/28/17	05/01/17	05/15/17
66				05/02/17	05/11/17	05/18/17
67				01/27/17	05/15/17	06/05/17
68				02/03/17	05/23/17	06/22/17
69				02/08/17	04/25/17	06/22/17
70				05/19/17	06/08/17	06/29/17
71				07/11/17	07/13/17	07/24/17
72				07/14/17	08/01/17	08/14/17
73				05/10/17	05/23/17	08/17/17
74				06/16/17	07/11/17	08/28/17
75				08/02/17	08/11/17	08/29/17
76				08/02/17	08/25/17	09/26/17
77				07/26/17	09/01/17	10/09/17
78				08/23/17	10/02/17	10/24/17
79				11/30/17	12/04/17	12/04/17
80				10/06/17	11/01/17	12/07/17

Appendix B: Transition Process Flow Charts




Provider
(Transition Coordinator Designee)
Receive notification from Home Again about a referral for service
Visit applicant to start offering services and completes the required forms
Identify applicant's housing needs and address the needs
Once housing is identified, request waiver services to CMII
TC assess participant's needs for EGS
Submits EGS sales quotation to HA
TC ensures that all the CLTC services are set up and participant's needs are addressed
TC complete Quality of Life Survey
TC presents on the date of discharge and obtains discharge paperwork and list of medications Checklist for discharge date
SCDHHS
CLTC
CMII completes service plan and notifies Home Again staff once completed
Request Level of Care update if needed
CFS-Home Again Designee
Home Again staff makes referrals and authorizations for waiver services in HX
HA staff enters EGS authorizations in PHX and monitor check cutting process
HA staff receives checks for EGS and send it to the TC/Vender

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Healthy Connections MEDICAID

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HOME AGAIN ELIGIBILITY PACKET

You have received the Home Again Eligibility Package because you or someone else made a referral for _____ to the Home Again program. Please complete and return the completed package to us via fax (803) 255-8209, to Home Again's attention, or email at homeagain@scdhhs.gov.

The goal of the program is to target individuals expected to be in the facility long term. Individuals in the facility less than 90 days are not appropriate for the program.

If this packet is not received within 15 working days upon receipt of this packet, the referral may be terminated. Once the applicant meets preliminary requirements for the Home Again program, a nurse from the CLTC Area Office will come out to meet the applicant and determine the applicant's Level of Care.

If you have any question, please contact Home Again at homeagain@scdhhs.gov.

Sincerely,
Home Again Staff

ELIGIBILITY CHECKLIST

Applicants must meet the preliminary requirements for the Home Again program. Please answer all of the following questions pertaining to the applicant.

1. **SC Medicaid**
   - Are you on South Carolina Medicaid? ☐ Yes ☐ No
   - If yes, is Medicaid your primary pay source? ☐ Yes ☐ No
   - If no, are you planning to apply for it? ☐ Yes ☐ No

2. **Qualified Institution**
   - Are you living in a Skilled Nursing Facility and/or Hospital now? ☐ Yes ☐ No
   - Have you been in the Nursing Facility and/or Hospital for the past 90 consecutive days? ☐ Yes ☐ No
   - When is the most recent admission date? _____
   - As part of the most recent stay, was the person receiving short-term rehabilitation under Medicare Part A benefit? ☐ Yes ☐ No
   - If yes, what was the time period? _____

3. **Others**
   - Is Minimum Data Set (MDS) Section Q your referral source? ☐ Yes ☐ No
   - Will you be living with your family member(s)? ☐ Yes ☐ No
   - Do you have a place to live in the community? ☐ Yes ☐ No
   - If yes, what is the address?

     : _____

- Do you need help finding housing? ☐ Yes ☐ No
- If yes, the following documents are requried. Please attach the documents to this packet if available.
  - A Copy of Social Security Card
  - A Copy of Birth Certificate (long form)
  - A Copy of Government-issued picture ID
  - Current proof of income

Note: Failure to provide certain information may result in delayed transition or termination of your application.

4. **Comments**

Healthy Connections

HOME AGAIN PROGRAM

INFORMED CONSENT FORM

Applicant's Name: _____ Medicaid Number: _____

As part of my application for the Home Again program, my condition must be evaluated by the South Carolina Department of Health and Human Services (SCDHHS), the state agency that administers the Medicaid program in South Carolina.

I choose to participate in the Home Again program to return to the community from a nursing facility. I understand that my medical and social situation must be evaluated in more depth by a SCDHHS representative. Therefore, I consent to allow the SCDHHS representative to obtain and share personal health information about me as follows:

1. I consent that any social service professionals, organizations, doctors, nurses, other medical personnel or medical facilities involved in my care may release to an authorized SCDHHS representative any medical information regarding my diagnosis and recommended treatment.

2. I consent to the release by authorized SCDHHS representatives of information about me to doctors, hospitals, health and human services organizations or agencies, family members and other persons to whom SCDHHS may refer me for care.

3. In the event that SCDHHS representatives reasonably believe that I may be the victim of abuse, neglect or exploitation, I consent to release of information to organizations authorized by law to investigate such reports (Protective Services Divisions of the Department of Social Services, the State Vulnerable Adult Guardian ad Litem Program of the Lieutenant Governor's Office on Aging, local law enforcement, the State Long Term Care Ombudsman, the State Law Enforcement Division, or the Attorney General's Office).

4. Upon the request of the organizations listed in #3, above, I consent to the release by DHHS representatives of information about me to the named organizations.

I understand that once SCDHHS releases information about me to other individuals or organizations, the information will no longer be protected by SCDHHS from re-disclosure. However, most organizations that provide information to or request information from SCDHHS have their own privacy practices that protect disclosure. I also understand that the Home Again program lasts for one year from my discharge date from a nursing facility and I may receive continued long-term care services from the SCDHHS after the one year. I consent the SCDHHS to release my information to the Centers for Medicare and Medicaid Services as appropriate.

This Consent will expire five (5) years after my termination from the Home Again program.

_____ _____

Applicant's Signature Date

_____

If signed by responsible party, state relationship and authority to Sign

_____

Facility Witness (Social Worker or Discharge Planner)

PLEASE PLACE NURSING FACILITY **FACE SHEET** OF THE APPLICANT HERE

HOME AGAIN INITIAL HOUSING INTAKE

You have indicated that you need help finding housing from Home Again Eligibility Packet. Please answer all of the following questions.

1. Basic Information
   - Have you served in the US Military? ☐ Yes ☐ No
   - Are you a person in a wheelchair? ☐ Yes ☐ No
   - Will you be living with your family or friend? ☐ Yes ☐ No

     Name: _____ Contact Number: _____ Relationship: _____
   - Will you consider having a roommate? ☐ Yes ☐ No
   - What county/city are you willing to reside in? _____
   - Are you willing to relocate? ☐ Yes ☐ No
   - If yes, which counties/cities: _____

2. Income Information

   Indicate all income sources and the amounts.

   ☐ Nursing home monthly stipend Amount: $_____

   ☐ Social Security Income: $_____

   ☐ Social Security Disability Income: $_____

   ☐ Pension: $_____

   ☐ Other: $_____

3. Housing Documentation

   Check if you have the following original documents.

   ☐ Social Security Card

   ☐ Government-issued Picture ID

   ☐ Birth Certificate – Long Form

   ☐ Proof of Income Letter from Social Security

   ☐ Current Bank Statement(s)

   ☐ Other Income and Asset Documentation

4. Housing History

   Check all any that apply

   ☐ Private Rental – if yes, development _____

   ☐ Section 8/HCV – if yes, jurisdiction _____

   ☐ Public Housing – if yes, jurisdiction _____

   ☐ HUD Subsidized – if yes, development _____

   ☐ Shelter/homeless – if yes, date(s) _____

   ☐ Eviction history – if yes, when _____

   ☐ Foreclosure– if yes, date(s) _____

   ☐ No experience as lease-holder _____

5. Credit History

   Check any that apply

   ☐ Past due utility/phone bill – utility company/amount _____

   ☐ Past due credit card bill(s) _____

   ☐ Owe money to a public housing authority _____

   ☐ Past due rent _____

   ☐ Other past due bills _____

   ☐ Medical bills _____

   ☐ Filed for bankruptcy - Date _____

   ☐ Do you have a representative payee?

   ☐ Do you want to have a representative payee?

6. Transportation Information:

   - Have you applied for Mobility/Para-transit in your county/jurisdiction of residency?
     ☐ Yes ☐ No
   - Do you travel on your own? ☐ Yes ☐ No
   - Do you have other transportation options? ☐ Yes ☐ No

7. Criminal History

   Check/date any that apply

   ☐ Prior Arrests: _____

   ☐ Prior Convictions: _____

   ☐ Prior Incarcerations: _____

   ☐ Open warrants/parole/probation: _____

   ☐ Do you have legal representation? ☐ Yes ☐ No

Note: Failure to provide truthful information/related documents may result in delayed transition or termination of your application.

HOUSING COORDINATOR USE ONLY

_____ _____

HOUSING COORDINATOR SIGNITURE **RECEIVED DATE**