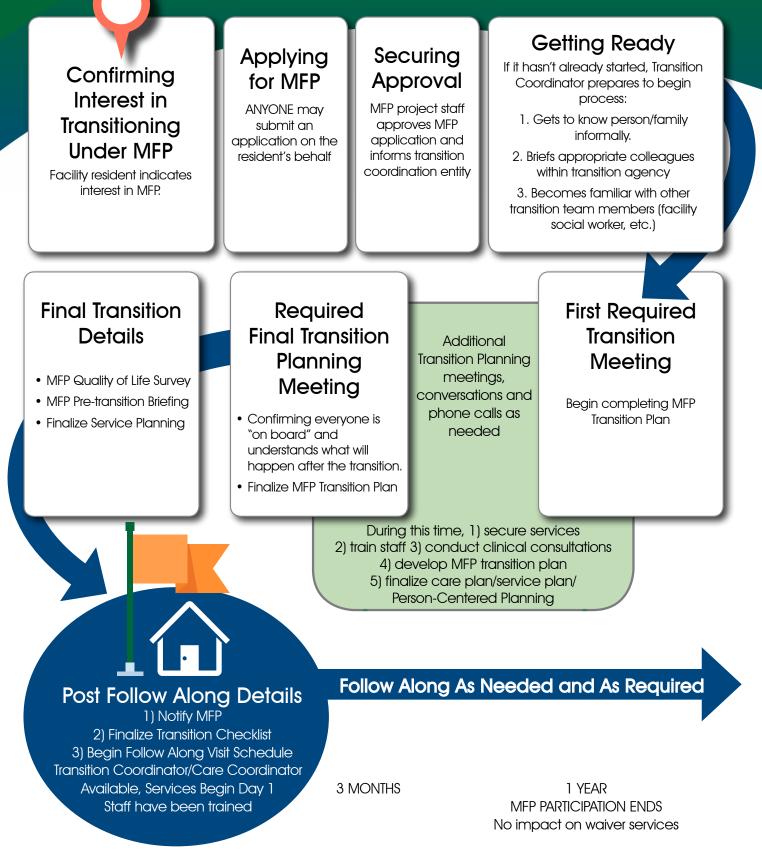


# **Transition Process Detail**





## Person in Inpatient Facility

- Hospital
- Skilled nursing facility
- Intermediate care facility

For at Least Three Months

Medicare considerations

Medicaid Eligible

Mindful of deductible status

#### Transition Process

- Community Alternatives
  Program slot or All-Inclusive
  Care for the Elderly
- Transition year stability resources
- Enhanced case management
- Transition coordination

## Moves Back into Own Home and Community

• Own house or apartment

- Family's home
- Group home of four people or fewer\*
  - \* For people with I/DD only in NC

### Objectives:

- Increase the use of home and community-based, rather than institutional, long-tem care services
- Eliminate barriers or mechanisms, whether in state law, the state Medicaid plan, the state budget, or other obstacles which prevent or restrict the flexible use of Medicaid funds to enable Medicaid-eligible individuals to receive support for appropriate and necessary long-term services in the settings of their choice
- Increase the ability of the state Medicaid program to assure continued provision of home and community-based long-term care services to eligible individuals who choose to transition from an institution to a community setting
- Ensure strategies and procedures are in place to provide quality assurance for eligible individuals receiving Medicaid home and community-based long-term care services and to provide for continuous quality improvement for such services

## Website: www.mfp.ncdhhs.gov



