



Kentucky Transitions

Frequently Asked Questions

1. What is Kentucky Transitions?

Kentucky Transitions is a program developed in Kentucky utilizing the CMS Money Follows the Person Demonstration grant which assists Medicaid members who are currently residing in Nursing Homes 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, mental illness, and individuals with acquired brain injuries, all of whom shall have resided in an institution a minimum of 60 days, with exclusions.

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. The legal guardian will also help in providing support after transition.

4. How is eligibility to transition determined?

In order to transition, you must have been in an institutional setting for 60 days with exclusions, must meet existing Medicaid eligibility requirements and be receiving services paid for by Medicaid for at least one day prior to being referred to Kentucky Transitions. The Transition Coordinator will be happy to discuss any exclusion with you.

5. Who will help me transition?

The Transition Coordinator will work with you throughout the process. The coordinator is a registered nurse or a social worker. The coordinator will

provide one on one education regarding *Kentucky Transitions* to you, your legally appointed guardian (if applicable), family members and other parties that you wish to be included. The coordinator will obtain an informed consent and will complete an assessment of your clinical and social needs. They work with you, your family members, guardian, and significant others in developing and implementing your Transition Plan and identifying what supplemental services you need.

MFP Supplemental Services – These services can be provided on time prior to transition. These Services include:

- Any Combination of the following services up to \$2,500, based on need:
 - Housing security deposit
 - Utility start-up deposits such as water, gas, electric, or telephone services
 - Pest eradication
 - Household setup such as furniture, dishes, bedding, towels
 - Food stocking, sufficient sustenance until the individual receives Social Security check or Supplemental Nutrition Assistance Program (SNAP) benefits
 - Pre-transition transportation
 - Unforeseen expenses that may interfere with the individual's transition. It must be determined that the expense mitigates a barrier to the individual's successful and thriving transition from a nursing facility to independent living, with minimal supports. MFP does not pay past due utilities or any ongoing living expenses, including rent.

6. What services will I get after transition?

You will receive services that are aligned with one of the following existing waivers programs: Home and Community Based (HCB) or Acquired Brain Injury (ABI/LTC).

7. Who will provide my services?

The Transition Coordinator is available to assist you in choosing your providers in the community. 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 Participant Directed Services (PDS) 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 PDS during transition planning.

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

DMS has a housing specialist to provide assistance in locating housing. The housing specialist will work with you to determine your preferences and to locate housing choices for you. You will make the final decision on where you live.

9. 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, you will need to contact your case manager for assistance in obtaining placement. DMS cannot guarantee that you can return to the actual bed or facility you leave.

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

You can contact a member of the Kentucky Transitions Team at (877) 564-0330 or (502) 564-0330, or email Kentucky.Transitions@ky.gov

