Community Transition Services Participant Handbook

Michigan Department of Health & Human Services

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Community Transition Services

Community Transition Services Participant Handbook

This handbook is about your rights and responsibilities when you choose to receive Community Transition Services. Please read and keep this booklet. It has helpful things that you need to know because you receive Community Transition Services.

If you have any questions about what you read, call your transition navigator.

Note: Your transition navigator must also provide you with the MDHHS Privacy Notice for Medicaid and Other Medical Assistance Programs in conjunction with this handbook. You may also view the Privacy Notice online at Michigan.gov/HIPAA.

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Community Transition Services

Community Transition Services Participant Handbook

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Community Transition Services Basics

Community Transition Services (CTS) provides services and supports to nursing home residents who want to return to a life in their own home and take part in their community. Individuals who are at risk of going back to a nursing home may also be eligible for these services and supports. Your home could be a house, apartment, condominium, assisted living facility, adult foster care, or a home for the aged.

Nursing homes discharge individuals back to their homes every day. So, what is the difference between a discharge and a transition? When someone has a home to return to or does not require long-term services once they get home, a **discharge** works well for them. Nursing home staff are great at making sure you get home and get some help once you are there.

Sometimes it is harder to return home. You might not have a home to which to return, your home might need changes before you can use it again, or you will need ongoing services and supports to stay at home. This is when you need to **transition**. CTS can help you by doing things that nursing home staff cannot do. This may be things like finding a new home, adding a ramp to the home you have, or making sure you will get ongoing services once you get home.

CTS are available to adults aged 18 or older who live in a nursing home or have previously lived in a nursing home. If you are younger than 65, you must have a disability and qualify for Medicaid.

CTS may include:

- **Transition Navigation**
  This is the person who will help you plan your move. They will help you find housing, things for your home, and the services and supports you will need once you move.

- **Community Transition Services**
  These are things you will need in the community like items for your home, moving costs, security deposit, housing application and utility fees, and one-time cleaning.

Community Transition Services

- **Non-Emergency Non-Medical Transportation**
  This helps with rides to places you need to go to plan for your move home. You may need to go to a potential home, the bank, the Social Security Office, or the Secretary of State.

- **Home Modifications**
  These are changes to your home that need to be made for you to live there, like a wheelchair ramp, widening doorways, or changing the bathroom.

- **Home and Community Based Services Personal Care**
  These are short-term services to help you in your home until other services can start. This can also be used for a "trial run" at home so you can see what it will be like at home.

There are many agencies in Michigan that offer CTS through a contract with the Michigan Department of Health and Human Services. A transition navigator from one of these agencies will help you decide if CTS are right for you, and if so, help you plan what services you will need.

You can find a transition agency in your area by calling **833-686-7700** or email mdhhs-msa-nftservices@michigan.gov.

Community Transition Services

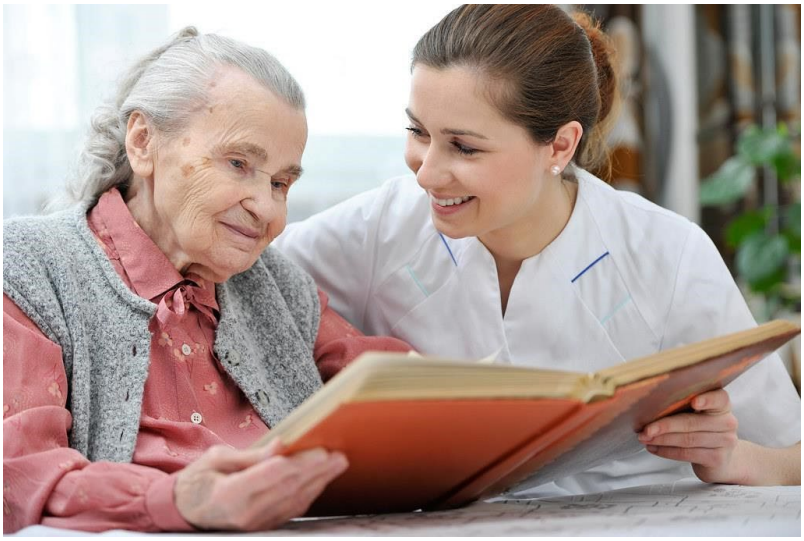
What to Expect

Assessment

A transition navigator will meet with you and the friends or family you want to include. The transition navigator will help you make decisions and get the services and support you need to return or stay at home. You will need to tell them about things that are important to have in your life and how you do things like bathing, eating, and getting dressed every day. They will ask you about people who help you do these things. The transition navigator will suggest other services and supports that may help you and ask you about your ideas. You choose the supports and services you need to get you home and rebuild your life in the community.

Arranging Services

Once you have a plan for how you will make your transition, your transition navigator will help you put that plan in motion. They will also work with your friends and family who help you to make sure they know your plan and what needs to be done. Your transition navigator will help link you to supports and services that you will need once you move home. This might include finding a home, finding people to help you at home, or finding things that you need in your home like plates, silverware, towels, sheets, clothing, medical equipment, and furniture.



Community Transition Services

Person-Centered Planning

Person-centered planning is a way of talking about and planning for your life. It focuses on what you *can* do, what you want your life to be like, and who you want involved. It builds on your strengths and honors your choices and preferences.

With person-centered planning, you choose who is invited to your planning meetings. You choose what services you want, who will deliver those services, and when and how to deliver them. Your transition navigator will help you develop a plan that will allow you to stay at home and be a part of your community.

After Services Are In Place

You and your transition navigator decide how often they should call or meet with you to make sure your transition plan is moving along. Once you are ready to move, they will help make sure your home is set up the way you want it, and you have what you need to stay there. They will make sure your services and supports are working for you. You should let them know about any problems you have or things that you might need. Remember, transition navigators are there to help you get home and rebuild your life in the community.

After You Transition

Once you move to your home, your transition navigator will contact you often to make sure you are doing okay and adjusting to your new life at home. If you start getting other services at home, they will make sure those are going well before stopping your CTS. If you are not getting other services at home, they may continue to check on you for as long as you need them. Their job is to help you rebuild your life in the community and to make sure you have the life you want. They also want to help you stay at home for as long as you can and avoid going back to the nursing home.

Community Transition Services

Know Your Rights

As a Community Transition Services participant, you have the right to:

- Always be treated with respect and dignity by people who are helping you.
- Be free from abuse, restraints, seclusion, and the misuse of your property.
- Choose where in the community you would like to receive your services and supports.
- Choose the services and supports included in your plan and help develop that plan.
- Have your cultural and religious choices respected and addressed.
- Involve anyone in your service planning process.
- Receive a complete copy of your plan for services and supports.
- Understand the services and supports suggested in your plan and that you may refuse any of them.
- Talk about your ideas to replace suggested services and supports that you do not want.
- Have your health, social, and financial records kept confidential.
- Refuse to provide any information you do not wish to share. (Some information is required to make sure you qualify for the services. If you refuse to provide this information, you might not be able to get the services.)

Community Transition Services

- Ask about or request copies of policies and procedures from your transition navigator.
- Ask about costs, worker credentials, and how workers are supervised.
- Look at bills for your services, regardless of how those bills are paid.
- Contact your transition navigator with questions or complaints.
- File a grievance when you are unhappy with your supports and services or your workers.
- Appeal adverse decisions made about the services you receive or your eligibility.

Your Responsibilities

As a Community Transition Services participant, you have the right to:

- Choose the services and supports included in your plan, help develop that plan, and know and follow what is in that plan.
- Tell your transition navigator about changes in what you need.
- Tell your transition navigator about other services and supports you may have.
- Tell your transition navigator about any other insurance you have.
- Know the information in this handbook.
- Ask questions or let us know when you do not understand something.
- Make sure your plan is going well and discuss it with your transition navigator.
- Tell us when you cannot meet with your transition navigator or receive a service.
- Keep valuable things such as keepsakes, money, credit cards, jewelry, and guns or other weapons in a safe place.
- Tell your transition navigator when you are concerned about your plan or the services and supports you receive.
- Make sure you respect people who are helping you by being safe and nonthreatening. This includes:

  → Being respectful to people who are assisting you including those who come into your home.

  → Not verbally or physically abusing the people trying to help you.

  → Not using profane or offensive language toward the people who are trying to help you.

  → Keeping pets outside or otherwise secure so that your worker can give you the services and supports you need.

  → Being a responsible gun or weapon owner. This means that all weapons will not pose a threat, intended or unintended, real or implied, to the people helping you.

  → Making sure there are no illegal or illicit activities happening in your home. Some of the people who come to your home will have to report these things to Adult Protective Services.

Informed Choice
Medicaid-Funded Long-Term Care Options in Michigan

Michigan has many options for Medicaid-eligible people who need long-term services and supports. These are included in the list below. If you would like more information about any of these options, please ask your transition navigator. Also, it is important to tell your transition navigator if you use any of these options now or in the future.

- Adult Foster Care
- Homes for the Aged
- Hospice
- Home Health (Medicare Skilled Home Care)
- Nursing Home
- Home Help
- MI Choice
- Program of All-Inclusive Care for the Elderly (PACE)
- MI Health Link
- Habilitation Supports Waiver

Please note: If you enroll in MI Choice, you cannot also use nursing home services, Home Help, PACE, MI Health Link, or Habilitation Supports Waiver services at the same time. You may only choose ONE of these at a time.

If you are 55 years of age or older and receive long-term services and supports, you may be subject to Estate Recovery. Contact your transition navigator for more information.

Community Transition Services

Abuse & Neglect

Everyone deserves to feel safe from harm and be treated with respect.

Every woman, man, and child has the right to feel safe from physical, emotional, mental, and verbal harm from those they live with, those who care for them, and those who interact with them daily.

Am I Being Abused?

Please think about how you are being treated.

Is someone...

- Embarrassing you or making fun of you in front of others?
- Making you feel like you are unable to make decisions?
- Using intimidation or threats to gain compliance?
- Treating you roughly (pushing, grabbing, hitting, pinching, shoving, etc.)?
- Blaming you for how they feel or act?
- Making you feel like there is no way out?
- Preventing you from doing the things you want to do, like spending time with friends and family?
- Limiting your use of the telephone?
- Breaking assistive devices or denying health care?

Do you...

- Sometimes feel scared about how another person will act?
- Find yourself constantly making excuses for another's behavior?
- Believe you can help the other person change only if you change something about yourself?
- Try not to do or say anything that you think might cause conflict?
- Always do what the other person wishes instead of doing what you would like to do?

If you answered yes to any of these, please talk to someone. Without help, the abuse will continue.

If you are in immediate danger, call 911!

Community Transition Services

To report abuse, call

Statewide Centralized Intake for Abuse and Neglect
1-855-444-3911

- Anonymous
- Toll Free
- 24 Hours/7 Days
- Emotional Support
- Information & Referral
- Adult Protective Services Reporting

Your transition navigator is mandated by the state to report suspected abuse, neglect and exploitation.

This means they must tell Adult Protective Services or another agency when they think someone might be hurting you, not taking care of you as planned, or taking advantage of you.

For more information, call your transition navigator. You can also contact these organizations:

National Center for Elder Abuse (NCEA) – ncea.acl.gov, or
1-855-500-3537 (ELDR)

Ageless Alliance – http://www.programsforelderly.com/abuseprevention or

1-844-992-4353

To Report Fraud:

Report Medicaid fraud to the Office of Inspector General, Michigan Department of Health and Human Services by calling 855-643-7283, online at

Michigan.gov/fraud, or in writing to:

Office of Inspector General
PO Box 30062
Lansing, MI 48909

Community Transition Services

Emergency Preparedness

Be prepared and avoid life-threatening situations!

GET A KIT OF EMERGENCY SUPPLIES

Be prepared to use what you have on hand to make it on your own for **at least three days**, maybe longer. While there are many things that might make you more comfortable, think first about fresh water, food, and clean air.

Recommended Supplies to Include in a Basic Kit:

- **Water:** one gallon per person per day for drinking and sanitation.
- **Non-perishable food:** at least a three-day supply.
- **Flashlight** and **extra batteries**.
- **First aid kit.**
- **Whistle** to signal for help.
- **Filter mask** or cotton t-shirt, to help filter the air.
- **Moist towelettes, garbage bags** and **plastic ties** for personal sanitation.
- **Wrench** or **pliers** to turn off utilities
- Battery-powered or hand crank. **radio** and a National Oceanic and Atmospheric Administration (NOAA) weather radio with tone alert and **extra batteries.**
- **Manual can opener** if kit contains canned food.
- **Plastic sheeting** and **duct tape** to shelter in place.
- **Important family documents.**
- **Items for unique family needs,** such as daily prescription medication or pet food.

Include Medications and Medical Supplies: If you take medicine, make sure you have enough to last you for at least a week. This includes medical treatments too. Keep a copy of your prescriptions and dosage or treatment information with you.

Include Emergency Documents: Make copies of important papers and put them in your emergency kit. Include family, medical, and tax records and wills, deeds, Social Security numbers, charge, and bank account information.

Additional Items: If you use eyeglass, hearing aids/batteries, wheelchair batteries or oxygen, be sure you always have extras in your kit. Also, have copies of your medical insurance, Medicare, and Medicaid cards readily available.

For more information, call your transition navigator, visit ready.gov or call 1-800-BE-READY

Advance Directives

Advance Directives are legal documents. They are a way for you to tell your family, friends, and health care providers about your wishes for end-of-life care. There are two types of advance directives.

Durable Power of Attorney for Health Care (DPOA-HC) - This legal document names another person to make health decisions for you when you are not able. This is called a “health care proxy.” The proxy should be someone who will follow your wishes.

Do-Not-Resuscitate (DNR) Declaration - This legal document lets others know that you do not want anyone to try to revive you if you stop breathing or if your heart stops.

A “living will” is not a legally binding Advance Directive in Michigan. However, a living will is sometimes used with a valid Durable Power of Attorney for Health Care to help the Patient Advocate named in the DPOA-HC to understand your wishes.

You need to tell your transition navigator if you have an Advance Directive. The CTS agency will keep a copy in your record. You and your DPOA should also keep a copy at home in a safe place. If you have any questions about Advance Directives or if you need help finding an Advance Directive form, please call your transition navigator.

Community Transition Services

Complaints, Grievances, and Appeals

Complaints

When you have concerns about the services you are getting, you should let your transition navigator know. They are there to help you through this process and work with you to resolve the issue. It is important for you to talk with them and develop trust so that they can better understand what you need. You can also talk with their supervisor.

Grievances

When you are unhappy with your services, you may file a **grievance**. Grievances are complaints about things such as how you are treated or how your worker does their job. The transition agency must tell you how to file a grievance and can help you fill out forms. The transition agency will let you know it received your grievance and will work with you to resolve it. The transition agency has 90 days to resolve your complaint.

State Fair Hearings

You may ask for a State Fair Hearing if your transition agency or transition navigator denies your request for CTS, or if they terminate, suspend, or reduce the CTS you are getting. Your transition agency must provide you a letter that tells you what services you will not get or will stop getting. This is called an Action Notice.

The transition agency will send you information about how to ask for a hearing with your Action Notice. If you do not ask for a State Fair Hearing, your services will change as planned.

You can ask for a State Fair Hearing for up to 90 days from the date of the Action Notice. You can only keep your services if you ask for the hearing within 10 days of the Appeal Notice **AND** ask to keep your services. If you do not ask for a State Fair Hearing within 10 days or if you do not ask for your services to continue, the transition agency will make the changes as planned.

Community Transition Services

For more information about State Fair Hearings, you may contact the Michigan Office of Administrative Hearings and Rules at **1-800-648-3397.**

You can find out more about State Fair hearings at this website:

LARA - Information Regarding Public Assistance (michigan.gov)

Community Transition Services

Community Transition Services Ombudsmen Program

Ombudsman programs offer **free** information and legal aid to people who are enrolled in or using Medicaid-funded services. In Michigan, the Michigan Elder Justice Initiative (MEJI) offers these services to CTS clients.

The Ombudsman can help you with issues about enrollment, disenrollment, eligibility, the amount and quality of services, coordination with other programs and benefits, grievances and appeals, and other issues. They can also help you find the right agency if your issue is outside of what they do.

You may call the Ombudsman program at

1-888-746-6456

between 9 a.m. and 5 p.m. weekdays.

When you call the phone number during business hours, a trained lawyer will answer. The lawyer will give you information and advice and try to fix your concern. If you say it is OK, the lawyer may contact your transition navigator or others who might be able to help. Sometimes your case may be given to another agency if it cannot be fixed quickly. All services are confidential and free of charge.

Notice of Compliance with Title II of the Americans with Disabilities Act (ADA)

The Michigan Department of Health and Human Services does not discriminate based on disability in admission to, access to, or operations of its programs, services, or activities.

Questions, concerns, complaints, or requests for additional information regarding the ADA may be directed to your transition navigator.

The U.S. Department of Justice also provides information about the ADA at http://www.ada.gov/ or through a toll-free ADA Information Line at 1-800-514-0301 (voice) or 1-800-514-0383 (TTY).

Community Transition Services

Michigan Department of Health and Human Services (MDHHS)

Please note if needed, free language assistance services are available.

Call 833-686-7700 (TTY 833-285-5910).

Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 833-686-7700 (TTY 833-285-5910).
Arabic	, #8330285005910 #8330686007700 #
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。 請致電 833-686-7700 （TTY 833-285-5910）
Syriac (Assyrian)	833-686-7700 (TTY 833-285-5910)
Vietnamese	CHÚ Ý: N¿u b¡n nói Ti¿ng ViÇt, có các dËch vå h× trã ngôn ngï miÅn phí dành cho b¡n. GÍi sÑ 833-686-7700 (TTY 833-285-5910).
Albanian	KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 833-686-7700 (TTY 833-285-5910).
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 833-686-7700 (TTY 833-285-5910)번으로 전화해 주십시오.
Bengali	লক্ষ্য করুনঃ যদি আপদন বাাংলা, কথা বলতে পাতেন, ে াহতল দনঃখেচায় ভাষা সহায়ো পদেতষবা উপলব্ধ আতে। ফ ান করুন ১ 833-686-7700 (TTY ১ 833-285-5910).
Polish	UWAGA: Je eli mówisz po polsku, mo esz skorzysta z bezpBatnej pomocy j zykowej. ZadzwoDpod numer 833-686-7700 (TTY 833-285-5910).
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer 833-686-7700 (TTY 833-285-5910).
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 833-686-7700 (TTY 833-285-5910).
Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。 833-686-7700（TTY 833-285-5910）まで、お電話にてご連絡ください
Russian	: A; 8 2K 3>2>@8B5 =0 @CAAA>< O7K: 5, B> 20< 4>ABC?=K 15A?;0B=K5 CA;C38 ?5@52>4. 2>=8B5 833-686-7700 (B5;5B09? 833-285-5910).
Serbo-Croatian	OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezi ke pomo i dostupne su vam besplatno. Nazovite 833-686-7700 (TTY Telefon za osobe sa oate enim govorom ili sluhom 833-285-5910).
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 833-686-7700 (TTY 833-2855910).

Community Transition Services

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.

Further, MDHHS:

- Provides free aids and services to people with disabilities to communicate with us, such as:
  - Qualified sign language interpreters.
  - Written information in other formats (large print, audio, accessible electronic formats, other formats); and
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters.
  - Information written in other languages.

If you need these services, contact the Section 1557 Coordinator. The contact information is found below.

If you believe that MDHHS has not provided the above services, or discriminated in another way, you can file a grievance with the Section 1557 Coordinator. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Section 1557 Coordinator is available to help you.

MDHHS Section 1557 Coordinator
Compliance Office, 4th Floor
PO Box 30195
Lansing, MI 48909

517-284-1018 (Main), (TTY number—if covered entity has one), 517-335-6146 (Fax), MDHHS-Section-1557@michigan.gov (Email).

Community Transition Services

You can also file a civil rights complaint with the responsible federal agency.

If your grievance or complaint is about your Medicaid application, benefits or services you can file a civil rights complaint with the U.S. Department of Health and Human Services at https://bit.ly/2pBS4YG, or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 800-368-1019, 800-537-7697 (TDD) Complaint forms are available at https://bit.ly/2IKsHMS. MDHHS is an equal opportunity provider.	If your grievance or complaint is about your application for or current food assistance benefits, you can file a discrimination complaint with the U.S. Department of Agriculture (USDA) Program by: Completing a Complaint Form, (AD-3027) found online at: https://bit.ly/2g9zzpU or at any USDA office, or write a letter addressed to USDA at the address below. In your letter, provide all the information requested in the form. To request a copy of the complaint form, call 866632-9992. Send your completed form or letter to USDA by mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410 Fax: 202-690-7442; or Email: program.intake@usda.gov

Community Transition Services
Acknowledgement

I have received the CTS Participant Handbook. I have been informed of my rights and responsibilities as a person who gets these services. I know about information on Person-Centered Planning, Abuse & Neglect, Grievances & Appeals, and Advanced Directives. I also know about my Privacy Rights. I understand that I should keep this handbook for future reference. I can ask for another copy of the handbook at any time.

Signature _____ Date _____

Print Full Name _____

Witness Transition Agency Staff _____ Date _____

Print Full Name _____