MONEY FOLLOWS THE PERSON

NEW YORK ASSOCIATION ON INDEPENDENT LIVING

OpenDoors TRANSITION CENTER

A project of NYS Money Follows the Person

Community Transition Assistance: A New Beginning

November 17, 2026







Money Follows the Person

- Known as ‘MFP’
- Federal initiative to rebalance Medicaid long-term care away from institutional care toward home and community-based alternatives
  - Established in 2005 through federal legislation
  - Earns enhanced Medicaid funding for rebalancing activities
- Mission
  - Transition people from institutions to living and receiving services in the community
  - Support access to home and community-based services
  - Resolve barriers to community transition

Why is MFP Important?



Decrease Institutional Services

↓

Decrease Costs

↓

Increase HCBS Services

↓

Improve Quality Of Life

Money Follows the Person in New York Open Doors

- New York's MFP Transition Center is called Open Doors.
- The Department of Health contracts with the New York Association on Independent Living (NYAIL) to support community transition through the Open Doors Transition Center
- NYAIL is a statewide, not-for-profit membership association of Independent Living Centers throughout New York State
- Independent Living Center philosophy is to support and assist people with disabilities of all ages to live independently and fully integrated in their communities - a perfect match to MFP mission
- State agency partners
  - New York State Department of Health
  - Office for People with Developmental Disabilities (OPWDD)



Role of the Olmstead Decision

Olmstead v. L.C. (1999)

"Unjustified segregation of people with disabilities is a form of unlawful discrimination under the Americans with Disabilities Act (ADA)." (https://www.hhs.gov/civil-rights/for-individuals/special-topics/community-living-and-olmstead/index.html)

In its 1999 *Olmstead v. L.C.* decision, the United States Supreme Court ruled that States, in accordance with the Americans with Disabilities Act (ADA), have an obligation to provide services to individuals with disabilities in the most integrated settings appropriate to their individual needs. (https://www.ny.gov/office-chief-disability-officer/most-integrated-setting-coordinating-council-miscc)

The Minimum Data Set and Section Q

- The federal Minimum Data Set (MDS) is administered to all nursing facility residents Upon admission, quarterly, annually and whenever there is a significant change in condition
- Section Q is designed to explore the resident's interest in returning to a community setting and prompt referral to the Local Contact Agency (Open Doors) if Q0500 is answered YES
- Goal is to ensure all residents have the opportunity to learn about home and community-based services and to receive long term care in the most integrated setting possible.
- Local Contact Agency contact information is included in patient rights notice and posted in a public area of the facility
    - Section 415.3 - Residents' rights

Section Q Local Contact Agency (LCA)

- The Open Doors Transition Center is designated by the New York State Department of Health as the Local Contact Agency for all Section Q referrals
  - NH DAL 16-10: MDS Version 3.0, Section Q
  - NH DAL 18-05 Nursing Home Discharge Requirements
  - NH DAL 19-16: Residents' Rights
  - NH DAL 24-10 Nursing Home Transition and Diversion (NHTD) Waiver Settlement

Open Doors Transition Center

Goal: Identify potential participants in nursing facilities and intermediate care facilities and provide information regarding options for living and receiving services in the community, screening for MFP eligibility, and referral and linkage to programs providing home and community-based services.

Open Doors Referral Criteria

Open Doors Referral Criteria

- Currently in a nursing home
- Interested in returning to the community
- Must be 18 years or older

When in doubt, make a referral! The sooner a referral is received, the sooner Open Doors can get involved to offer information about MFP and support for community transition.

- **Demonstrates compliance with Olmstead**
- Earns the state enhanced funding to support home and community based long term care services

Transition Center Supports

Open Doors Transition Center: Individuals can participate in one or more transition supports of their choosing. All supports are completely voluntary and are no not cost to the person.

- Transition Assistance (Information, Screening, Referral)
- Education & Outreach
  - Nursing Homes
  - Other State/Community Partners and Referral Sources
- Peer Support
- Good Neighbor
- Pantry Stocking
  - Food Security
  - Welcome Home Supplies
- Communication Support
- Community Transition Survey

Transition Center Supports

➢ Transition Assistance

- Provides objective information about options for living and receiving services in the community
- Screens for MFP eligibility and makes needed referrals
- Delivers community preparedness education to support readiness for community living
- Links to housing subsidy programs for housing services and supports
- Helps connect participants to home and community-based services options based on participant choice
- Assists with enrollment activities
- Addresses barriers to community transition

Transition Center Supports, cont'd

- **Education and Outreach**
  - **Nursing Homes**
    - Provides education about Open Doors and the responsibility to refer people interested in community transition to the Local Contact Agency (Open Doors) in accordance with federal requirements for Section Q of the Minimum Data Set (MDS)
  - **Other State/Community Partners and Referral Sources**
    - Provides education about Open Doors, options for community transition, and collaboration with community partners

Transition Center Supports, cont'd

- **Peer Support program**
  - Provides support to participants considering a transition to community living
  - Connects participants to peers and/or families with similar characteristics to share the experience of transitioning from institutional care to living with a disability in the community
- **Good Neighbor**
  - Matches volunteers with participants who lack informal support in the community needed to transition (doesn't replace formal supports)

Transition Center Supports, cont'd

➢ Pantry Stocking

❖ Food Security

- Provides grocery cards for participants likely to have food insecurity in the first month following transition
- Provides information and education for accessing long term supports for meeting food needs, such as the Supplemental Nutrition Assistance Program (food stamps) and local food pantries

❖ Welcome Home Supplies

- Provides personal protective and first aid supplies and helpful items that participants may need their first days in the community

Transition Center Supports, cont'd

- **Communication Support**
  - Offers cell phones with pre-paid service for participants who do not have access to phones in the facility
  - Supports active participation in transition planning by facilitating communication with care managers/service coordinators and others
- **Community Transition Survey**
  - Offers participants the opportunity to provide feedback on the community transition process and input for planning future improvements

The Transition Specialist as an Asset

- Works together with discharge planners, care managers and plan staff to support community transition process
- Provides objective information about options for receiving services in the community
  - knowledgeable about eligibility criteria for HCBS and local supports
- Assists participants with scheduling NYIA assessments
- Resolve barriers to transition and **Managed Care enrollment**
- Provides community preparedness education and skill-building needed for successful community living

Barrier Resolution
Medicaid Exception Codes

Transition specialists can assist with Medicaid Exception Codes

An 'N' code is a Medicaid Restriction/Exception code, which indicates a resident is living in a nursing home permanently (i.e., Long Term Nursing Home Stay-LTNHS).

- 'N' code impact: blocks enrollment into Partial Capitation and PACE plans
- If the individual has a plan to return to the community the 'N' code should be removed ***prior to discharge***
- To get the 'N' code end-dated, the nursing home sends the Local Department of Social Services (LDSS) a change of status form
- Nursing homes may be reluctant to remove an ‘N' codes due to a misconception that it will impact payment

OpenDoors

Change of Status
LDSS-3559 – NYS (except NYC)
MAP 259d (NYC Only - HRA)

Purpose of Change of Status forms

- Notifies the LDSS/HRA of any significant change in a participant's circumstances
- Used to change status from long term nursing home stay (permanent) to short term stay (expected to return to community)
- Notifies LDSS/HRA to end-date the 'N' code
- Enables enrollment in Home and Community Based Services (HCBS) at time of discharge



Discharge
LDSS-3559 – NYS (except NYC)
MAP 259f (NYC Only - HRA)

Purpose of Discharge forms

- Notifies the LDSS/HRA of discharge from a nursing home
- Prompts LDSS/HRA to end date 'N' code and NH (Principal Provider) code (if nursing home payment is Fee for Service)
- Completed as soon as possible upon discharge

Home and Community Based Services

Open Doors links people to:

- Managed Long Term Care (MLTC)
- Medicaid Managed Care (MMC)
- Nursing Home Transition and Diversion Waiver (NHTD)
- Traumatic Brain Injury Waiver (TBI)
- Office for People with Developmental Disabilities (OPWDD)
- Health Homes and Coordinated Care Organizations (CCOs)
- Housing Subsidy Programs
- Single Point of Access (SPOA) for mental health services
- Social Care Networks

Housing

- Connection to Housing Subsidy Programs:
  - Olmstead Housing Subsidy
  - Waiver Housing
  - Section 8
  - OPWDD Housing Subsidy
- Referral to sources for security deposits and essential household items
- Education regarding the Managed Long Term Care Special income disregard for housing

Other Resources

Technology Related Assistance for Individuals with Disabilities (TRAID)

- Access to assistive technology for all New Yorkers with a disability
  - local assistive technology-related information and referral
  - product demonstrations and hands-on training
  - device loans
  - advocacy and awareness
- Administered by the New York State Justice Center, 12 regional centers
- For more information: https://www.justicecenter.ny.gov/traid-program

NY Connects

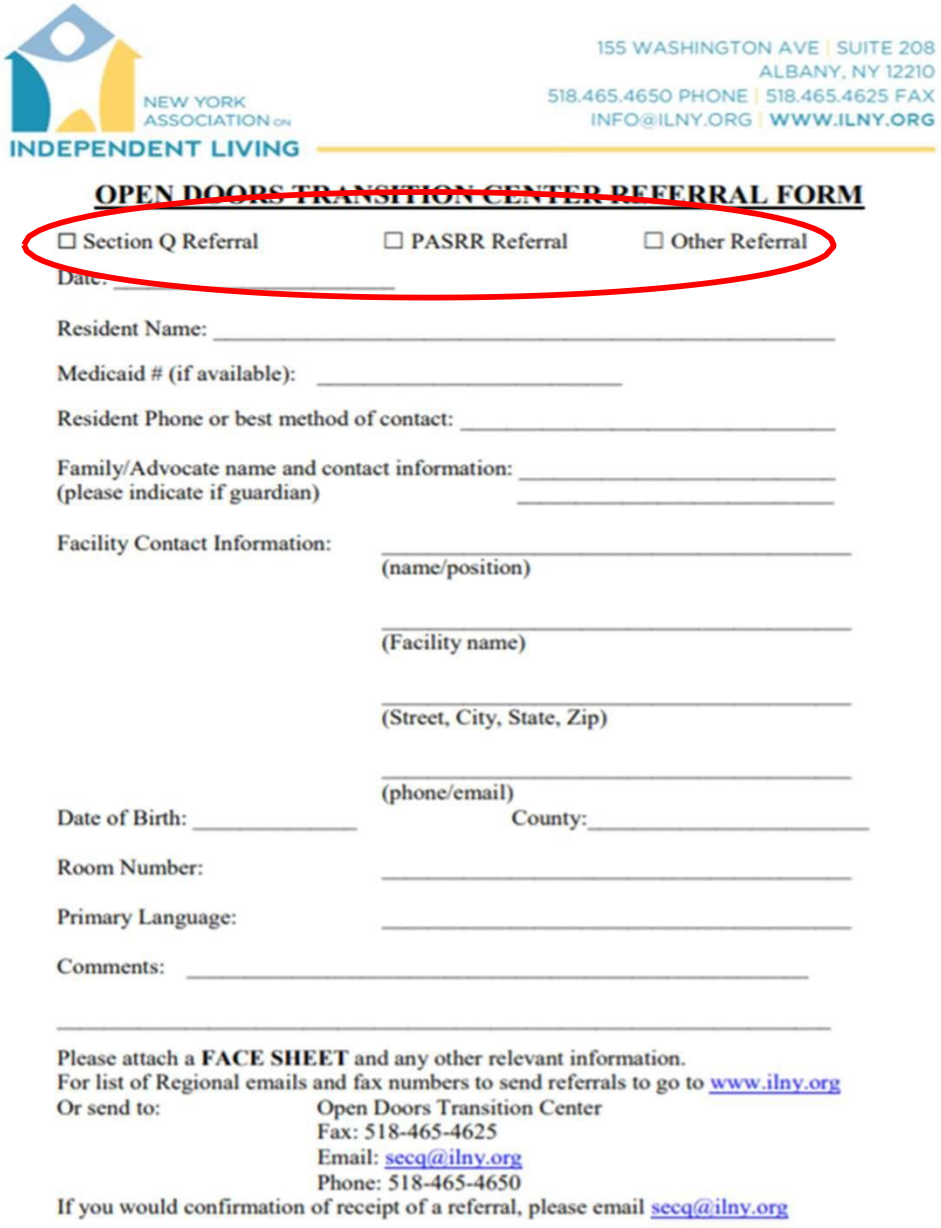
- Information about long term services and supports
- linkage to care for New Yorkers of all ages and all types of disability
- Visit https://www.nyconnects.ny.gov/ or call 1-800-342-9871

Community Transition Survey

- Assesses overall life satisfaction and other aspects of community transition
- Provides feedback on the community transition process
- Helps the state and federal government understand how community transition makes a difference in people's lives.

Gives participants an opportunity to have their voices be heard!

Open Doors Referral Form



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OPEN DOORS TRANSITION CENTER REFERRAL FORM

☐ Section Q Referral ☐ PASRR Referral ☐ Other Referral

Date: _____

Resident Name: _____

Medicaid # (if available): _____

Resident Phone or best method of contact: _____

Family/Advocate name and contact information: _____
(please indicate if guardian) _____

Facility Contact Information: _____
(name/position)

_____
(Facility name)

_____
(Street, City, State, Zip)

_____
(phone/email)

Date of Birth: _____ County: _____

Room Number: _____

Primary Language: _____

Comments: _____

_____

Please attach a **FACE SHEET** and any other relevant information.
For list of Regional emails and fax numbers to send referrals to go to www.ilny.org
Or send to: Open Doors Transition Center
Fax: 518-465-4625
Email: secq@ilny.org
Phone: 518-465-4650
If you would confirmation of receipt of a referral, please email secq@ilny.org

OpenDoors

Referral to Open Doors

- Phone: **844-545-7108**
- Fax: 518-465-4625
- Email: secq@ilny.org
- Referral form & more info on the Open Doors website (interactive map at bottom of page): https://ilny.us/programs/open-doors

Questions?



NYAIL Staff Contact Information

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Tami Loya, tloya@ilny.org – Education and Outreach Director

Katy Bell, kbell@ilny.org – Peer Program Director

Lesley Kelder, lkelder@ilny.org – Good Neighbor Volunteer Director

Valerie Brennan vbrennan@ilny.org – Housing Programs Director

Olmstead Housing Subsidy Referral Line: 844-545-3100

NYAIL Main Phone Line: (518) 465-4650

Visit https://ilny.us/programs/open-doors to learn more about the Open Doors program



Open Doors Quick Reference

Open Doors is the Local Contact Agency for MDS Section Q.

- NH DAL 16-10: MDS Version 3.0, Section Q
- NH DAL 18-05 Nursing Home Discharge Requirements
- NH DAL 19-16: Residents' Rights
- NH DAL 24-10 Nursing Home Transition and Diversion (NHTD) Waiver Settlement

MDS Section Q

- A "yes" to Question 0500 **MUST** prompt a referral to the Local Contact Agency (Open Doors) unless **ACTIVE** discharge plan exists
- MDS Guidance: https://www.advancingstates.org/sites/default/files/mds-guidance-2016.pdf
- MDS Manual https://www.cms.gov/files/document/finalmds-30-rai-manual-v11811october2023.pdf

MFP Web Page:

- https://www.health.ny.gov/health_care/medicaid/redesign/nys_money_follows_person_demonstration.htm

Open Doors for Referral & Questions:

- Phone: 844-545-7108
- Fax: 518-465-4625
- Email: secq@ilny.org
- Open Doors referral form & information at: https://ilny.us/programs/open-doors

Advocacy Resources:

- Managed Long Term Care Individual Consumer Advocacy Network: http://icannys.org/aboutican/what-we-do/
- Managed Care Complaints and Appeals: https://www.health.ny.gov/health_care/managed_care/complaints/
- Nursing Home Complaints: https://www.health.ny.gov/facilities/nursing/complaints.htm

Olmstead Housing Subsidy Program

- https://ilny.us/programs/ohs



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