

Managing Transitions with Adults with Disabilities

Within the disability-competent care (DCC) model, transitions are defined broadly as a change in the participant's life that can affect their care. A transition can also affect the participant's ability to function in the community. Examples of transitions include changes in the participant's care setting, providers, care partners, medications, financial situation, housing, or employment status. Dually eligible participants with disabilities often encounter frequent and complex transitions. For instance, participants with disabilities can face numerous changes in individual health care and support needs due to the progression of their disability. Furthermore, factors such as limited finances, transportation needs, and care partner availability may result in fewer options for participants with disabilities during transitions.

Transitioning from an institution to the community may be the most challenging of transitions for individuals with disabilities. In this type of transition, participants with disabilities may face barriers including the lack of physically accessible housing, lack of financial support to set up a household, difficulty obtaining necessary government identification, and difficulty accessing financial assistance such as food stamps. However, transitioning from an institution back into the community is an important step for individuals with disabilities. It leads to increased independence, accountability, and engagement and helps participants achieve their care goals.

A successful transition into the community goes beyond relocation; it also includes establishing long-term services and supports (LTSS) and community-based supports to help meet the participant's needs. Successful transitions, therefore, depend on partnerships with community organizations, such as: Centers for Independent Living (CILs), Area Agencies on Aging (AAAs), local transition and relocation specialists, home care agencies, and durable medical equipment (DME) providers. Furthermore, local organizations such as food banks and churches can provide additional support. In addition to meeting the participant's service needs, these community resources can help decrease social isolation and ultimately improve the participant's health and quality of life.

The following strategies can support health plans and providers in promoting successful transitions:

- Engage and educate all involved parties
 - Engage and educate participants, family members, care partners, and providers throughout the transition process.
 - Provide ongoing training to staff on how to coordinate transitions.
 - Promote person-centered planning and practices among participants and staff.
 - Assess service needs and inform participants of available community supports.
- Build relationships with community organizations:
 - Develop a community transitions team that will address participant barriers to community relocation and establishing LTSS.
 - Meet regularly with relocation specialists and service coordinators.
 - Work with community-based organizations to develop training around successful transitions.
 - Have a referral system in place for LTSS and community-based supports.

For more information and resources on Disability-Competent Care, please visit
<https://www.resourcesforintegratedcare.com/concepts/disability-competent-care>

To view a webinar related to this topic, please visit
[https://resourcesforintegratedcare.com/DisabilityCompetentCare/2018_DCC_Webinar_Series/Building Partnerships](https://resourcesforintegratedcare.com/DisabilityCompetentCare/2018_DCC_Webinar_Series/Building_Partnerships)

The Medicare-Medicaid Coordination Office (MMCO) in the Centers for Medicare & Medicaid Services (CMS) seeks to ensure that beneficiaries enrolled in both Medicare and Medicaid have access to seamless, high-quality health care that includes the full range of covered services in both programs. This summary is intended to support health plans and providers in integrating and coordinating care for dually eligible beneficiaries. It does not convey current or anticipated health plan or provider requirements. For additional information, please go to <https://www.resourcesforintegratedcare.com>