Independent Living Research Utilization

We create opportunities for independence for people with disabilities through research, education, and consultation

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Townhall Discussion on Institutional Diversion

December 15, 2016
Objectives

• Review the definition of “diversion” in the Final IL Rule.
• Find out what CILs are thinking about the new core service of “diversion” and share those ideas.
§ 1329.4 Definitions.—
Independent living core services

*Independent living core services* mean, for purposes of services that are supported under the ILS or CIL programs—

A. Information and referral services;

B. Independent Living skills training;

C. Peer counseling, including cross-disability peer counseling;

D. Individual and systems advocacy;
§ 1329.4 Definitions.—
Independent living core services, cont’d.

E. Services that:

i. facilitate the transition of individuals with significant disabilities from nursing homes and other institutions to home and community-based residences, with the requisite supports and services. This process may include providing services and supports that a consumer identifies are needed to move that person from an institutional setting to community-based setting, including systems advocacy required for the individual to move to a home of his or her choosing;
§ 1329.4 Definitions.—
Independent living core services, cont’d. 2

ii. provide assistance to individuals with significant disabilities who are at risk of entering institutions so that the individuals may remain in the community. A determination of who is at risk of entering an institution should include self-identification by the individual as part of the intake or goal-setting process; and
§ 1329.4 Definitions.—
Independent living core services, cont’d.

iii. facilitate the transition of youth who are individuals with significant disabilities, who were eligible for individualized education programs under section 614(d) of the Individuals with Disabilities Education Act (20 U.S.C. 1414(d)), and who have completed their secondary education or otherwise left school, to postsecondary life. Individuals who have reached the age of 18 and are still receiving services in accordance with an Individualized Education Program (IEP) under IDEA have not “completed their secondary education.”
Assistance to Avoid Institutionalization or Diversion from Institutions

CILs have a long history of providing this service without the statutory requirement to do so. This is a natural and critical role of Centers as part of their mission of offering choices for people with disabilities in where and how they live.
There are various definitions of diversion that exist among Centers nationwide:

- Some Centers have specific services for specific populations, such as interventions in rehabilitation facilities with the view that such patients are at risk of being discharged into a nursing home.

- In one state, individuals who meet the qualifications for waiver services are considered to have been “diverted from nursing home care.”

- Some Centers have in the past indicated that any person with a disability is at risk of institutionalization.
No Clear Definition Until WIOA, cont’d.

• Some CILs make individuals who have transitioned out of institutions the priority for diversion, considering them highly vulnerable for re-institutionalization.

• Many CILs focus on the need for expanding affordable, accessible, integrated housing as the key to avoiding institutionalization.
Final IL Regulation

“A determination of who is at risk of entering an institution should include self-identification by the individual as part of the intake or goal-setting process.”
Talking Points for Our Conversation

• In addition to self-identification by individuals who consider themselves “at risk,” what other elements does your Center believe need to go into identifying someone as being diverted from institutional placement?
  • Do all people who are at risk, know that they are at risk and are able to self-identify?
  • What guidance/facilitation might some need to make that identification?
  • Should housing, personal assistance, state of health, family/friends support networks, etc. be factors for consideration? If so, how?
Talking Points, cont’d.

• How is your Center proceeding with implementing this new core service?
  • What checklists or self-assessment of risk factors have you developed?
  • What conversations about definitions are you having with your staff?
  • How are you planning to approach capturing diversion data for reports?
  • How have you altered any services to more specifically target individuals who are at risk?
  • What new channels for referrals have you created, if any?
Evaluation

Any final comments?

Please click the link below to complete the evaluation survey:

Support for development of this training was provided by the Department of Health and Human Services, Administration for Community Living under grant number 90TT0001. No official endorsement of the Department of Health and Human Services should be inferred. Permission is granted for duplication of any portion of this PowerPoint presentation, providing that the following credit is given to the project: **Developed as part of the CIL-NET, a project of ILRU/NCIL/APRIL National Training and Technical Assistance Program.**