

## Hawaii Going Home Plus Project- Frequently Asked Questions

What is Hawaii's Going Home Plus (GHP) project?

**The Going Home Plus (GHP) project helps residents who have been living in hospitals, nursing facilities, and ICF-MRc move back into the community. For those residents who choose to live in the community, the GHP project will assist in finding housing (if the resident does not have a home to return to) and services (for example, help with cooking and bathing). GHP is funded by a federal demonstration grant from the Centers on Medicare and Medicaid Services (CMS) called Money Follows the Person. Hawaii's GHP began in 2007 and will continue through 2011.**

Why is the GHP project important?

**Hawaii's GHP project will help residents who have been living in a hospital, nursing facility, or ICF-MRc for a long time. These residents may have lost their previous housing or are not aware that care and services in the community are available if they choose to move out of the facility.**

What agencies/organizations are involved in the GHP project?

**The federal grant was given to the Hawaii Department of Human Services (DHS). DHS partnered with the University of Hawaii Center on Disability Studies (UH-CDS) to assist with the design and evaluation of the GHP project. Other government agencies and community organizations are helping in the design and development of the GHP project.**

Who is eligible for the GHP project?

**Residents who have lived in a hospital, nursing facility, and/or ICF-MRc between six months and two years are eligible. They must be Medicaid eligible for the past 30 days and meet nursing home level of care. Residents from all islands can participate in the GHP project.**

When does the GHP project start?

**We will begin to identify residents and determine their preference to return to the community in Summer 2008.**

How does the GHP project help residents transition from nursing facilities, hospitals and ICF-MRc to community settings?

**A GHP project staff person, called a transition coordinator, will help to determine the resident's preference to return to the community. This transition coordinator will also assess the resident's health, locate housing (if the resident does not have a home to return to), and arrange for home and community-based services.**

How will you determine if the resident *wants* to return to the community?

**The transition coordinator will interview the resident, family, and/or guardian and ask whether the resident wants to leave and is able to leave. The transition coordinator will also make sure that the resident is aware of the housing and service options available in the community before asking about the resident's preference.**

What kind of housing do you help residents find in the community?

**If the resident does not have a home to return to, the transition coordinator will help the resident find a suitable home, which may be an adult foster home, senior housing, public housing, or his/her own apartment.**

What kinds of services are provided in the community?

**A range of services are available to help the resident live in the community, including assistance such as personal care, home-delivered meals, medical equipment and supplies, transportation and a personal emergency response system.**

Can you guarantee that I (or family member, friend) can return to the community?

**The transition coordinator will make every effort possible to help the resident, but returning to the community is not guaranteed.**

What if I don't like my new home?

**The transition coordinator will help the resident, family members, and/or guardian make an informed decision prior to leaving the facility. This includes understanding what the new home will look like. If the participant does not like the new home, the participant is not obligated to stay.**

What if I want to/need to return to the facility?

If the participant *wants* to return to a facility, the participant has the option to do so. Admission to the Going Home Plus project also does not affect the participant's access to health care. The participant *can* return to the facility because of a health or medical problem. However, be aware that if a resident leaves a nursing facility or ICF-MRc, there is no guarantee that he/she will be able to move back into the same facility or that a nursing facility bed will be immediately available.

How much does the program cost?

**If the resident is eligible, there is no cost to participate in the program.**

Who do I contact for help?

**If you would like to participate in the program, or know someone (living in a nursing facility, hospital or ICF-MRc) who might be interested please contact:**

**Madi Silverman, Project Director**

**Phone- 808.692.8072**

**[MSilverman@medicaid.dhs.state.hi.us](mailto:MSilverman@medicaid.dhs.state.hi.us)**