

The Allegheny County Department of Human Services (DHS) recognizes that facilitating an individual's independence can improve their health, well-being and life's enjoyment. The Nursing Home Transition program is an example of how a helping hand can make the difference between feeling dependent and achieving as much self-sufficiency as possible.

Since 2006, the program has provided the resources necessary to allow more than 1,600 people to move from a residential facility back into a home they can call their own. Living at home in the community is a winning situation not only for the person who enjoys the freedom that comes with having one's own place, but for everyone associated with him or her. Even the coordinators who work with Nursing Home Transition program acknowledge the joy the program brings to their lives as they help people become comfortable and as self-sufficient as they can be at home.

For more information on the Nursing Home Transitions program, visit www.alleghenycounty.us/dhs/transition.aspx.



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DHS MAKING AN IMPACT

Nursing Home Transition



Ted

Ted has had more than his share of health issues. He's had both legs amputated below the knee as a result of diabetes-related infections. He's had spinal stenosis, which resulted in operations, one of which was on his neck. He became temporarily paralyzed on his right side.

During his health travails, the company for which he worked dropped health coverage. Ted, who worked as an accountant and security guard, was too young for Medicare and had to spend

all of his savings to pay for health care. He ended up on assistance and in a nursing home.

It's clear in talking with Ted, who has a strong, booming voice, that he is an independent person by nature. So when a rehabilitation case manager told Ted about the Nursing Home Transition (NHT) program, operated by the Allegheny County Department of Human Services' (DHS) Area Agency on Aging (AAA), Ted pursued it.

Ted

continued:

With the help of an NHT Coordinator, Ted moved into an apartment where he runs his own life. He is in a building equipped with an elevator that accommodates his wheelchair. He does his own shopping. He has an aide who assists him each morning with personal care.

For Ted, life is good, despite his physical restrictions.

“Being in your own place makes a big difference in your quality of life. It’s like night and day,” said Ted, who raved about his NHT Coordinator’s assistance.

“It’s fabulous.
It’s outstanding.
I am very happy.”

- Ted, on the NHT program

Aging Care Management Supervisor Gaoying Bolinger, who oversees Nursing Home Transitions, explained that the program, mandated by the state, is directed by the participant. Coordinators visit individuals while they are in the nursing home to assess their situation and then devise a plan for moving them back into community living.

“Our job is to identify the barriers that would prevent them from coming home,” Gaoying said. “We also work out a plan: ‘Where would you want to live?’ It’s their plan. We respect them and their desires.’”

Safety is a paramount consideration. Once it has been determined that returning home is safe for the NHT participant, work begins to overcome any obstacles that may keep that person from living independently.

Eligible NHT participants must be age 60 or over or age 18 with a physical disability expected to last at least 12 months. They must be able to direct their care and handle their financial and legal matters independently or with support, as opposed to, for example, having a legal guardian. Participants are linked to funding sources, such as the Aging Waiver, Family Caregiver or Options Management programs, that provide the financial backing for the support they need to stay at home. NHT coordinators assist consumers in determining which program they may be eligible for and which fits their needs.

The program provides benefits for both the people who work for it and those who are aided by it. “It’s great to see the faces of our consumers when they enter their homes. They light up. They are aging on their own terms,” Gaoying said. “And you know that you did something good for someone.”

Ted couldn’t agree more. “It’s fabulous. It’s outstanding. I am very happy,” Ted said. ■

Ellen

Ellen is a social worker at UPMC Heritage Place who has referred patients to the Nursing Home Transition program. She praises the program for dispensing hope as well as help. She has patients who fall between needing short- and long-term care while they stabilize from medical conditions. If those patients had lived in apartments, they can lose them while in skilled nursing. And because of their health issues, they aren’t able to search for new housing.

With the NHT program, the patient is assessed for eligibility and assistance with a host of things that can make their life easier, such as home-delivered meals, nursing, Life Alert and Adult Day Care services.

Assistance with home modifications, such as installing stair rides, ramps and securing lift chairs, may also be available.

“NHT has been wonderful in coming in and instilling the hope that ‘I can go home,’” said Ellen, who related how NHT coordinators have helped patients find everything they need to make their new housing functional.

“I think it’s a wonderful program that truly assists some of the residents who have a great desire to return to the community,” she said.