

PLAIN LANGUAGE SUMMARY OF THE SETTLEMENT AGREEMENT

Seven individuals with disabilities who are living in nursing facilities and the Massachusetts Senior Action Council (called “the plaintiffs”) filed a lawsuit against the Commonwealth of Massachusetts (called “the defendants”), saying that they could return to live in the community, but needed support from the State to do so. This Settlement Agreement makes new services and resources available in Massachusetts for the plaintiffs and for thousands of people like them (called “class members”). These services will allow many nursing facility residents to receive residential services and supports in the community instead of in a nursing facility.

THE SETTLEMENT CLASS

The **class members** are the group of people whose rights are affected by the Settlement Agreement. Class members are people who are:

- ✓ Older than age 22 **and**
- ✓ Have Medicaid or are eligible for Medicaid **and**
- ✓ Have lived in a Massachusetts nursing facility for more than 60 days **and**
- ✓ Do not oppose living in the community **or**
- ✓ Have a serious mental illness and may need special services in the nursing facility

SERVICES IN THE SETTLEMENT AGREEMENT

Over the next 8 years, the Settlement Agreement requires: case management services to help people learn about community options and get the care they need, more housing options to help people move out of nursing facilities, and at least 2,400 people to move from nursing facilities into the community. Services will be offered with class members’ language preferences and cultural background in mind.

1. In-Reach, Informed Choice, and Transition Planning

Every person with a disability in a nursing facility will be offered information about options for living in the community, help finding a place to live, and help moving and setting up services. There are three different programs that will provide this information and assistance.

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Community Transition Liaison Program TEAMS come from the local Aging Services Access Point agencies (ASAPs) and are available at every nursing facility. They visit each nursing facility at least once per week, meet with everyone to explain community options, answer questions about moving to the community, set up community visits, and assist in finding services people need. CTLP teams address any worries or concerns anyone has about living in the community. The CTLP teams get special training to help people make their own choices.

Money Follows the Person DEMO (a special Medicaid-funded program) provides case managers who help people find housing and arrange services in the community. They also can do all the things that the CTLP teams do.

Department of Mental Health offers case managers who help people with an eligible Serious Mental Illness (SMI) get regular evaluations and special mental health services. They also can do all the things that the CTLP teams and MFP Demo case managers do.

2. Coordination of Behavioral Health Services, Including Specialized Services, for Class Members with PASRR SMI

People with SMI get regular evaluations and behavioral health care coordination through **Behavioral Health Community Partners (BH CPs)**. BH CP Care Coordinators meet in person with people with SMI to develop a behavioral health care plan and make sure the services are available. For example, people with SMI may leave the nursing facility to go to a Clubhouse, where there are daily activities, socialization, and recreation, and information about life skills, housing, health, and wellness.

If someone with SMI wants to move to the community, but they get denied for a Medicaid-funded program, the person gets referred to DMH to see if extra services could help.

3. Residential Services and Housing Support

Over the next 8 years, the State will add community housing options to help class members transition to the community. There will be more places for:

- People who want to live in a staff supervised shared living environment like a group home (called the Moving Forward Plan-

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Residential Supports (MFP-RS) waiver, or DMH Group Living Environments (GLEs)).

- People who want to live in their own home but need both housing they can afford and support services (called the Moving Forward Plan-Community Living (MFP-CL) waiver, the Rental Subsidy Program, and subsidized housing and housing vouchers).
- People who have housing already but need physical changes to the home (called home modifications).
- Older adults eligible for supported housing through managed care programs such as PACE or Senior Care Options (SCO).

4. Nursing Facility Transitions and Timeframes

A total of at least 2,400 people living in nursing facilities will move to the community by the end of the 8-year Agreement.

Transitions should happen within specific time limits, and if they do not, there should be a good reason why not. The time limits are:

- Within 18 months for people moving to staff supervised group homes.
- Within 12 months for people moving to subsidized housing.
- Within 9 months for people going back to their own housing.

OTHER INFORMATION IN THE SETTLEMENT AGREEMENT

- The State's responsibilities under the Settlement Agreement may be different if the amount of money they get from the Legislature or the federal government changes.
- The State will appoint an Implementation Coordinator. Attorneys will get regular reports from the State about the progress of the Agreement. If progress is not going fast enough, they may tell the Court.