



Returning to the Community



You have options

If you choose to move back to the community after residing in a nursing facility, the facility may offer to assist you by making referrals and arranging for home health care or other services to ensure you have a safe discharge into the community.

At any time, you may also contact LifeLong Links™, Iowa's Aging and Disability Resource Center, to receive more information about home and community-based services available to you.

To access LifeLong Links, visit www.lifelonglinks.org, call 866.468.7887 or stop by a LifeLong Links Local Access Point (at your local Area Agency on Aging and other locations throughout Iowa).

To contact your MCO case manager directly to discuss home and community-based services you may qualify for, call your MCO's Member Services Center:

- Amerigroup:
800.600-4441
- AmeriHealth Caritas:
855.332.2440
- UnitedHealthcare:
800.464.9484

YOUR RIGHT TO INFORMATION ABOUT RETURNING TO THE COMMUNITY

While residing in a nursing facility, you always have the right to get information about returning to the community.

Each quarter, the nursing facility is required to ask every resident who is deemed capable of returning home whether he or she would like to have more information about returning to the community. This question is asked as part of the federally mandated Minimum Data Set (MDS) assessment. (If it is determined that a resident cannot return home, this question does not have to be asked each quarter.)

IF YOU EXPRESS INTEREST IN RETURNING TO THE COMMUNITY

If you answer "yes" when you are asked if you would like to return to the community, it does not mean you have to leave the nursing facility or that you cannot later change your mind. It simply means that you have expressed an interest in receiving more information about the community supports and services available to you.

Here's what you can expect:

- The nursing facility staff will contact the Iowa Medicaid Enterprise (IME) to initiate a referral.
- IME will contact your Managed Care

Organization (MCO) to handle the transition planning.

- Your MCO case manager will contact you to discuss options for transitioning to the community. He/she can also help you identify which home and community-based services you may need to make your transition successful and assist you in identifying programs that may help pay for those services (such as Medicare, Medicaid or private insurance).
- If the services and supports you need are available, it becomes your decision if and when you want to start the action plan and leave the nursing facility.
- If you change your mind at any time during the process, you are not obligated to leave the nursing facility.

WHAT TYPES OF SUPPORTS AND SERVICES ARE AVAILABLE?

Depending on where you live, the following types of home and community-based services may be available:

- Housing
- In-Home Assistance
- Health Care & Medical Services
- Transportation Services
- Mental Health Services
- Caregiver Assistance
- Food/Nutrition Programs
- Financial Assistance
- Legal Services & Advocacy
- Adaptive Equipment & Technology
- Veterans Programs