## **Care Transition Program**



#### Gina Gallardo

Care Transition Bureau Chief

#### **Carlos Moya**

**CERD Division Director** 

### **Kyky Knowles**

**Cabinet Secretary** 

## What is the Care Transition Program?

#### **Mission**

The Care Transition Program provides New Mexico residents with a clear pathway of available long-term service and support options for residents wishing to return home or to another residential setting in the community.

## **Our Services**

Care Transition Specialist (CTS) assist in many ways:

- ✓ Assist in eligibility for Medicaid
- ✓ Educate residents of community programs
- ✓ Advocate for a safe and healthy discharge

#### **Our Goal**

Care Transition Specialist ensure a resident receives the necessary supports for a successful transition.

## What is the Care Transition Program?

Care Transition Services are **free** to New Mexico residents wishing to to return to the community from the following settings:

- Skilled Nursing Facilities
- Assisted Living Facilities
- Do you know someone in a facility wishing to return to the community?
- Do you know someone in a facility who would need assistance navigating the longterm care service system?

If you answered **YES** to either of these questions, this Program might be for them.



## Who Do I Contact?

 New Mexico Aging and Disability Resource Center (ADRC) provides Statewide coverage toll free
 1-800-432-2080

 The ADRC Option Counselors are available Monday through Friday 8am to 5pm.



## How We Can Assist

#### **Nursing Home & Assisted Living Transitions**

- Person Centered Approach
- Provide individualized advocacy
- Provide an action plan directed by the resident
- Empower the resident
- Assess resident needs prior to transition
- Coordinate community programs and services available

## **How We Can Assist**

#### CTS meet with the resident to discuss:

- Their wish to return to the community
- Discuss the options/services available
- Explain Medicare/Medicaid eligibility
- Member of the discharge team
- Ensure a successful transition



## What We Need to Consider

- Resident Need upon discharge
- Financial Resources (Social Security income, retirement, private pensions, assets)
- Natural supports, family, friends
- Decisional Making Capacity
- Self-Care and safety
- POA/Guardian/Surrogate Decision-Maker

## **Care Transition Program Challenges**

#### Residents are often faced with the following:

- Affordable housing availability
- Transportation (non-medical)
- Wait list for services
- Delays in the Medicaid process
- Eligibility and program requirements

## **Care Transition Program Challenges**

#### Some of the following occur upon discharge:

- Delay in delivery of durable medical equipment
- Delay in home health care
- Delivery of personal care services (eligible Medicaid Recipients)
- Natural support availability
- Social isolation/depression post-discharge

## CTB Short Term Assistance (STA) Program

#### Our program offers the following:

- Statewide assistance providing individuals with resources, options counseling to improve their quality of life and promote independence
- An STA is referred by an ADRC Options Counselor when the following occur:
  - The callers issue is complex and requires further assistance.
  - A more in depth one-on-one support
  - Medicaid benefit troubleshooting
  - Medicaid to Medicare transition, application assistance
  - Face to Face assistance is needed to better assist

## Short Term Assistance (STA) Program

#### **STA Regional Coordinators**

- Provide a clear pathway for individuals to access Long Term Service and Supports (LTSS).
- Empower individuals to make informed decisions.
- Develop an action plan using a person-centered approach
- Provide information of benefits for which they are eligible.
- Follow an individual for up to 30 days.

# How We Can Assist? Short-Term Assistance



The Care Transition Team

## **Care Transition Team**

#### **Division Director:**

Carlos Moya

**Care Transition Program Bureau Chief:** 

Gina Gallardo

**Care Transition Program Manager:** 

Louella Garcia

#### **Care Transition Specialist Team:**

NE/NW Region - Ericka Armijo

Metro - Linda Clark, Theresa Encinias, Dianne Simmons

SW Region - Antonio Galvan

SE Region - Linda Davidson

## **Short Term Assistance Team**

#### **Division Director:**

Carlos Moya

**Care Transition Program Bureau Chief:** 

Gina Gallardo

**Short Term Assistance Regional Counseling Manager:** 

Valarie Valdez

#### **STA Regional Coordinators:**

NE Region – John Lujan

NW Region – Esperanza Amaya

Metro – Michael Miller

SW Region – Stephanie Lazarin

SE Region – Elizabeth Sanchez

#### **Contact Us**

We are here to assist you.

Our services are **free** of charge and confidential.

Information is just a phone call away!



How we can serve you...

1-800-432-2080 Toll Free

1-505-476-4846 Santa Fe

1-505-476-4910 Fax

1-505-476-4937 TTY

Visit us Online:

www.nmaging.state.nm.us

www.nmresourcedirectory.org

# THANK YOU

