



Executive Office of Elder Affairs

RESPECT INDEPENDENCE INCLUSION

Community Transition Liaison
Program (CTLP) Network Training

August 21, 2023

2:00 p.m. – 3:30 p.m.

For Policy Development - Do Not Distribute



Agenda (90 minutes)

- Welcome (10 min)
- Introduction to TST (10 min)
- Overview of TST (20 min)
- Case Example (35 min)
- What's Next? (5 min)
- Questions (10 min)
- Appendix



Introduction to Transition Support Tool (TST)

Transition Support Tool (TST)

What is the Transition Support Tool?

- Excel Workbook
- Systematically collects, records & prioritizes information
- Identifies potential program options

Does not guarantee program eligibility or presumptive eligibility

Encouraged for use with complex discharge planning

Purpose of TST



Clarify and organize considerations for consumer needs in the community



Identify immediate activities to support consumer preparation for transitioning into the community

- e.g. SNAP benefit or Housing applications



Identify potential agency program referrals to support the transition process

Transition Support Tool (TST) Trial Phase

August 18, 2023: TST Launch

6-month Trial Phase through February 2024

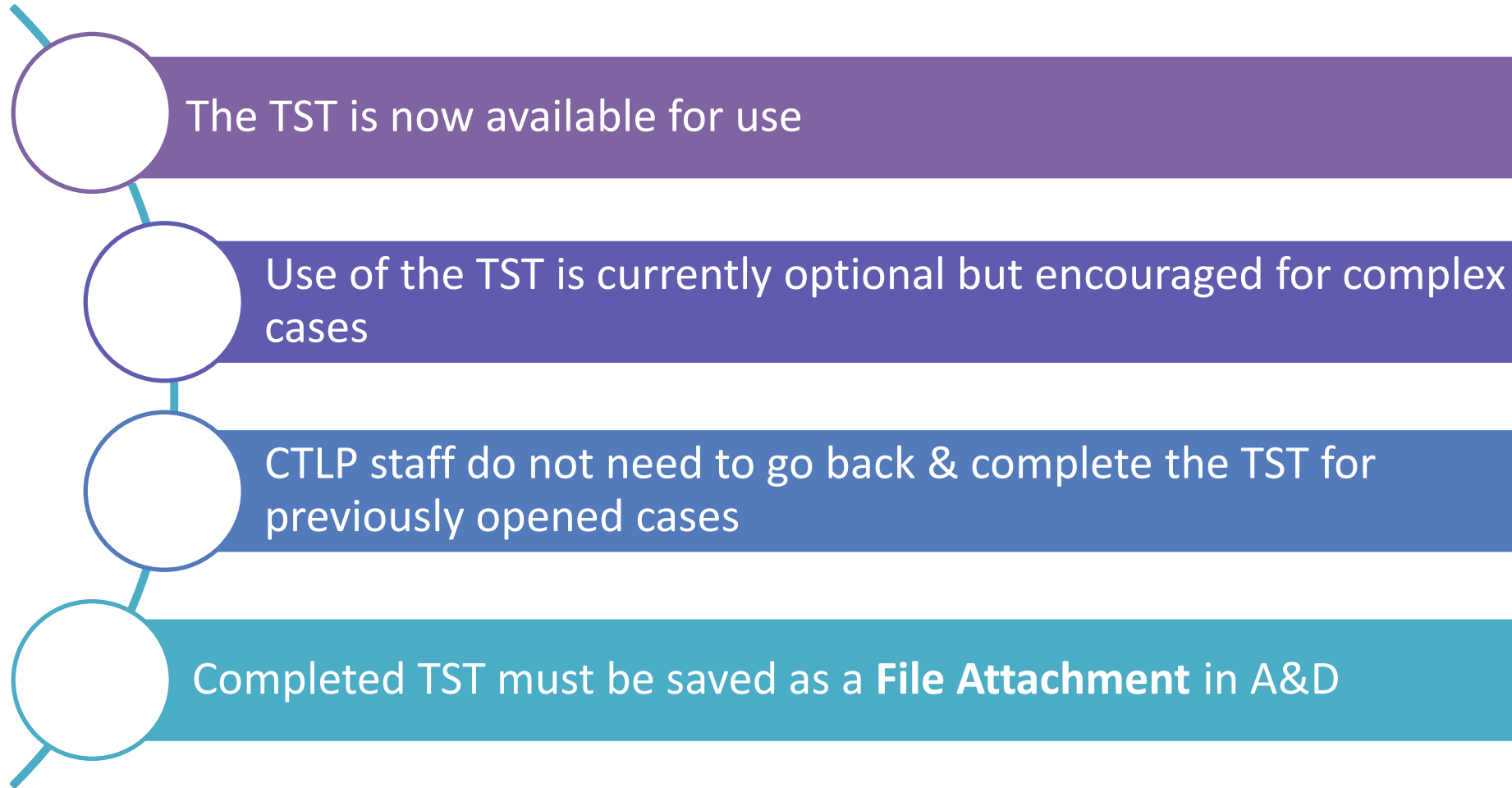
Feedback will be requested at the end of Trial period

Refine the TST

Potential Configuration of the TST into the A&D system



Completion of TST



Completion of TST

Work with the consumer over multiple visits to complete



Not every section of the TST may be applicable to every consumer

- e.g., Consumer may already have housing



“Potential Program Worksheet” may not include all programs the consumer is eligible

- Other programs & resources in the community should be investigated

Saving the TST in A&D

Once complete the TST must be saved
as an attachment in A&D

A CTLP-Specific File Attachment Folder is available in A&D

File Attachment Folder Name = Community Transition Liaison Program (CTLP)

Reference: Business Rule CTLP Documentation Requirements June 2023

Details Activities & Referrals Assessments

File Attachment - TST 8-15-2023 ✕

File Attachment - TST 8-15-2023
[Save](#) | [Save and Close](#) | [Close](#) | [Add Next](#) | [Open Audits](#)

Folder Community Transition Liaison Program (CTLP) ▼

Description TST 8-15-2023

File Name (Browse for a file) ...

File Type

File Size 0

Draft - For Policy Development & Discussion. Do Not Distribute.

Overview of TST

Overview of TST

Tab 1 – Overview Instructions

- Purpose
- Population Screened
- Contents of Worksheet
- Key

| | A | B |
|----|---|--|
| 1 | Community Transition Liaison Program (CTLTP) Transition Support Tool Overview and Instructions | |
| 2 | | |
| 3 | Purpose of the Transition Support Tool | Begin to clarify considerations for consumer needs in the community; and |
| 4 | | Identify immediate activities to support consumer preparation for the community (e.g., complete SNAP or housing applications); and |
| 5 | | Identify potential agency program referrals to support the transition process. |
| 6 | Populations Screened: | Resident of NF whose stay exceeds 45 days or a resident whose stay is less than 45 days and has requested assistance with transition to community |
| 7 | | Age 22 or older |
| 8 | | Any insurance type |
| 9 | | Has no PASRR involvement unless Department of Developmental Services (DDS) or Department of Mental Health (DMH) request assistance from CTLTP for complex discharges |
| 10 | Contents of worksheet: | |
| 11 | Tab 1 Overview Instructions | Describes purpose of the tool, clarifies the population for which the tool will be used, includes the table of contents for the worksheet, and a cell color key. |
| 12 | Tab 2 Transition Support Tool | Transition Support Tool. This is the tool you will complete with CTLTP enrolled consumers. |
| 13 | Tab 3 Potential Program Worksheet | This worksheet guides CTLTP staff to understand potential program options for referral based on certain questions from the screening tool that relate to potential program eligibility criteria. Responses to certain questions (mostly YES/NO) on Transition Support Tool (Tab 2) automatically populate in the worksheet. |
| 14 | Tab 4 Housing Program Worksheet | This worksheet guides CTLTP staff to understand potential housing program options for referral. The programs included on the tool are specifically designed to support individuals transitioning to the community. There are other housing programs for referral, including those accessed through sister agency (MRC, DDS, etc.) case managers. |
| 15 | | |
| 16 | Key | |
| 17 | Orange Cells | = autopopulated. Do not alter |
| 18 | Black Cells | = not applicable. Do not enter any information |
| 19 | Purple Cells | = responses entered here will populate/affect cells into other tabs |
| | 1 Overview Instructions | 2 Transition Support Tool |
| | 3 Potential Program Worksheet | 4 Housing Program Worksheet |

Overview of TST

Tab 2 – Transition Support Tool

- Nursing Facility Information
- Consumer Information
- Category of Information
 - Expanded in coming slides
- Tool Navigation Box
- Potential Interventions

| | A | B | C | D |
|----|--|-----------------------|--|--------------------------------|
| 1 | Community Transition Liaison Program (CTLP) Transition Support Tool | | | |
| 3 | SNF Name: | | Tool Navigation A. Anticipated Dates in Facility B. Age C. State Agency Services/Supports Received Prior to Admission D. Informal Support/Guardian E. Housing F. Equipment needs (note if bariatric is needed) G. Safety and accessibility H. Financial resources I. Clinical Profile J. Behavioral Issues/Mental Health/Cognitive K. Diagnosis Profile L. Disability Profile M. Functional Profile Orange Cells = autopopulated. Do not alter Black Cells = not applicable. Do not enter any information Purple Cells = responses entered here will populate/affect cells into other tabs | |
| 4 | SNF Social Worker Name: | | | |
| 5 | SNF Admission Date: | | | |
| 6 | Days in Facility | 0 | | |
| 7 | CTL Name: | | | |
| 8 | Assessment Initiation Date: | | | |
| 9 | Update Date: | | | |
| 10 | | | | |
| 11 | Consumer Information | | | |
| 12 | Name: | | | |
| 13 | Date of Birth (Month/Date/Year) | | | |
| 14 | Race: | | | |
| 15 | Language preference: | | | |
| 16 | Guardian Name and contact information: | | | |
| 17 | Current insurance plan: | | | |
| 18 | Insurance plan in the community: | | | |
| 19 | | | | |
| 20 | | | | |
| 21 | Category of Information | Yes (Y)/No (N) | Description | Potential Interventions |
| 22 | A. Anticipated Days in Facility | Y/N | Description | Potential Interventions |
| 23 | < 60 | | | |
| 24 | 60 days + | | | |
| 25 | 90 days + | | | |
| 26 | B. Age | Y/N | Description | Potential Interventions |

1 Overview Instructions
2 Transition Support Tool
3 Potential Program Worksheet
4 Housing Program Worksheet

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Overview of TST

Tab 2 – Transition Support Tool

- Category of Information
 - A. Anticipated Days in Facility
 - B. Age
 - C. State Agency Services/Supports Received Prior to Admission
 - D. Informal Supports/Guardian

| 1 | Community Transition Liaison Program (CTLTP) Transition Support Tool | | | |
|----|--|----------------|-------------|--|
| 21 | Category of Information | Yes (Y)/No (N) | Description | Potential Interventions |
| 22 | A. Anticipated Days in Facility | Y/N | Description | Potential Interventions |
| 23 | < 60 | | | |
| 24 | 60 days + | | | |
| 25 | 90 days + | | | |
| 26 | B. Age | Y/N | Description | Potential Interventions |
| 27 | Age 22-59 | | | |
| 28 | Age 60-64 | | | |
| 29 | Age 65+ | | | |
| 30 | C. State Agency Services/Supports Received Prior to Admission | Y/N | Description | Potential Interventions |
| 31 | DDS | | | |
| 32 | DMH | | | |
| 33 | EOEA | | | |
| 34 | MRC | | | |
| 35 | Other (describe): | | | |
| 36 | D. Informal Support/Guardian | Y/N | Description | Potential Interventions |
| 37 | Formal supports are in place | | | |
| | Informal supports are available | | | Referral to Adult Day Health (ADH), Social Day programs; Council on Aging (COA), Volunteer programs; faith-based organization |
| 38 | Isolation is a concern | | | Encourage socialization, reaching out to family members; referral to ADH, Social Day programs; COA, Volunteer programs; faith-based organization |
| 39 | Consumer has a Guardian | | | |
| 40 | Consumer has an Advance Directive | | | |
| 41 | Consumer has a Representative payee | | | |
| 42 | (conservator) | | | |

Overview of TST

Tab 2 – Transition Support Tool

- Category of Information
 - E. Housing
 - E1. Has housing in the community
 - E2. Does not have housing in the community
 - Criminal History
 - Documentation Needed
 - Housing Preferences
 - Housing Application Support

| | A | B | C | D |
|----|--|-----|-------------|--|
| 1 | Community Transition Liaison Program (CTLTP) Transition Support Tool | | | |
| 43 | E. Housing | Y/N | Description | Potential Interventions |
| 44 | Is housing needed in the community? | | | See Housing Tab |
| 45 | E1. Has housing in the community | Y/N | Description | Potential Interventions |
| 46 | Community Housing Type | | | |
| 47 | Private residence (note own, rental, other) | | | |
| 48 | Assisted living | | | |
| 49 | Group housing | | | |
| 50 | Rest home | | | |
| 51 | Supportive housing | | | |
| 52 | Congregate housing | | | |
| 53 | Other (describe): | | | |
| 54 | E2. Does not have housing in the community | Y/N | Description | Potential Interventions |
| 55 | Does the Consumer have a Previous At Fault Eviction? | | | Work to contest with Housing Authorities |
| 56 | Criminal History | | | |
| 57 | Active Warrant | | | Direct consumer to contact parole or probation officer in order to resolve warrant |
| 58 | Active restraining orders | | | Direct consumer to contact parole or probation officer in order to contests restraining order |
| 59 | CORI/ SORI | | | Assist in providing community options including lists of private apartments, boarding homes, shelters, and extended stay hotel options. Request CORI to see 1. verifying, 2. option of assistance in sealing any charges if enough time has passed for Misdemeanors and Felonies. Refer to local resources for assistance if needed. |
| 60 | Documentation needed? | | | |
| 61 | Birth certificate | | | Apply for funding via benevolent funds |
| 62 | Social Security Card | | | |
| 63 | Massachusetts ID | | | Assist to apply for RIDE and obtain scholarship funds |
| 64 | Immigration documents | | | |
| 65 | Financial/bank statements | | | Assist with phone calls and transportation to the bank |
| 66 | Other (describe): | | | |
| 67 | Housing preferences | | | |
| 68 | Preferred housing type/environment (describe): | | | |
| 69 | Housing application support needed? | | | |
| 70 | Options information | | | Provide list of private housing options |
| 71 | Application support | | | CHAMP; Section 8 vouchers and additional voucher options |

Overview of TST

Tab 2 – Transition Support Tool

- Category of Information
 - F. Equipment Needs
 - G. Safety & Accessibility
 - H. Financial Resources

| Community Transition Liaison Program (CTLP) Transition Support Tool | | | |
|---|---|------------|---|
| 72 | F. Equipment needs (note if bariatric is needed) | Y/N | Description |
| 73 | Wheelchair | | |
| 74 | Hoyer lift | | |
| 75 | Hospital bed | | |
| 76 | Air mattress | | |
| 77 | Walker | | |
| 78 | Shower chair | | |
| 79 | Prosthetic device | | |
| 80 | Other (describe): | | |
| 81 | G. Safety and accessibility | Y/N | Description |
| 82 | Lives alone - requires support | | |
| 83 | Outdoor stairs - requires modifications | | |
| 84 | Indoor stairs - requires modifications | | |
| 85 | Other accessibility needs | | |
| 86 | Home remediation needed (gas, electric, deep cleaning/chore required) | | |
| 87 | Other Home modifications needed | | |
| 88 | Enabling technology needed | | |
| 89 | Emergency exit access needed | | |
| 90 | Requires 24 hour supervision in a provider-operated and staffed residence | | |
| 91 | 24x7 safety and supervision plan required | | |
| 92 | Other needs (describe): | | |
| 93 | H. Financial resources | Y/N | Description |
| 94 | Income in the community: | | |
| 95 | None | | |
| 96 | Yearly Income: \$ | | |
| 97 | Monthly Income | \$0 | |
| 98 | Family/Household Size | | |
| 99 | Countable assets | | |
| 100 | Countable assets of spouse (if applicable) | | |
| 101 | Source of income (describe): | | |
| 102 | Requires SNAP benefits | | Assist to apply for SNAP benefits |
| 103 | Requires transitional assistance funding | | Assist to apply for transitional assistance funding |

Overview of TST

Tab 2 – Transition Support Tool

- Category of Information
 - I. Clinical Profile
 - J. Behavioral Issues/Mental Health/ Cognitive
 - K. Diagnosis Profile
 - L. Disability Profile

| Community Transition Liaison Program (CTLTP) Transition Support Tool | | | |
|--|---|-----|--|
| 104 | I. Clinical Profile | Y/N | Description |
| 105 | Wound care | | Referral to VNA, outpatient wound clinic |
| 106 | Chronic Disease management | | Referral to VNA, to COA for Chronic Disease self-management program, IDC with ASAP RN |
| 107 | J. Behavioral Issues/Mental Health/Cognitive | Y/N | |
| 108 | Harmful to self/others | | |
| 109 | Suicidal ideations | | Referral to local behavioral health providers, DMH, Partial Day programs, med management |
| 110 | History of violent behaviors | | Referral to local behavioral health providers, DMH, Partial Day programs, med management |
| 111 | Advanced Cognitive Impairment | | Set up meeting with NF staff, family and ASAP RN re service plan, back up plan, med management, referral to ADH, Caregiver Support, Alzheimer's coaching |
| 112 | Wandering | | Safe return bracelet, alert systems, services to provide supervision |
| 113 | Difficulties maintaining relationships | | Referral to local behavioral health provider, Partial Day programs, med management |
| 114 | Other (describe): | | Referral to local behavioral health providers (CBHCs, OneCare, BH Help Line), DMH |
| 115 | K. Diagnosis Profile | Y/N | |
| 116 | Acquired Brain Injury | | |
| 117 | Diagnosed before age 22 | | |
| 118 | Diagnosed after age 22 | | |
| 119 | Traumatic Brain Injury | | |
| 120 | Alzheimer's, Dementia or other related disorder | | |
| 121 | Autism | | |
| 122 | Mental Health | | |
| 123 | SMI | | |
| 124 | SUD | | |
| 125 | Alcohol use | | Discuss concerns with NF staff to ensure environment is safe. Provide resources for community support: AA meetings/support groups, sober housing |
| 126 | Other drug use (describe:) | | Discuss concerns with NF staff to ensure environment is safe. Provide resources for community support: NA support group, sober housing |
| 127 | L. Disability Profile | Y/N | Description |
| 128 | Physical disability | | |
| 129 | Cognitive, sensory or emotional disability | | |
| 130 | Ability to produce speech independently | | |
| 131 | Ability to direct care independently | | |

1 Overview Instructions
2 Transition Support Tool
3 Potential Program Worksheet
4 Housing Program Worksheet

Overview of TST

Tab 2 – Transition Support Tool

- Category of Information
 - M. Functional Profile
 - ADLs

| Community Transition Liaison Program (CTLTP) Transition Support Tool | | | |
|--|---|-----|-------------------------|
| 1 | M. Functional Profile | Y/N | Potential Interventions |
| 132 | ADLs - what are things you need help with at home? | | |
| 133 | MOBILITY IN BED—Including moving to and from lying position, turning side to side, and positioning body while in bed. | | |
| 134 | TRANSFER—Including moving to and between surfaces—to/from bed, chair, wheelchair, standing position. [Note—Excludes to/from bath/toilet] | | |
| 135 | LOCOMOTION IN HOME—[Note—If in wheelchair, self-sufficiency once in chair] | | |
| 136 | LOCOMOTION OUTSIDE OF HOME—[Note—If in wheelchair, self-sufficiency once in chair] | | |
| 137 | DRESSING —How Individual dresses and undresses includes prostheses, orthotics, fasteners, pullovers, belts, pants, skirts, and shoes | | |
| 138 | EATING—Including taking in food by any method, including tube feedings. | | |
| 139 | TOILET USE—Including using the toilet room or commode, bedpan, urinal, transferring on/off toilet, cleaning self after toilet use or incontinent episode, changing pad, managing any special devices required (ostomy or catheter), and adjusting clothes. | | |
| 140 | PERSONAL HYGIENE/BATHING—Including combing hair, brushing teeth, shaving, applying makeup, washing/drying face and hands. How Individual takes full-body bath/shower or sponge bath. Includes how each part of body is bathed: arms, upper and lower legs, chest, abdomen, perineal area. | | |
| 141 | | | |
| 142 | Total # of ADLs needing support | 0 | |
| 143 | ADLs | | |

1 Overview Instructions
2 Transition Support Tool
3 Potential Program Worksheet
4 Housing Program Worksheet

Overview of TST

Tab 2 – Transition Support Tool

- Category of Information
 - M. Functional Profile
 - IADLs

| | | | |
|---|---|----------|---|
| 1 | Community Transition Liaison Program (CTLP) Transition Support Tool | | |
| 143 | IADLs | | |
| | MEAL PREPARATION—How meals are prepared (e.g., planning meals, cooking, assembling ingredients, setting out food and utensils) | | |
| 144 | ORDINARY HOUSE WORK—How ordinary work around the house is performed (e.g., doing dishes, dusting, making bed, tidying up, laundry) | | |
| 145 | MANAGING FINANCE—How bills are paid, checkbook is balanced, household expenses are balanced | | |
| 146 | MANAGING MEDICATIONS—How medications are managed (e.g., remembering to take medicines, opening bottles, taking correct drug dosages, giving injections, applying ointments) | | Referral to Med Management companies, Med dispensing machine, referral to pharmacy for prefilled med cassette, IDC with ASAP RN |
| 147 | PHONE USE—How telephone calls are made or received (with assistive devices such as large numbers on telephone, amplification as needed) | | |
| 148 | SHOPPING—How shopping is performed for food and household items (e.g., selecting items, managing money) | | |
| 149 | TRANSPORTATION—How Individual travels by vehicle (e.g., gets to places beyond walking distance) | | |
| 150 | | | |
| 151 | Total # of IADLs needing support | 0 | |
| 152 | | | |
| 153 | | | |
| 154 | | | |
| 155 | | | |
| 156 | | | |
| 157 | | | |
| 158 | | | |
| <div> < > 1 Overview Instructions 2 Transition Support Tool 3 Potential Program Worksheet 4 Housing Program Worksheet + </div> | | | |

Overview of TST

| Potential Program Worksheet | | | | | | | | | | | | | | | | | |
|-----------------------------|--|---|----------|--------------------------------------|---|-------------------------------|----------------------|--------------------------------------|--|------------------------------------|---|--|--------------------------|--------------|--------------|---------------|----------------------------------|
| 1 | | | | | | | | | | | | | | | | | |
| 2 | | Orange Cells = autopopulated. Do not alter | | | | | | | | | | | | | | | |
| 3 | | Black Cells = not applicable. Do not enter any information | | | | | | | | | | | | | | | |
| 4 | | Purple Cells = responses entered here will populate/affect cells in other tabs | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | |
| 6 | | Agency: | Other | MRC | | | | | | | DDS | | EOEA | | DMH | | |
| 7 | | Requirements/Eligibility Criteria | MFP Demo | MFP Community Living Waiver (MFP-CL) | ABI Non-Residential Habilitation Waiver (ABI-N) | Supported Living (SL) Program | SL Expansion Program | Statewide Head Injury Program (SHIP) | Traumatic Brain Injury Waiver (TBI; eligible through SHIP) | Homecare Assistance Program (HCAP) | MFP Residential Support Waiver (MFP-RS) | ABI Residential Habilitation Waiver (ABI-RS) | Frail Elder Waiver (FEW) | Homecare <60 | Homecare 60+ | DMH Clubhouse | Recovery Learning Centers (RLCs) |
| 8 | | Age | NA | | | | | | | | | | | | | | |
| 9 | | Age 22-59 | X | X | X | X | X | X | X | X | X | X | | X | | X | X |
| 10 | | Age 60-64 | X | X | X | X | X | X | X | | X | X | X | | X | X | X |
| 11 | | Age 65+ | X | X | X | X | X | X | X | | X | X | X | | X | X | X |
| 12 | | Anticipated to be living in a facility for at least 60 days | X | | | | | | | | | | | | | | |
| 13 | | Anticipated to be living in a facility for at least 90 days | | X | X | | | | | | X | X | | | | | |
| 14 | | Alzheimer's dementia or other related disorder | | | | | | | | | | | | X | | | |
| 15 | | Traumatic Brain Injury | | | | | | X | X | | | | | | | | |
| 16 | | Acquired Brain Injury diagnosed at or after age 22 | | | X | | | | | | | X | | | | | |
| 17 | | Physical disability | | | | X | | | | X | | | X | | | | |
| 18 | | Cognitive, sensory or emotional disability | | | | X | X | | | X | | | | | | | |
| 19 | | Has mental health diagnosis | | | | | X | | | | | | | | | X | X |
| 20 | | Has SMI | | | | | | | | | | | | | | X | |
| 21 | | Needs help with at least one ADL | | | | | | | | | | | X | X | X | | |
| 22 | | Needs help with multiple IADLs | | | | X | X | | | X | | | X | X | X | | |
| 23 | | Is the applicant <i>potentially</i> eligible for the following programs? | No | No | No | No | No | No | No | No | No | No | No | No | No | No | No |
| 24 | | Financial Criteria | | | | | | | | | | | | | | | |
| 25 | | Meets financial requirements to qualify for HCBS waivers | | X | X | | | | | | X | X | X | | | | |
| 26 | | Meets financial requirements to qualify for MassHealth Standard (or MassHealth CommonHealth for MFP Demo) | X | X | X | | | | X | X | X | X | X | | | | |

Tab 3 Potential Program Worksheet

- Responses to certain questions on TST (Tab 2) automatically populate in the worksheet to assist in identifying potential program options

Overview of TST

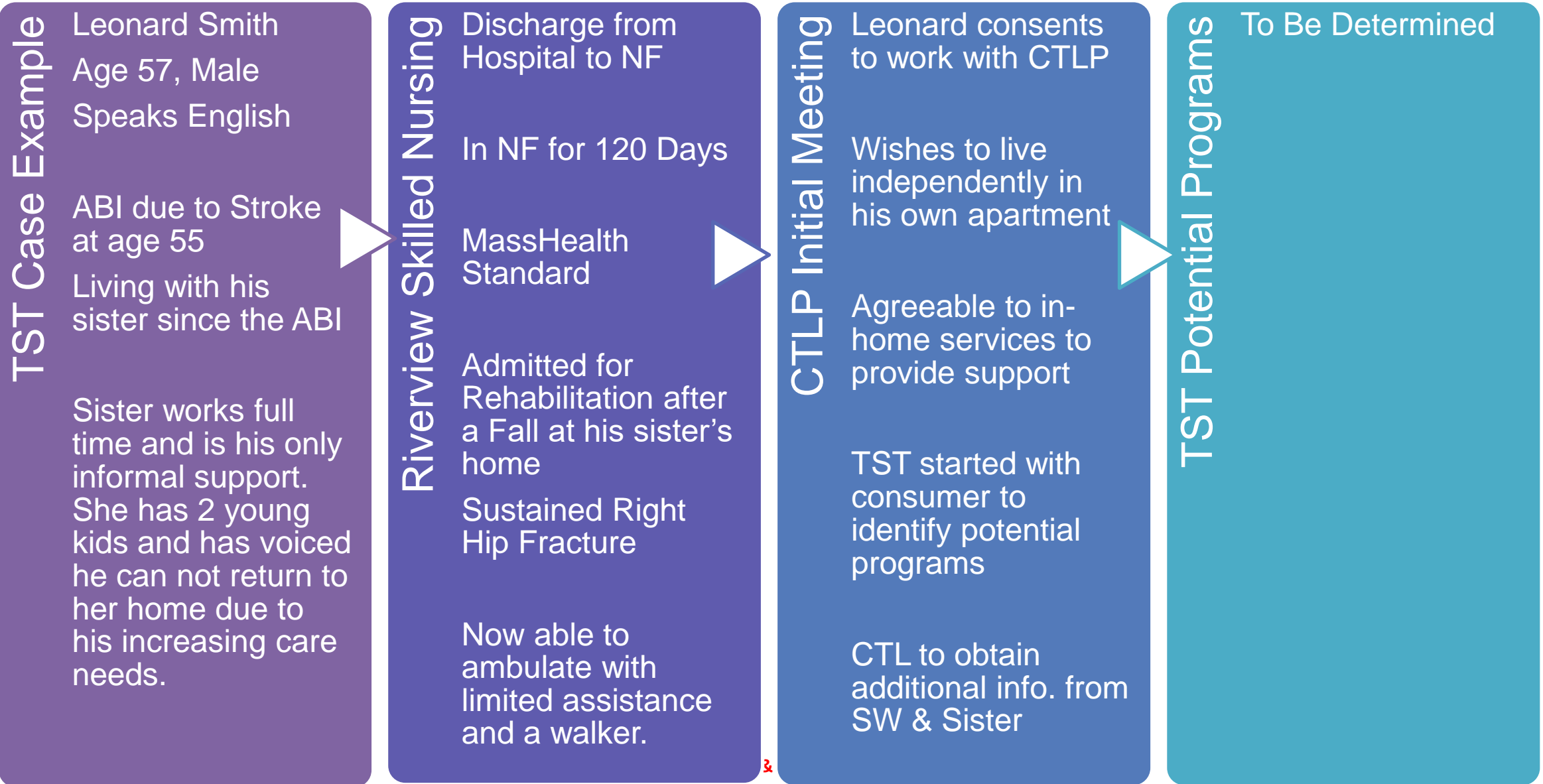
| | | | | | |
|----|---|-------------------------------|---|--|--|
| 1 | Housing Program Worksheet | | | | |
| 2 | Use the checklist/screener below to determine if individual is potentially eligible for the CBH and/or LHAND housing programs | | | | |
| 3 | *Please note that these are not inclusive of all housing options as other resources can/should be explored as appropriate. | | | | |
| 4 | Orange Cells = autopopulated. Do not alter | | | | |
| 5 | Black Cells = not applicable. Do not enter any information | | | | |
| 6 | Purple Cells = responses entered here will populate/affect cells in other tabs | | | | |
| 7 | | | | | |
| 8 | Criteria | Community Based Housing (CBH) | Lynn Housing and Neighborhood Development Special Purpose Housing Voucher (LHAND) | | |
| 9 | Does individual have a disability? | | | | |
| 10 | Individual does NOT receive any services from DMH or DDS | | | | |
| 11 | Is the individual between the ages of 18 and 61? | | | | |
| 12 | Is the individual potentially eligible for this housing program? | No | No | | |
| 13 | Financial Criteria | | | | |
| 14 | Meets financial requirements to qualify for housing program? | | X | | |
| 15 | | | | | |

Tab 4 – Housing Program

- Identifying potential eligibility **CBH or LHAND**
- **CBH & LHAND** are two Housing programs specifically intended for individuals who are or at risk of being institutionalized
- Investigate other alternative housing programs & resources

Case Example

CTLTP TST Case Example- Leonard Smith



TST Case Example: Leonard Smith

| Community Transition Liaison Program (CTLP) Transition Support Tool | | |
|---|--|---------------|
| 3 | SNF Name: | Riverview NF |
| 4 | SNF Social Worker Name: | Deborah Wells |
| 5 | SNF Admission Date: | 4/16/2023 |
| 6 | Days in Facility | 124 |
| 7 | CTL Name: | James Carroll |
| 8 | Assessment Initiation Date: | 8/15/2023 |
| 9 | Update Date: | |
| 10 | | |
| 11 | Consumer Information | |
| 12 | Name: | Leonard Smith |
| 13 | Date of Birth (Month/Date/Year) | 4/4/1966 |
| 14 | Race: | black |
| 15 | Language preference: | english |
| 16 | Guardian Name and contact information: | N/A |
| 17 | Current insurance plan: | MassHealth |
| 18 | Insurance plan in the community: | MassHealth |
| 19 | | |

Tool Navigation

- [A. Anticipated Dates in Facility](#)
- [B. Age](#)
- [C. State Agency Services/Supports Received Prior to Admission](#)
- [D. Informal Support/Guardian](#)
- [E. Housing](#)
- [F. Equipment needs \(note if bariatric is needed\)](#)
- [G. Safety and accessibility](#)
- [H. Financial resources](#)
- [I. Clinical Profile](#)
- [J. Behavioral Issues/Mental Health/Cognitive](#)
- [K. Diagnosis Profile](#)
- [L. Disability Profile](#)
- [M. Functional Profile](#)

Orange Cells = autopopulated. Do not alter

Black Cells = not applicable. Do not enter any information

Purple Cells = responses entered here will populate/affect cells into other tabs

2 Transition Support Tool

3 Potential Program Worksheet

4 Housing Program Worksheet

TST Case Example: Leonard Smith

| 1 | Community Transition Liaison Program (CTLP) Transition Support Tool | | | |
|----|--|----------------|-------------|--|
| 21 | Category of Information | Yes (Y)/No (N) | Description | Potential Interventions |
| 22 | A. Anticipated Days in Facility | Y/N | Description | Potential Interventions |
| 23 | < 60 | | | |
| 24 | 60 days + | | | |
| 25 | 90 days + | Y | | |
| 26 | B. Age | Y/N | Description | Potential Interventions |
| 27 | Age 22-59 | Y | | |
| 28 | Age 60-64 | | | |
| 29 | Age 65+ | | | |
| 30 | C. State Agency Services/Supports Received Prior to Admission | Y/N | Description | Potential Interventions |
| 31 | DDS | | | |
| 32 | DMH | | | |
| 33 | EOEA | | | |
| 34 | MRC | | | |
| 35 | Other (describe): | | | |
| 36 | D. Informal Support/Guardian | Y/N | Description | Potential Interventions |
| 37 | Formal supports are in place | N | | |
| 38 | Informal supports are available | Y | | Referral to Adult Day Health (ADH), Social Day programs; Council on Aging (COA), Volunteer programs; faith-based organization |
| 39 | Isolation is a concern | Y | | Encourage socialization, reaching out to family members; referral to ADH, Social Day programs; COA, Volunteer programs; faith-based organization |
| 40 | Consumer has a Guardian | N | | |
| 41 | Consumer has an Advance Directive | N | | |
| 42 | Consumer has a Representative payee (conservator) | Y | | |

TST Case Example: Leonard Smith

| 1 | Community Transition Liaison Program (CTLP) Transition Support Tool | | | |
|----|---|------------|-------------------------------------|--|
| 43 | E. Housing | Y/N | Description | Potential Interventions |
| 44 | Is housing needed in the community? | Y | | See Housing Tab |
| 45 | E1. Has housing in the community | Y/N | Description | Potential Interventions |
| 46 | Community Housing Type | N | | |
| 47 | Private residence (note own, rental, other) | | | |
| 48 | Assisted living | | | |
| 49 | Group housing | | | |
| 50 | Rest home | | | |
| 51 | Supportive housing | | | |
| 52 | Congregate housing | | | |
| 53 | Other (describe): | | | |
| 54 | E2. Does not have housing in the community | Y/N | Description | Potential Interventions |
| 55 | Does the Consumer have a Previous At Fault Eviction? | N | | Work to contest with Housing Authorities |
| 56 | Criminal History | | | |
| 57 | Active Warrant | N | | Direct consumer to contact parole or probation officer in order to resolve warrant |
| 58 | Active restraining orders | N | | Direct consumer to contact parole or probation officer in order to contests restraining order |
| 59 | CORI/ SORI | N | | Assist in providing community options including lists of private apartments, boarding homes, shelters, and extended stay hotel options. Request CORI to see 1. verifying, 2. option of assistance in sealing any charges if enough time has passed for Misdemeanors and Felonies. Refer to local resources for |
| 60 | Documentation needed? | | | |
| 61 | Birth certificate | Y | | Apply for funding via benevolent funds |
| 62 | Social Security Card | Y | | |
| 63 | Massachusetts ID | N | | Assist to apply for RIDE and obtain scholarship funds |
| 64 | Immigration documents | | | |
| 65 | Financial/bank statements | | | Assist with phone calls and transportation to the bank |
| 66 | Other (describe): | | | |
| 67 | Housing preferences | | | |
| 68 | Preferred housing type/environment | | Wishes to live in private apartment | |
| 69 | Housing application support needed? | | | |
| 70 | Options information | Y | | Provide list of private housing options |
| 71 | Application support | Y | | CHAMP; Section 8 vouchers and additional voucher options |

TST Case Example: Leonard Smith

| | | | | |
|----|---|------------|-----------------------|--------------------------------|
| 1 | Community Transition Liaison Program (CTLP) Transition Support Tool | | | |
| 72 | F. Equipment needs (note if bariatric is needed) | Y/N | Description | Potential Interventions |
| 73 | Wheelchair | | | |
| 74 | Hoyer lift | | | |
| 75 | Hospital bed | | | |
| 76 | Air mattress | | | |
| 77 | Walker | Y | | |
| 78 | Shower chair | | | |
| 79 | Prosthetic device | | | |
| 80 | Other (describe): | | | |
| 81 | G. Safety and accessibility | Y/N | Description | Potential Interventions |
| 82 | Lives alone - requires support | Y | Prefers to Live Alone | In-home services needed |
| 83 | Outdoor stairs - requires modifications | Y | | |
| 84 | Indoor stairs - requires modifications | Y | | |
| 85 | Other accessibility needs | | | |
| 86 | Home remediation needed (gas, electric, deep cleaning/chore required) | | | |
| 87 | Other Home modifications needed | | | |
| 88 | Enabling technology needed | | | |
| 89 | Emergency exit access needed | | | |
| 90 | Requires 24 hour supervision in a provider-operated and staffed residence | | | |
| 91 | 24x7 safety and supervision plan required | | | |
| 92 | Other needs (describe): | | | |

TST Case Example: Leonard Smith

| 1 | Community Transition Liaison Program (CTLTP) Transition Support Tool | | | |
|-----|--|------------|--------------------|--|
| 93 | H. Financial resources | Y/N | Description | Potential Interventions |
| 94 | Income in the community: | \$1,100 | | |
| 95 | None | | | |
| 96 | Yearly Income: \$ | \$13,200 | | |
| 97 | Monthly Income | \$1,100 | | |
| 98 | Family/Household Size | 1 | | |
| 99 | Countable assets | | | |
| 100 | Countable assets of spouse (if applicable) | | | |
| 101 | Source of income (describe): | | SSDI | |
| 102 | Requires SNAP benefits | Y | | Assist to apply for SNAP benefits |
| 103 | Requires transitional assistance funding | Y | | Assist to apply for transitional assistance funding |
| 104 | I. Clinical Profile | Y/N | Description | Potential Interventions |
| 105 | Wound care | | | Referral to VNA, outpatient wound clinic |
| 106 | Chronic Disease management | | | Referral to VNA, to COA for Chronic Disease self-management program, IDC with ASAP RN |
| 107 | J. Behavioral Issues/Mental Health/Cognitive | Y/N | | |
| 108 | Harmful to self/others | N | | |
| 109 | Suicidal ideations | | | Referral to local behavioral health providers, DMH, Partial Day programs, med management |
| 110 | History of violent behaviors | | | Referral to local behavioral health providers, DMH, Partial Day programs, med management |
| 111 | Advanced Cognitive Impairment | N | | Set up meeting with NF staff, family and ASAP RN re service plan, back up plan, med management, referral to ADH, Caregiver Support, Alzheimer's coaching |
| 112 | Wandering | N | | Safe return bracelet, alert systems, services to provide supervision |
| 113 | Difficulties maintaining relationships | | | Referral to local behavioral health provider, Partial Day programs, med management |
| 114 | Other (describe): | | | Referral to local behavioral health providers (CBHCs, OneCare, BH Help Line), DMH |

TST Case Example: Leonard Smith

| 1 | Community Transition Liaison Program (CTLP) Transition Support Tool | | |
|-----|---|------------|---|
| 115 | K. Diagnosis Profile | Y/N | |
| 116 | Acquired Brain Injury | Y | |
| 117 | Diagnosed before age 22 | N | |
| 118 | Diagnosed after age 22 | Y | |
| 119 | Traumatic Brain Injury | N | |
| 120 | Alzheimer's, Dementia or other related disorder | N | |
| 121 | Autism | N | |
| 122 | Mental Health | N | |
| 123 | SMI | N | |
| 124 | SUD | N | |
| 125 | Alcohol use | N | Discuss concerns with NF staff to ensure environment is safe. Provide resources for community support: AA meetings/support groups, sober housing |
| 126 | Other drug use (describe:) | N | Discuss concerns with NF staff to ensure environment is safe. Provide resources for community support: NA support group, sober housing |
| 127 | L. Disability Profile | Y/N | Description |
| 128 | Physical disability | Y | |
| 129 | Cognitive, sensory or emotional disability | Y | |
| 130 | Ability to produce speech independently | Y | |
| 131 | Ability to direct care independently | Y | |

TST Case Example: Leonard Smith

| 1 | Community Transition Liaison Program (CTLP) Transition Support Tool | | | |
|-----|---|-----|--|---|
| 132 | M. Functional Profile | Y/N | Description | Potential Interventions |
| 133 | ADLs - what are things you need help with at home? | | | |
| 134 | MOBILITY IN BED—Including moving to and from lying position, turning side to side, and positioning body while in bed. | | | |
| 135 | TRANSFER—Including moving to and between surfaces—to/from bed, chair, wheelchair, standing position. [Note—Excludes to/from bath/toilet] | Y | Supervision/Limited Assistance | Personal Care Assistance Needed/ In-home services |
| 136 | LOCOMOTION IN HOME—[Note—If in wheelchair, self-sufficiency once in chair] | Y | Supervision/Limited Assistance | Personal Care Assistance Needed/ In-home services |
| 137 | LOCOMOTION OUTSIDE OF HOME—[Note—If in wheelchair, self-sufficiency once in chair] | Y | Supervision/Limited Assistance | Personal Care Assistance Needed/ In-home services |
| 138 | DRESSING —How Individual dresses and undresses includes prostheses, orthotics, fasteners, pullovers, belts, pants, skirts, and shoes | Y | Requires assistance with lower body dressing | Personal Care Assistance Needed/ In-home services |
| 139 | EATING—Including taking in food by any method, including tube feedings. | | | |
| 140 | TOILET USE—Including using the toilet room or commode, bedpan, urinal, transferring on/off toilet, cleaning self after toilet use or incontinent episode, changing pad, managing any special devices required (ostomy or catheter), and adjusting clothes. | Y | | |
| 141 | PERSONAL HYGIENE/BATHING—Including combing hair, brushing teeth, shaving, applying makeup, washing/drying face and hands. How Individual takes full-body bath/shower or sponge bath. Includes how each part of body is bathed: arms, upper and lower legs, chest, abdomen, perineal area. | Y | Supervision/ Limited assistance with showering | Personal Care Assistance Needed/ In-home services |
| 142 | Total # of ADLs needing support | 6 | | |
| 143 | ADLs | | | |

TST Case Example: Leonard Smith

| 1 | Community Transition Liaison Program (CTLTP) Transition Support Tool | | | |
|-----|---|----------|--------------------|---|
| 143 | IADLs | | | |
| 144 | MEAL PREPARATION—How meals are prepared (e.g., planning meals, cooking, assembling ingredients, setting out food and utensils) | | | |
| 145 | ORDINARY HOUSE WORK—How ordinary work around the house is performed (e.g., doing dishes, dusting, making bed, tidying up, laundry) | Y | | |
| 146 | MANAGING FINANCE—How bills are paid, checkbook is balanced, household expenses are balanced | Y | Utilizes Rep Payee | |
| 147 | MANAGING MEDICATIONS—How medications are managed (e.g., remembering to take medicines, opening bottles, taking correct drug dosages, giving injections, applying ointments) | | | Referral to Med Management companies, Med dispensing machine, referral to pharmacy for prefilled med cassette, IDC with ASAP RN |
| 148 | PHONE USE—How telephone calls are made or received (with assistive devices such as large numbers on telephone, amplification as needed) | | | |
| 149 | SHOPPING—How shopping is performed for food and household items (e.g., selecting items, managing money) | Y | | |
| 150 | TRANSPORTATION—How Individual travels by vehicle (e.g., gets to places beyond walking distance) | Y | | |
| 151 | Total # of IADLs needing support | 4 | | |

TST Case Example: Leonard Smith

| Potential Program Worksheet | | | | | | | | | | | | | | | | |
|--|---------------------|--|--------------------------------------|---|-------------------------------|----------------------|--------------------------------------|--|------------------------------------|---|--|--------------------------|--------------|--------------|---------------|----------------------------------|
| <i>This is an illustrative example - The table below will auto-populate with responses from Tab 2 to guide options</i> | | Orange Cells = autopopulated. Do not alter | | | | | | | | | | | | | | |
| | | Black Cells = not applicable. Do not enter any information | | | | | | | | | | | | | | |
| | | Purple Cells = responses entered here will populate/affect cells in other tabs | | | | | | | | | | | | | | |
| | | Programs | | | | | | | | | | | | | | |
| Agency: | | Other | MRC | | | | | | | DDS | | EOEA | | | DMH | |
| Requirements/Eligibility Criteria | Result of screening | MFP Demo | MFP Community Living Waiver (MFP-CL) | ABI Non-Residential Habilitation Waiver (ABI-N) | Supported Living (SL) Program | SL Expansion Program | Statewide Head Injury Program (SHIP) | Traumatic Brain Injury Waiver (TBI; eligible through SHIP) | Homecare Assistance Program (HCAP) | MFP Residential Support Waiver (MFP-RS) | ABI Residential Habilitation Waiver (ABI-RS) | Frail Elder Waiver (FEW) | Homecare <60 | Homecare 60+ | DMH Clubhouse | Recovery Learning Centers (RLCs) |
| Age | NA | | | | | | | | | | | | | | | |
| Age 22-59 | X | X | X | X | X | X | X | X | X | X | X | | X | | X | X |
| Age 60-64 | | X | X | X | X | X | X | X | | X | X | X | | X | X | X |
| Age 65+ | | X | X | X | X | X | X | X | | X | X | X | | X | X | X |
| Anticipated to be living in a facility for at least 60 days | X | X | | | | | | | | | | | | | | |
| Anticipated to be living in a facility for at least 90 days | X | | X | X | | | | | | X | X | | | | | |
| Alzheimer's dementia or other related disorder | | | | | | | | | | | | | X | | | |
| Traumatic Brain Injury | | | | | | | X | X | | | | | | | | |
| Acquired Brain Injury diagnosed at or after age 22 | X | | | X | | | | | | | X | | | | | |
| Physical disability | X | | | | X | | | | X | | | X | | | | |
| Cognitive, sensory or emotional disability | X | | | | X | X | | | X | | | | | | | |
| Has mental health diagnosis | | | | | | X | | | | | | | | | X | X |
| Has SMI | | | | | | | | | | | | | | | X | |
| Needs help with at least one ADL | X | | | | | | | | | | | X | X | X | | |
| Needs help with multiple IADLs | X | | | | X | X | | | X | | | X | X | X | | |
| Is the applicant <i>potentially</i> eligible for the following programs? | | Yes | Yes | Yes | Yes | No | No | No | No | Yes | Yes | No | No | No | No | No |
| Financial Criteria | | | | | | | | | | | | | | | | |
| Meets financial requirements to qualify for HCBS waivers | | | X | X | | | | | | X | X | X | | | | |
| Meets financial requirements to qualify for MassHealth Standard (or MassHealth CommonHealth for MFP Demo) | | X | X | X | | | | X | X | X | X | X | | | | |

2 Transition Support Tool
3 Potential Program Worksheet
4 Housing Program Worksheet

TST Case Example: Leonard Smith

| Housing Program Worksheet | | | | |
|--|--|-------------------------------|---|--|
| <i>Use the checklist/screener below to determine if individual is potentially eligible for the CBH and/or LHAND housing programs</i> | | | | |
| *Please note that these are not inclusive of all housing options as other resources can/should be explored as appropriate. | | | | |
| Orange Cells = autopopulated. Do not alter | | | | |
| Black Cells = not applicable. Do not enter any information | | | | |
| Purple Cells = responses entered here will populate/affect cells in other tabs | | | | |
| | | | | |
| | Criteria | Community Based Housing (CBH) | Lynn Housing and Neighborhood Development Special Purpose Housing Voucher (LHAND) | |
| | Does individual have a disability? | X | X | |
| | Individual does NOT receive any services from DMH or DDS | X | | |
| | Is the individual between the ages of 18 and 61? | | X | |
| | Is the individual potentially eligible for this housing program? | Yes | Yes | |
| | Financial Criteria | | | |
| | Meets financial requirements to qualify for housing program? | | X | |

2 Transition Support Tool
3 Potential Program Worksheet
4 Housing Program Worksheet

CTLP TST Case Example- Leonard Smith

TST Case Example

Leonard Smith
Age 57, Male
Speaks English

ABI due to Stroke
at age 55
Living with his
sister since the ABI

Sister works full
time and is his only
informal support.
She has 2 young
kids and has voiced
he can not return to
her home due to his
increasing care
needs.

Riverview Skilled Nursing

Discharge from
Hospital to NF

In NF for 120 Days

MassHealth
Standard

Admitted for
Rehabilitation after
a fall at his sister's
home

Sustained Right Hip
Fracture

Now able to
ambulate with
limited assistance
and a walker.

CTLP Initial Meeting

Leonard consents
to work with CTLP

Wishes to live
independently in his
own apartment

Agreeable to in-
home services to
provide support

TST started with
consumer to
identify potential
programs

CTL to obtain
additional info. from
SW & Sister

TST Potential Programs

ABI Non-Residential &
Residential
Habilitation Waivers

Moving Forward
Program (MFP)
Residential Support &
Community Living
Waivers

Money Follows the
Person Demonstration
(MFP-Demo)

MRC Home Care
Assistance Program

Housing: CBH &
LHAND Programs

What's Next?

Upcoming Meetings & Trainings

August CTLP Training

Thursday, August 24, 2023

10:00am – 12:00pm

Guest Speakers: MassHealth Waiver Team & MRC

September CTLP Office Hours

Tuesday, September 12, 2023

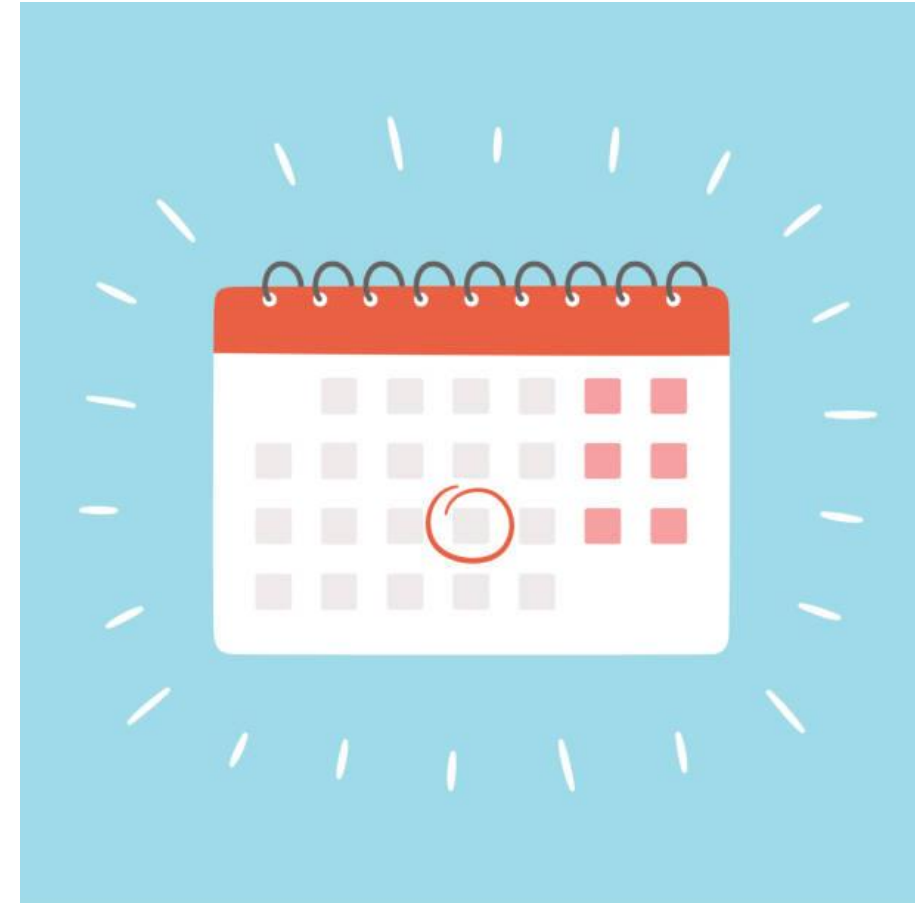
10:00am – 11:00am

September CTLP Training

Tuesday, September 26, 2023

1:00pm – 3:00pm

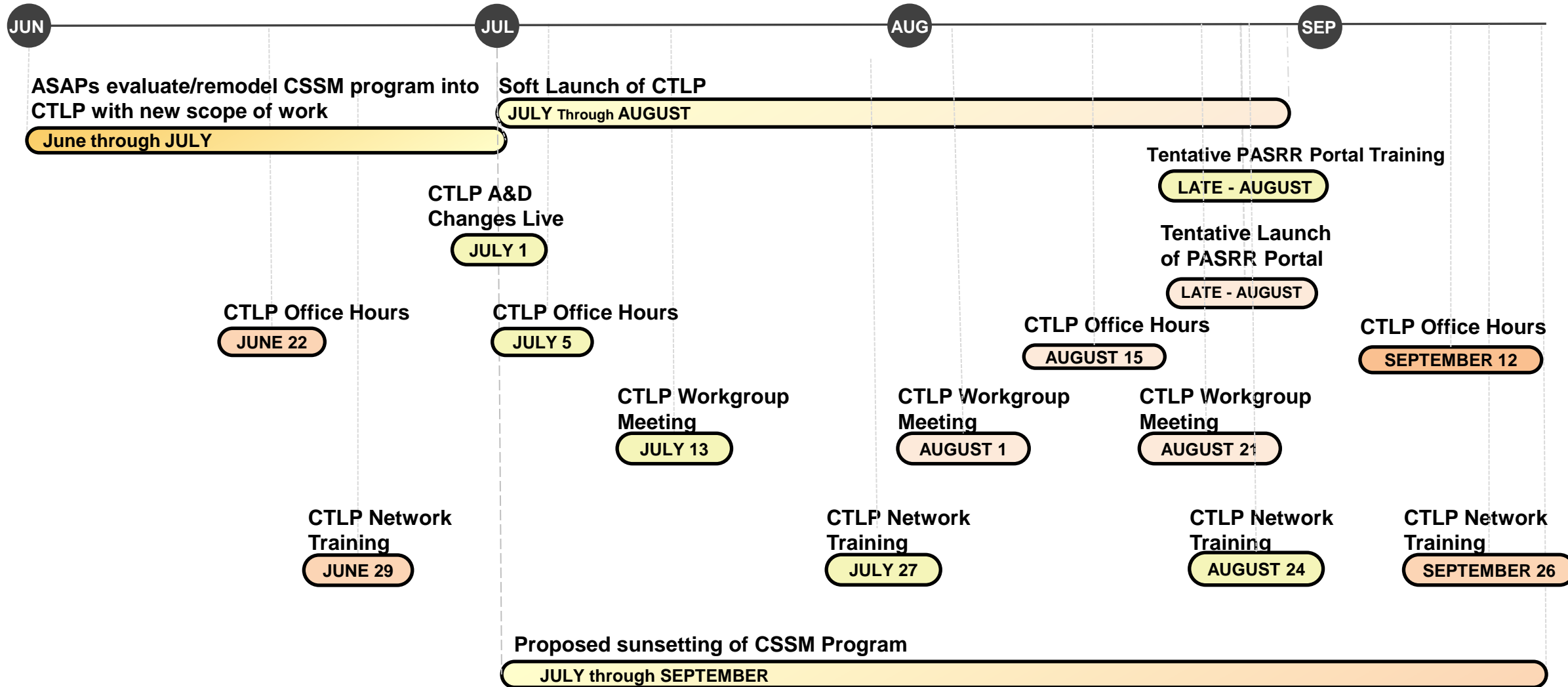
Guest Speakers: DDS & State Ombudsman Program



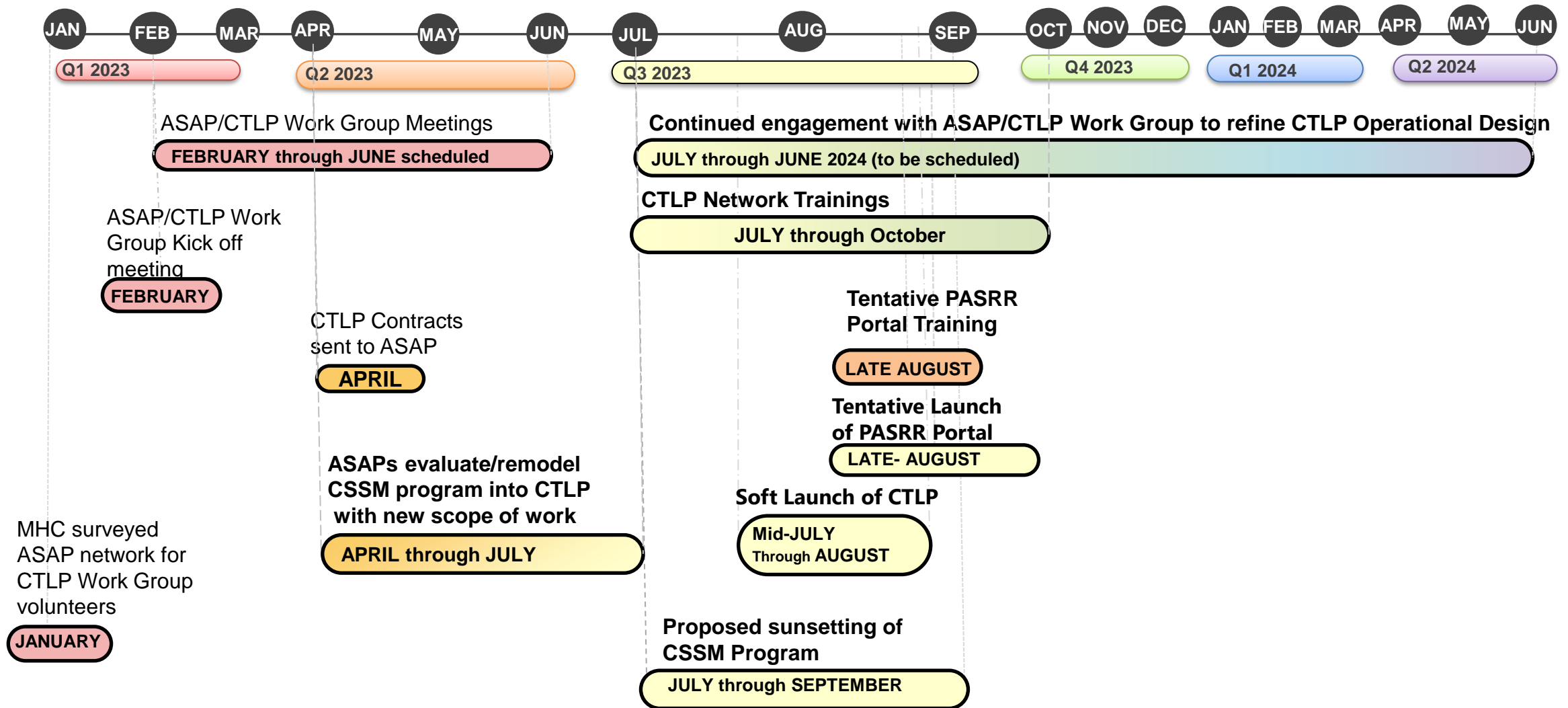
Questions?

Appendix

CTLTP Operational Implementation Timeline: CTLTP Soft Launch Window (updated)



CTLP Operational Implementation Timeline CY2023 into CY2024



Resources

800AgeInfo – Document Library

<https://documentlibrary.800ageinfo.com/2023/06/ctlp.html>

– Available documents

- CTLP Network Training 6.29.2023
- CTLP Documentation Requirements in A&D Business Rule – June 2023
- Transition of CSSM Care Enrollments to CTLP Care Enrollments Business Rule – June 2023
- Nursing Facility Bulletin 179: Community Transition Liaison Program – July 2023

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July 06, 2023

Community Transitions Liaison Program (CTLP)

[CTLP Network Training 6.29.2023](#)

[CTLP Documentation Requirements in A&D Business Rule - June 2023](#)

[Transition of CSSM Care Enrollments to CTLP Care Enrollments Business Rule - June 2023](#)

[Nursing Facility Bulletin 179: Community Transition Liaison Program - July 2023](#)

Resources

800AgeInfo – Document Library

<https://documentlibrary.800ageinfo.com/2023/05/cssm-to-ctlp-transition.html>

- Available documents
 - CSSM to CTLP ASAP Network Meeting Slide Deck
 - CTLP ASAP Minimum Skill Set Qualifications
- Password Protected Documents
 - Password = EOEa_homecare

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CSSM to CTLP Transition

[CSSM to CTLP ASAP Network Meeting 5.4.2023](#)

[CTLP ASAP Minimum Skill Set Qualifications April 2023](#)

Posted on May 05, 2023 at 12:09 PM in [ASAP](#), [Clinical Assessment & Eligibility \(CAE\)](#), [Coordination of Care](#), [Home Care](#) | [Permalink](#)

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Resources

800AgeInfo – Document Library

<https://documentlibrary.800ageinfo.com/2020/09/cssm-business-rule-september-2020.html>

Available documents

- CSSM Enrollments and Terminations Report User Guide
- CSSM Business Rule Sept 2020

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September 25, 2020

Comprehensive Screening and Services Model (CSSM) Business Rule and Reporting Requirements

[CSSM Enrollments and Terminations Report User Guide](#)

[CSSM Business Rule Sept 2020](#)

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CTLTP Talking Points

Talking points provided to Nursing Facility Industry 6/15/2023 by MassHealth

Community Transition Liaison Program (CTLTP), expansion of current Comprehensive Screening and Service Model (CSSM) Program

- What is the Community Transitions Liaison Program? Who is eligible?
 - The CCSM Program is managed by the Aging Services Access Points (ASAPs) and has been in existence since 2005. This program will be rebranded as the Community Transitions Liaison Program (CTLTP) with enhanced funding and focus on supporting all nursing facility residents who are 22 and older, regardless of diagnosis or insurance type, who are interested in transitioning to the community.
 - Each nursing facility will have an assigned CTLTP team of two people that will operate out of the regional Aging Services Access Point (ASAP) and will coordinate with other state agencies as needed to best support an individual interested in transitioning into the community.
- How will the CTLTP teams get involved? Will they be on the premises?
 - Assigned CTLTP teams will work with NF staff, NF Ombudsman, NF residents, family and informal supports as well as others.
 - CTLTP teams will have a weekly on-site presence at the nursing facility.
 - CTLTP teams will provide marketing materials (e.g., flyer, brochures) with program details and team contact information.
 - CTLTP teams will be involved with and provide support in discharge planning meetings.
- What can I expect from the CTLTP teams assigned to the residents in my facility?
 - CTLTP teams will meet with residents to discuss their needs and provide options for a safe plan to return to community living, assist with applications for housing and public benefits including collecting all necessary documentation, and coordinate with state and community agencies to identify resources and make referrals.
 - To accomplish this CTLTP teams may need the following from facilities:
 - Continued access to residents;
 - Access to a conference room or a copy machine;
 - Support to help share information about the CTLTP program;
 - Referrals to the CTLTP program.

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