



HOW DID THE COVID-19 PANDEMIC AFFECT THE PROVISION OF TRANSITION SERVICES IN CENTERS FOR INDEPENDENT LIVING (CILs)?

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STUDY SUMMARY

OBJECTIVE: To assess the impact of the COVID-19 pandemic on the provision of transition services from institutions at Centers for Independent Living (CILs).

BACKGROUND: A 2020 survey of 144 CILs, conducted in the early months of the COVID-19 pandemic, described significant service disruptions and widespread hardship among consumers and providers (Kennedy, Frieden, and Dick-Mosher, 2021). Several CILs mentioned that transition services, including those which help institutionalized residents return to the community, had been suspended or scaled back during the pandemic. Respondents attributed these changes to new state restrictions on visiting institutions, concerns for the safety of CIL staff, administrative delays, and limited community resources. This 2021 follow-up survey asked Centers to compare the volume of pre- and post-pandemic transitions (April-September 2019 vs. April-September 2020), and describe ways in which COVID-19 had impacted the provision of these services.

STUDY POPULATION: We mailed a Qualtrics survey link to all CILs with current contact information and, after several reminder e-mails, received a total of 72 unduplicated surveys from CIL administrators and staff throughout the US.

FINDINGS: The number of successful transitions appear to have dropped during the pandemic, and the number of unsuccessful transitions increased. Respondents were split on whether the pandemic increased or decreased the likelihood of successful transitions, but most agreed that it generally made transitions more costly, time-consuming, and administratively complicated. Most of the CILs then detailed multiple COVID-19 related barriers to successful transitions. However, item non-response was quite high in this survey, particularly for the requested consumer counts (nearly half of the 72 responding CILs listed zero transitions, or left the question blank, in 2019, 2020, or both). This response pattern suggests that there is great variation in how CILs define, provide, and track the provision of institutional transition services. Further in-depth interviews are needed to better understand the variation and complexity of institutional transition services and how COVID-19 has impacted these services. Given these methodological concerns, readers should be careful to generalize from these findings to all CILs.

CONCLUSIONS: The COVID-19 pandemic has complicated the provision of institutional transition services at the CILs that provide these services, though emergency funding through the CARES Act provided additional federal support. But the low rate of participation in this survey, coupled with high rates of item non-response among the CILs who did participate, suggests that many centers are struggling to provide institutional transition services, and these challenges may predate the pandemic.

DISCUSSION: Competing definitions of transition services complicated our survey and likely lead to higher rates of nonresponse. A 2016 rule classification by the DHHS Administration on Community Living (ACL) defines transitions as as services that: 1) Facilitate the transition of individuals with significant disabilities from nursing homes and other institutions to home and community-based residences, with the requisite supports and services; 2) Provide assistance to individuals with significant disabilities who are at risk of entering institutions so that the individuals may remain in the community; or 3) Facilitate the transition of youth who are individuals with significant disabilities, who were eligible for individualized education programs under section 614(d) of the Individuals with Disabilities Education Act , and who have completed their secondary education or otherwise left school, to postsecondary life. Our questions were about the first kind of transition services, but CILs may have only provided the second or third kind of transition services.

In follow-up interviews with select CIL program administrators, interviewees suggested that successful institutional transitions required dedicated staff, funding, and community resources, while helping to prevent institutionalization and providing guidance to young adults with disabilities was less labor intensive.

Additionally, the CIL program administrators indicated that clarification was needed to define institutions in the survey because some CILs provide transitions from specific institutional settings due to funding requirements and limitations.

SURVEY FINDINGS

1. Sources of transition assistance

Successful institutional transitions may require a complex bundle of support services, and some CILs will partner with other organizations, including nursing homes, hospitals, and local area agencies on aging (AAAs), to provide these services. In our survey, CIL administrators reported that they most frequently assisted with rent, utilities and transportation (see [table 1](#)). However, well over half of respondents did not answer this question, suggesting that they may not be actively engaged in facilitation of transitions from institutions to the community.

Table 1. Provision of transition support services by CILs and other community organizations (n=72).

<i>Which of the following services does your CIL provide, and what services do other organizations in your community provide ?</i>	CIL	Nursing home or hospital	AAA	Other organization	Not provided	Blank
Rental assistance	19.4%	2.8%	0.0%	12.5%	2.8%	62.5%
Utilities	19.4%	0.0%	0.0%	13.9%	2.8%	63.9%
Transportation	18.1%	0.0%	0.0%	1.4%	19.4%	61.1%
Food assistance	16.7%	0.0%	0.0%	8.3%	9.7%	65.3%
Legal assistance/guardianship	16.7%	0.0%	0.0%	11.1%	9.7%	62.5%
Personal assistance	15.3%	0.0%	0.0%	8.3%	12.5%	63.9%
Durable medical equipment	15.3%	1.4%	0.0%	8.3%	1.4%	73.6%
Furniture and household items	15.3%	2.8%	0.0%	9.7%	1.4%	70.8%
Personal protective equipment	13.9%	0.0%	1.4%	12.5%	4.2%	68.1%
Telecommunications/internet	12.5%	0.0%	0.0%	12.5%	13.9%	61.1%
Outpatient medical care	12.5%	0.0%	4.2%	12.5%	11.1%	59.7%
Rental security deposits	11.1%	0.0%	0.0%	0.0%	19.4%	69.4%
In-home therapies	11.1%	0.0%	2.8%	23.6%	0.0%	62.5%
Transitional housing	9.7%	5.6%	5.6%	20.8%	8.3%	50.0%
Assistive technology	9.7%	0.0%	2.8%	13.9%	9.7%	63.9%
Home modifications	9.7%	5.6%	0.0%	19.4%	2.8%	62.5%
Supported case management	8.3%	0.0%	1.4%	12.5%	19.4%	58.3%
Peer support	6.9%	4.2%	1.4%	9.7%	6.9%	70.8%
Other	12.5%	2.8%	2.8%	22.2%	1.4%	58.3%

2. CIL funding sources for transition services

CILs identified the CARES Act as the most important source of current transition services funding, followed by other state funds, the SNAP program, and Section 8 housing (see [table 2](#)).

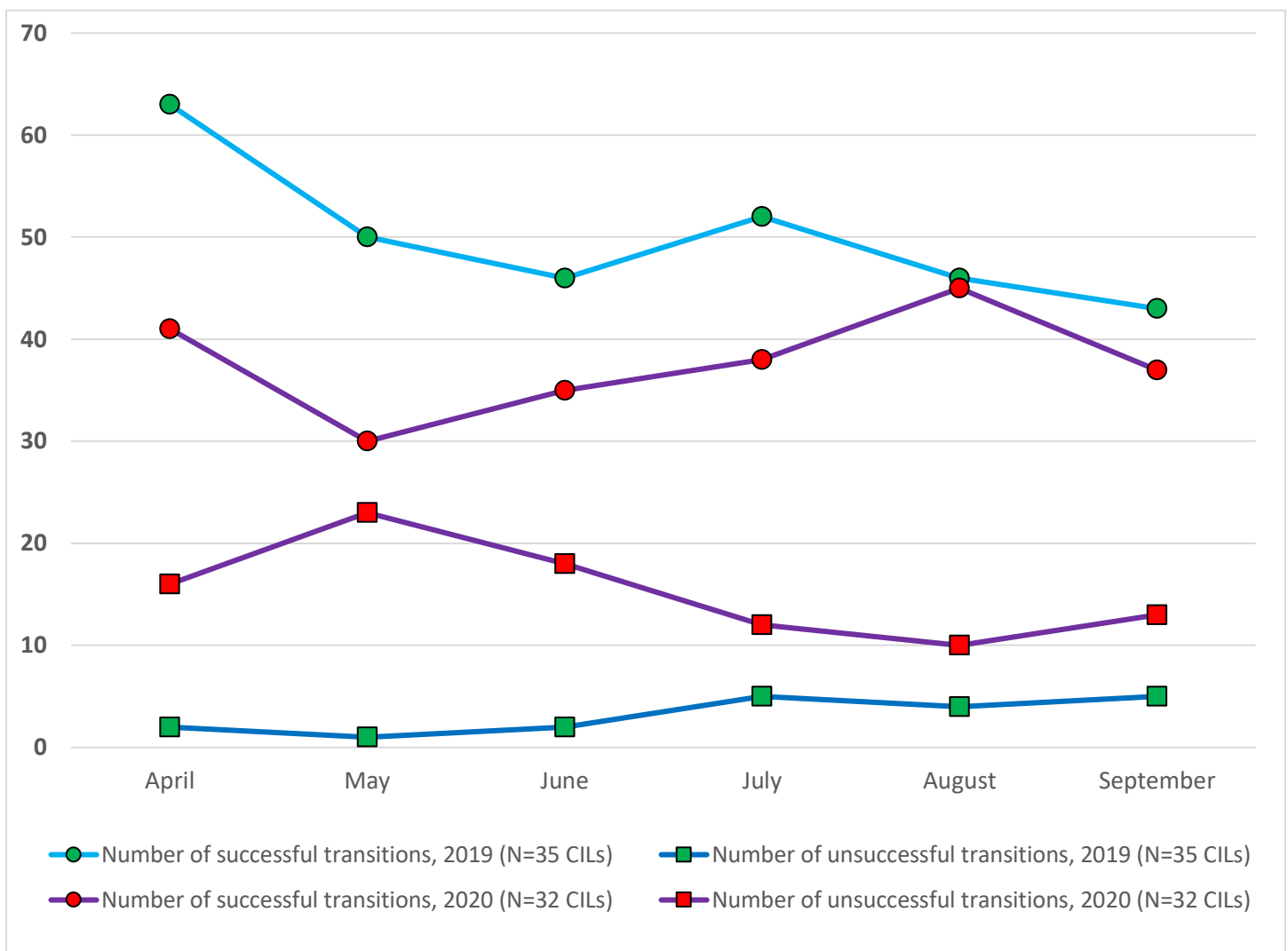
Table 2. Funding sources for institutional transition services (n=72).

<i>How does your CIL fund transition services, and how important are these funding sources?</i>	very important	somewhat important	not important	not provided	blank
CARES Act funding	56.9%	13.9%	2.8%	6.9%	19.4%
Other state funds	55.6%	12.5%	0.0%	6.9%	25.0%
SNAP or food stamps	54.2%	5.6%	4.2%	11.1%	25.0%
Section 8 or 811 PRA voucher	47.2%	6.9%	2.8%	13.9%	29.2%
Money follows the person	44.4%	6.9%	1.4%	25.0%	22.2%
TANF	36.1%	15.3%	4.2%	16.7%	27.8%
Charitable donations	36.1%	25.0%	2.8%	8.3%	27.8%
Targeted case management	34.7%	15.3%	2.8%	19.4%	27.8%
Other Medicaid	33.3%	19.4%	4.2%	20.8%	22.2%
Personal or family income and assets	26.4%	20.8%	8.3%	16.7%	27.8%
Managed care organizations	23.6%	18.1%	8.3%	26.4%	23.6%
Other	12.5%	5.6%	0.0%	9.7%	72.2%

3. Number of successful and unsuccessful transitions before and during the pandemic, April-September 2019 vs. April-September 2020

The number of successful transitions declined during the pandemic: Overall, CILs reported more successful transitions, and fewer unsuccessful transitions, in 2019 (the blue lines) than in 2020 (the purple lines). However, nearly half of CILs did list any transitions in 2019 and/or 2020 (see figure 1).

Figure 1. Successful and unsuccessful transition counts before and during the COVID-19 pandemic (N=35 in 2019, N=32 in 2020)



4. Impact of COVID-19 on likelihood of successful community transition, and impact on cost, time, and administrative complexity of transitions

Respondents were split on whether the pandemic increased or decreased the likelihood of successful transitions, with some CILs noting that new funding was helpful, but others suggesting that the cost and complexity of providing services during the pandemic reduced the likelihood of success (see [table 3](#)). However, about a third of CILs did not answer these questions.

Table 3. *Impact of pandemic on transition outcomes (n=72).*

<i>How has the COVID-19 pandemic affected...</i>	a lot more likely	somewhat more likely	no difference	somewhat less likely	a lot less likely	blank
The likelihood of successful transition?	12.5%	20.8%	4.2%	16.7%	12.5%	33.3%
The cost of successful transitions?	15.3%	22.2%	26.4%	1.4%	2.8%	31.9%
The time needed for successful transitions?	37.5%	22.2%	4.2%	1.4%	1.4%	33.3%
The administrative complexity of successful transitions?	31.9%	23.6%	8.3%	2.8%	0.0%	33.3%

5. Pandemic-related barriers to successful transition

When asked about how the pandemic impacted successful transitions, several themes emerged (see [table 4](#)). First, respondents indicated they had difficulty gaining access to clients in facilities. Visitation to nursing homes was limited due to COVID safety protocols and CIL staff had to find other methods to get in touch with consumers such as, Zoom, window visits, and FaceTime. However, these solutions often proved difficult during the transition process as one respondent said, “if the resident left to obtain photo ID or to get a birth certificate, they were quarantined for two weeks to their room, which affected our communication via zoom meetings and telephone calls.”

Respondents also indicated that lack of affordable and accessible housing impacted their ability to transition clients out of nursing homes. According to one respondent, “[housing] was an issue before the pandemic, but it has magnified tremendously since the beginning of the pandemic. Those who had families to go home to were gone early on, without the aid of transition services. Those that have remained in facilities are largely the ones with no housing options.” Some respondents also indicated that housing availability may have been limited by the pandemic protections against evictions which limited the fluidity of the rental market.

Another barrier to successful transitions was hiring staff to support clients in their homes post transition. As one respondent noted, “we experience difficulties finding direct service workers during this time. Many did not want to go into people’s homes because they were worried about contracting COVID.” Other respondents pointed to low Medicaid reimbursement rates as a barrier to hiring staff, especially when it may be possible to receive more money from pandemic unemployment compensation.

Finally, respondents reported that the community services they typically relied upon during transitions were disrupted during the pandemic. This includes social security offices, transportation and shopping. One respondent stated, “legal offices being semi-closed or making it more difficult to obtain legal documents required by community sources to even apply for services such as subsidized housing or home-based community services.” In addition, public transportation was running on reduced hours in many places, and it was difficult to shop in person for household items that were needed for the transition. Many respondents reported using online shopping in order to meet client needs.

Table 4. Open-ended question responses regarding barriers to successful transitions (n=42).

CIL location	open-ended responses
Little Rock, AR	The safety complication. Intake interviews were conducted by telephone or Zoom, due to the safety requirements of the Arkansas Health Department and the CDC.
Chico, CA	Communication in our rural area has been more complex during COVID due to local lockdown. As a result, our agency typically helped post-transition with items such as DME, PPE, and food security. These are not services we typically would provide to the community; we have morphed our agency services to assist where required at the risk of stepping on the boundaries of true independent living core services.
Eureka, CA	<p>The greatest barrier I have experienced during the COVID 19 Pandemic is the loss of community services and supports that were once in place. For example, the Public Health Nursing Program was discontinued. A lot of programs were cut which were essential for consumers when they were making a transition.</p> <p>The loss of care providers on the In-Home Supportive Services program who didn't show up for work because they were scared of the virus. Also closing the nursing homes and not allowing Transition Coordinators to come in when the county was in the purple tier was the biggest barrier.</p> <p>Even when the county went into a red tier it was hard to go into the nursing home. You have to get tested every Monday and wait till Wednesday to get your COVID test back. Then you had to wear PPE gear just so you can see the consumer. I have 5 Rehabilitation facilities to visit, and I was told I could only go into one. I had to pick the nursing home I have the most consumers in. To overcome these barriers, I went and got tested every week. I would wear the PPE gear. I went and got my vaccination so I can go in to assist our consumers. I keep a close connection and relation with the Social Worker.</p>
Hayward, CA	An inability by ILC staff to meet with residents in nursing homes.
Riverside, CA	The greatest barrier has been affordable housing. Although in this particular case all of the transitions we have been asked to do were successful, mostly because people that we have transitioned already had homes to go to. I have had the most problems when asking to transition someone out of a nursing home when they do not have a family to go home to.
Santa Barbara, CA	We were a part of the CCT program in California. mXerox and the process in which they declined billings (even though they had been approved expenditures) forced us to let go of our dedicated Transitions staff member. Now it is up to staff to work through a transition process as best they can and as time allows. When we had a dedicated staff person we could transition around 5 people each year. We don't have staff that goes into SNF's to do the outreach to promote the services. We also don't have funds to purchase all that is required once CARES funding goes away.
Denver, CO	<p>People being stuck in nursing homes with no way to talk to people or get out during COVID.</p> <p>False reporting of deaths in SNFs by administrators.</p> <p>Access to housing.</p>

Durango, CO	<p>We have not been allowed into nursing homes.</p> <p>We have only 1 FTE doing these transitions, and 2 people left us for personal reasons.</p> <p>There is no extended intensive case management available.</p> <p>People have gone for months without home health care.</p> <p>Two people hospitalized after moving out were told they had to go back to the nursing home.</p> <p>We have not been paid promptly by Medicaid.</p> <p>Very limited choices in accessible housing on a bus line.</p> <p>Very limited training by Medicaid on program requirements and billing processes.</p> <p>We basically ended the program on 01/2021 when our last transition coordinator left.</p>
Grand Junction, CO	<p>Quarantines at nursing facilities keep us from getting original signatures from Consumers. They do not allow us to shop as easily for household goods until the very last minute. Protocols have lengthened the times required to accomplish simple tasks especially in rural areas such as ours.</p> <p>Some benefits are the ability to conduct Zoom meetings does make the process a little easier for Transition meetings but there is still plenty that should be done in person.</p>
Greeley, CO	<p>The process of coordinating transitions has got much more difficult. The primary reason is not being able to meet directly with the consumers. So, awareness of us doing transitions is less because other residents in skill nursing facilities are not aware of our services. When the residence sees someone else transitioning out of the care facility they are more likely to inquire with the social worker or resident themselves. The word-of-mouth factor is less when using Zoom and other communication alternatives such as conference calls.</p> <p>In 2019 we had five transitions throughout the whole year. In 2020 we had three transitions. It would have been figured that more referrals occur during the pandemic taking into account the mortality rate. In general transitions has been quite a bit slower for the year 2020 & so far in 2021. The other factor is the fact that one consumer died of COVID before we were able to transition them out into the community.</p>
Key Largo, FL	<p>Communication with Key personnel of the institution. it was very limited of what I can do about it. COVID made remote communication very difficult many people don't respond to emails or phone messages or take longer to get a response to resolve issues.</p>
Rome, GA	<p>Lack of available housing. This was an issue before the pandemic, but it has magnified tremendously since the beginning of the pandemic. Those who had families to go home to were gone early on, without the aid of transition services. Those that have remained in facilities are largely the ones that have no housing options.</p>
Hilo, HI	<p>Housing became very limited as no one moved due to Rent protection.</p> <p>Agencies shut doors and staff working from home. They are often hard to reach.</p> <p>Even agencies and businesses that stayed open were often shorthanded and very hard to reach by phone.</p>

	<p>Consumers unable to do face-to-face appointments which translated to having to use technology that was not available to them and prolonged /canceled the process.</p> <p>There was no transportation to and from appointments.</p> <p>We provided transportation to consumers. We did most intakes by phone, mail, and e-mail. We scanned signed applications from consumers and e-mailed them to recipient agencies. We did much of the contacting of service providers on behalf of isolated consumers.</p> <p>We provided PPE to people in general.</p> <p>Our office kept working during the lockdown and the pandemic.</p>
Bloomington, IL	<p>It was difficult at first to think differently and find new ways of completing tasks. Before transition, there have been more e-mail contacts with nursing home staff and consumers. Have completed mostly video and phone calls with the consumer before transition. Completing applications over the phone and lots of scanning or using mail to complete necessary applications and obtain signatures. I have completed video tours with consumers for units and have also requested photos and tours to be provided by management. I have also assisted with transporting lease signing paperwork and completing outdoor visits with consumers for lease and Personal Assistant Paperwork.</p> <p>In regard to household needs, consumers have not been able to come with on shopping trips, but I have made accommodations doing shopping with them on Amazon.com & Walmart.com, also taking photos and provided detailed descriptions of household items, furniture, and DME so that they can be involved in this process.</p> <p>Post transition, I usually do one or two in-person distanced visits, but then arrange for them to have video calls per the usual post-transition schedule. Overall, most transitions during times of COVID have gone great, they just take a different way of doing things and at times a little more time to get things done.</p>
Bourbonnais, IL	<p>No visitors are allowed at Long-Term Care facilities.</p>
Carbondale, IL	<p>While Universal Precaution is always important dealing with the pandemic has restricted transition (in-person activities), to overcome this barrier staff meets with consumers and others by telephone, and virtually when possible.</p> <p>During the Pandemic staff has utilized online ordering more and delivery services more (which can at times present increased cost). During the Pandemic Consumers are lacking socially and tend to rely on contacts from CIL Staff more, Staff would make more contacts when necessary whether virtually or by telephone.</p>
Forest Park, IL	<p>Reaching our PA goals under personal assistants' recruitment. And also providing Fast Track services. socializing is something our consumers miss a lot.</p>
Joliet, IL	<p>With people working from home, it was a bit harder to get a hold of people. Big staff turnover at the nursing homes. Had to be reacquainted with the social workers.</p>
LaSalle, IL	<p>The greatest barrier was talking with the consumer over the phone versus in person.</p>
Rockford, IL	<p>Having open housing. Managers were not able to evict so housing stock was not moving.</p>

	<p>With no visitors in nursing homes or facilities it was difficult to get forms signed, housing applications completed and such.</p> <p>Have several waiting on SSI/SSDI determinations, taking a lot longer.</p> <p>Getting MCOs to complete service plans takes more time as they are not in the office.</p> <p>At times getting the Department of Rehab to complete DONS and getting the information into Webcam and confirmed so MCO can do service plans.</p> <p>Getting PA hired, interviews over the phone not in person, getting person transitioning to sign PA employee packet, getting PA to complete employee packet, and then having the PA to get to CIL to emails to DRS as they were/are not in office on regular bases so to get PA signed up faster, CILS had to assist.</p> <p>At times finding furniture, household items and food was challenging as stores were not getting their regular shipments.</p> <p>Getting SSI/SSDI changed from nursing home to CSR once transitioned to pay bills as SSA was working remote.</p> <p>Getting transportation from nursing home to new housing as many transits were not running full hours.</p>
Springfield, IL	<p>Nursing homes had large numbers of residents with COVID-19 including nursing home staff. SCIL staff who did transitions were fearful due to their own disabilities and contacting COVID-19.</p>
Swansea, IL	<p>Nursing homes (NH) not allowing residents out for business matters or the threat of involuntary discharge if they left the facility for any period of time.</p> <p>Legal offices being semi-closed or making it more difficult to obtain legal documents required by community sources to even apply for services such as subsidized housing or home-based community services.</p> <p>Home service programs taking longer to start up due to COVID. Obtaining evaluations and communication was delayed.</p> <p>Strategies-Advocacy, resident's rights. It had little effect. Local NH was not willing to put up new policies for residents to leave and come back into the facility due to fear of catching COVID while out. The sad thing about that was their staff was more likely to bring it in and spread it to multiple residents. The resident wanting to leave for a few hours could have been isolated once returned to the facility and tested on a needed basis. They were locked up for no reason as most NH caught COVID and staff were the source of contamination.</p>
Lawrence, KS	<p>House availability has always been an issue in our area for many reasons. It has been even more difficult during COVID. We continue to participate in the county wide COVID network to try and find options for individuals and to work with community partners to assist with transitions and consumer needs during this time. We also experience difficulties finding direct service workers during this time. Many did not want to go into people's homes because they were worried about contracting COVID. We continue to assist with getting direct service workers vaccinated through our local health departments and have had success with partnering to make this happen.</p>

Ann Arbor, MI	Working from home and not being able to do in person assessments with consumers. We have been able to streamline the process by doing phone assessments. Transitions have been hard; however, we have been utilizing on-line shopping for needed items and having items delivered to the consumers door.
Mankato, MN	Our Center has made no transitions during the pandemic. People have been placed in institutions for their "safety", some have returned home due their plan before going in.
Springfield, MO	<ol style="list-style-type: none"> 1. Client's ability to contact Social Security once transitioned out of the facility. 2. Social Security updating information quick enough that the client would receive their SSI, SS or SSDI soon enough to pay rent. 3. Ability to obtain specific paperwork from SS, Benefit Statements - Verification of Income, due to office closures and complications in making contact by phone. Our Program Leader MFP at the state level, contacted SS acquaintances and there was a SS representative designated to take MFP client calls once transitioned. 4. Lack of HCBS aides to meet service needs of clients. Low Medicaid reimbursement rates are causing aides to work in other higher paying fields. There is a shortage which in turn causes providers to not accept new clients. Without services in place transitions cannot happen. Advocating at the State level for Medicaid modification.
St. Louis, MO	access to nursing home residents
Viburnum, MO	<p>The greatest barriers we faced were not being able to go into the nursing homes to complete face to face visits with the consumers. We did utilize Zoom, which was effective for some. However, each nursing home had different restrictions. One for example, if the resident left to obtain photo id or to get a birth certificate, they were quarantined for two weeks to their room; which effected our communication via zoom meetings and telephone calls.</p> <p>Another scenario, the consumer did not see her apartment in person until the day she transitioned out. Everything was completed through face to face apps.</p>
Carson City, NV	We found our efforts blocked in nursing homes because of visitation restrictions during 2020.
Las Cruces, NM	Nursing homes going on lockdowns as well as much of the state. Very difficult to align resources needed to transition. NM had some of the strictest lockdown rules limiting travel and interaction. There is only so much video conferencing and technology can do. Rising costs of living expenses also factored in.
Manhattan, NY	<p>Difficult to reach/contact/access Social Workers and participants in NH Social Worker not being cooperative/helpful to help safe discharge plan (we involve Ombudsman).</p> <p>Lack of affordable/accessible housing (it's a systemic problem that needs to change) we encouraged living with family/friend as an option.</p> <p>Discharge planner/Social Worker are not well trained, understaff.</p> <p>Re/enrolling individuals into MLTC is lengthy process.</p> <p>MLTC plan not approving 24 hrs home care needed for seniors/disabled (we involve ICAN).</p>

	<p>NH coding issue, NH reluctant in helping its residents (with active discharge plan) enroll for community budgeting because of fear of not getting paid.</p> <p>NH does not provide escort/transportation to view potential apartment or to apply for 2010 application in the community.</p> <p>Lack of certified NH staff to help file 2010 E application.</p> <p>Challenge in finding NHTD/TBI Waiver Service Coordinating agency that could serve multifaceted needs of individual including housing.</p> <p>Individual in need home modification, DME/furniture which were out of stock/not available/extended delays.</p> <p>Immigration status, lack of income/documentation, lack of social/informal support in the community as a backup/safety plan for consumers.</p>
<p>Monticello, NY</p>	<p>The greatest challenge is affordable housing. We are having a difficult time finding appropriate/accessible housing that is affordable for our clients. Living in such a rural community, public transportation is extremely limited so options for housing is almost nonexistent.</p> <p>We have been working extensively with a group of agencies who have been given Rapid Rehousing funds. While we can provide rental assistance, utility assistance, and even assistance with moving costs, the key is finding an affordable place. It doesn't matter how much money is provided to a person if they can't sustain the cost after the funding ends.</p> <p>Another considerable challenge is staffing. We have vacancies and have had very little success at filling them. While our office has remained open to help during these unprecedented times, our staffing needs have increased. Finding viable candidates has been difficult at best. People are looking to work remotely, (they have anxiety about working in an office) or the base pay we are offering doesn't exceed what they are receiving from unemployment with the CARES Act subsidy.</p>
<p>Fargo, ND</p>	<p>Nursing home access. We would use window visits, with technology to zoom or Facetime with the consumers and lots more work over the computer with the agencies and nursing home. Delays due to COVID quarantines, many two week delays.</p>
<p>Akron, OH</p>	<p>Meeting with consumers was about impossible.</p> <p>Telephone, facetime, zoom, using facility staff as go-betweens were solutions.</p> <p>Consumers not being able to visit prospective apartments and other community residential alternatives.</p> <p>Google, other internet sites, were solutions. Also, we visited options and provided pictures and videos.</p> <p>Consumers were usually not able to shop for furniture, household supplies and groceries. Required quarantine upon community transitions made grocery shopping difficult. Especially in urban communities that are red-lined.</p> <p>Again, internet shopping was a good resource. Walmart and Amazon have been popular. Walmart made things very easy by gathering everything requested in one place at the same time. Center staff filled the gaps.</p>

Columbus, OH	People did not have the funding to transition to the community. Some did not have the means to move their furniture and MOBILE assisted with getting them moved in. MOBILE also assisted them in signing up for the furniture bank. Locating housing for people with a disability is difficult due to lack of accessible housing.
Lancaster, PA	The biggest barrier was being able to physically get to see many of the individuals due to COVID restrictions. We were fortunate enough to get some COVID funding and used funding for communication such as tablets, phones etc.
Williamsport, PA	Finding PAS providers with available attendants. PPE. Community partners working remotely . No access to facilities. Communication issues with consumers due to lack of access. Funding. Delivery of household items . MCOs.
Sioux Falls, SD	You could not enter nursing homes and businesses were not open or accessible.
Paris, TN	Our center is a rural center with limited accessible, affordable, and safe housing. Our area has no public transportation. Other agency resources are limited. We were lucky enough to have our listed transitions have a home to transition to.
Price, UT	Not being able to get into the nursing homes to visit with the patients. Had to rely on the nursing home staff, family members or other professionals involved to contact our agency for assistance.
Arlington, VA	Contacting people who are interested and making sure they followed up on things.
Lakewood, WA	Many of the staff from community or state organizations such as AAA and ADR started working remotely which caused a huge delay in communication which then makes our job harder with coordinating transition in a timely manner. Unfortunately, one of our participants who was in a nursing home died from COVID. It also took a while for our staff to adjust to our organization's changes in work schedule due to COVID. Eventually staff got created and some were able to do a virtual tour of an ALF or AFH for participants. Our staff continued to transition people out of nursing homes during the pandemic, but at a slower rate due to the obstacles COVID brought on.