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Money Follows the Person Rebalancing Demonstration:

Process Evaluation Year 1 June 2008-May 2009

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Introduction

A process evaluation focuses on how a program is implemented and how it operates. It is an effort to describe how the program is functioning, the services it delivers and the achievements that have been accomplished to date. In addition, it examines the various facets of the program including all of the types of people and workgroups who are involved in varying capacities. In the case of the Money Follows the Person Demonstration, a program of extraordinary complexity, this includes multiple stakeholders who are involved in the program at various levels, including administrative staff, provider agencies, individuals participating in several workgroups and those who work to transition individuals from nursing homes into the community. The information for the process evaluation of this program was arrived at by conducting key informant interviews with the various participants of the project. Questions for the key informant interviews are found in Appendix A. Information obtained for this report was based on key informant responses reflecting the first full year of operation of MFP, from June of 2008 until June of 2009.

Key informants

Twenty-two key informant telephone interviews were conducted for this evaluation. Key informants were involved with MFP in a variety of different capacities, such as administrative positions, providers, and workgroup representatives. Administrative and workgroup respondents included the MFP Program Director, co-chairs of the steering committee, one representative from each of the following workgroups: evaluation, workforce development, transition, and hospital discharge; and all five Medicaid home and community-based system waiver managers. Providers included a representative of the 24/7 Emergency Backup System, and the directors of one Area Agency on Aging, one Center for Independent Living, and one housing access agency, which were randomly chosen. In addition, using purposeful sampling, all members of two separate transition teams were also interviewed, including the transition coordinator, the housing coordinator, the case manager, and the social worker from the nursing home.

Each interview assessed the respondents' experiences regarding the MFP mission and progress, challenges and barriers, workgroups, communication, partners, achievements, supports, and systems change. Information from these interviews was used to examine the achievements, strengths, challenges, and lessons learned from the first year of the MFP program.

Achievements and Successes

Analyses of MFP administrative staff and service providers' responses identified four overarching achievements or successes in the first year of program operation:

- Launch of the program and transitioning individuals
- Increased education of the public and legislature
- Network building and collaboration
- Centralized eligibility and document sharing

Launch of the program and transitioning individuals

The launch of the program and transitioning of consumers was mentioned multiple times as a primary success. Although mentioned by respondents involved in different parts of the program, those on the

administrative side tended to focus on the launch or beginning of the program, while the focus of the providers was more on the actual transitioning of consumers, including the transitioning of more and more consumers even in the first year.

> *It's now up and running. It's been positively received with much excitement and enthusiasm. It's giving people hope.*

> *We have transitioned 60 people out into the community, let me tell you, I have been involved directly in some of the transitions, and to see that smile on that person when they first open the door to that apartment – it's priceless. It is worth all of the challenges that we have to go through to see that smile.… It is worth it.*

Increased education of the public and legislature

Another success of the program described by many respondents was education. Each participant felt that the entire process of becoming involved as a member of the MFP team was, in itself, an education. Further, they described education of the public, legislature, and those who work in the field, such as nursing home social workers, as one of the main achievements of the program. For some, this included educating the public about rebalancing and systems change.

> *Extensive education by community partners with respect to systems change and dignity of risk - informed decision making and the ability to live at home – for professionals, providers, and the community.*

> *Just basically educating people to the fact that there are alternatives for people who are extremely disabled… opportunities for them to move back into the community. I think that whether we move 50 people or 100 people, that that education has been very, very effective… The most important thing that has been achieved is the education about rebalancing.*

Network building and collaboration

Although just in the first year of the program, respondents indicated that increased networking and collaboration was already one major achievement. Enhanced collaboration led to increased communication and joint efforts, working together toward one goal. Organizations that had not worked together were suddenly partners in the larger endeavor. This cooperation and increased networking can be seen as both an achievement and strength of this project. This would not have been possible without involving multiple partners in this demonstration.

Some emphasized the increased positive working relationships between the different state agencies and waivers, while others focused on the positive cooperation between different community organizations.

> *I definitely think that [one success is] the pairing of the AAAs and the CILs. That's coming down the road anyway with the ADRCs, but we started that when we realized that [both] were also going to [have] transition coordinators. And I think that that has been a real asset. I think that [this pairing] has the CILs understand aging issues better than what [they] did know, and I think that it helped the AAAs [learn] about the disability that comes with aging.*

I think that the collaboration, the willingness to look at different kinds of services that could be utilized to help people get back into the community … The fact that you have been able to bring together different waivers that might not have communicated or collaborated before to try to come up with a unified method of dealing with all types of different population in the same manner.

Getting this many state agencies to work together on this at the same time is a major achievement.

Centralized eligibility and document sharing

From the administrative level, the most notable successes include centralized eligibility and the agreement to share all documents across the system. This represents true systems change.

I think probably the most significant changes that have occurred so far are centralized eligibility for everybody which, for us, is huge…That's huge in terms of rebalancing, and it is also a large part of what at some point would be an ADRC. It's centralized eligibility, literally, is what we are doing for everything. That's a huge systems change – probably the most significant.

It's all about streamlining the system, whether it's through a uniform application process…[or else] our consumers are at a total loss.

Strengths and supports

Strengths and supports of a program help it overcome difficulties and facilitate positive change. First year strengths and supports recognized by respondents included:

- Positive involvement of multiple stakeholders
- Diverse workgroups
- Comprehensive, effective transition teams
- Good communication

Involvement of multiple stakeholders

There are dozens of individuals involved on multiple levels, a key feature of this ambitious project. The involvement of people with disabilities in various workgroups, notably the steering committee, is indicative of the project's inclusiveness. One individual commented that involving multiple stakeholders is the very essence of any kind of major change because of the natural resistance of people to change.

I think with any major project, where you are suggesting very broad systems change, I think, that people resist change. I think that it is part of human nature. So with something this big, you have to bring the people to the table, so they know what's involved and so that they have a voice in that. So they're not just feeling like they're on the outside – that would have led to the demise of what they are trying to accomplish. I think that having multiple partners is definitely something that has kept the project moving along.

One respondent praised the efforts of the MFP staff for involving those people and organizations who have been doing this work for years, like the AAAs, the CILs, and other local level non-profit organizations.

> *A lot of the small non-profit providers that have been actively working on getting people out – you know, just by sheer force – I think that they understand the system. Keep it as community-based as possible because you'll know what is available in your community. You've already made some of those connections.*

Diverse, effective workgroups

Another identified strength of the MFP program was the number of workgroups developed to work on different facets of MFP. Workgroup assets included their variety, distinct focus, and high level of involvement. The distinct focus of each workgroup allowed each to cover different areas of the project. A common strength of most of the workgroups was a core number of diverse, engaged stakeholders representing providers, individuals with disabilities, and state agencies.

> *The meetings tend to have lots of good dialogue. I think that all of the steering committee members are enthusiastic champions of their constituencies or departments – if they are a state agency – so people will work very hard to make sure that their points are articulated and heard and understood. I think that they are lively discussions, and I think that we do the best job that we can do in terms of meeting our steering committee goals and objectives.*
>
> *We usually get together once a month. It's actually a brain-storming kind of thing. We feed off of one another; we ask questions; we use each other's expertise to figure out why we can't do things differently. It's really pretty dynamic.*
>
> *We meet monthly, which is the right frequency. I am not able to attend all the meetings, but it is easy to catch up with the minutes. I find the discussion to be open to everyone, and welcoming with regard to no wrong contributions. It is easy to participate, yet it remains focused at the same time.*

A total of thirteen workgroups or committees were identified by respondents, the Steering Committee, or the MFP Central Office. Respondents from each active workgroup were interviewed regarding strategic goals, administrative qualities, and satisfaction. These results are synthesized in Appendix B. Efforts were made to obtain minutes and agendas, or, if not available, to at least ascertain if any were distributed. Overall, the meetings were experienced as effective and positive, although some respondents were not as satisfied with the frequency of the meetings and the availability of minutes.

Each of the workgroups has specific goals. For example, the steering committee works with DSS to provide advice for the project. Workforce development is looking at ways to increase the numbers of dedicated long term care workers in Connecticut, while the transition workgroup is looking at ways to increase transitions. The hospital discharge workgroup is working towards educating hospital discharge personnel to consider alternatives to nursing home placement, and the evaluation workgroup is charged with assessing the project, including data analysis.

Successful, collaborative transition teams

Another supporting factor of the MFP program mentioned by respondents was successful transition teams. The positive results of the transition teams were largely due to all members working together collaboratively to help get a resident ready for transition. The interaction and interdependency of the team proved to be one achievement of the transition, along with the successful transition of the resident to the community.

> *I think that what has been beneficial – when you do have a team that is working cooperatively, I think that the program works quite well. This program is supposed to be a cooperative program. There is supposed to be a team of people working with each client to assure that housing is in place, the care plan is in place, the budget – takes a look at everything that the client needs when they get out in the world. And I think that when that part works, it works very well.*

> *Everybody's desire to try to see it work – that is the strength of the program. There have been issues along the way, because it is a new program, and the issues are being resolved. With any new program, there are always going to be something that comes up that nobody ever anticipated. And it's an issue that needs to be addressed based on the nature of what it entails. But my experience – I believe for the most part, that everybody that I have worked with so far is passionate about what they do and they have been working to ensure that transitions are done successfully and safely.*

Strategies found in effective teams included meeting regularly, designating and focusing on specific tasks, respecting each other's expertise, reporting on progress in the meeting in an orderly way, and brainstorming to overcome any obstacles. These came more easily to some teams than others.

> *Each team member had their own objective. I did not know everything the transition coordinator and housing coordinator was doing. We all had our own goals for the person to return to the community. I sometimes had questions. … We all took turns – went around the table and assigned a person for each issue. We did not know what exactly needed to be done until we met together. We would meet again to see how things were progressing before the client returned home.*

> *We've actually gone out on our own to obtain [this]… [They] don't always come to the meetings, although we invite them. So far, our agency hasn't benefited from [anything] that they were able to supply… I started doing my own and started looking for my own.*

Good communication

Where communication is good, goals are achieved. Whether respondents were involved in a workgroup, transition team, or a group of contractors, they agreed that meetings are an essential part of the communication process. One of the participants spoke about the training sessions provided for the transition coordinators.

> *The transition coordinators meet every month for training, and I think that is very good. Because they have the opportunity to learn from the community, from all*

of the other players, and they have the opportunity to learn from themselves too. They have a chance to share experiences. And I think that's very good that they can do that, especially since this is a whole new program.

Because of the evolving nature of the program, sharing experiences was considered paramount for the success of the program. Some of the things experienced along the way are simply unforeseen and unexpected. However, if that experience is shared with others, all of the players can benefit so that "if they were to encounter the same barrier, they would know how to deal with it instead of starting again from square one." This person went on to say that openness and understanding were essential for the program to work.

Be open-minded and be understanding – that this is a whole different program. Although you can bring your expertise and your way of doing things from other programs … But just be open-minded. But even though you bring your expertise to the table – just be open to changes and to other people's opinions. That's very important, because every individual is important in this transition program. Everybody plans an equal part from the consumer, down to the families, down to the transition coordinators to the housing coordinators and social workers, and case planner, waiver manager. I think that everyone is equally important and not that one person is more important than another, except the consumer.

Another participant on the administrative level emphasized the accessibility and openness of the people at Central Office as far as keeping the lines of communication open.

The folks at the MFP unit are very easy to reach and accessible, and we've been able to sort things out. They have come to our meetings – we now have access to each other's data bases – so they can have access to any client who is MFP and they have, in turn, given us access to people on the PCA and ABI waivers that are MFP in turn. We have really worked hard to make sure that the lines of communication are left open.

Barriers and challenges

As with any program, there are always challenges which make it difficult for the program to be effective or move forward. Overcoming or mitigating these difficulties is essential to the future success of a program. Respondents identified the following barriers or challenges to the MFP program:

- Lack of uniform understanding of project goals
- Involvement of multiple stakeholders – difficulties
- Inadequate communication
- Ineffective workgroup, trainings, and meetings
- Paperwork and bureaucracy – the downside of centralization
- Transition team difficulties

<u>Lack of uniform understanding of project goals</u>

Although diverse, the overall project goals expressed by respondents fell into two overall categories: moving people out of nursing homes and rebalancing the long term care system. Advocates and respondents more directly involved in the transition of individuals more often gave a concrete answer:

to transition a certain number of individuals currently living in nursing homes and improve the quality of life for those individuals.

> *The goal is to move 700 people out under MFP.*
>
> *Rebalancing is not as important as the opportunity for everyone to either stay at home or move back to home.*

An emphasis on the rebalancing and money saving aspects of the program was given by both administrators and providers, with a smaller number mentioning systems change.

> *MFP program is more than just de-institutionalizing over 400 people over the next two years or so. It is a rebalancing of services in the state of Connecticut towards the community-based end of things, versus institutional.*
>
> *It's the largest federal demonstration ever to come to Connecticut, although it is misconstrued as only moving 700 people out of nursing homes, but that is not the whole picture. It's really in conjuncture with multiple stakeholders to undertake significant systems change.*

Others were more skeptical of the rebalancing goal. Because the project is funded by the Center for Medicare and Medicaid (CMS) services, these respondents felt the primary goal for those at CMS is not necessarily the one of altruism, but rather one of cost-effectiveness.

> *The goal is a good one, but I don't think that [the state and CMS] are doing it because it is right for people – it's good for the budget. And if a by-product of this is that people get to live in the community, well that's great. But I don't think that that is the prime reason motivating this project…*

Frequent changes in the program or protocol that require continuous adjustment by staff members was also a barrier for some respondents. Because of the fact that MFP is a demonstration project, it is inherent in this concept that processes and procedures are in flux and constantly evolving. However, for some, this poses an obstacle.

> *It's the frequent changes in the program. I don't know how you overcome that in a demonstration. I think that is one of the largest frustrations from my staff's perspective. They don't feel like they are doing the right thing.*

<u>Involvement of multiple stakeholders - difficulties</u>

While participants noted that involvement of multiple stakeholders is a major asset to the project, it also poses a challenge. One respondent commented that some things were apt to take longer because of the involvement of such a large and diverse group of people.

> *I think that we all come from different perspectives on the committee and so we need to listen to each other, and that takes a lot of time and thoughtful comment – and all of this takes time. We all have to keep being educated because we're not living and breathing this every day, the way that the DSS staff are. We need to stop and reconnoiter.*

It's been hard to piece together. What is the role of each stakeholder? It's also hard for people to understand why an individual getting services from one agency can get different services if under a different agency. Each stakeholder has a hard time understand how other stakeholders operate.

A few respondents were not satisfied with the amount of consumer involvement at the steering committee level, indicating that those with severe disabilities are not adequately represented. Another respondent would like to see more individuals who had experienced institutionalization themselves represented on the steering committee.

[The Steering Committee is] a nice cross section of constituents that need to be involved from the disability and aging perspectives. I would like to see more informed individuals with disabilities that perhaps have experienced institutionalization themselves to be represented, but that is not an easy thing to do. We are working on it.

Inadequate communication

Some of the barriers encountered focused on other communication issues. There were concerns about the communication regarding the project's protocol. Others felt that communication was a problem primarily because of the complexity of the project, or that communication should be more structured – there should be a regular routine of who to contact regarding certain issues. Several mentioned the possibility of use of email or the internet to improve communication.

I think that if there is any criticism [regarding communication], I think that it's just because there is information overload and people are just not able to process it. Everybody could do a better job [communicating]. Unless there was some central evolving website, but that would be somebody's full time job, and they just don't have the resources for that – one spot where people could see every development.

I think that one of the problems with communication in the program is that it doesn't seem to be a set procedure or process for dealing with issues.

… improved communication and collaboration between [and] among ILCs, AAAs, housing contractors, state waiver manager, and anyone else involved in MFP is an absolute must; all must be on the same page.

I don't feel as though there is regular communication other than at the Steering Committee. I would like to know about [the program's] progress, how it is meeting its goals, objectives, how it is going on. I only hear it from somewhere else, like at the LOB. The lack of communication is very frustrating. I would like to see, to build an internal communication process within DSS, to give regular status reports. Include the progress towards goals in an e-mail sent at least to waiver managers and contractors. Right now it is nebulous.

A newsletter – even electronically – with updates on the status of the project and updates that would be important not just to the steering committee or contractors, but to anyone interested in knowing that status of the project.

Ineffective workgroups, trainings, and meetings

While supportive of the overall efforts of MFP, some workgroups, meetings, or group trainings were seen as more effective than others.

> *The steering committee is excellent – it is a very high level group of people who are working together to make change in how services are delivered to older people and people with disabilities in Connecticut. [Another workgroup] is good, but it is somewhat disorganized, I would say. It could use a little bit more direction…. there should be discussions on certain topics until that topic has been exhausted instead of just adding another topic on the same day and then just jumping around to all of the topics.*

> *To me, there have been a lot of meetings for all the different groups involved in MFP without a lot of products*.

Personality or turf issues may have contributed to this issue, although other stakeholders are able to rise above this.

> *There's turf all over the place…. And the best of the folks get beyond that. There are… varying levels of being focused on the goals, various levels of just the ability to be able to team and that skill.*

> *I think with any organization and where there is any major change, you're going to see turf come up.*

Some participants were not as satisfied with the number of meetings, wanting either more or fewer depending on the nature of the meeting (see details in Appendix B). More meetings tended to be requested by those wanting to work more closely on an issue, such as the respondent who wanted to meet at least once a month throughout the first year, explaining that there were still too many issues to work out. Another wanted fewer group meetings, explaining that they took away too much time from the transition teams working with consumers.

> *Too many meetings takes away too much time from people working out in the field.*

Paperwork and bureaucracy – the downside of centralization

Program development and centralization of functions posed its own difficulties, such as sheer amount of paper work and the possibility of micromanagement. One provider commented about the process of transition, involving too many players for just one transition.

> *It's like a lot of micro-management with the program. And everything that they do with the client has to be approved. I mean, all of these waivers have to be approved, the transition plan has to be approved, everything else. And until all of these steps are done, there is nothing we can do to make that transition really happen.*

Another respondent also commented on the amount of paperwork which is required by the state. This respondent also noted that the state was not providing a clear understanding of what information they were looking for.

I kept trying to understand what they wanted. If they did not like what I wrote in my evaluation report, they would send it back – unapproved five or six times. Even after my supervisor looked it over and said okay. Even though I knew what I was doing, they saw things differently.

Barriers specific to the transition team

Some of the challenges or barriers mentioned by individuals were specific to the transition teams and not necessarily experienced by those who functioned in different capacities in the program. These included undefined roles and responsibilities, personality differences, physical difficulties such as lack of funds, contracts not being in place when the project started, and inadequate training.

Cooperation and collaboration are necessary for the transition team to work as a unified body. Lack of clear roles and responsibilities for each stakeholder posed a barrier for the effective functioning of some team members.

[One challenge is] the fact that there is no written guidelines as far as policies… and the blurring of roles between transition coordinators, housing coordinators and care managers.

Number one would be to make sure that the coordination is really together and make sure that everybody knows the role of everybody else. And to try to make sure that people respect the skills and experience that others have in the program and acknowledge it. That's just very frustrating and I know that it's kind of a touchy feely thing, but it really can slow down the process … I think that training people on what each other's role is and to really encourage to stay in their roles.

As with any group of people, differences in personalities can take away from the effective functioning of a team. One respondent felt that some of the transition coordinators themselves were not well qualified for their positions. This person felt that the transition coordinators needed more experience in the field of human behavior.

Or they need more intense training in human behavior. They make false promises to the clients and don't observe the program limits. They also don't collaborate very well with our staff, the DSS social workers. Training in human behavior includes training in how people may react to different circumstances, how to know when you've crossed a line, knowing and acknowledging limits. They don't understand the emotional fragility of this population. It's easy to create false expectation. Then our social workers are left to clean up the mess.

However, while recognizing that conflicts occur, one respondent emphasized that these issues can be resolved or minimized by focusing on the team's common goal.,

They resolve differences by talking, and sometimes there are conflicts. … We have so many different personalities and some personalities are a little bit more difficult than others to deal with, but they try to work together. Because they know, 'Listen, I depend on you, you depend on me, we all depend on each other to transition this gentleman or this lady out into the community.' So they know that, but sometimes the personalities clash a little.

Some of the contracts and, therefore, important members of the transition team, were not in place when the project started. This also contributed to the difficulties faced by transition teams, as everyone was not in place before the program began.

> *At the very beginning … [the transition coordinators] should have some time to meet with nursing about any nursing concerns, or any concerns that the doctor has because that could be a barrier to discharge, and why go through all these meetings, if you can address those issues up front.*

Other concerns mentioned were specific to transitioning consumers, including difficulties organizing and obtaining housing modifications, inability to transport consumers, amount of travel for the transition coordinator, and inadequate funds needed to transition a consumer, as expressed by one respondent:

> *There is not funding to make it attractive, not even for a TV. So for positive mental health – even if you don't have mental health issues – you need to have physical surroundings that are positive. So more funding for that. We try to do everything like working with Salvation Army.*

Recommendations

Multiple lessons can be learned from the program's first year of experience, which can be applied as the program moves forward.

- Continue education of all involved stakeholders, workgroup members, legislature, and public, focusing on the multiple goals of MFP and the progress towards meeting those goals
- Continue efforts at communication on various levels and examine ways for improvement
- Support transition team members with education and clarification of members' roles and responsibilities
- Encourage each workgroup to examine their meeting process, goals, and progress, and adjust accordingly
- Examine ways to reduce redundancy and paperwork at all levels
- Continue networking successes by sustaining the positive involvement of multiple stakeholders

Continue education of all involved stakeholders

Education, while seen as one of the achievements of the program, is also one of the lessons learned. What made the program successful in its first year needs to be continued for the remainder of the program. Every effort should be made to continue to promote the MFP project so that more individuals can be made aware of it. Efforts should continue to reach out to workgroup members, the legislature, medical and facility home professionals, and the public, focusing on communicating the multiple goals of MFP and the progress towards meeting those goals. In addition, having a clearer and more uniform understanding of the project goals may also act to unify program participants with common objectives.

Continue efforts at communication

Good communication is a common thread among all the achievements and successes of the program. While many felt that the communication was adequate, there were a number of individuals who expressed concern about the types of communication and access to information. As a

demonstration program which is constantly evolving, efforts need to be continued to make information available to all of individuals involved in the project, as well as the public and legislature. Suggestions include increased program updates and more widespread dissemination of the progress updates and other program materials, such as meeting minutes. Although Steering Committee minutes are disseminated through email, additional efforts may be needed. These could include increasing the email distribution list, disseminating the minutes of all the workgroups, and creating an internet source for the updates, minutes, and handouts. Another way to increase accessibility and readability of the information already disseminated would be to distill it into a simple bulleted report.

Support transition team members

Clarifying the roles and responsibilities of transition team members are recommended as one important way to improve the effectiveness of the teams and increase their collaboration between team members. Increased education and training were also recommended by respondents, especially in the field of human relations, team building, and overall program goals.

Encourage each workgroup to examine their meeting process and goals

While some workgroups were seen as very effective, others were described as less focused and less productive. Suggestions include setting goals, providing minutes, creating advance agendas, assigning a facilitator, and examining the meeting process itself such as number of meetings and length.

Examine ways to reduce redundancy and paperwork

Assign more resources to meet these challenges resulting from centralization of case management and eligibility systems. Utilize the existing web-based system to reduce paperwork and simplify these processes.

Continue networking successes

Encouraging the continued involvement of diverse stakeholders will support collaboration and networking among agencies and organizations. Increasing communication and outreach to potential and current partners will facilitate this process. Continue to build on the commitment of all those involved in the project, focusing on the common goal, as stated by one respondent:

> *People really want this to work. That rises above all the difficulties. There is a lot of passion. That helps to mitigate some of the other issues.*

APPENDIX A: Key Informant Interview

Program goals

1. Please briefly describe the CT Money Follows the Person program and what it is trying to accomplish.

Role

2. How are you involved with the MFP program? (What is your role? Are you on any committees or workgroups?)

3. What has your experience been like? (How does it compare to your expectations? Have things gone as you have hoped? Is there anything you wish had gone differently, or that you would have changed about the process?)

Meetings/Workgroups/Teams

4. Who else is involved in the Workgroup? (What organizations or stakeholders do they represent?)

5. Describe the current workgroup or committee meetings. (How often do you meet? Is that enough? What are the meetings like in terms of interactions or process?)

6. Does your workgroup have a strategic work plan? (What are the workgroup's goals or objectives?)

7. What progress has the group made toward achieving those goals? What has facilitated or limited the progress of the group? What would you change?

Structure and process

8. How is the CT MFP program structured? Is there a person in charge and/or a governing body? What is their/its role? Is there anything you would like to see changed?

9. How are you kept informed about the activities of other workgroups, MFP staff, or other involved individuals?

10. Are there things you would change about the communication processes?

Partners

11. Tell us about the different organizations or groups which are working together on this program. How has involving multiple partners or stakeholders helped or hindered the process?

12. Describe the interaction between these different partners. (How well do they work together? How do they resolve any differences when working together on the program?)

13. Are there any other groups or stakeholders who should be involved in the program but are not? (Which organizations or people are you thinking of? What would they bring to the program?)

Progress

14. In your opinion, what have been the major achievements of the MFP program over the past year (since DATE)?

15. What in particular about the program's activities has worked in the past year (since DATE)? (What are the strengths of the program? What has supported or facilitated the program's activities?)

16. What barriers or challenges have you encountered in the past year (since DATE)? (What could be done to prevent or overcome these difficulties in the future?)

Program activities related to system's change

17. What MFP program activities do you feel are *most important* to promote change in Connecticut's long-term care system? (What would you recommend be included in a "Best Practice Report" on what worked in Connecticut and why it worked?)

18. What MFP program activities do you feel are *least important* to promote change in Connecticut's long-term care system?

19. Thinking about the MFP program and its role in transforming the long term care system over the past year (since DATE), what would you change about the MFP program?

20. What is your advice to other states involved with long term care systems change?

APPENDIX B: Workgroups June1, 2008 – May 31, 2009

Workgroup	Strategic goal	Meeting frequency	Agendas provided	Minutes provided	Comments
Steering Committee	"I believe that the steering committee strategic work plan.... It's perhaps a little bit less action step oriented, as it is more a body that is designed to serve and comment and provide course correction to the actual function of the grant itself."	Meets once a month. Satisfied with frequency.	Yes	Yes	"The agenda is developed by the co-chairs and Dawn Lambert ahead of time. There is a consent agenda so that reports are put in that don't have to be discussed. Steering committee members can read it, and if there are comments or suggestions they can comment on them. The meetings are well attended. There is excellent participation by a wide variety of constituencies. The meetings are especially helpful." "The steering committee is excellent. It is a very high level group of people who are working together to make change in how services are delivered to older people and people with disabilities in Connecticut." "For the steering committee, the process is pretty good. The leadership is pretty strong. There are agendas every time, produced well in advance of the meetings, there is control of the discussion by the people who are the chairs."
Contractor	No [strategic goal], my understanding is that we can share concerns and achievements and make sure that we are all on the same page." "The goal and objective is just to make sure that everybody is informed of everything that is going on and to give	Meets once a month. Both satisfied and not satisfied with meeting frequency.	Usually	No	"We meet monthly. There is usually an agenda that is drafted by Dawn or her staff. It doesn't always leave enough time for people to talk about concerns. There are a lot of updates and two hours goes by quick."

Workgroup	Strategic goal	Meeting frequency	Agendas provided	Minutes provided	Comments
	people the opportunity to air any concerns."				
Evaluation	"We have a work plan from the contract and specific objectives that need to be accomplished. It's our job to evaluate the work of the project." "I'm sure it does – but I don't know what they are, other than to evaluate the project. The evaluation plan was well on its way by the time I joined. It seems to be focused on that."	Meets once a month. Overall satisfied with frequency.	Yes	Yes	"Our workgroup meets monthly and that's sufficient....it's staffed and that's advantageous. They give ideas and we on the workgroup have an opportunity to react to materials they send, which is great. Even if I can't get to a meeting, I still have the opportunity to react and respond."
Hospital discharge	"We developed a survey that we will be handing out to discharge planners in all of the area hospitals to figure out why they choose nursing home placement and why they will choose home placement.... We're trying to stop the flow from hospital to nursing home and try to increase the flow right from the hospital to home."	Scheduled for once a month, but not always that frequently.	No	No	"I'm on the hospital discharge planning committee, which I find a wonderful committee. I really like collaborating on that. It's giving me an outlet. I've been in this role...doing long term care planning for over 25 years, so it gives me an opportunity to try to make things better." "The only thing I would have changed is that there are no minutes. We have no documentation of anything. I think that some minutes should be taken."
Housing		Met once, June 2009	No	No	"The housing meetings are those that are called by the DSS....Those meetings involve housing coordinators as well as other groups who are participating in the project.... The housing coordinator agencies, we do

Workgroup	Strategic goal	Meeting frequency	Agendas provided	Minutes provided	Comments
					communicate amongst ourselves. Not any particular meetings. We have e-mail communications..."
Nominating	From the Steering Committee consent agenda August, 2009: "In looking for additional [Steering Committee] members, the [nominating] committee looked at issues of diversity, geography, disabilities, relevant skill bases, transition experiences and clinical experience."	As needed – Steering Committee minutes indicate meet once in July, 2009.	Unclear	Unclear	
Transition	"The transition committee goal is to work on a process that is acceptable to everybody of how people are moved from the facilities into the community and as they find little barriers or bumps along the way, they are brought to the transition committee to resolve." "Having a strategic work plan for the Transition Committee is something that is needed. They need a plan – they don't have one."	Every other month	Sometimes	No	"The transition committee is good, but it is somewhat disorganized, I would say. It could use a little bit more direction.... it is extremely interesting – I would like to be involved more. I would think that the transition committee would be better to publish its agendas prior to the meeting... I think it needs a facilitator."

Waiver manager	"It is more about straightening out procedures – so we've looked at the 24/7 backup coverage, incident reporting – but it's more infrastructure – Each one of the waivers is quite different." "The strategic work plan is to continue the development and interaction of waivers under the umbrella of MFP. In the beginning, the goal was to actually develop the MFP program and protocol prior to implementation." "I'm not sure."	Was bi-weekly, then monthly, now as needed. Satisfied and not satisfied with frequency.	No	No	"It brought all the waiver managers into one room, which is a positive." "I would like to still have monthly meetings; it might help to keep everything coordinated so the waiver silos don't occur again." "It used to be weekly, or bi-weekly, now it's every month or 6 weeks. Most of the high notes of what needs to be sorted out has been done already. The folks at the MFP unit are very easy to reach and accessible and we've been able to sort things out. They have come to our meetings – we now have access to each other's data bases – so they can access to any client who is MFP and they have in turn given us access to people on PCA and ABI that are MFP in turn. We have really worked hard to make sure that the lines of communication are left open."
Workforce development	"The workforce development workgroup does not yet have a plan because it is still in the homework stage." "The ultimate goal is to enhance the workforce."	Approximately once a month. Some satisfied, some not satisfied with frequency	Sometimes	No	"Right now we're working on a mapping initiative so that we don't recreate the wheel trying to come up with recommendations that have already been made, or identify programs which are already in motion. We can build upon what's already been done in the state. Before we do that we need to get a good read on what's already been done." "We just started monthly meetings which will help. You can attend by conference call or in person. Sometimes the purpose or agenda not clear. Generally there are no minutes – sometimes outcome notes of what the next steps are."

Quality improvement		Has not met	N/A	N/A	
By-laws	This group was carried forward from the NFTP	Has not met since MFP started	N/A	N/A	
Transition coordinator training meeting*	"The goal is to transition these people into the community within 180 days...because we are supposed to do that."	Meets once a month. Both satisfied and not satisfied with meeting frequency.	No	Training handouts are provided	"[There are] too many meetings already…. I think that people may think that there are too many meetings, but once a month is fine to have it because they can share their experience. Too many meetings takes away too much time from people working out in the field."
Fundraising**		Met once in 2009	No	No	Mentioned in Steering Committee meeting.

* Technically a training meeting, not a workgroup. Included to better represent the transition coordinator and provider experience.
** A taskforce, not a workgroup. Included to represent another group effort supporting MFP.