Connecticut Money Follows the Person Evaluation
UConn Health Center, Center on Aging

Analysis of MFP cases closed between July 1, 2012 and December 31, 2012

Introduction

Money Follows the Person (MFP) aims to transition residents in institutional facilities to the community. By 2016, Connecticut seeks to transition over 5,000 residents of nursing homes and other institutions to approved community settings. To achieve this goal, it is important to enable the transition of most individuals who express a desire to return to the community. Unfortunately, CT has experienced a relatively high number of cases closed compared to cases transitioned (see Figure 2 below). Therefore, an analysis of case closures was undertaken to identify practices, service needs, and other areas in which improvements may assist the state in reducing case closures and increasing transitions. This is the second report produced from the analysis of closed cases. For the first report which analyzed closures during January through June 2012 please visit: University of Connecticut Center on Aging

In Connecticut, during 2012 cases were closed for one of the following 17 reasons:

1. Transitioned to community before informed consent signed
2. Exceeds mental health needs
3. Exceeds physical health needs
4. Completed 365 days of participation
5. Died
6. Hospitalized 90 days with no discharge date
7. Left without approved transition plan
8. Non-Demo: transition services complete
9. Nursing home closed and moved to another facility
10. Other
11. Re-institutionalized for 90 days or more
12. Withdrawal, conservator of person (COP)/Guardian requested closure
13. Withdrawal, participant changed their mind and would like to remain in the facility
14. Withdrawal, participant declines to agree with program requirements
15. Withdrawal, participant declines assessment
16. Withdrawal, participant moved to another state without MFP transitional services
17. Withdrawal, participant would not cooperate with care plan development

For the purposes of this analysis, cases closed under four closure codes were excluded: completed 365 days of participation, died, non-demo: transition services complete, and nursing home closed and moved to another facility. Also excluded were referrals from nursing home closures independent of the case closure reason.

Methods

Numerical data for cases closed, cases transitioned and new referrals was obtained through Microsoft Access queries of MFP program data stored in the My Community Choices web-based tracking system.

First we show the current status of referrals made during July-December 2012, then we compare data from 2009-12, the first four years of the MFP program. The remainder of the report focuses on all cases closed between July 1, 2012 and December 31, 2012, presenting a detailed analysis of cases closed for each of the 13 closure codes included in the analysis. We provide a further breakdown of each reason code by demographic characteristics and by which home and community-based services (HCBS) program the consumer was targeted for. We then examine transition challenges (selected by the transition coordinators from a standardized checklist) and other common characteristics among the closed cases.

Current status of referrals made during July through December 2012

A total of 640 referrals were made during this time period. As of September 23, 2013, the status of these referrals was distributed as follows:

Table 1: Status of referrals made during Jul-Dec 2012

Current Status	Cases
Assigned to Field	5
Care Plan Approved	62
Closed after transition	47
Closed before transition	248
Informed Consent Signed	61
Recommend Closure Approved	1
Recommend Closure Initiated	3
Transition Plan Approved	3
Transition Plan Submitted	9
Transitioned	201
Total	640

Of the 640 referrals between July and December, 38% (248) have transitioned and 38% (248) closed without transitioning. These 496 cases that are not currently in progress, that is they have either transitioned or closed (or both), are divided evenly between transitions and closure without transition.

Out of the 640 referrals between July 1 and December 31, 2012, 105 transitioned during that same time period. 53 of these cases were “Track 1” and 52 were “Track 2.” These cases were distributed into the different agencies and HCBS services as noted in Tables 2a and 2b. (Cases that stay Track 2 through transition are not assigned to transition coordinators, therefore 47 of the 52 Track 2 cases are assigned to ADMIN instead of a contracted agency):

Table 2a: Transitions from Jul-Dec 2012 referrals by site

Site	Cases
AASCC	5
ADMIN	47
CCCI NC	14
CCCI NW	2
CDR	2
DNEC	2
DRCFC	1
IN	3
IU	4
NCAAA	3
SR	4
SWCAA	10
WCAAA	8
Total	105

Table 2b: Transitions from Jul-Dec 2012 referrals by HCBS package

HCBS Package	Cases
ABI	3
CHCPE	4
CHCPE-AL	1
CHCPE-PCA-AB	40
CHCPE-PCA-LI	5
CHCPE-S	17
DDS-C	2
DDS-IFS	1
MH	4
MHSP	2
Other	1
PCA	9
PDSP	16
Total	105

On the other hand, 295 cases out of the 640 referrals are currently coded as closed, with 113 being closed during July-Dec 2012 and the rest during the first eight months of 2013. Out of the 113 closed cases 85 were "Track 1" and 28 were "Track 2." Many cases close before selection of an HCBS program.

Table 3a: Closures from Jul-Dec 2012 referrals by reason

Closure Reason	Cases
Transitioned to community before informed consent signed	21
Exceeds mental health needs	2
Exceeds physical health needs	5
Left without approved transition plan	7
Other	4
Re-institutionalized for 90 days or more	2
COP/Guardian requested closure	24
Participant changed their mind and would like to remain in the facility	30
Participant decline to agree with program requirements	3
Participant declines assessment	14
Participant moved to another state without MFP transitional services	1
Total	113

Table 3b: Closures from Jul-Dec 2012 referrals by site

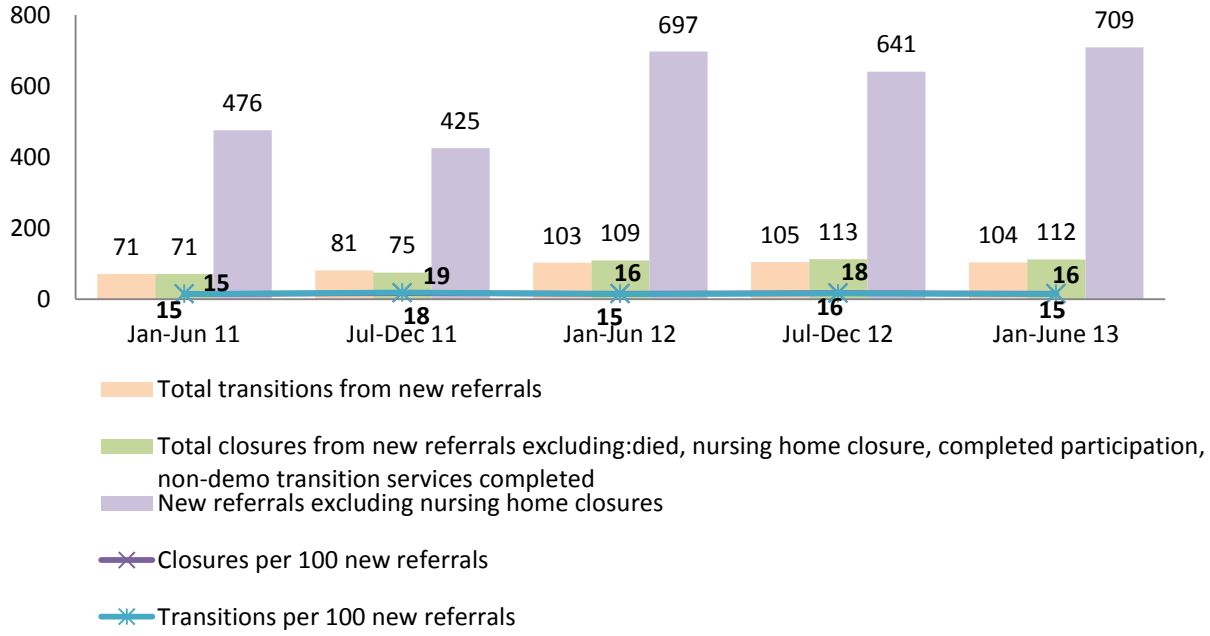
Site	Closed
AASCC	16
ADMIN	30
CCCI NC	19
CCCI NW	7
CDR	5
DNEC	2
DRCFC	1
IN	4
IU	2
NCAAA	1
SR	4
SWCAA	12
WCAAA	10
Total	113

Table 3c: Closures from Jul-Dec 2012 referrals by target HCBS package

HCBS Package	Cases
None	58
CHCPE	40
CHCPE-PCA-AB	2
CHCPE-S	3
MH	5
PCA	2
PDSP	3
Total	113

The trend for cases that transitioned and closed during the same six month period the referral was made has been similar since January 2011. It appears that 15-17% and 14-19% of referrals will, respectively, close and transition during the same six-month period when the referrals were made (Figure 1).

Figure 1: Closures and transitions from referrals of the same time period



The reminder of this report will focus on all 386 closures during Jul-Dec 2012 independent of the date of referral. As figure 2 shows, except for two time periods, Jul-Dec 2010 and Jul-Dec 2011, the number of closures has consistently exceeded the number of transitions.

Figure 2: Comparison of closures, referrals, and transitions per six-month period

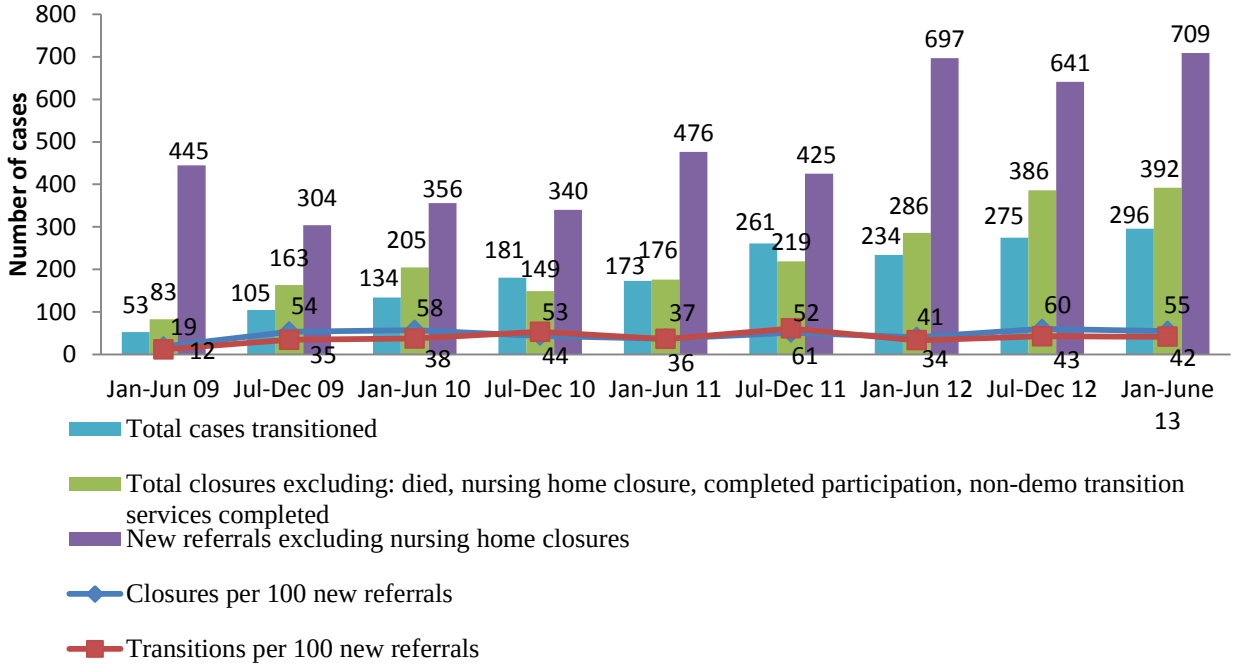


Figure 3: Comparison of percentage of closed cases by reason

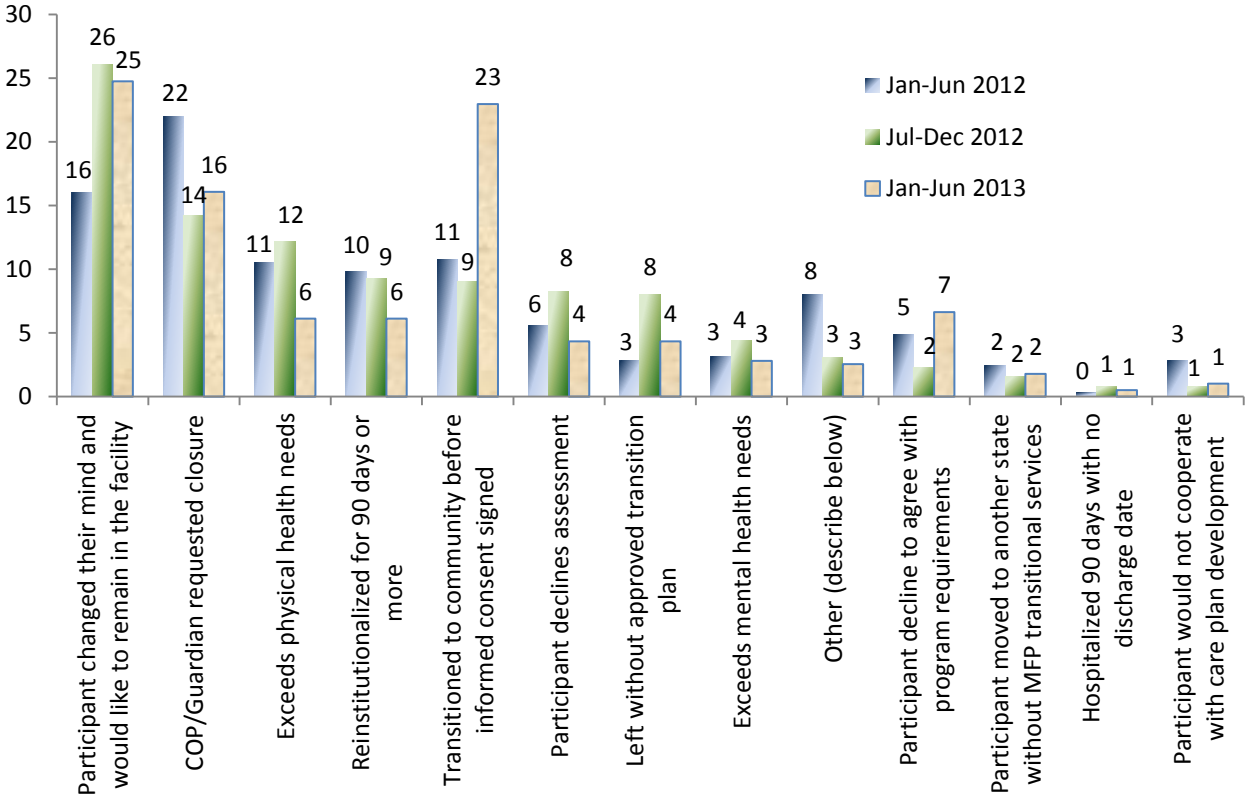


Table 4: Distribution of closed cases by waiver and reason

Reason Closed	None	ABI	CHCPE	CHCPE-PCA-AB	CHCPE-S	DDS	DDS-C	MH	MHSP	PCA	PDSP	Total
Participant changed their mind and would like to remain in the facility	46	4	18	8	7	1		5	3	7	2	101
COP/Guardian requested closure	26	3	12	2	5	1		2		2		53
Exceeds physical health needs	3	7	16	6	1	1		2	1	10		47
Re-institutionalized for 90 days or more			1	7	13		1	3		6	5	36
Transitioned to community before informed consent signed	29		6									35
Participant declines assessment	12		15					2		3		32
Left without approved transition plan	4	3	5			2		3	1	10	3	31
Exceeds mental health needs	4							13				17
Other (describe below)	6		2	1	1					2	1	13
Participant decline to agree with program requirements	1	1	3	1	1				1		1	9
Participant moved to another state without MFP transitional services	1	1	2							1	1	6
Hospitalized 90 days with no discharge date				2						1		3
Participant would not cooperate with care plan development					1			1		1		3
Total	**132**	**19**	**80**	**27**	**29**	**5**	**1**	**31**	**6**	**43**	**13**	**386**
Percent	34.2	4.9	20.7	7.0	7.5	1.3	0.3	8.0	1.6	11.1	3.4	100.0

Table 5: Closed cases by closure reason per site

Reason Closed	AASCC	ADMIN	CCCI NC	CCCI NW	CDR	DNEC	DRCFC	IN	IU	NCAAA	SR	SWCAA	WCAAA	Total
Participant changed their mind and would like to remain in the facility	11	17	8	1	5	5	6		15	4	7	7	15	101
COP/Guardian requested closure	4	5	6	6	6	2	3	5	5	1	3	4	3	53
Exceeds physical health needs	5	2	1		8	4		3	5	6	3	3	7	47
Re-institutionalized for 90 days or more	6	8	5		2	1		1	1	1	4	2	5	36
Transitioned to community before informed consent signed	7	10	3	3	1		1		3			2	4	35*
Participant declines assessment	4	9	2		6				2	4	1	2	2	32
Left without approved transition plan		5	6		2	1	1	3	4	5	2	1	1	31
Exceeds mental health needs			2		7				4		1	2	1	17
Other (describe below)	1	2	2		2		1	1	1	1			2	13
Participant decline to agree with program requirements		1			1			1	3	2			1	9
Participant moved to another state without MFP transitional services	1		1		1				1	1			1	6
Hospitalized 90 days with no discharge date									1				2	3
Participant would not cooperate with care plan development										2			1	3
Total closures	39	59	36	10	41	13	12	14	45	27	21	23	45	386
Transitions	32	62	27	3	14	9	11	7	26	17	13	27	26	274
Referrals	79	109	110	38	23	8	10	29	50	21	46	75	38	636
Ratio of Closures to Referrals	49.4	54.1	32.7	26.3	178.3	162.5	120.0	48.3	90.0	128.6	45.7	30.7	118.4	
Ratio of Transitions to Referrals	40.5	56.9	24.5	7.9	60.9	112.5	110.0	24.1	52.0	81.0	28.3	36.0	68.4	

*One case under this reason was not assigned to any site.

Transition challenges

The most common transitions challenges were physical health, mental health, waiver related and consumer engagement. Compared to the first half of 2012, the common challenges remained the same with an increase in waiver program challenges from 11% during the first half to 14% during the second half; physical and mental health challenges decreased slightly from 18% each during the first half of 2012 to 17% and 15%, respectively, during the second half of 2012; and consumer engagement challenges decreased slightly from 14% to 11%. For both time periods, the specific subcategories of the most common challenges were waiting for evaluation, application review, or response from waiver agency/contact, ineligible for or denial of waiver services, inability to manage mental or physical illness in the community, lack of independent living skills, lack of awareness or unrealistic expectations regarding disability or needed supports, and disengagement or lack/loss of motivation.

Figure 5: Transition challenges by type: Jul-Dec 2012

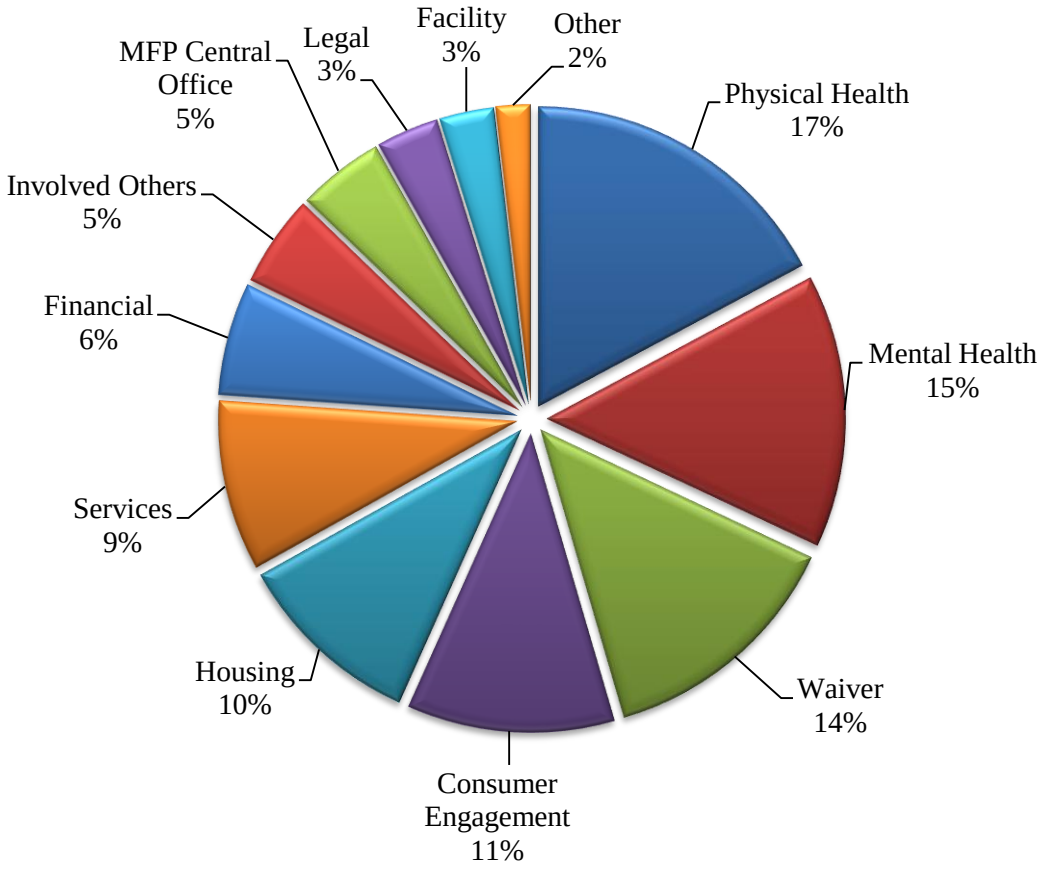


Table 6: Characteristics of closed cases: Jul-Dec 2012

Closure Reasons	Closures N (%)	Female N (%)	Male N (%)	Age Range	Age Average	65 or older N (%)	Range of number of days from referral to closure	Average number of days from referral to closure
Participant changed their mind and would like to remain in the facility	101 (26)	57 (56)	44 (44)	36-102	73	69 (68)	1-1385	242
COP/Guardian requested closure	53 (13)	27 (52)	26 (48)	35-93	71	33 (63)	2-1254	190
Exceeds physical health needs	47 (12)	23 (49)	24 (51)	30-93	66	24 (51)	16-1263	394
Reinstitutionalized for 90 days or more	36 (9)	18 (50)	18 (50)	19-91	65	22 (61)	N/A	N/A
Transitioned to community before informed consent signed	35 (9)	16 (46)	19 (54)	14-86	56	13 (37)	1-509	88
Participant declines assessment	32 (8)	21 (66)	11 (34)	49-97	72	20 (63)	6-1345	183
Left without approved transition plan	31 (8)	13 (42)	18 (58)	20-85	53	5 (16)	7-1239	370
Exceeds mental health needs	17 (4)	12 (71)	5 (29)	43-66	55	1 (1)	41-1055	307
Other	13 (3)	8 (67)	5 (33)	55-94	70	7 (54)	8-653	232
Participant decline to agree with program requirements	9 (2)	4 (44)	5 (56)	52-80	68	6 (67)	14-1417	603
Participant moved to another state without MFP transitional services	6 (2)	2 (33)	4 (67)	26-78	50	2 (33)	56-954	366
Hospitalized 90 days with no discharge date	3 (1)	1 (50)	2 (50)	54-83	67	2 (66)	305-1329	693
Participant would not cooperate with care plan development	3 (1)	1 (33)	2 (67)	59-66	62	1 (33)	768-1173	916

Analysis by closure reason

In-depth analysis of a sample of 10 cases from each closure reason (or all cases for that reason if fewer than 10) was initially conducted by using case notes from the CT MFP website. For the closure reason "COP/guardian requested closure", the initial 10 cases revealed a slightly different pattern than the first 6 months of 2012, so we then looked at all 53 cases in that category.

Withdrawal, participant changed their mind and would like to remain in the facility: 101 cases

Characteristics and Challenges: Closures under this reason accounted for 26% of overall closures. The average age of these consumers was 73 years old and more than two-thirds of these consumers were 65 years or older. 46 consumers did not apply for any waiver and amongst those who did, they most often applied for a version of the CHCPE. In five of the 10 sample cases analyzed consumers stated they were happy or had adjusted to the facility and were no longer interested in living in the community; in two cases consumers decided to put the transition process on hold and focused on improving their health (one of these consumers did re-refer and is currently working on transitioning); in at least six of these cases consumers took into account their families' support and attitudes towards the possibility of transitioning in making the decision to stay in the long term care facility.

Consumers had multiple transition challenges with the top challenges being physical health, mental health, waiver related issues, housing, engagement and services. More specifically these challenges included inability to manage physical illness in the community, dementia or cognitive issues, lack of awareness or unrealistic expectations regarding disability or needed supports, lack of independent living skills and disengagement or lack/loss of motivation, other issues include lack of or insufficient housing, and waiting for evaluation, application review or response from waiver agency and contact; finally, lack of PCA, home health, or other paid support staff, lack of transportation and other services or supports were reported as transition challenges.

> ***Case 1:*** *"[TC] spoke to client and sw today to find out what client's wishes were although daughter stated that he is not going. Client stated that he had really adjusted to facility and he is not ready to pursue independence. [TC] explained to client that process is not fast he will have time there to adjust to the fact of possibly going back to the community. Client stated to [TC] and sw that he wanted to wait to see if his ability to eat and his physical status changes because his children are out of the state and as of now he is not ready. Sw informed client that she will have us recommend to close but at the time of his next MDS in 90 days she will ask him and see if he is then ready to pursue possible discharge to the community. All parties in agreement sw informed that she may call this writer back to have referral done on resident's behalf."* ***84 year old male consumer***
>
> ***Case 2:"****This tc along with supervisor met with consumer and snf sw to discuss MFP. Consumer was asked if she wanted to participate in MFP or was happy where she is now (at snf). Consumer stated that she is happy where she is and loves it there and everyone there. Consumer has dementia and her status has drastically changed from the time her*

referral was submitted in May. Consumer's son has durable power of attorney, which includes decision making for his mother in her state of mind as it is currently. He is not in agreement for her to leave the snf." ***94 year old consumer with dementia***

Withdrawal, COP/guardian requested closure: 53 cases

Characteristics and challenges: Cases closed under this reason accounted for 13% of closures. Most cases, 29, were closed before informed consent signed and only eight cases had care plans approved before closure. Consumers most commonly applied for a version of the CHCPE waiver. Unlike the first half of 2012, where a salient theme was COP/guardians requesting closure due to fear of the level of responsibility caring for the consumer in the community will entail, a common reason cited by COP/guardians during the second half of 2012 was the current physical and mental status of the consumers, including psychiatric disorders and dementia. Most conservators felt the nursing facility offered the best care of the consumers, and that the consumers were too physically and mentally compromised to be successful in the community, even with home care based services.

Consumers' transition challenges included but were not limited to mental and physical health issues, services and housing related issues, and engagement challenges. Common mental challenges included current or history of substance abuse with risk of relapse, inability to manage mental health/illness in the community and dementia or cognitive issues. Service gaps included lack of mental health, substance abuse, or addiction services or supports in the facility or community and lack of transportation, PCA, home health, or other paid support staff. Finally, engagement issues included lack of awareness or unrealistic expectations regarding disability or needed supports, lack of independent living skills and disengagement or lack/loss of motivation.

Case 1: *"Wife explained that consumer had had a series of mini strokes TIAs. This has led to his decline both physically and cognitively. She had referred him to Money Follows the Person in September 2011. She said that at this time he was still of sound mind and hoped that with PT he would be able to improve physically. Instead, he has declined physically and cognitively."* ***90 year old male with diagnosis of transient cerebral ischemia and dementia***

Case 2: *"T/C contacted consumer's COP and explained that the consumer had been referred to MFP, which the COP was aware of and familiar with. T/C explained of the possible waivers and some of the process that can be involved. The COP has visited with the consumer at the N/F recently and stated that due to her extensive psychiatric history, escape risk, need for 24 hour supervision, and prior attempts to move the consumer into the community which have failed, the COP does not want to pursue MFP at this time."* ***65 year old female***

Exceeds physical health needs: Total cases: 47

Characteristics and challenges: Consumers in the sample for this category had similar characteristics to consumers in this category during the first half of 2012; more specifically, consumers were likely to be in need of 24 hours seven days a week care or supervision and to lack informal support from family or friends in the community. Consumers' care plans were likely to be over cost cap due to the combination of physical and mental illnesses. Notably, most consumers in the sample had very debilitating mental health illness such as delusional disorder, schizoaffective disorder, depression, bipolar disorder and others, but it was the care of their physical illness that drove the care plans over the cost limit; for example, the need for insulin injections 4 times a day, or need of supervision for spontaneous falls due to severe osteoporosis. Half of all participants in this category were 65 or older; 4 of the ten consumers in the sample size were targeted for a version of the CHCPE waiver, and the 2 for each of ABI, MH, and PCA. Most consumers 44 (93%) had informed consent signed at the time of closure but only 10 had care plans approved.

The most common transition challenge reported was physical health-related which included inability to manage physical illness/health in the community, medical testing issues or delays, and consumer being a 2-person assist for transfers. These challenges were followed by waiver related issues which included waiting for evaluation, application review or response from waiver agency/contact, and/or being ineligible for waiver due to exceeding cost cap. The third most reported transition challenges were engagement and mental health issues; engagement issues overwhelmingly included lack of independent living skills and lack of awareness or unrealistic expectations regarding disability or needed supports. Finally, mental health challenges included dementia or cognitive issues, inability to manage mental health/illness in the community and current or history of substance abuse with risk of relapse.

> ***Case 1:*** *"[TC] received fax stating that [consumer name] "does not meet criteria for MH Waiver" because her needs would be over cost cap. Met with [facility] SW, for an update… and he stated that [consumer] is going through a lot right now, including can't handle her diabetes on her own and can't be independent. He suggested that I close her file. I will bring Closure Recommendation paperwork for [consumer] to sign…Spoke with [facility staff person] and she said that this consumer has too many needs including insulin shots four times a day. There is no nursing homecare or RCF that will abide with that schedule; it is too costly. The cap will be surpassed so no transition will take place. Writer is recommending closure again."* ***60 year old female with diagnosis of diabetes***
>
> ***Case 2****: "TC visited consumer on 5/7/12 at snf. Consumer was informed that I will be working with her in her transition. TC discussed care manager recommendation of 24hrs live in PCA, consumer refuse this recommendation stating that she is able to care for herself and she wants independence. Consumer agreed to consider the live in PCA and will discuss with TC during our next visit… TC was informed on 5/8/12 that consumer's care plan exceeded DSS cost limit. TC contacted consumer and schedule a visit for 5/10/12 in order to discuss consumer options… On 5/16/12 TC visited consumer to inform her that her waiver application was denied due to her 24hrs care exceeded the cost limit. TC explained consumer that she has significant needs and it would be difficult*

to meet all her needs in the community. TC and consumer discussed her lack of community and family support and the obstacles this created for her transition. [Consumer] was disappointed regarding her waiver denied but was comprehensible of her condition." ***67 year old consumer with diagnosis of Bipolar disorder, morbid obesity and cellulitis***

Re-institutionalized 90 days or more: 36 cases

Characteristics and Challenges: Consumers in this category had an average age of 65, this category accounted for nine percent of closures. Most consumers were targeted for the CHCPE waiver or a version of it, followed by the PCA, PDSP and MH waiver. These consumers seemed to be in need of more services than the ones they received upon transition due to deterioration in health; some consumers returned to nursing facilities after having become disoriented and confused, it also seemed once consumers returned to the facility caregivers were less likely to continue to want to be caregivers in the community.

The most common transition challenges were physical, mental health, waiver and housing related issues. These challenges included inability to manage physical or mental health/illness in the community, waiting for evaluation, application review, or response from waiver agency/contact, targeted waiver full, housing modification issues, and/or lack of or insufficient housing.

Case 1: *"TC received email MH waiver clinician stating that the consumer had been admitted to St. Raphael's Hospital on Sunday (6/10) evening. Clinician states that the consumer has been confused at home and has been displaying concerning behaviors; playing with his medications, calling staff at 2 am, causing cigarette burns on the couch and being difficult with staff […]consumer's health has declined and that he is increasingly confused and forgetful and that his body seems swollen. Clinician states that the consumer is nervous about where he will go after DC from the NF as he knows he cannot manage on his own in his apartment. Clinician states that she has been working on getting consumer into an RCH but that it is more likely that he will remain in the NF long term. Clinician states that the consumer's apartment is being cleared out as he will not be returning.* ***60 year old male consumer with diagnosis of Bipolar disorder, renal failure and chronic lumbar discitis.***

Case 2: *"Caregiver reported that the consumer is lacking a home health aide. Consumer was receiving HHA services from Patient Care, but the individual from Patient Care was having difficulty lifting consumer. Caregiver himself cannot assist with the lifting because he has been having health issues. Caregiver stated that the provider agency would be needing a stronger individual but they do not have any male employees. Caregiver stated that Patient Care was going to be making a referral to another agency. Caregiver's concern is that consumer has not been cleaned/ treated properly in his bottom area so it may be chapped at this time. According to caregiver, consumer may be returning to skilled nursing home for a few days so that he can receive proper care until a male home health aide is found by the agency. Caregiver stated that he wants the home health care*

agency WILLCARE to assess consumer while he is at snf because consumer is familiar to that agency […]TC advised that this case was closed. Consumer is not eligible for MFP at this time. TC spoke with caregiver on 11/26/12. Caregiver informed TC that consumer will not care for himself if he returns to the community. It seems consumer has needs which are unclear to everyone. ***62 year old consumer with multiple physical diagnoses***

Transitioned to community before informed consent signed: 35 cases

Very limited information was available for these cases. The average age of consumers in this category was 56 years old, and the range of number of days from referral to closure was from one to 509 days. For cases closed almost a year after referral was made, a delay or failure to make contact with consumer or family was evident; on the other hand for cases closed within a short period of time from referral date a relative or caregiver advocated for a quick transition.

Participant declines assessment: 32 cases

Characteristics and challenges: consumers in this category had an average age of 72 years, 15 consumers were targeted for a version of the CHCPE waiver, while 12 consumers were not targeted for any of the available waivers, and only 10 consumers had informed consents signed. Consumers in this category refused assessment for a variety of reasons such as not being interested in moving to the community, wanting to improve health before considering transitioning to the community, family or relatives did not think transitioning was the best idea at the moment due to consumers' needs, and one consumer refused assessment because she would rather someone else benefit from the program as she felt she already had the required informal support to transition and be successful in the community. Some transition challenges were reported, mainly current physical health, lack of independent living skills, and waiver related issues.

Case 1: *"[Consumer] felt that she has her family helping her and that she really appreciate the MFP program supporting her...[Consumer] felt that that someone else could be in need of the wonderful program more than her since she knows she can make it on her own(with the grace of GOD)... inform [consumer] that we know the program would appreciate her feelings as to how she feel but if she has a change in mind before she leaves the N/F to inform us (N/F S/W and TC)."* ***61 year old female with multiple physical and mental health diagnoses including amputation, depression, and hyperlipidemia***

Case 2: *"TC had a telephone conversation with COP. TC explained to COP that [consumer] is refusing to participate in the program at this time and if she does change her mind another referral can be made. TC explained to COP that [consumer] is claiming she needs surgery and until she has her surgery she is not "appropriate" for the program. TC also stated to COP that TC will be recommending closure; since [consumer] is refusing to participate the case can't stay open. COP understood and told*

TC that if anything changes to let COP know." ***68 year old female consumer with multiple physical diagnoses***

Left without approved transition plan: 31 cases

Characteristics and challenges: This category accounted for eight percent of closures and the number of closures was almost four times higher than that of the first half of 2012 when only eight cases closed under this category. The average age of these consumers was 53 years old. The majority of consumers, 26 (83%), had signed informed consents prior to closure, 10 consumers had applied to the PCA waiver and five to the CHCPE waiver or a version of it. Consumers left without an approved transition plan for various reasons, for example, one consumer was denied rental assistance and left the facility within a week of being notified of this; other consumers left for assisted living facilities or other housing without informing the transition coordinator; another consumer was discharged to the community following a hospitalization, this consumer had an apartment in the community; other consumers had already transitioned by the time transition coordinators attempted to make initial contact. It is important to note in some cases it appears that with better contact between transition coordinator and consumer an MFP transition could have occurred, for example, in one case the transition coordinator followed up with the consumer after 13 months.

Transition challenges reported included financial, physical, mental health, waiver, housing and service-related issues. Financial challenges included lack of or insufficient financial resources and issues with SSDI, SSI, SAGA, SSA, VA, or other cash benefits. Mental health challenges more commonly included dementia or cognitive issues, inability to manage mental/illness in the community and current or history of substance abuse/dependency with risk of relapse. Lack of or insufficient housing and waiting for evaluation, application review or response from waiver agency/contact were other common challenges.

Exceeds mental health needs: 17 cases

Characteristics and challenges: Consumers were mostly conserved, conservators were cooperative with MFP, and the average age of these consumers was 55 years old. All but three consumers had signed the informed consent prior to case closure and none had care plans approved. All consumers in the sample (10) were denied acceptance into the mental health waiver due to care plan exceeding the cost cap, health and safety not being able to be assured in the community, or due to an HIV diagnosis. Three of the 10 consumers were reported to be HIV positive; two consumers had a diagnosis of paranoid schizophrenia; other mental health diagnoses included bipolar disorder, major depressive disorder, and antisocial personality disorder. All 10 consumers were deemed to be in need of 24 hours seven days a week care and/or supervision. The most common transition challenges experienced by these consumers were mental health, waiver, and MFP and service related challenges, which included waiting for assessment from DMHAS and inability to manage mental health/illness in the community. Other challenges included lack of independent living skills and inability to manage physical

health/illness in the community, lack of transportation, PCA, home health, or other paid support staff.

> ***Case 1:*** *"I spoke with the Social Services director … and facility Social Worker … about this consumer. I noted that there wasn't a waiver package that I could think of: the DHMAS waiver was denied, the MI/MH waiver had to go through DHMAS, and I didn't believe they would approve that waiver; and, he doesn't have the ADLs needed for the PCA waiver. Thus I was stymied about where to go next, and I asked for their opinion. Both couldn't advise me, although both agreed that he did require a very structured program to be successful outside the facility."* ***54 year old male with diagnosis of Major depressive disorder, Antisocial Personality Disorder, and HIV***
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> ***Case 2:*** *"After the meeting TC … called the consumer's COP to discuss her concerns for her client. The consumer's COP feels consumer needs 24/7 care. The COP remains hopeful that one day the consumer will be more compliant with taking her medications, which should help with her delusions. Presently, [facility name]'s Behavioral Health Manager recommends that [consumer name] remains institutionalized until medicinal and talk therapy improves her present condition. In the future, the TC feels [she] should reapply for MFP services. However, in her present condition this will not be possible due to the consumer's instability resulting from her psychiatric condition."* ***55 year old female with diagnosis of Paranoid schizophrenia***

Other: 13 cases

Characteristics and challenges: This category accounted for only three percent of closures during the second half of 2012. The average age of these consumers was 70 years old. Six consumers had signed informed consent and three had care plans approved prior to closure. Different transition challenges were reported including lack of services to assist consumer to move out of state, waiting for response from waiver agency/contact, lack of or insufficient housing, lack of transportation, and ineligibility for MFP. Some of the reasons these cases were closed included having applied to MFP as a backup plan in case Ascend did not approved long term stay at the facility, consumers not eligible due to having been at the facility for less than 90 days, citizenship status, wanting to go to Puerto Rico, and not being currently on Medicaid.

Participant declines to agree with program requirements: 9 cases

Characteristics and challenges: The average of consumers in this category was 68 years old. All consumers had signed the informed consent prior to case closure; only four consumers had care plans approved. Most consumers were targeted for a version of the CHCPE waiver. Consumers' cases were closed for a variety of reasons, for example, one consumer's case was closed due to noncompliance with physical therapy; this consumer was morbidly obese and needed to be able to transfer on his own before transitioning, however, he failed to lose weight within a year. Another consumer refused a neuropsychiatric assessment needed for the ABI waiver application

due to fear of being committed to an institution upon results; another consumer refused every apartment shown to her by the housing coordinator for a variety of reasons including not wanting to live close to certain ethnic groups; another consumer started to refuse food at the facility causing his health to decline and he was deemed unsafe to transition; finally, two other consumers refused to do pooled trusts to become eligible for services. It is important to note in most cases transition coordinators spent significant effort working with these consumers.

> ***Case 1:*** *"Supervisor reviewed case closure request and has met with consumer who has failed to make any progress with his weight loss goals in order to be ambulatory and move into the community. Consumer has been trying for over a year now and have failed to make progress toward any goal … [TC] went to visit w/ consumer on 11/28. TC is recommending case closure due to consumer being non-compliance w/ PT. Part of consumer's d/c plan is for consumer to be able to sit in a wheelchair and work on his in-mobility issues. Consumer is morbidly obese and is not able to neither sit up nor transfer from his bed at this time. writer had consumer complete case closure form and explain to consumer that he could always be re-refer when he feels that his ready. Consumer agreed."* ***70 year old male consumer with multiple physical diagnoses***
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> ***Case 2:*** *"Tc visited with [consumer] today. Before speaking with [social worker] at the facility, he informed me that [consumer] will not take the neuro-psych exam and this is largely due to the fact, she resists the idea and fears that this will impact her and will send her to a hospital where she will never be able to live in the community again. TC explained the purpose of the nuero-psych eval on multiple occasions and this is what she does, when this needs to be scheduled, since she said the same thing, when one needed to be done, for her to qualify for the ABI waiver. After speaking with [facility social worker] TC then went to speak with [consumer]. TC spoke with her about the need to have this eval done and specifically to qualify for the ABI services. She stated, she was not interested in taking this eval and she is not interested in being on the MFP program."* ***53 year old female consumer***

Participant moved to another state without MFP transitional services: 6 cases

Characteristics: Six cases closed under this reason; five consumers had signed the informed consent prior to closure, two were targeted for the CHCPE, and one for each PCA, ABI, and PDSP waivers. Consumers' age ranged from 26 to 78 years old with an average of 50 years old. In one case a new transition coordinator followed up with the consumer two years after last contact with previous transition coordinator to find out the consumer had moved out of state shortly after that last contact. Another consumer moved out of state after having transitioned to the community without an adequate care plan. Finally, another consumer moved to another facility out of state.

Hospitalized 90 days with no discharge date: 3 cases

Characteristics: Three cases were closed under this reason; two of these consumers were on the CHCPE-PCA-AB waiver and one on the ABI waiver. The average age of these consumers was 67 years old with a range of 54 to 83 years old. These cases were closed on an average time of 245 days after *transition* with the number of days ranging from 154 to 324 days.

Participant would not cooperate with care plan development: 3 cases

Characteristics: Three cases closed due to this reason, the cases were targeted for the PCA, CHCPE-S and MH waiver. One of the consumers was not compliant with medication and did not learn how to manage his diabetes in order to be a safe transition; another consumer was requesting 24 hour nursing and would not agree to try 24 hour live-in PCA; the third consumer was very specific to wanting to live in a private bedroom within a group home. These cases were closed in an average of 916 days after referral with a range 768 to 1173 days.

Discussion

Compared to the first six months of 2012, there was a 35% increase in closures, a 17.5% increase in transitions and an 8% decrease in referrals. The top five reasons under which cases were closed remained the same during the second half of 2012 but in a slightly different order, with the top two changing positions during the last half of 2012.

The consumers' characteristics were similar to consumers from the first six months of 2012; overall the average age of consumers during July-December 2012 was 66 years old which is only slightly younger than consumers from the first half of 2012 who had an average age of 68. The transition challenges the consumers experienced were also very similar to those experienced by consumers earlier in 2012. Overall, consumers are likely to experience physical, mental health, waiver and engagement related issues, more specifically consumers are likely to struggle with managing their physical illness, especially diabetes, which for many represents a major hurdle due to inability to self-administer insulin injections and/or inability to comply with suggested diet. Many consumers struggle with independent living skills and/or do not have a clear understanding of their abilities and needs. Finally, many consumers have mental health issues which were a transition challenge during July to December 2012 due to the lack of services in the community for this population.

It is important to note that younger and older consumer's cases seem to close for different reasons. As seen in Table 6, four categories had an average consumers' age in the fifties, while the rest of the categories had average ages in the sixties and seventies. Interestingly, except for one category, exceeds mental health needs, the other three categories with lower age average involve consumers leaving the facility: left without approved transition plan, transitioned to community before informed consent signed, and participant moved to another state without MFP transitional services. On the other hand, closure reasons with the highest age average: COP/guardian requested closure, participant declines assessment, and participant changed their

mind and would like to remain in the facility; seem more likely to include participants who will be staying at their current facility as long term residents.

Interestingly, while during the first half of 2012 COPs and relatives expressed fear of the level of responsibility they would assume upon a consumer's transition, during the second half of 2012, COPs and relatives were most likely to express concern for the consumers' safety due to their physical and especially mental conditions, even when 24 hour care/supervision was a possibility. This observation supports the conclusion from the previous report which suggested that more effective ways of addressing COPs' and relatives' concerns are needed, whether the concerns involve fear of responsibility or the safety of the consumer.

Lastly, it seems that the delay in response throughout the transition process, for example, between referral and assignment, or waiver application and response, impacted the number of closures during the second half of 2012 and during the first six months of 2013. This observation is based on the fact that there was an increase in the number of consumers who left the facility without an approved transition plan during July -December 2012, and the fact that many consumers and COP/guardians cited having adjusted to the facility or had a decline in health from the time of referral to the time when they were initially contact by a transition coordinator as their reason for withdrawing from MFP; additionally, there is a noticeable increase in the number of consumers who transitioned to the community before signing the informed consent in the first half of 2013 (Figure 3).

Conclusion

From July to December, 275 persons were able to transition to the community with to the supports and services provided by MFP; however, many who hoped to transition were not able to do so. The likelihood of transitioning may be improved by shortening the waiting periods of the transition process and by providing mental health services and supports in the community for those who need them, it is important to mention that these two issues are being addressed by planned changes in the CT MFP program. Finally, potential MFP consumers could likely benefit from individualized independent living skills training, especially health management and home maintenance, so that they are not only able to transition but also to remain in the community.