CT Money Follows the Person Quarterly Report

Quarter 2 2017: April 1, 2017 – June 30, 2017

(Based on latest data available at the end of the quarter)

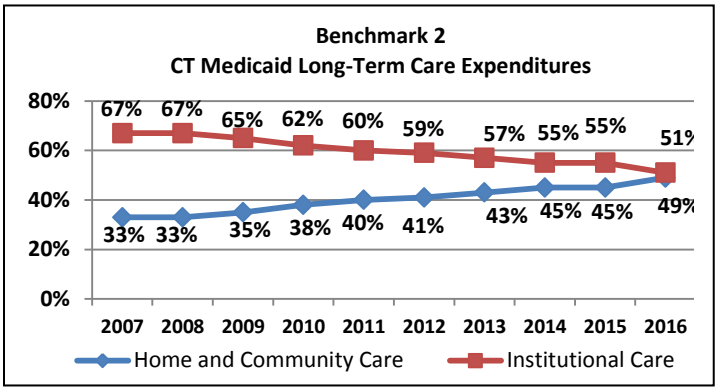
UConn Health, Center on Aging

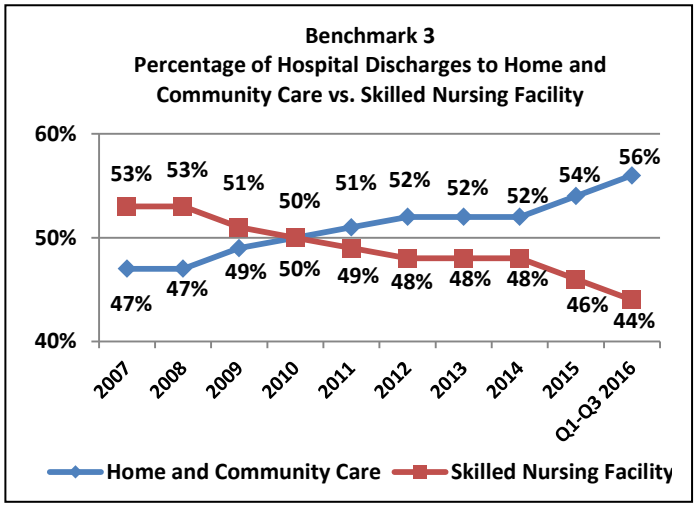
Operating Agency: *CT Department of Social Services* **Funder:** *Centers for Medicare and Medicaid Services*

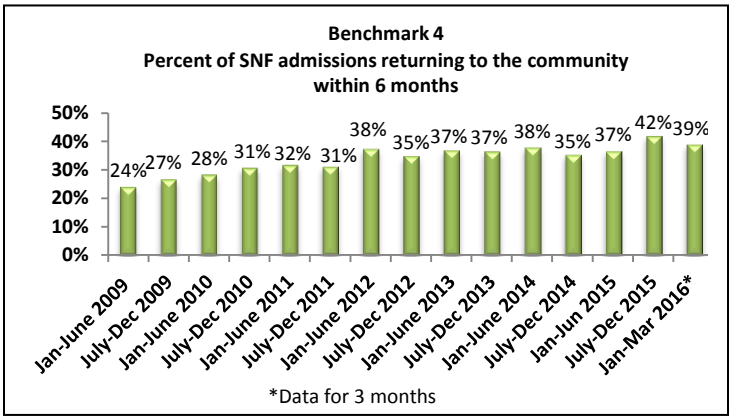
MFP Benchmarks

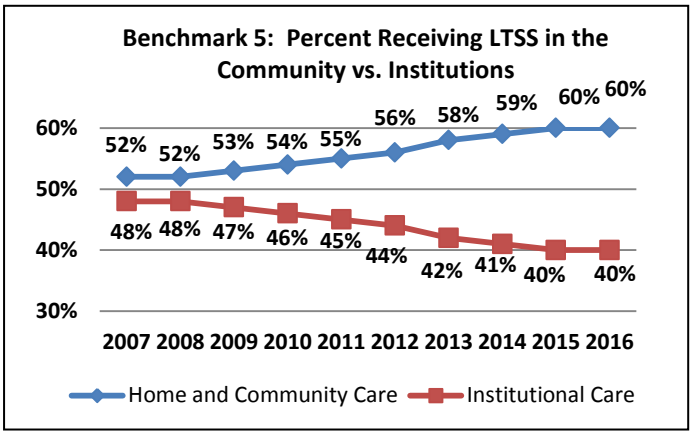
1) Transition 5200 people from qualified institutions to the community
2) Increase dollars to home and community based services
3) Increase hospital discharges to the community rather than to institutions
4) Increase probability of returning to the community during the six months following nursing home admission
5) Increase the percentage of long term care participants living in the community compared to an institution

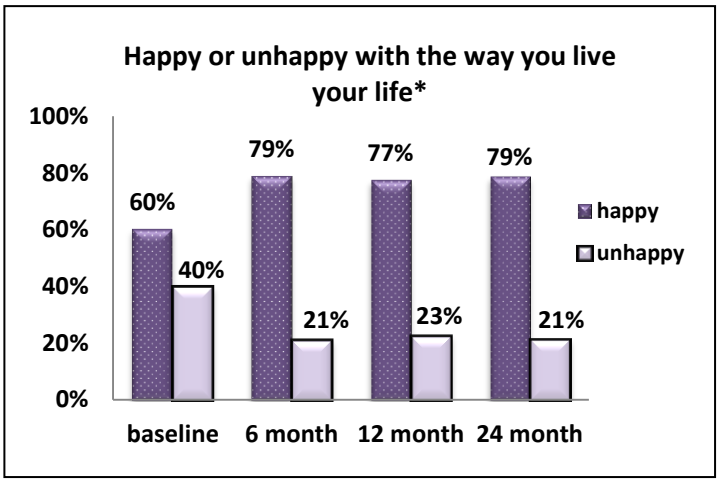
Benchmark 1: The number of demonstration consumers transitioned = 4,247 (non-demonstration transitions = 304)



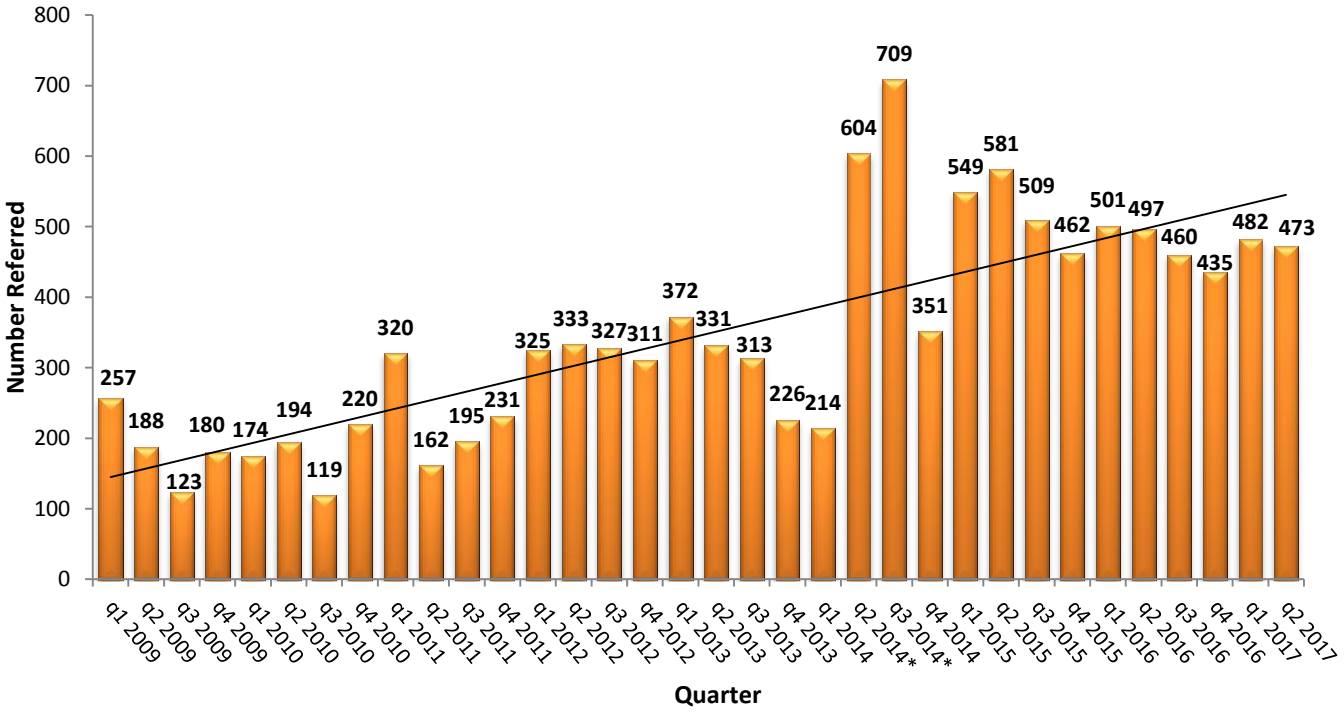






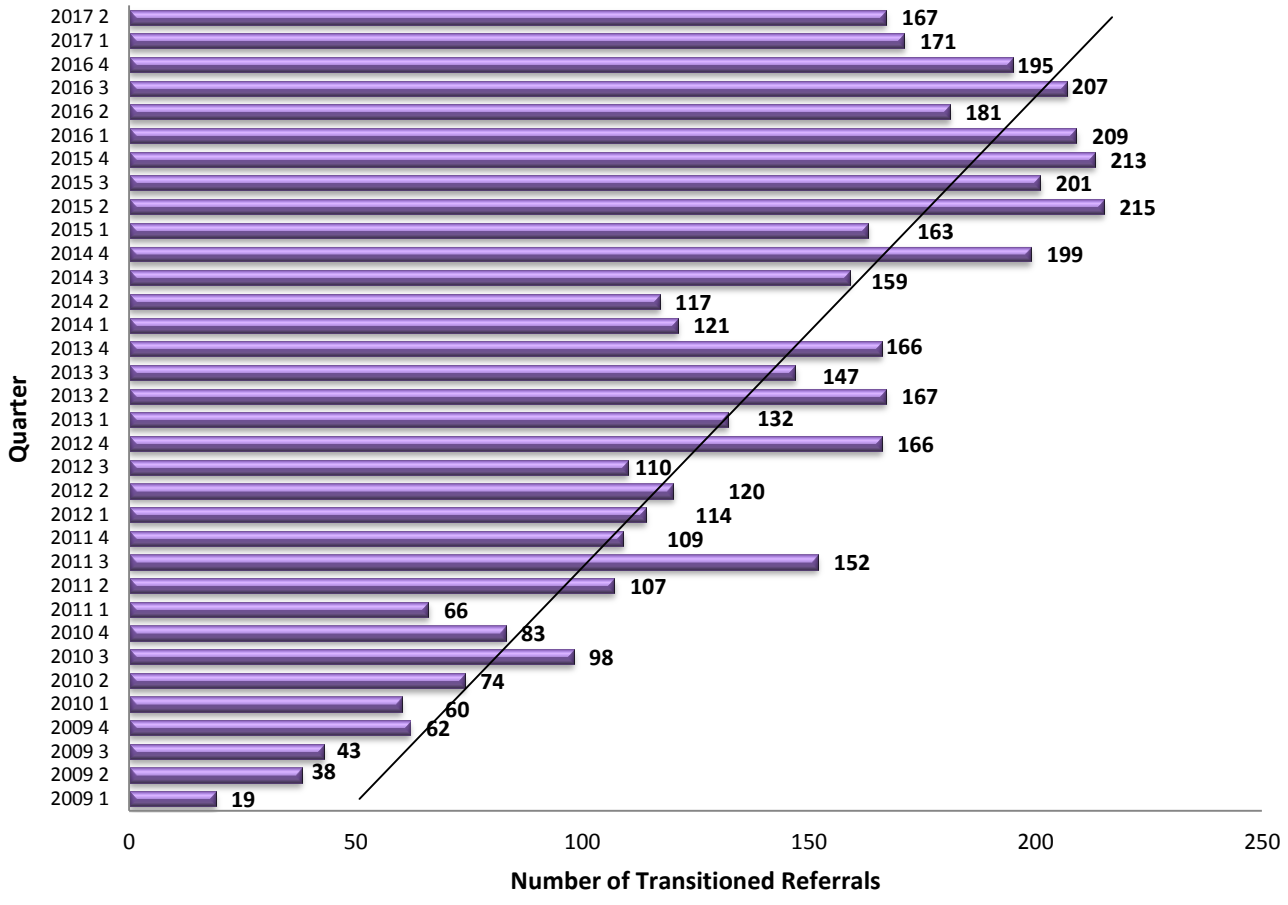


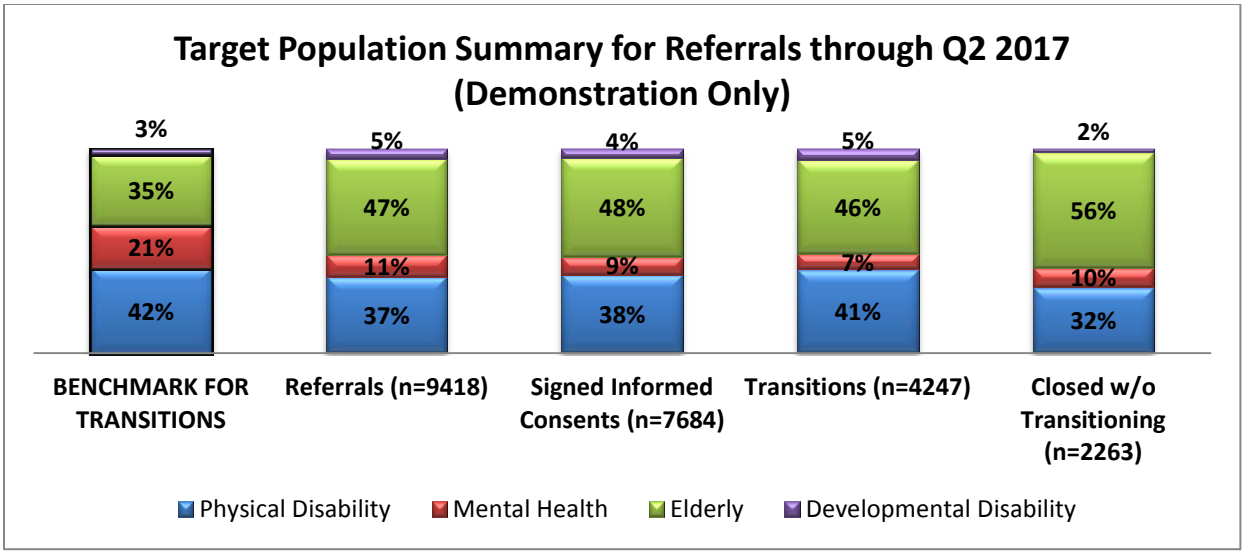
Referrals to Transition Coordinators[t]: Q1 2009 to Q2 2017

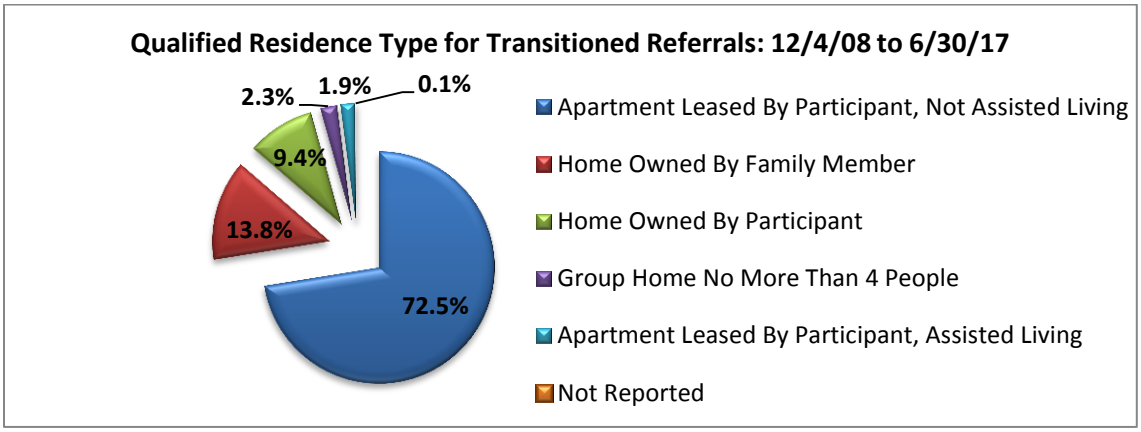


[t]Excludes nursing home closures *Increase in referrals reflects the ongoing adjustment to MFP reorganization

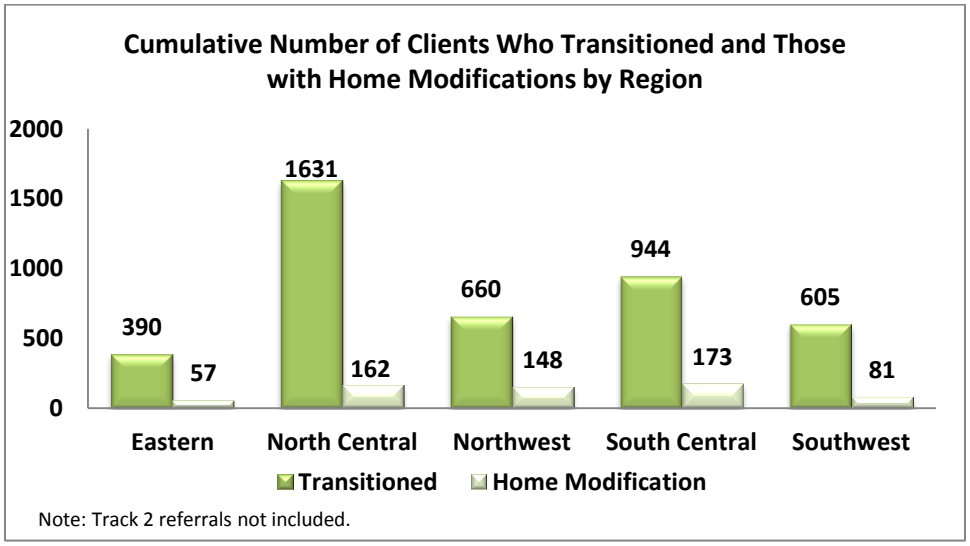
Number of Transitions by Quarter: 12/2008 - 6/30/2017

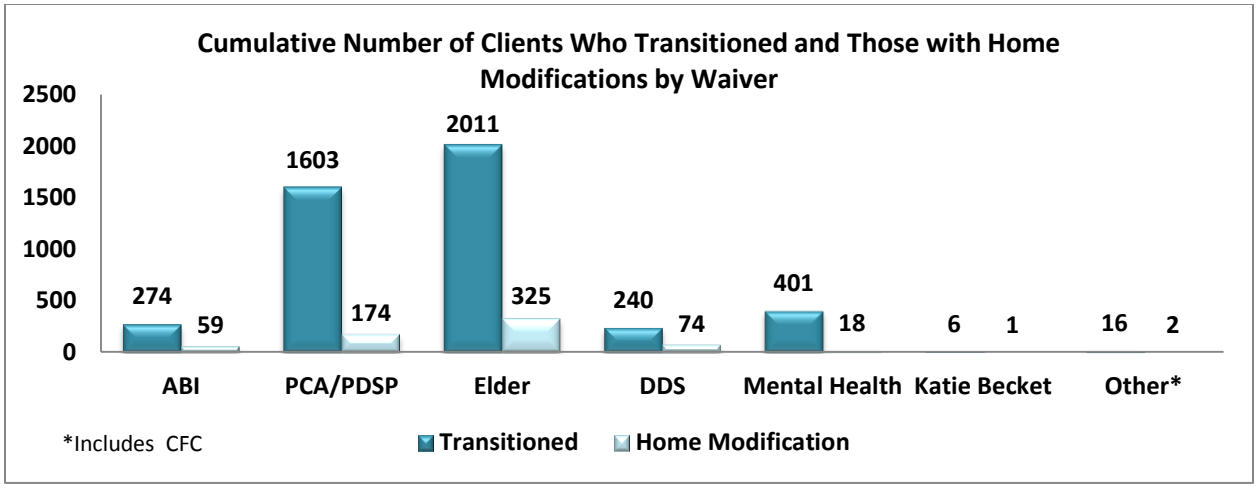


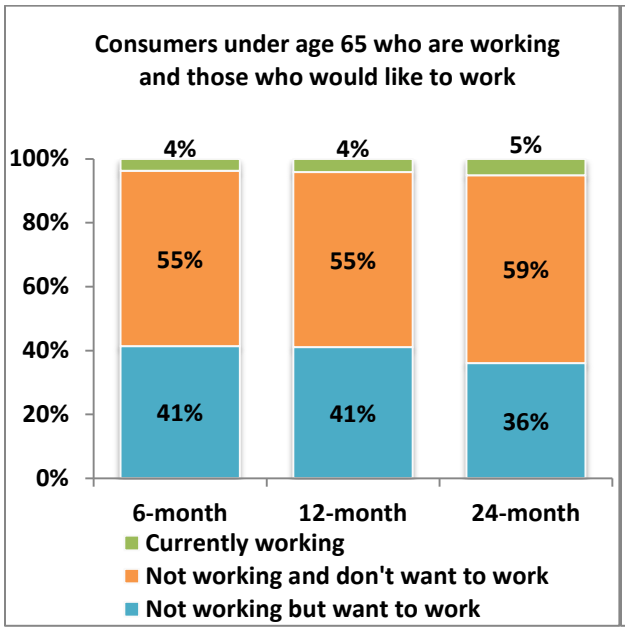


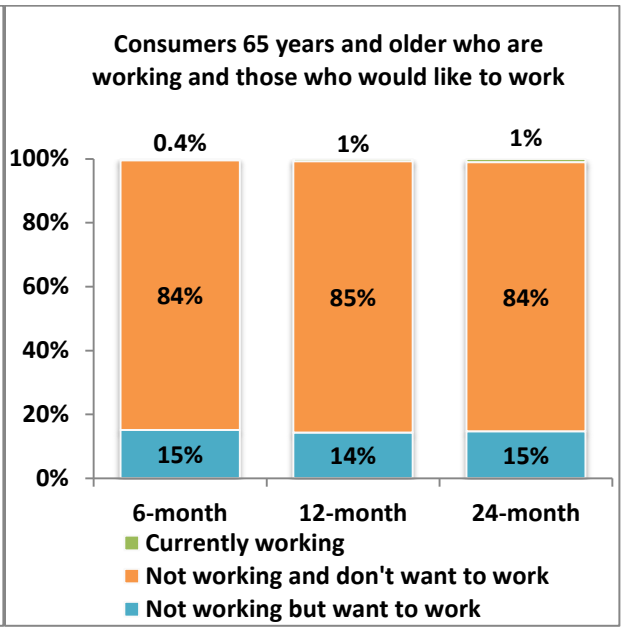


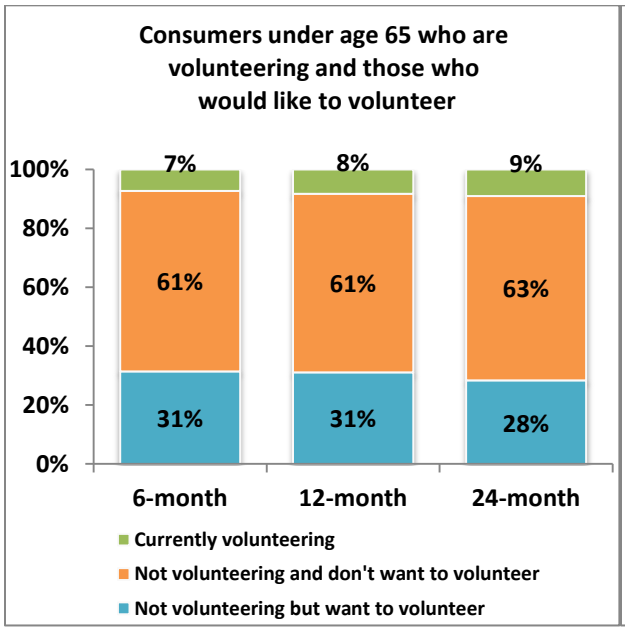
Reinstitutionalization: 13% (471) of participants who transitioned by June 30, 2016 were in an institution 12 months after their transition.

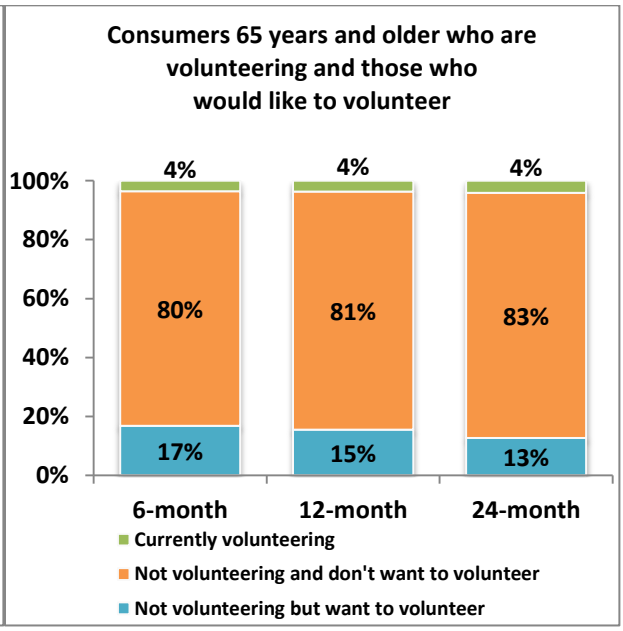



Cumulative Number of Clients Who Transitioned and Those with Home Modifications by Waiver
2500
2000
1500
1000
500
0
274
59
1603
174
2011
325
240
74
401
18
6
1
16
2
ABI
PCA/PDSP
Elder
DDS
Mental Health
Katie Becket
Other*
*Includes CFC
Transitioned
Home Modification

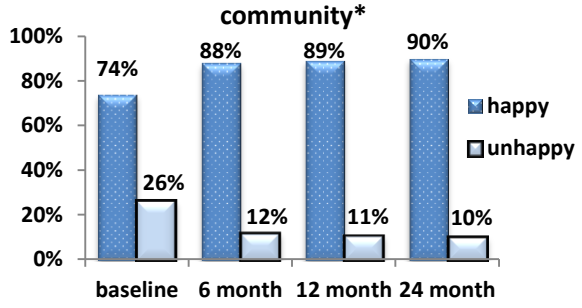

Consumers under age 65 who are working and those who would like to work
100%
80%
60%
40%
20%
0%
4%
4%
5%
55%
55%
59%
41%
41%
36%
6-month
12-month
24-month
Currently working
Not working and don't want to work
Not working but want to work

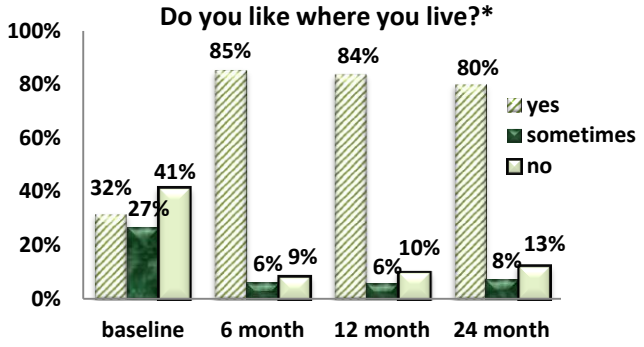

Consumers 65 years and older who are working and those who would like to work
100%
80%
60%
40%
20%
0%
0.4%
1%
1%
84%
85%
84%
15%
14%
15%
6-month
12-month
24-month
Currently working
Not working and don't want to work
Not working but want to work

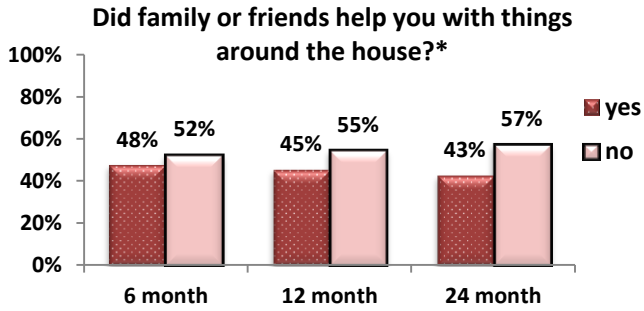

Consumers under age 65 who are volunteering and those who would like to volunteer
100%
80%
60%
40%
20%
0%
7%
8%
9%
61%
61%
63%
31%
31%
28%
6-month
12-month
24-month
Currently volunteering
Not volunteering and don't want to volunteer
Not volunteering but want to volunteer

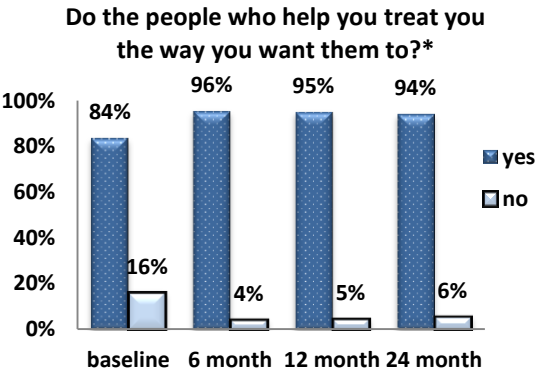

Consumers 65 years and older who are volunteering and those who would like to volunteer
100%
80%
60%
40%
20%
0%
4%
4%
4%
80%
81%
83%
17%
15%
13%
6-month
12-month
24-month
Currently volunteering
Not volunteering and don't want to volunteer
Not volunteering but want to volunteer

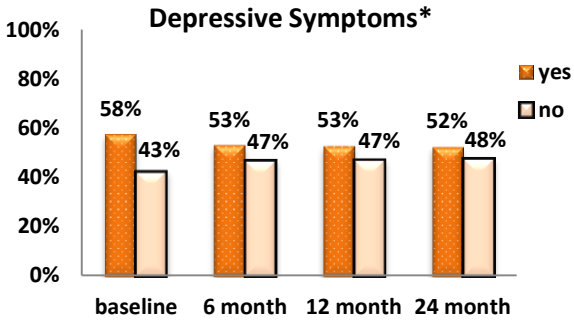
MFP Quality of Life Dashboard As of 6/30/2017

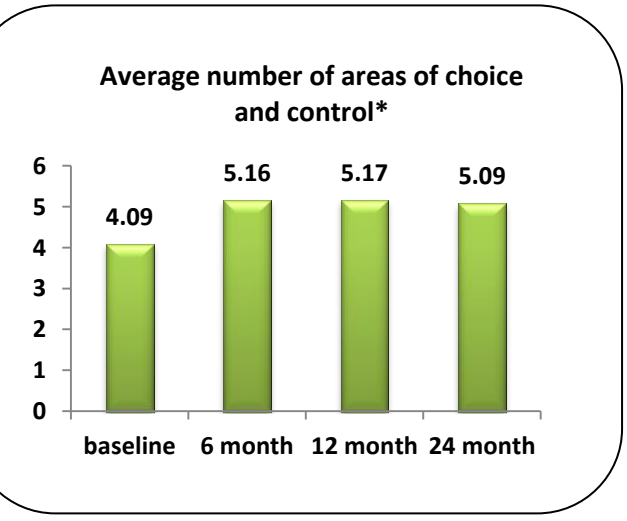


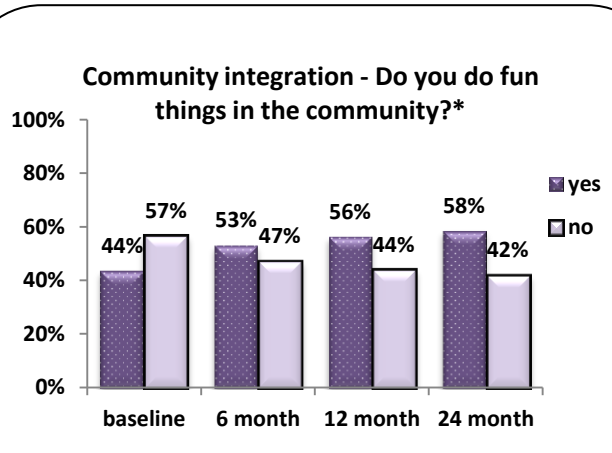












*indicates statistically significant differences

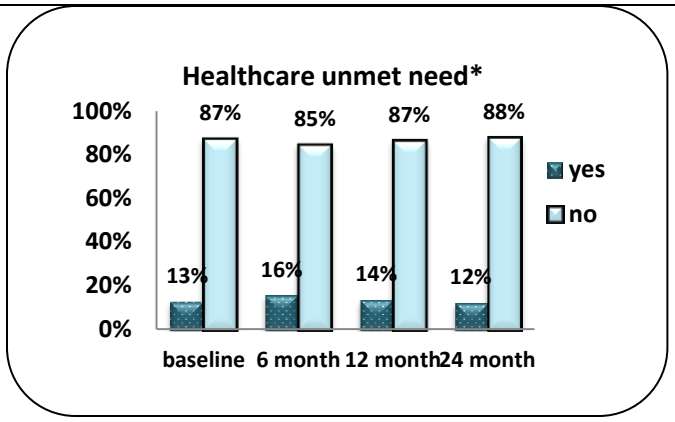
Quality of Life Interviews Completed
(Cumulative data through 6/30/17)

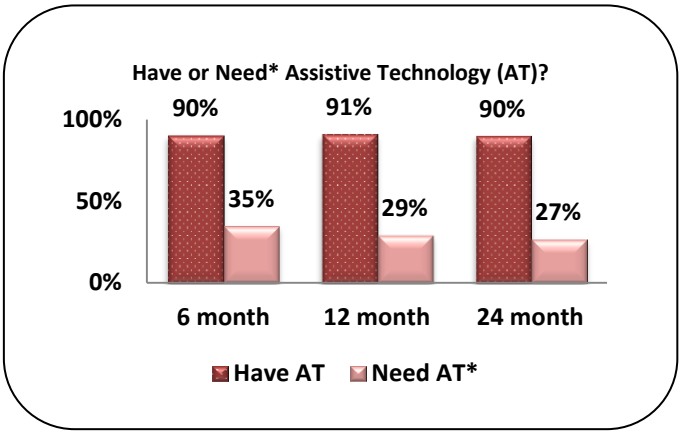
Baseline interviews done prior to transition, n=4596

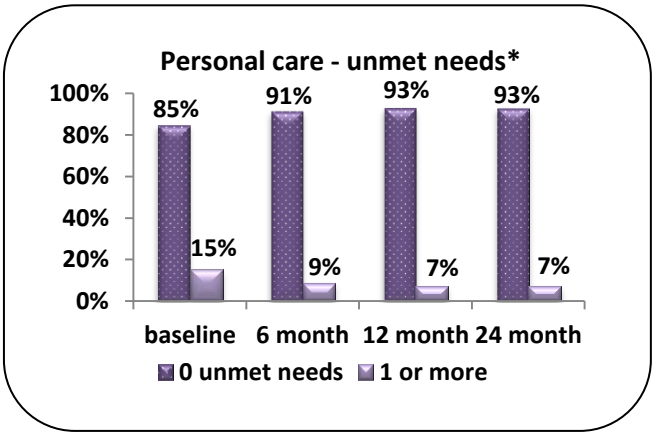
6 month interviews done 6 mos after transition, n=3483

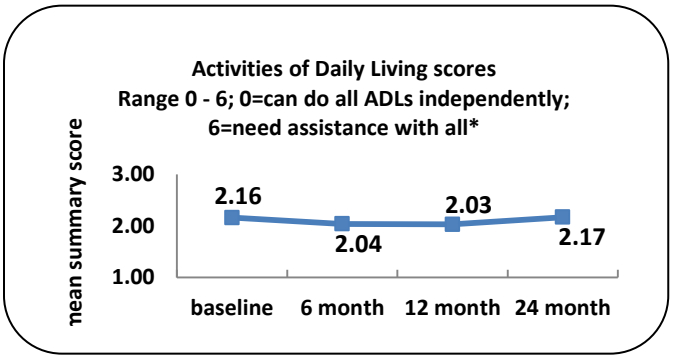
12 month interviews done 12 mos after transition, n=3057

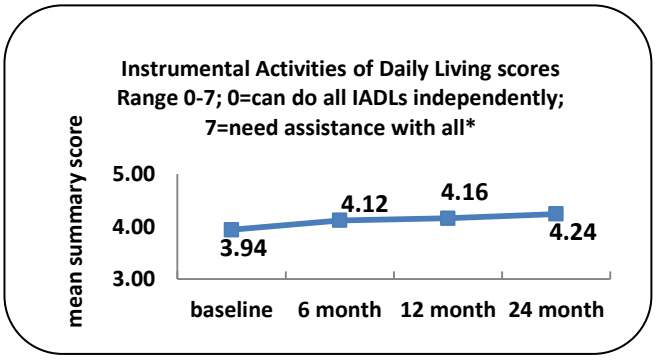
24 month interviews done 24 mos after transition, n=2129

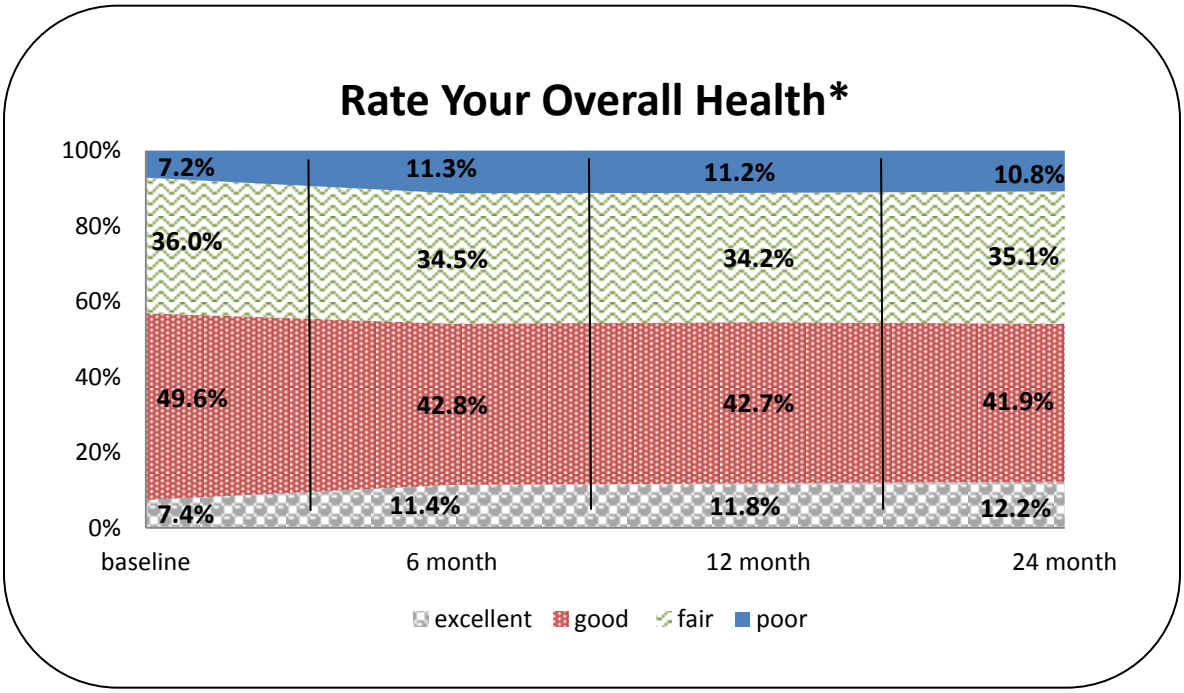


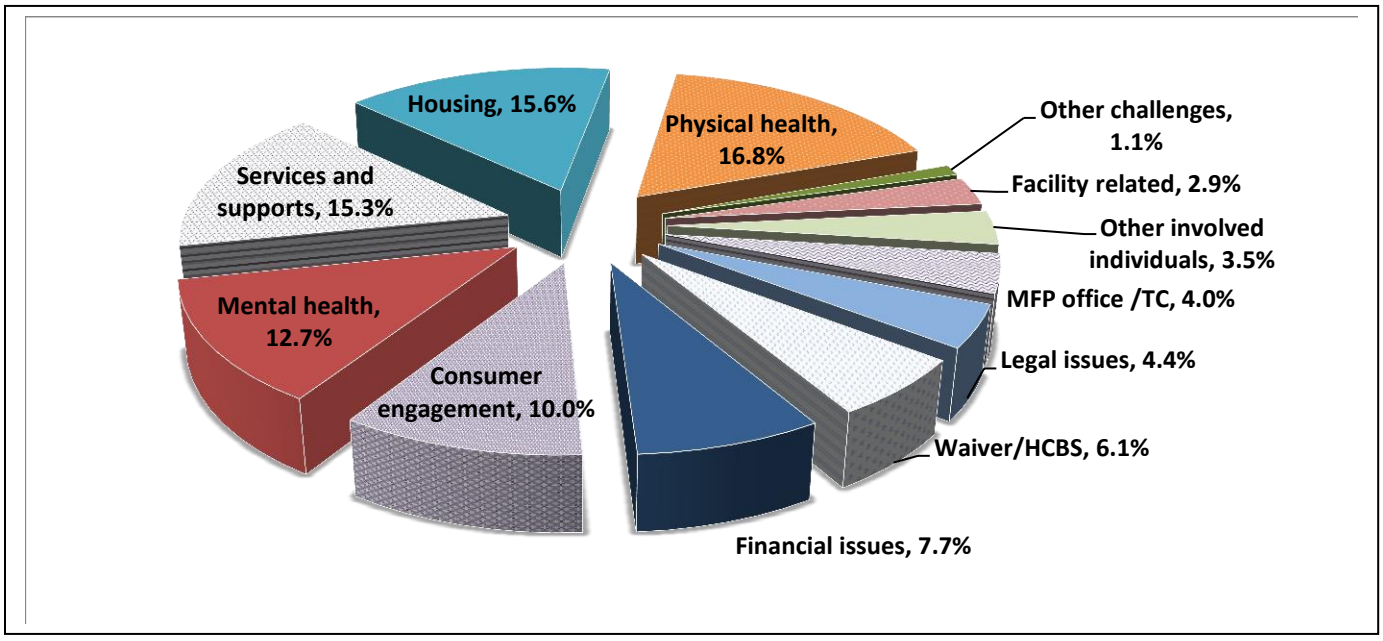












Transition Challenges through 6/30/17

Transition coordinators (TCs) and specialized care managers (SCMs) complete a standardized challenges checklist for each consumer. There were a total of 12,896 MFP referrals to SCM Supervisors. Challenges checklists were completed for 8,777 of these referrals, representing 8,077 consumers. Excluding the referrals which indicated "no challenges," the challenges checklist generated 52,264 separate challenges. Of these, the most frequently chosen challenge was physical health (16.8%), followed by challenges related to housing (15.6%), services and supports (15.3%), mental health (12.7%), and consumer engagement (10.0%).

Type of challenge by transition status

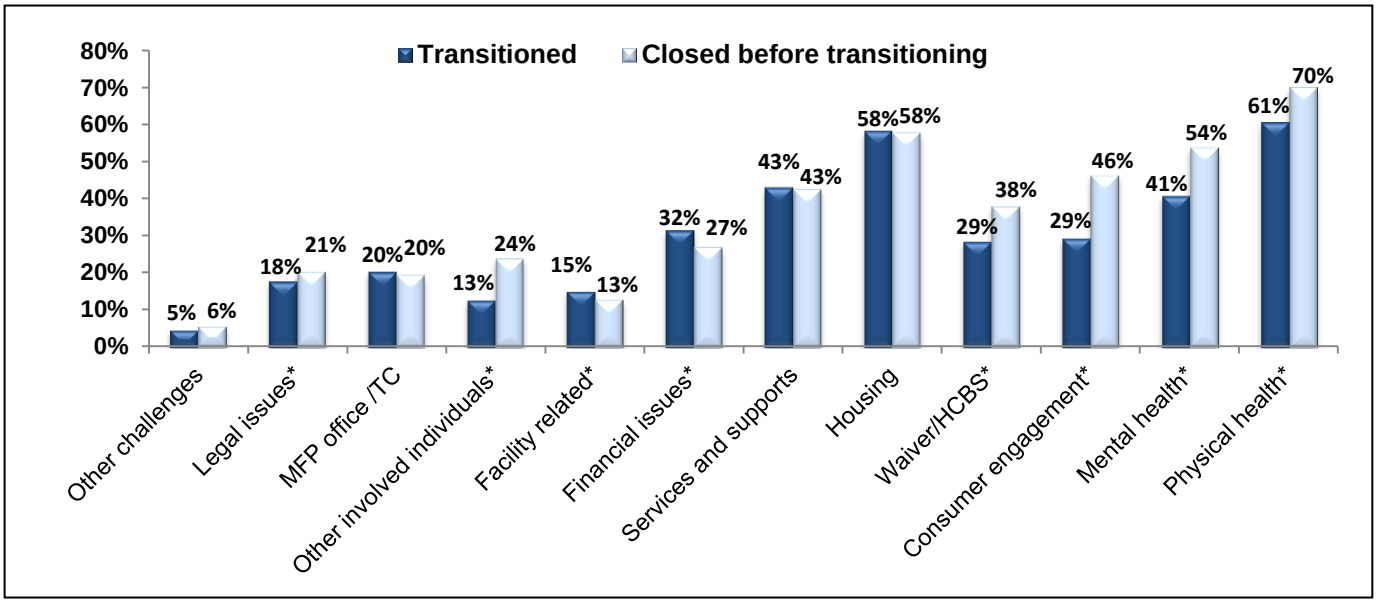
The figure below shows the percentage of each group (those who transitioned and those who closed before transitioning) which had each challenge. For example, of the referrals that closed without transitioning, 70 percent had a physical health challenge. Conversely, 61 percent of referrals that did transition had physical health challenges.

Eight of the twelve challenge categories had statistically significant differences between the two groups.

Be sure to check the LINK to the full Transition Challenges report.

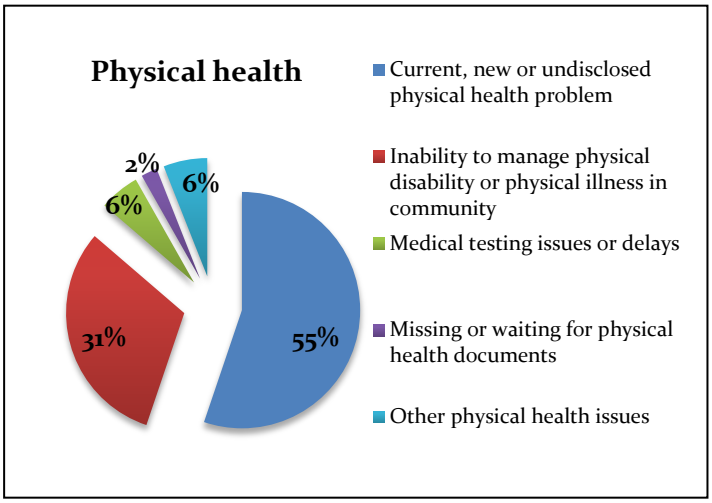
http://health.uconn.edu/aging/research-reports

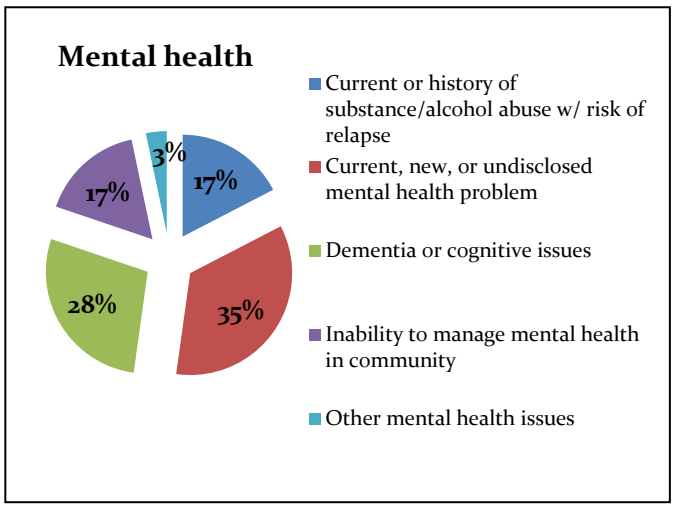
click on the Money Follows the Person tab

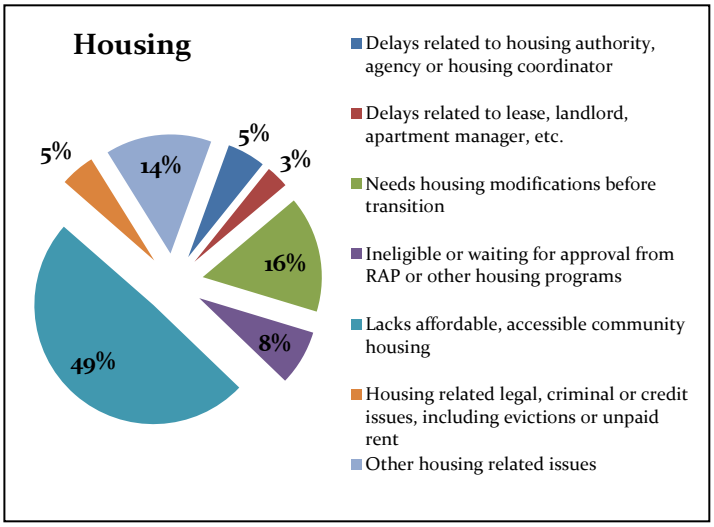


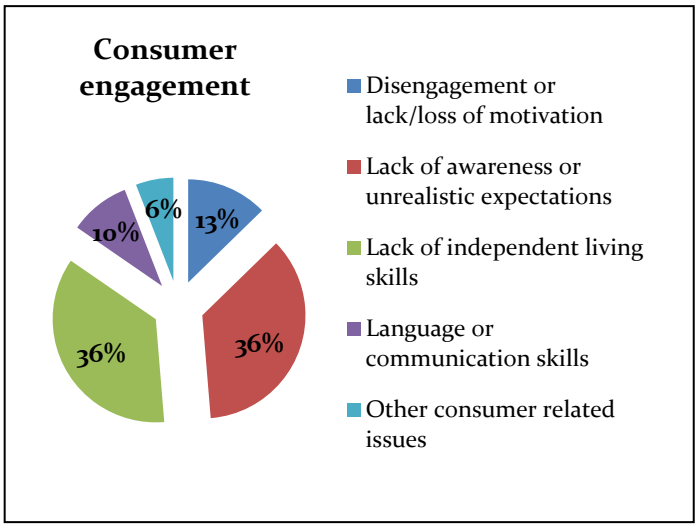
Types of Challenges – through 6/30/2017

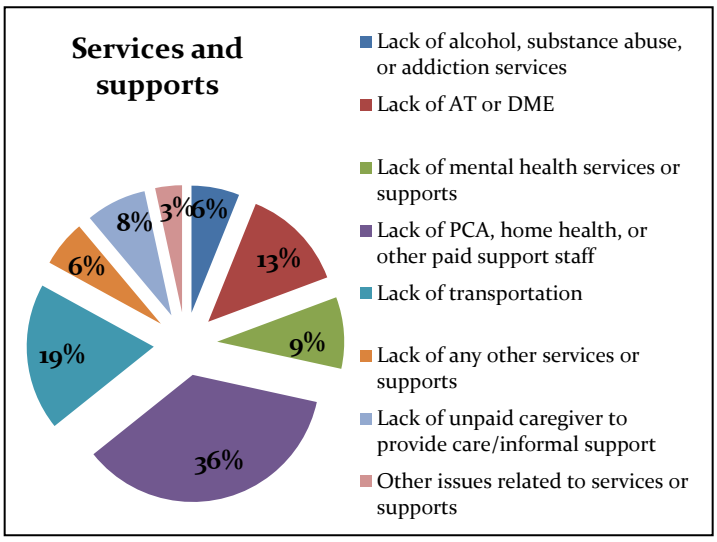
Shown below are the six most common challenge types

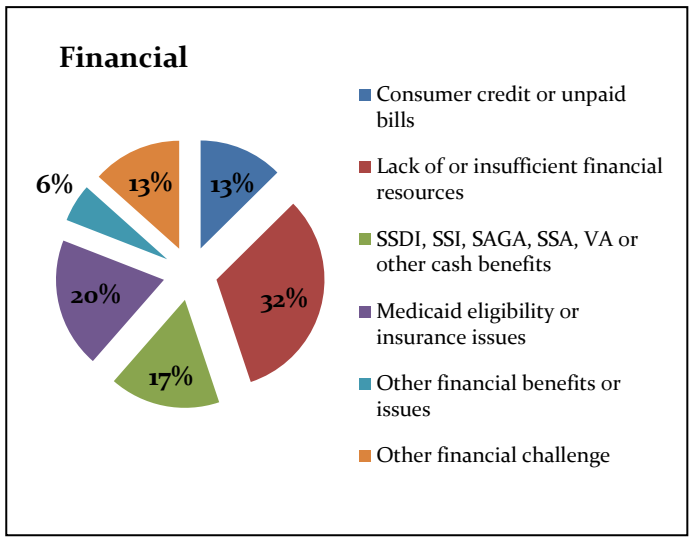






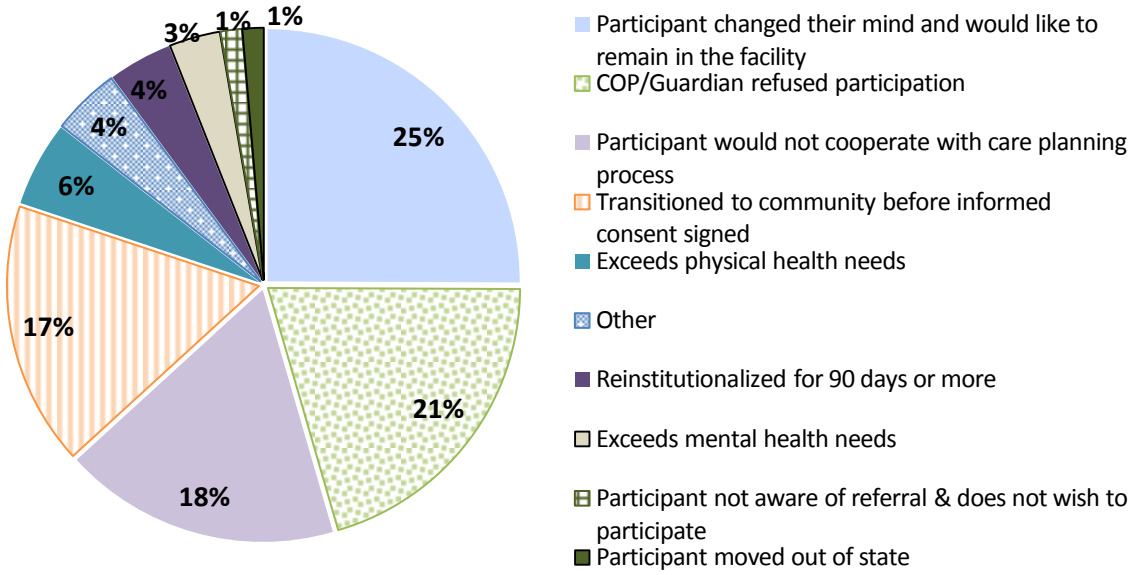






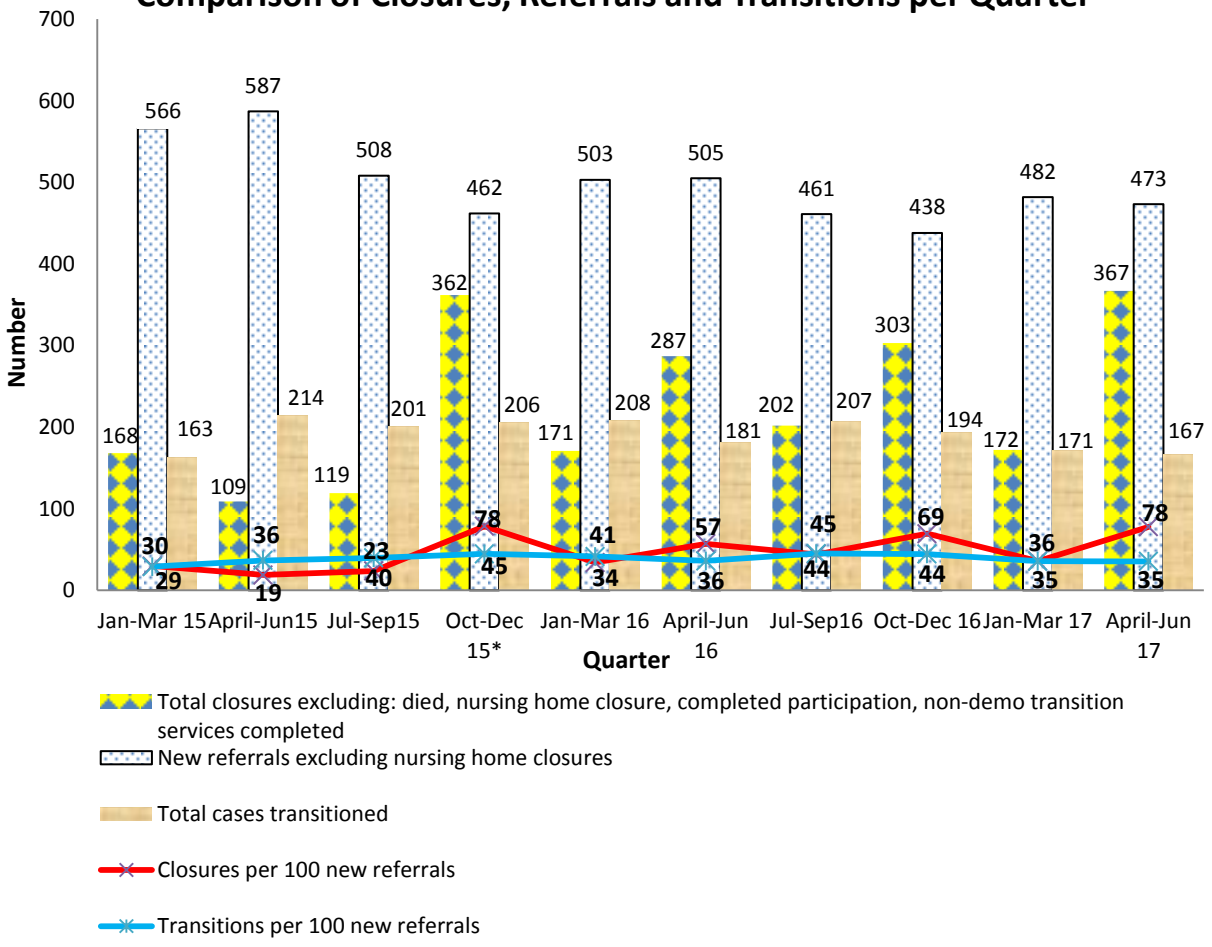
For the full report on transition challenges through 6/30/2017, use the link on page 7 to get to the Center on Aging website.

Percentage of Closed Cases by Closure Reason: Apr-Jun 2017



*Excludes NH closure and Chelsea/Touchpoints Manchester mass referrals of 12/23/16 or later

Comparison of Closures, Referrals and Transitions per Quarter



*Total closures this quarter were higher due to clearing the backlog at Central Office.

Meet Floyd Quinn

Floyd Quinn, age 85, is a man of many stories. He has spent time traveling around the world, had multiple careers and has three grown children who he and his wife raised in Connecticut. Through it all, his independence and mobility have always been extremely important. In September 2013 everything changed suddenly when his stomach became swollen and he experienced sharp pain in his side, which was ultimately diagnosed as an obstruction that required surgery.

Floyd was so self-sufficient that he grabbed his car keys and drove himself to the emergency room, where he spent six weeks in the hospital. He recalls, "I was perfect. I felt wonderful for my age. I walked two miles every morning at 4:30 in the morning. I was fine until the stomach issue." Floyd needed a feeding tube, as well as dialysis and blood transfusions. He developed a blood clot in his leg that resulted in him losing range of motion. He was so disoriented that he didn't realize where he was until his family came to visit him.

From the hospital, Floyd spent a year in a nursing home, where he started to regain his independence by rebuilding the strength and range of motion in his leg. Throughout it all, Floyd remembers thinking "I wanted to go home", to where his wife of 50+ years had already been discharged from the same nursing home. In October 2014, Floyd became part of Money Follows the Person with the help and advocacy of his daughter.

When Floyd returned home, he was still weak. His challenges included getting dressed and getting around by himself. With the help of physical therapy and a positive attitude, Floyd can now do that by himself, and he says simply, "I feel good. I walk, do stretches. I get up, dress myself, and go to the john myself. I shower and wash myself."
At home, Floyd loves to watch public television, use his computer to play solitaire, watch movies, and listen to big band music. His friends and family come to visit him, including old friends that grew up with him during the Second World War. He has been a Notre Dame fan since 1946, and he has been there about 20 times for football games. When the neighbors have parties, he still goes. "We still have fun here," he says, laughing.

Through MFP, Floyd was able to get a ramp that allows him to access his garage. He is able to drive himself anywhere that he needs to go. He continues exercising, and takes walks around his driveway, using his walker. Floyd shared that his goals are to get out of the wheelchair entirely and walk independently again.

Photo credit: Lexi Grimaldi

Despite everything that has happened to him, Floyd describes himself as "lucky," recounting multiple close calls he has had in his life, including the one that landed him in the nursing home. "Who would have ever thought that I'd live to be going on 86", he marvels with a smile.

MFP Demonstration Background

The Money Follows the Person Rebalancing Demonstration, created by Section 6071 of the Deficit Reduction Act (DRA) of 2005 (P.L. 109-171), supports States' efforts to "rebalance" their long-term support systems. The DRA reflects a growing consensus that long-term supports must be transformed from being institutionally-based and provider-driven to person-centered and consumer-controlled. The MFP Rebalancing Demonstration is a part of a comprehensive coordinated strategy to assist States, in collaboration with stakeholders, to make widespread changes to their long-term care support systems.

One of the major objectives of the Money Follows the Person Rebalancing Demonstration is "to increase the use of home and community based, rather than institutional, long-term care services." MFP supports grantee States to do this by offering an enhanced Federal Medical Assistance Percentage (FMAP) on demonstration services for individuals who have transitioned from qualified institutions to qualified residences. In addition to this enhanced match, MFP also offers states the flexibility to provide Supplemental Services that would not ordinarily be covered by the Medicaid program (e.g. home computers, cooking lessons, peer-to-peer mentoring, transportation, additional transition services, etc.) that will assist in successful transitions. States are then expected to reinvest the savings over the cost of institutional services to rebalance their long-term care services for older adults and people with disabilities to a community-based orientation.