CT Money Follows the Person Quarterly Report

Quarter 1 2018: January 1, 2018 – March 31, 2018

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

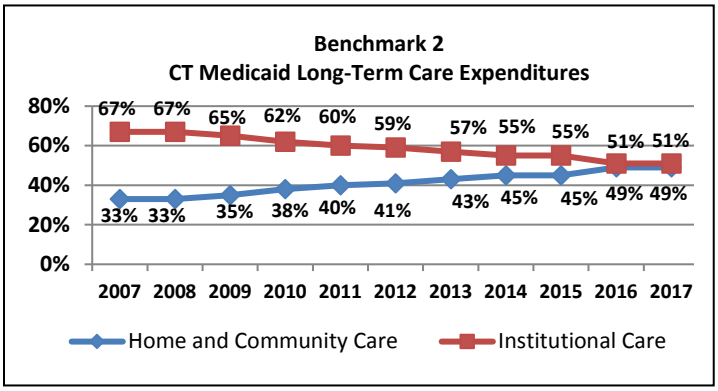
UConn Health, Center on Aging

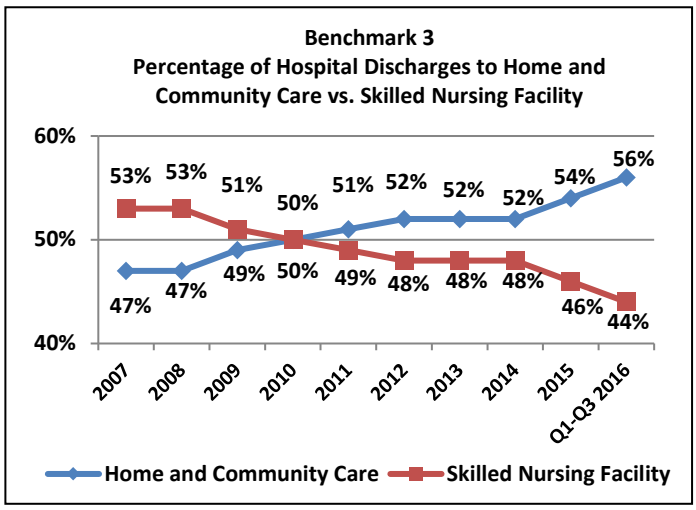
Operating Agency: *CT Department of Social Services* **Funder:** *Centers for Medicare and Medicaid Services*

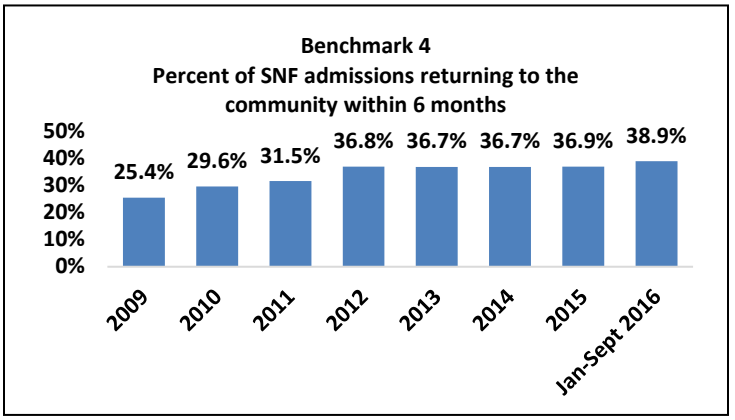
MFP Benchmarks

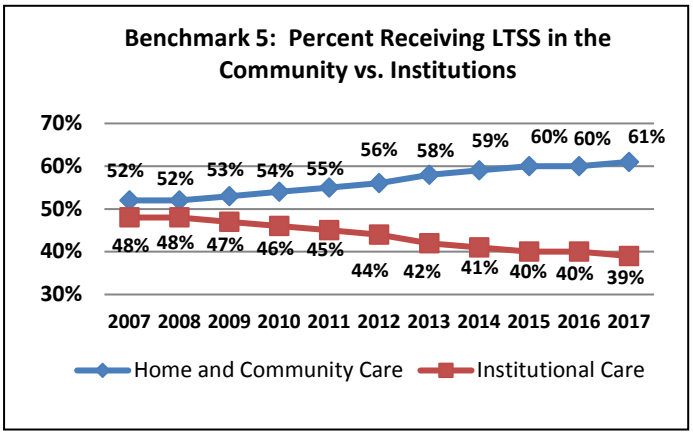
1) Transition 5200 people from qualified institutions to the community
2) Increase dollars to home and community based services
3) Increase hospital discharges to the community rather than to institutions
4) Increase probability of returning to the community during the six months following nursing home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

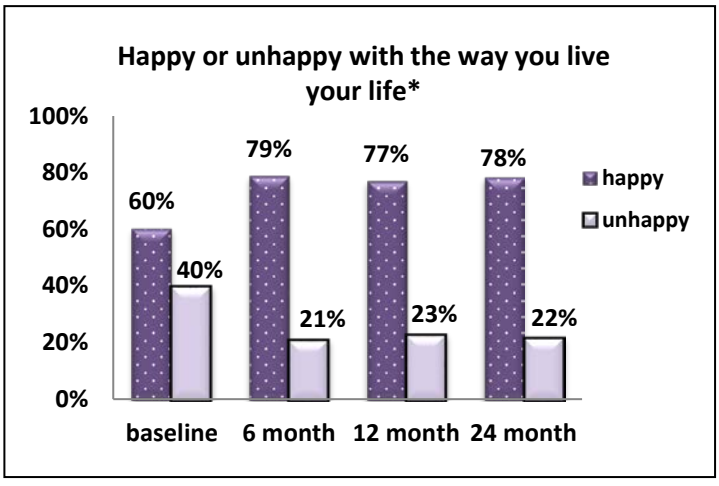
Benchmark 1: The number of demonstration consumers transitioned = 4,668 (non-demonstration transitions = 322)



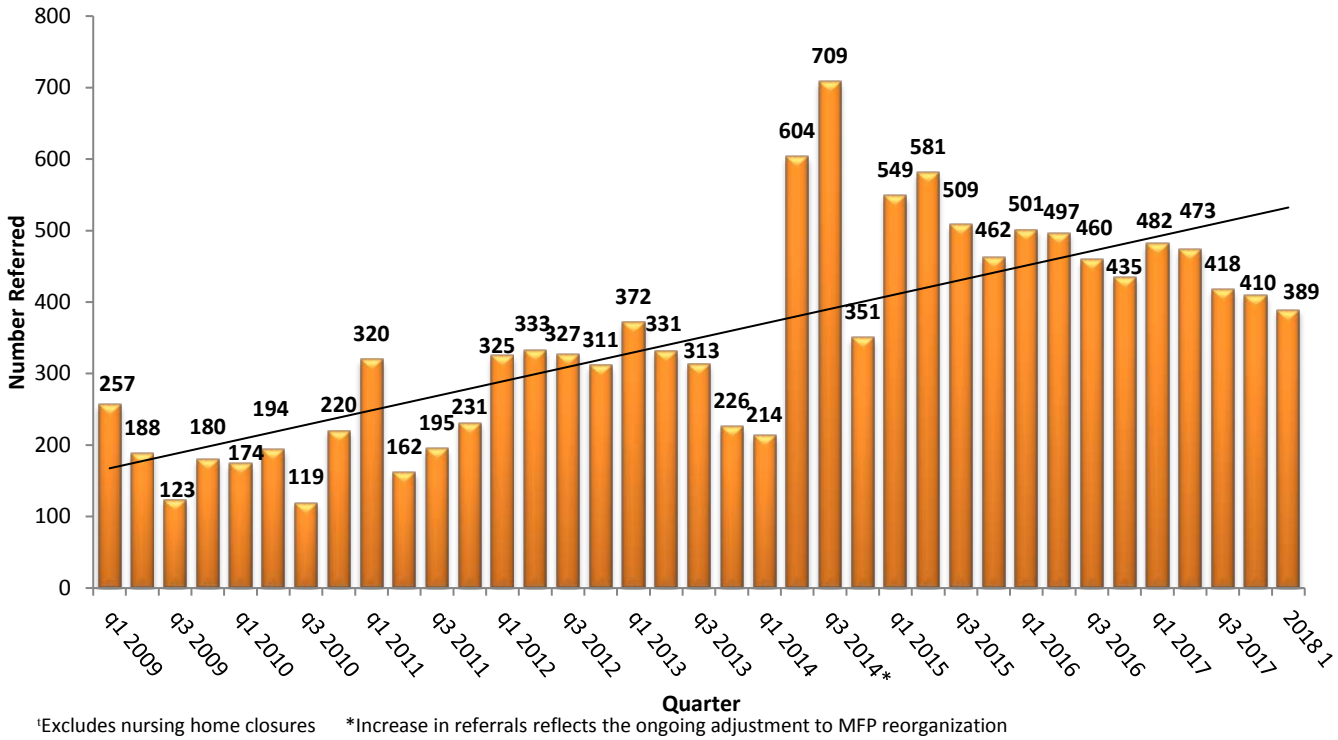






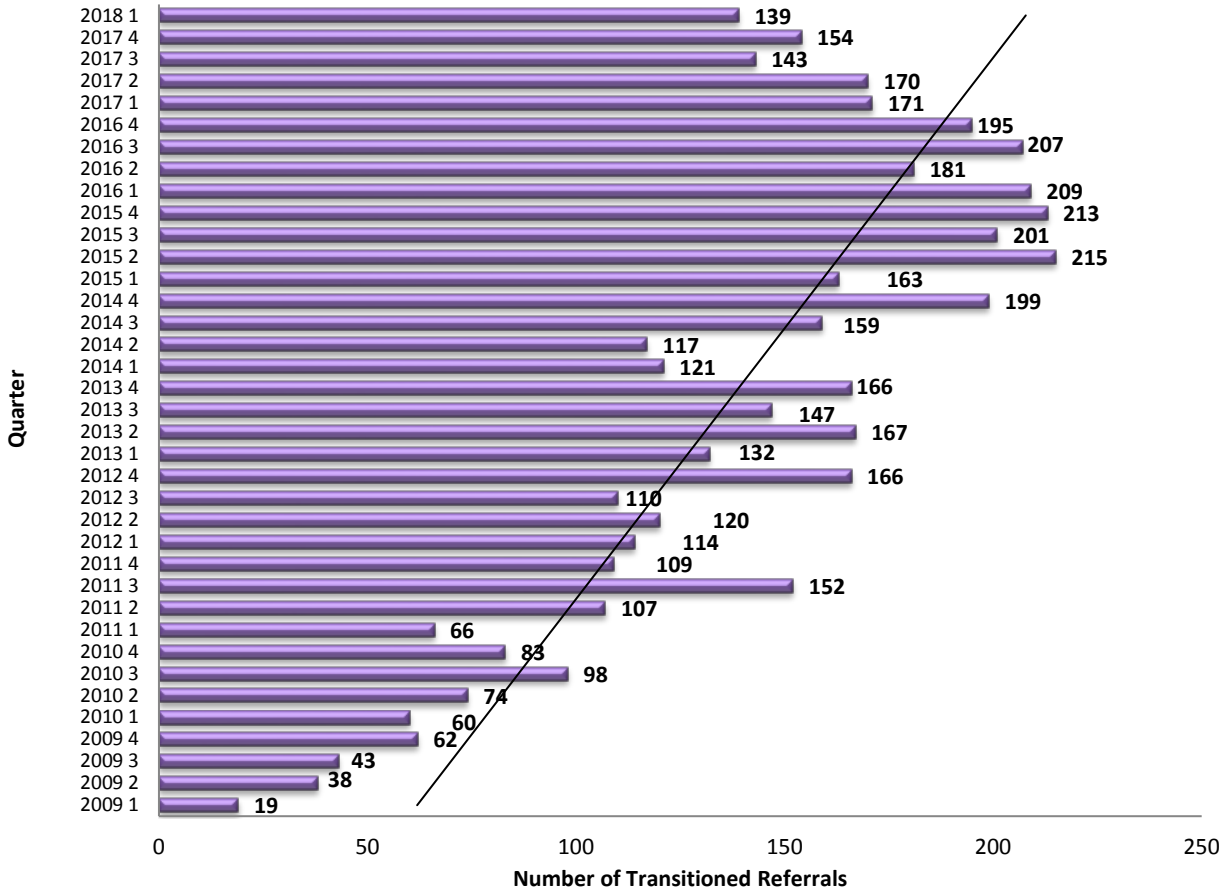


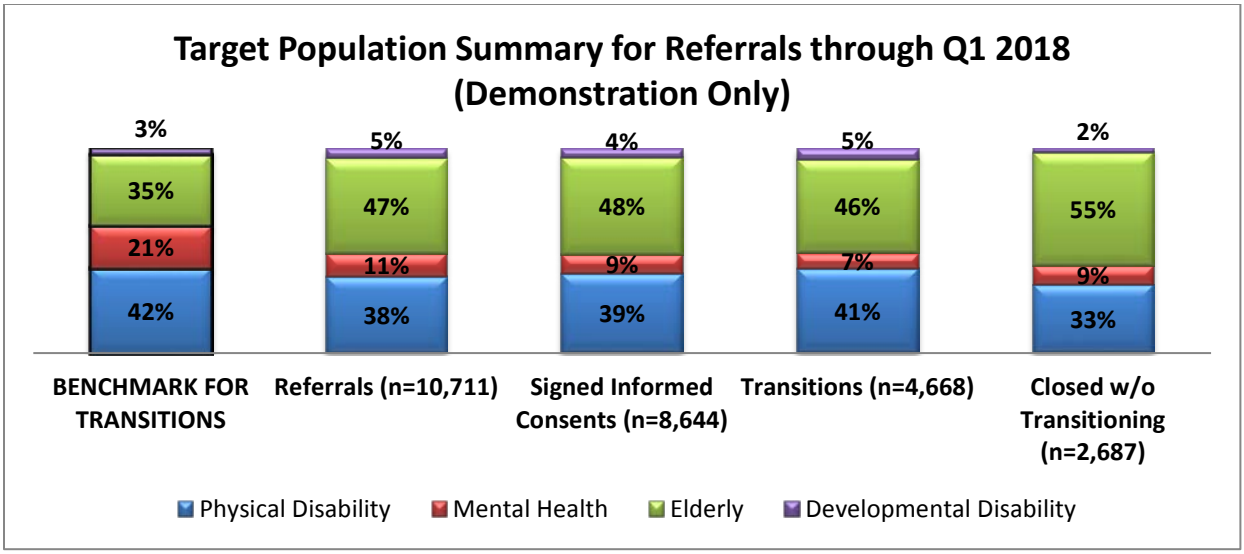
Referrals to Transition Coordinators[t]: Q1 2009 to Q1 2018

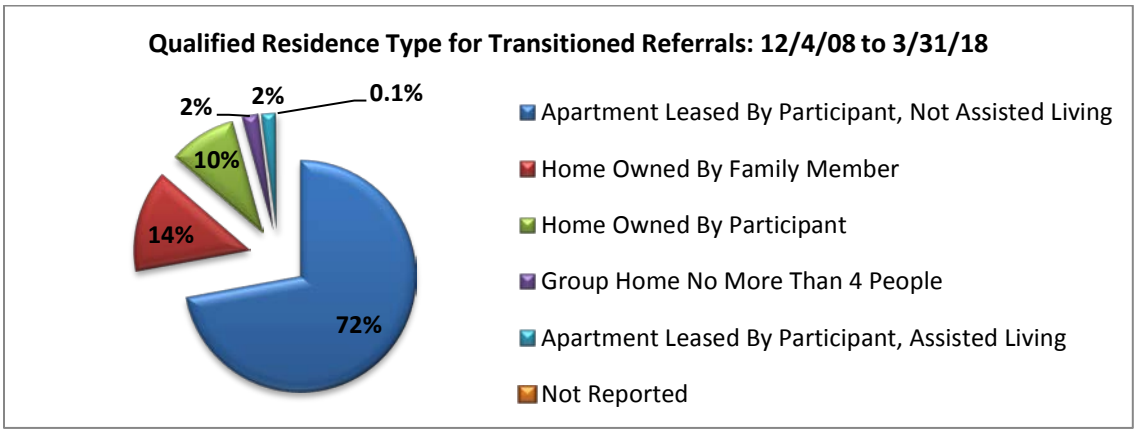


[t]Excludes nursing home closures *Increase in referrals reflects the ongoing adjustment to MFP reorganization

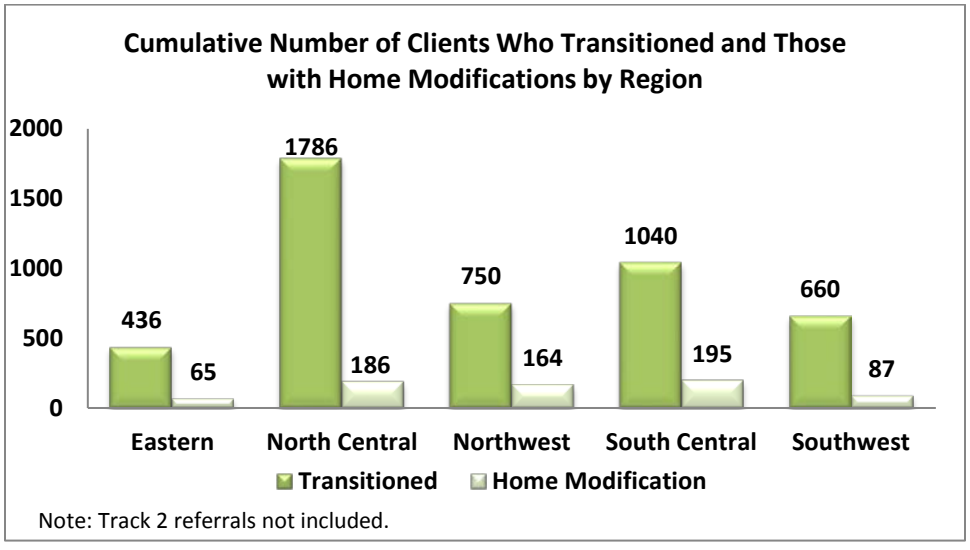
Number of Transitions by Quarter: 12/2008 - 3/31/2018



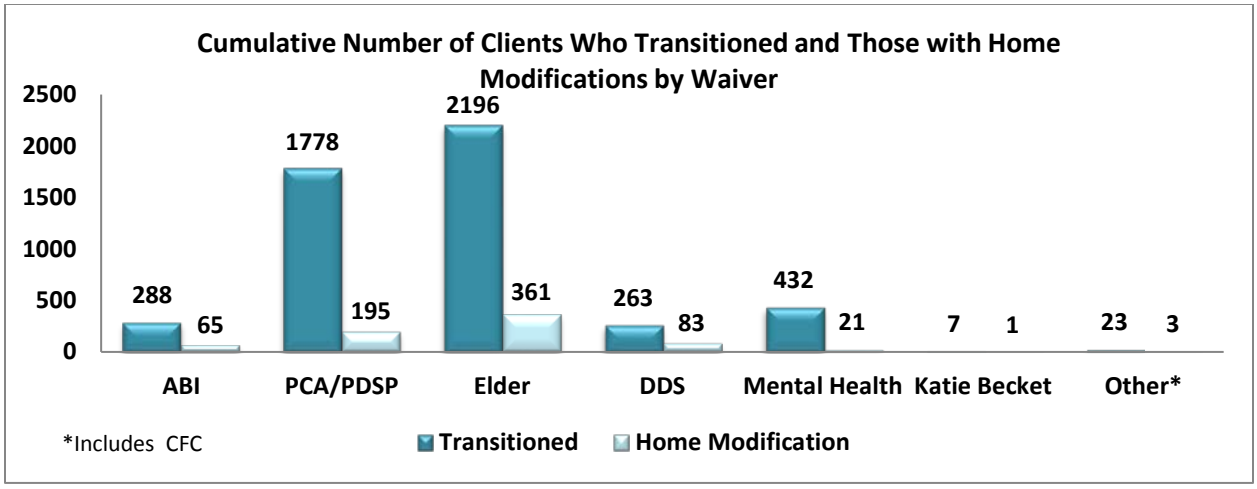


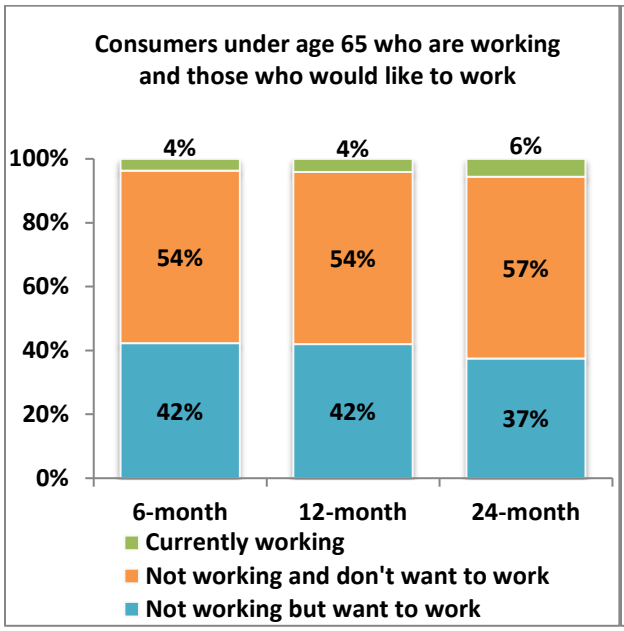


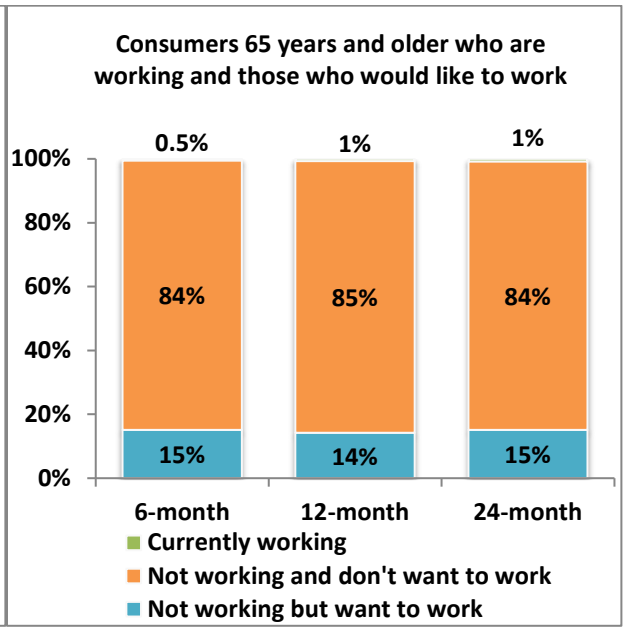
Reinstitutionalization: 12% (518) of participants who transitioned by March 31, 2017 were in an institution 12 months after their transition.*

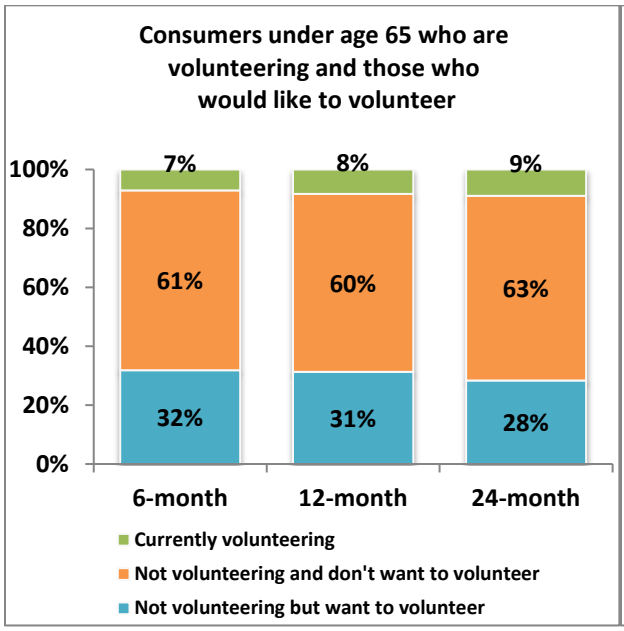


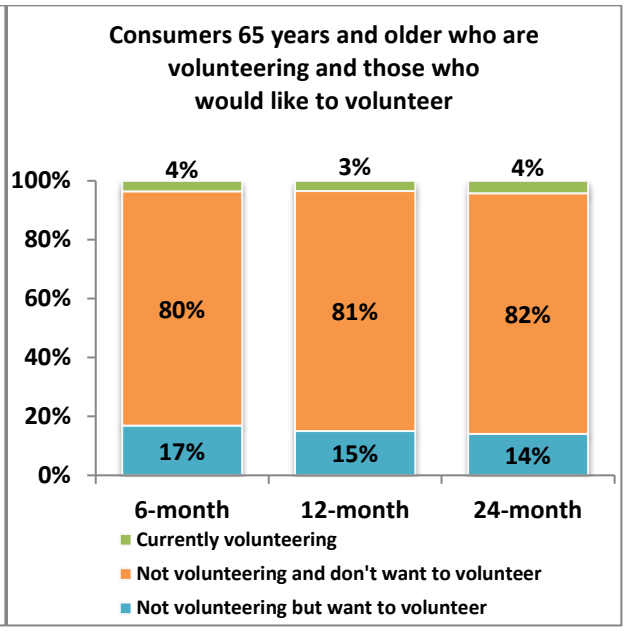
*Corrected calculation


Cumulative Number of Clients Who Transitioned and Those with Home Modifications by Waiver
2500
2000
1500
1000
500
0
288
65
1778
195
2196
361
263
83
432
21
7
1
23
3
ABI
PCA/PDSP
Elder
DDS
Mental Health
Katie Becket
Other*
*Includes CFC
Transitioned
Home Modification

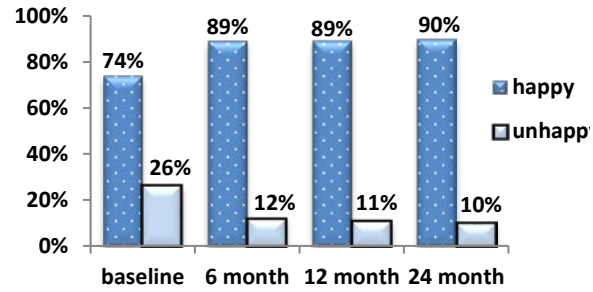

Consumers under age 65 who are working and those who would like to work
100%
80%
60%
40%
20%
0%
4%
4%
6%
54%
54%
57%
42%
42%
37%
6-month
12-month
24-month
Currently working
Not working and don't want to work
Not working but want to work

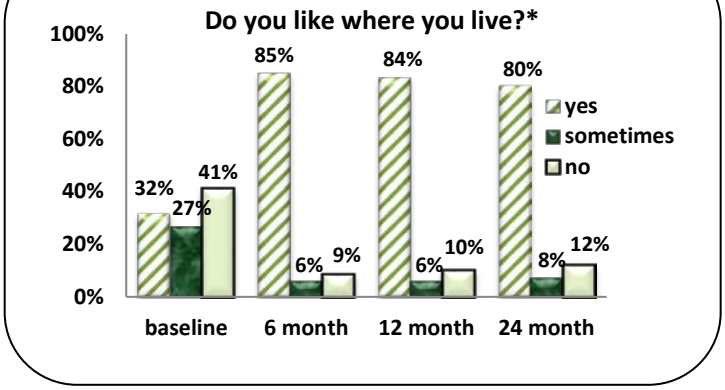

Consumers 65 years and older who are working and those who would like to work
100%
80%
60%
40%
20%
0%
0.5%
1%
1%
84%
85%
84%
15%
14%
15%
6-month
12-month
24-month
Currently working
Not working and don't want to work
Not working but want to work

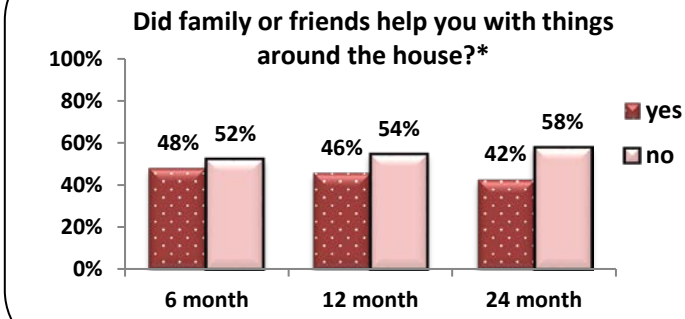

Consumers under age 65 who are volunteering and those who would like to volunteer
100%
80%
60%
40%
20%
0%
7%
8%
9%
61%
60%
63%
32%
31%
28%
6-month
12-month
24-month
Currently volunteering
Not volunteering and don't want to volunteer
Not volunteering but want to volunteer

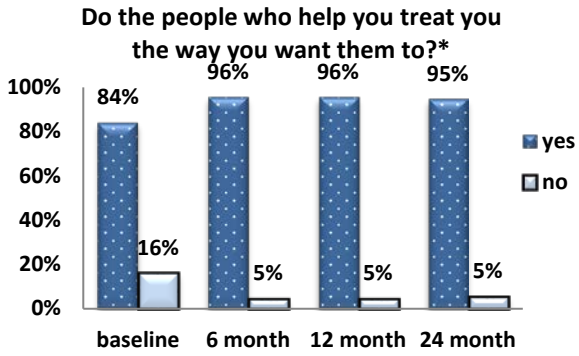

Consumers 65 years and older who are volunteering and those who would like to volunteer
100%
80%
60%
40%
20%
0%
4%
3%
4%
80%
81%
82%
17%
15%
14%
6-month
12-month
24-month
Currently volunteering
Not volunteering and don't want to volunteer
Not volunteering but want to volunteer

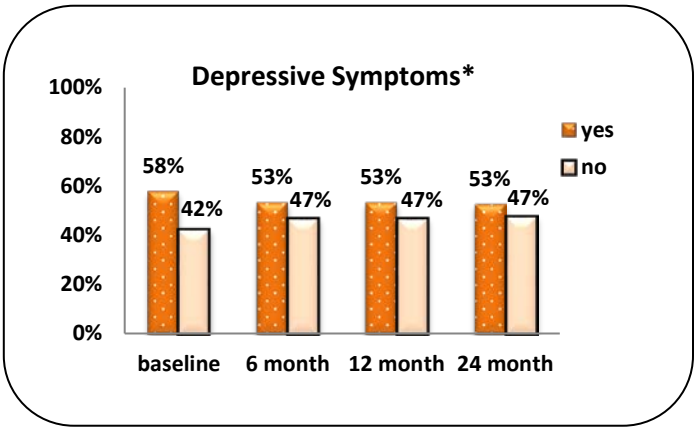
MFP Quality of Life Dashboard As of 03/31/2018

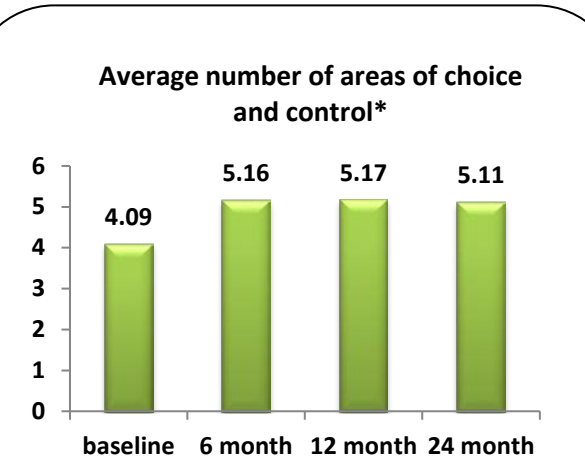


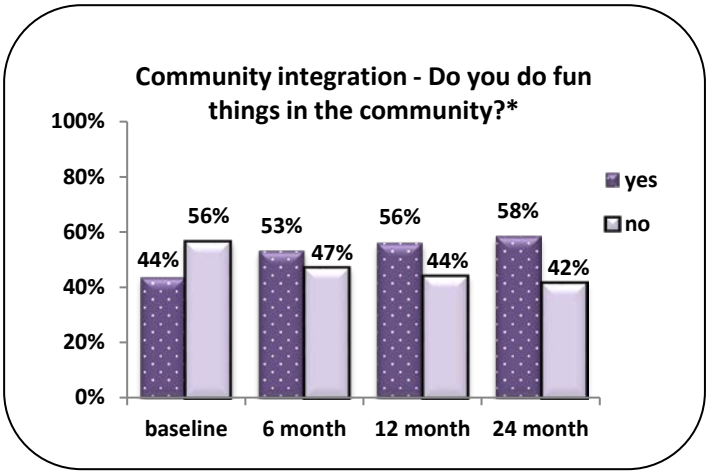












*indicates statistically significant differences

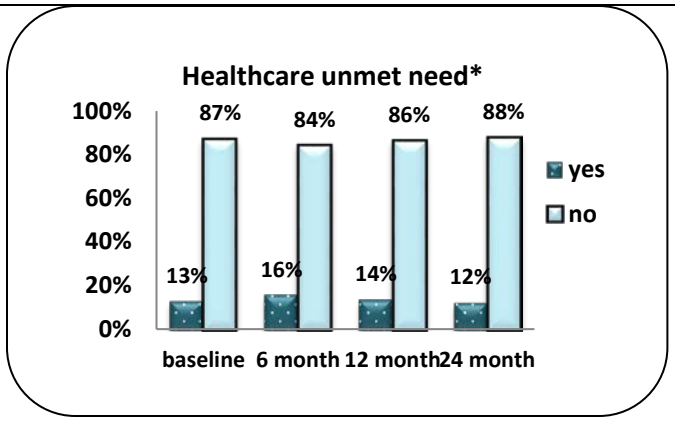
Quality of Life Interviews Completed
(Cumulative data through 03/31/18)

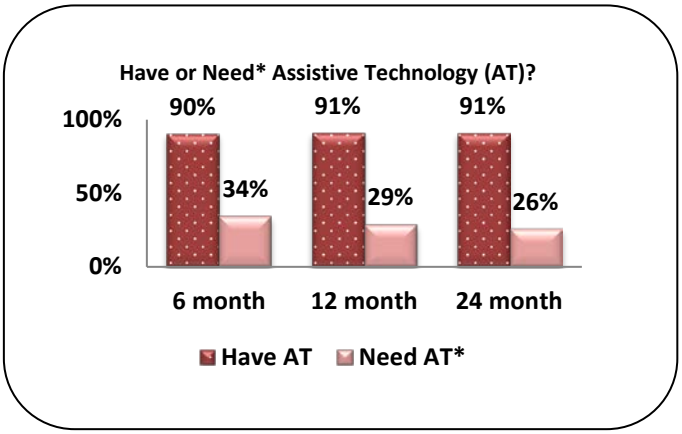
Baseline interviews done prior to transition, n=5036

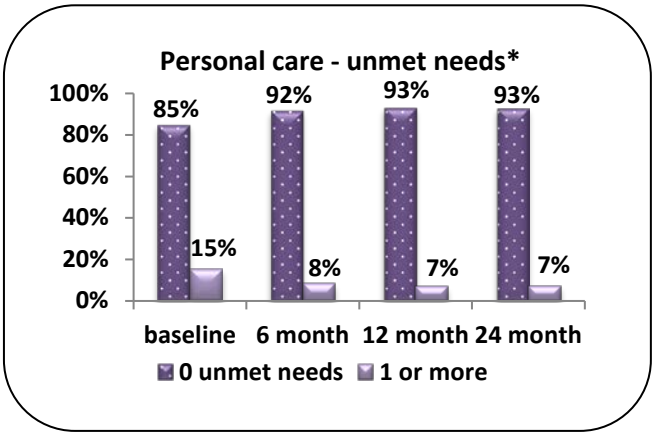
6 month interviews done 6 mos after transition, n=3875

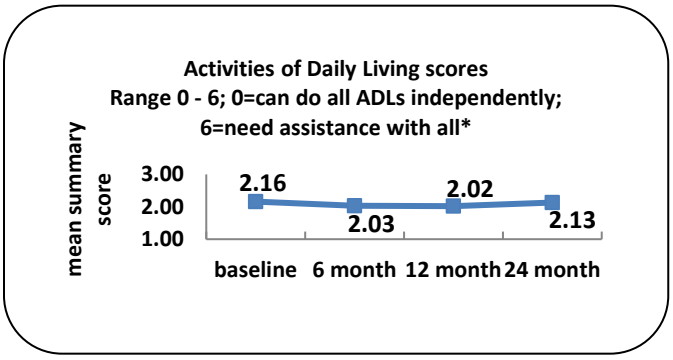
12 month interviews done 12 mos after transition, n=3482

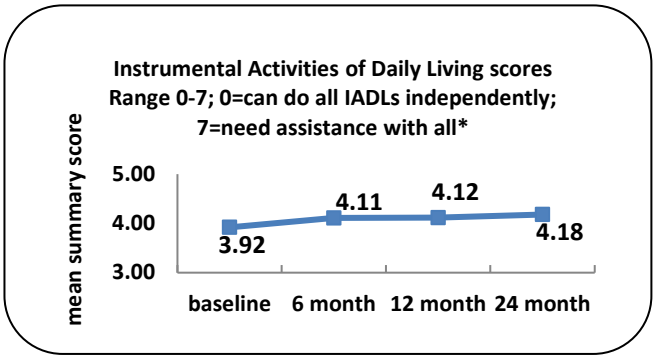
24 month interviews done 24 mos after transition, n=2539

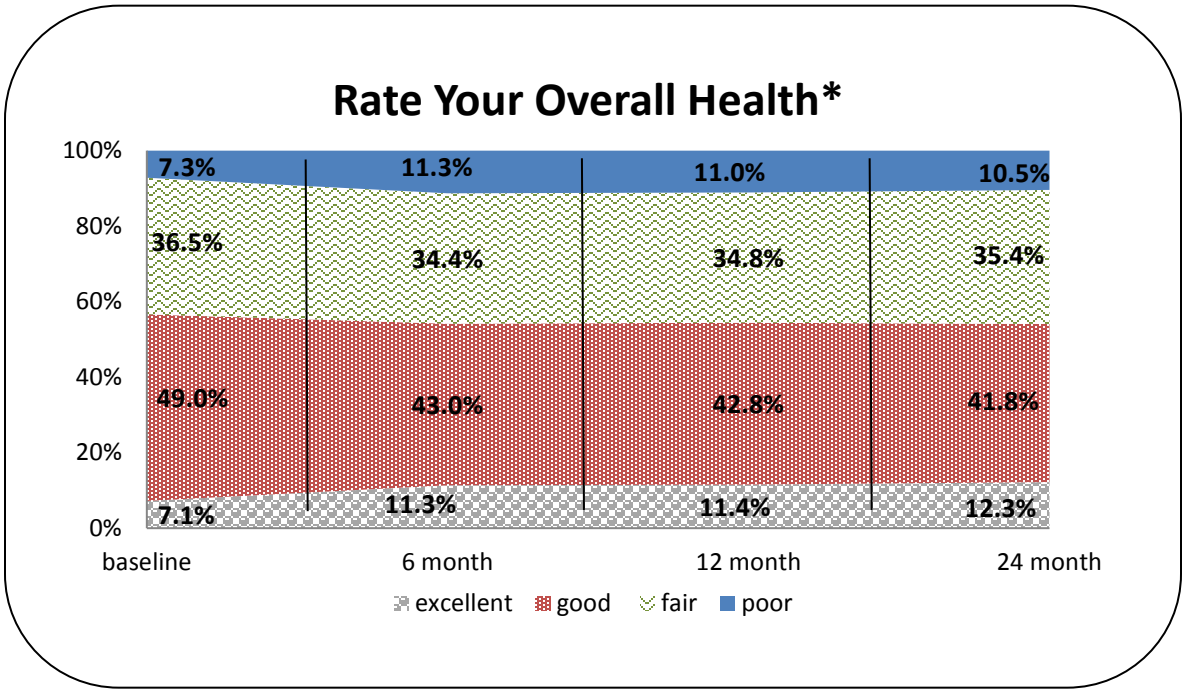


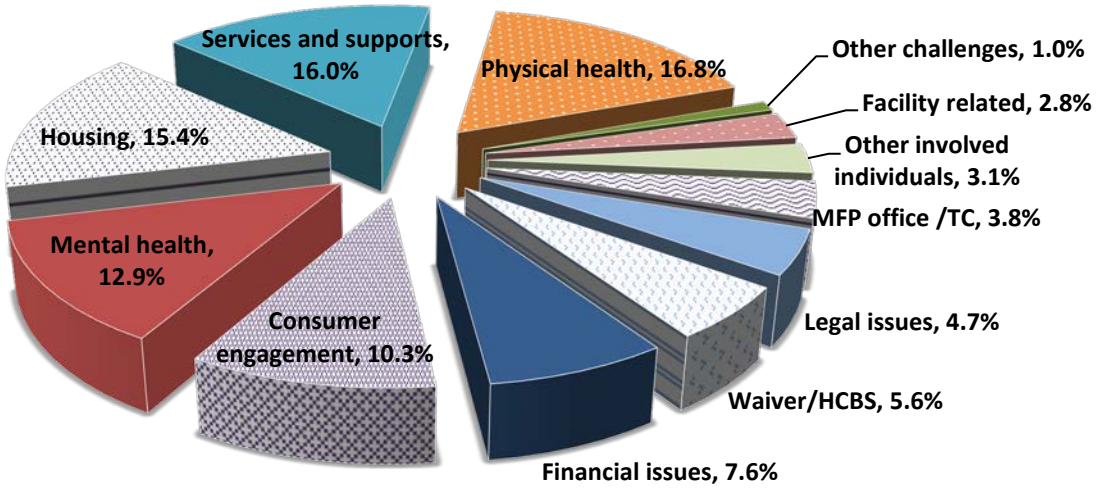












Transition Challenges through 3/31/18

Transition coordinators (TCs) and specialized care managers (SCMs) complete a standardized challenges checklist for each consumer. There were a total of 14,320 MFP referrals to SCM Supervisors. Challenges checklists were completed for 9,683 of these referrals, representing 8,882 consumers. Excluding the referrals which indicated "no challenges," the challenges checklist generated 59,491 separate challenges. Of these, the most frequently chosen challenge was physical health (16.8%), followed by challenges related services and supports (16.0%), to housing (15.4%), mental health (12.9%), and consumer engagement (10.3%).

Type of challenge by transition status

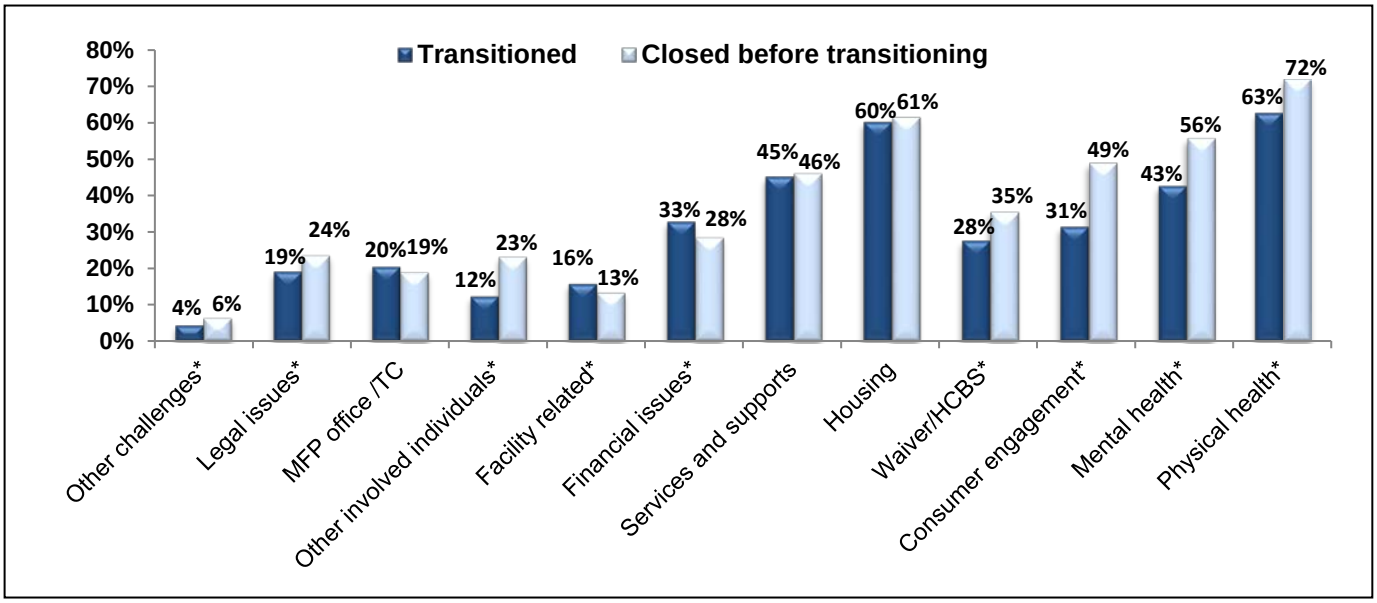
The figure below shows the percentage of each group (those who transitioned and those who closed before transitioning) which had each challenge. For example, of the referrals that closed without transitioning, 72 percent had a physical health challenge. Conversely, 63 percent of referrals that did transition had physical health challenges.

Nine 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

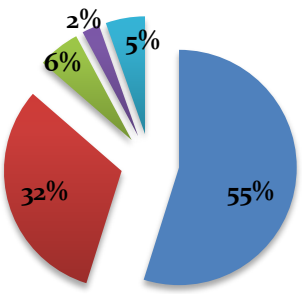
click on the Money Follows the Person tab



Types of Challenges — through 3/31/2018

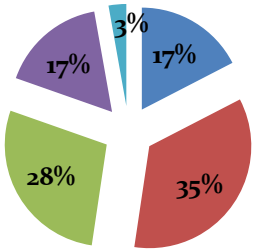
Shown below are the six most common challenge types

Physical health



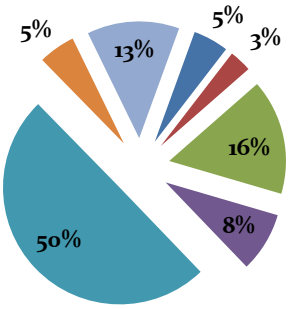
- Current, new or undisclosed physical health problem
- Inability to manage physical disability or physical illness in community
- Medical testing issues or delays
- Missing or waiting for physical health documents
- Other physical health issues

Mental health



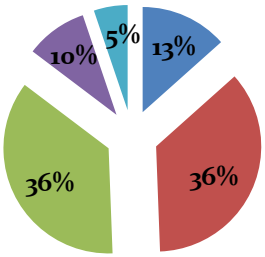
- Current or history of substance/alcohol abuse w/ risk of relapse
- Current, new, or undisclosed mental health problem
- Dementia or cognitive issues
- Inability to manage mental health in community
- Other mental health issues

Housing



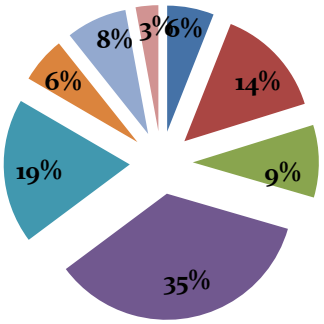
- Delays related to housing authority, agency or housing coordinator
- Delays related to lease, landlord, apartment manager, etc.
- Needs housing modifications before transition
- Ineligible or waiting for approval from RAP or other housing programs
- Lacks affordable, accessible community housing
- Housing related legal, criminal or credit issues, including evictions or unpaid rent
- Other housing related issues

Consumer engagement



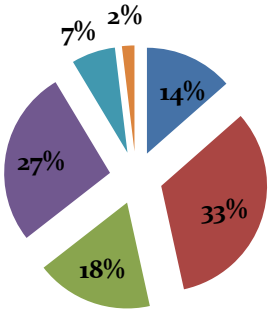
- Disengagement or lack/loss of motivation
- Lack of awareness or unrealistic expectations
- Lack of independent living skills
- Language or communication skills
- Other consumer related issues

Services and supports



- Lack of alcohol, substance abuse, or addiction services
- Lack of AT or DME
- Lack of mental health services or supports
- Lack of PCA, home health, or other paid support staff
- Lack of transportation
- Lack of any other services or supports
- Lack of unpaid caregiver to provide care/informal support
- Other issues related to services or supports

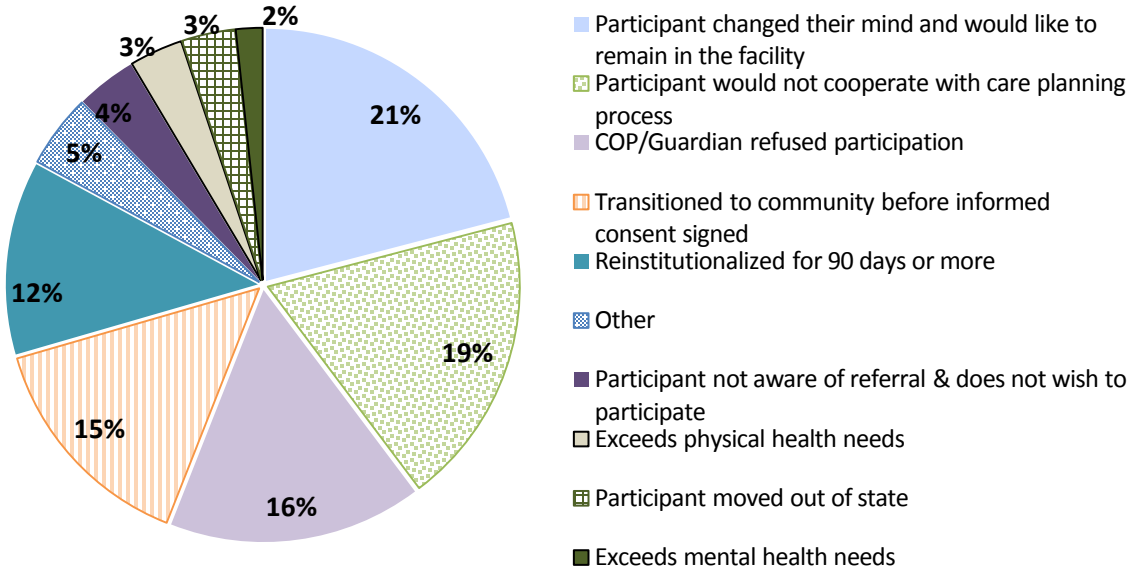
Financial



- Consumer credit or unpaid bills
- Lack of or insufficient financial resources
- SSDI, SSI, SAGA, SSA, VA or other cash benefits
- Medicaid eligibility or insurance issues
- Other financial benefits or issues
- Other financial challenge

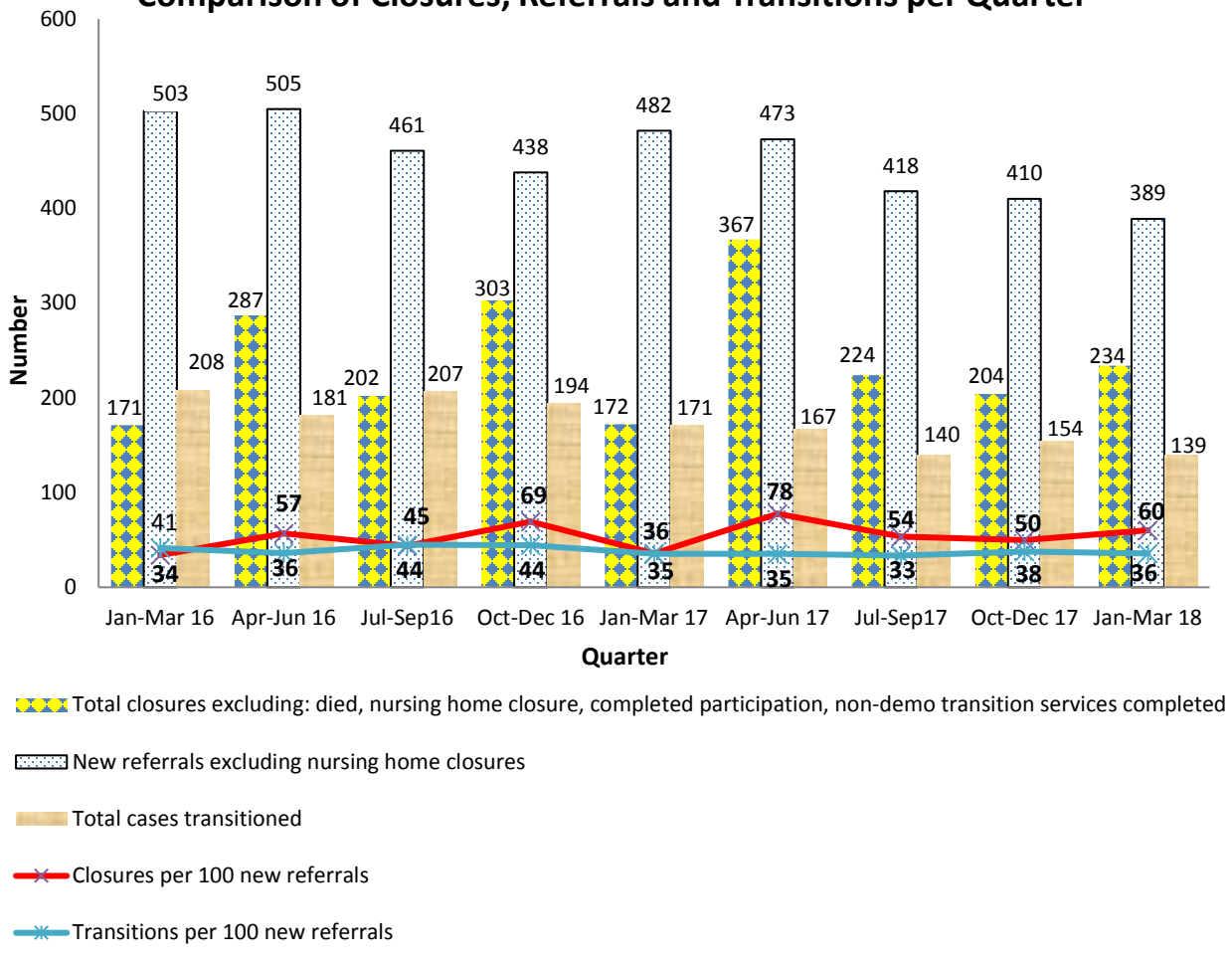
For the full report on transition challenges through 3/31/2018, use the link on page 7 to get to the Center on Aging website.

Percentage of Closed Cases by Closure Reason: Jan-Mar 2018



*Excludes cases from facilities using NH closure referral process where all residents are auto-referred

Comparison of Closures, Referrals and Transitions per Quarter



Keith Ellis wins through MFP!

It's hard to believe Keith was living in the woods just four years ago feeling depressed and hopeless. Today his life has turned around and he said, "instead of thinking woe is me, I think how lucky I am!"

After a bad series of events where he lost his car and driver's license, and without transportation living in a rural community, he lost his job. For the first time in his life, Keith went from employment in manufacturing to couch surfing then to homelessness.

A friendly and outgoing man, Keith found support from caring people. A United Services case worker helped him fill out forms to start state health insurance; receive food stamps and $200 from SSI each month. It wasn't much but enough to buy his tent and move to the woods according to Keith. The manager at a convenience store allowed him to use their dumpster for his personal trash. Keith's sister brought him to her home on the weekends to shower, launder and shop for groceries. This lasted for eight months until his case worker found him a rooming house where he received 3 meals a day and a bed.

While homeless, Keith's health declined. The infection in his leg became life threatening. The rooming house manager called a nurse who put it on the line with Keith telling him he needed to have his leg checked or he would die. The manager then called an ambulance and demanded "either get in the ambulance or get out tonight!" They saved his life but he lost his right leg below the knee.

Other health issues kept Keith in the nursing home for more than 90 days. He said when he first learned about MFP he thought it sounded too good to be true. He hated the nursing home but through the help of his MFP transition coordinator and his United Services case worker, his new home was found. Not only did he receive housing but he received a payer to manage his bills, a nurse, and PCAs several hours a week. His first couple of PCAs didn't work out but later he hired his sister and a friend, which he's very happy about.

Photo credit: Janet Caldwell Cover

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.