CT Money Follows the Person Quarterly Report

Quarter 4 2017: October 1, 2017 – December 31, 2017

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

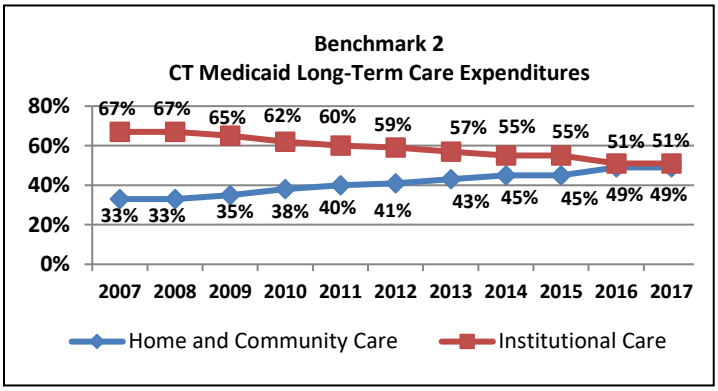
UConn Health, Center on Aging

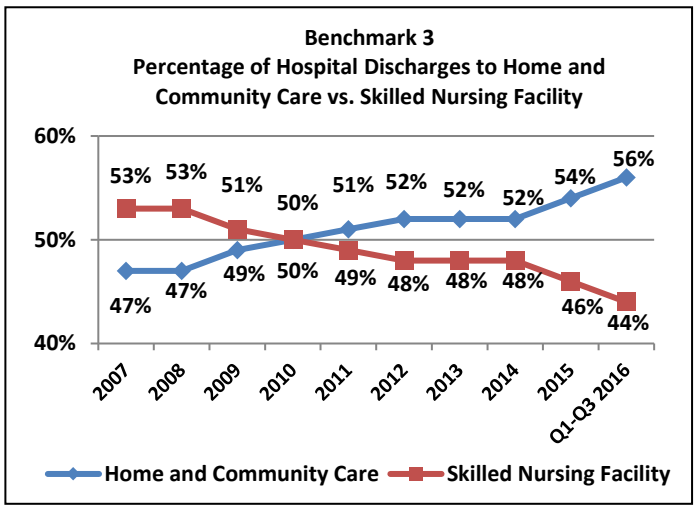
Operating Agency: *CT Department of Social Services* **Funder:** *Centers for Medicare and Medicaid Services*

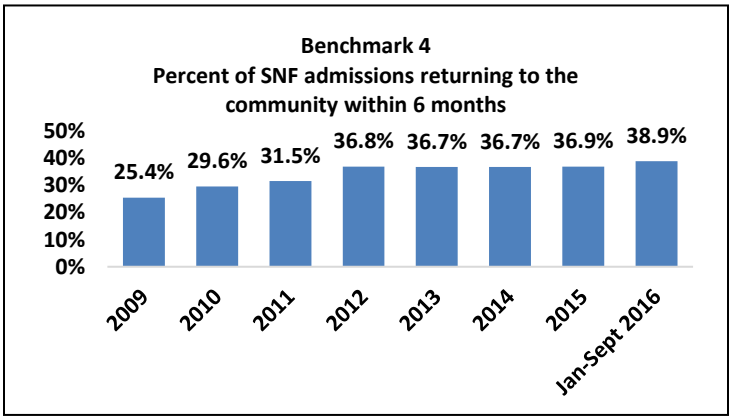
MFP Benchmarks

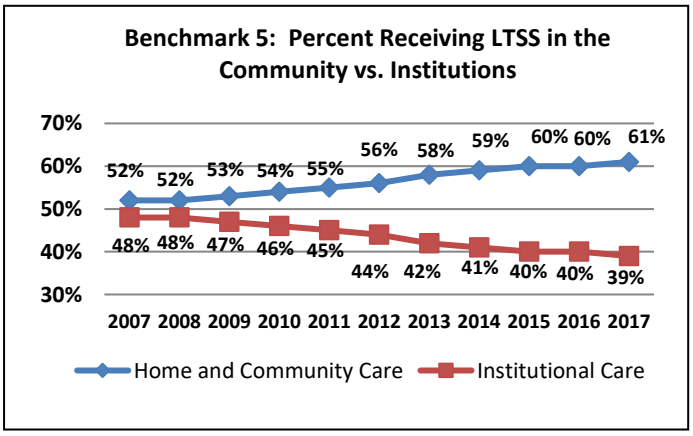
1) Transition 5200 people from qualified institutions to the community
2) Increase dollars to home and community based services
3) Increase hospital discharges to the community rather than to institutions
4) Increase probability of returning to the community during the six months following nursing home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

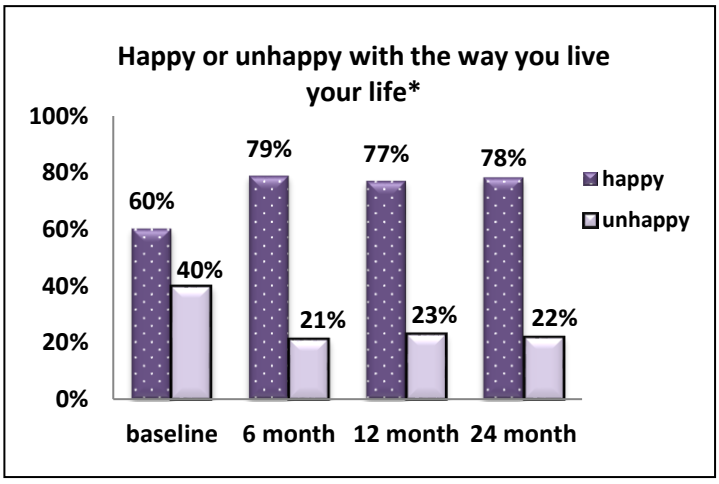
Benchmark 1: The number of demonstration consumers transitioned = 4,537 (non-demonstration transitions = 313)



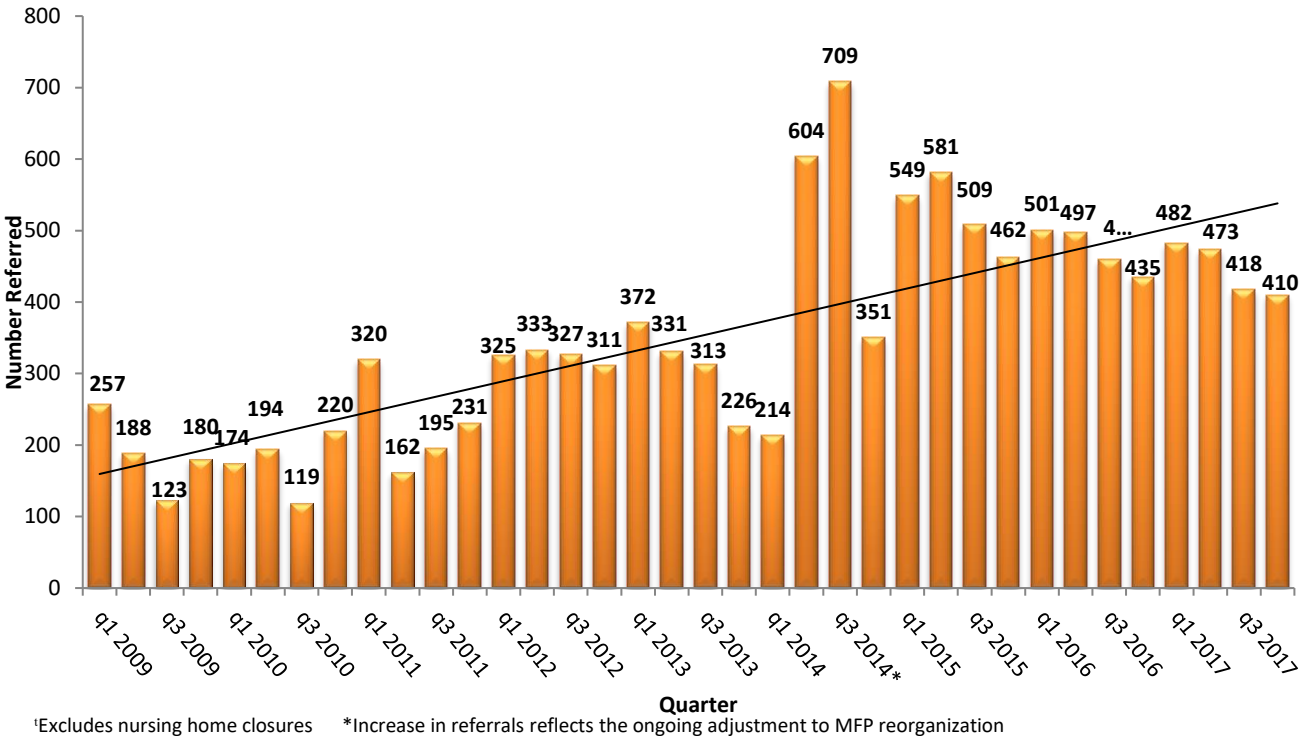






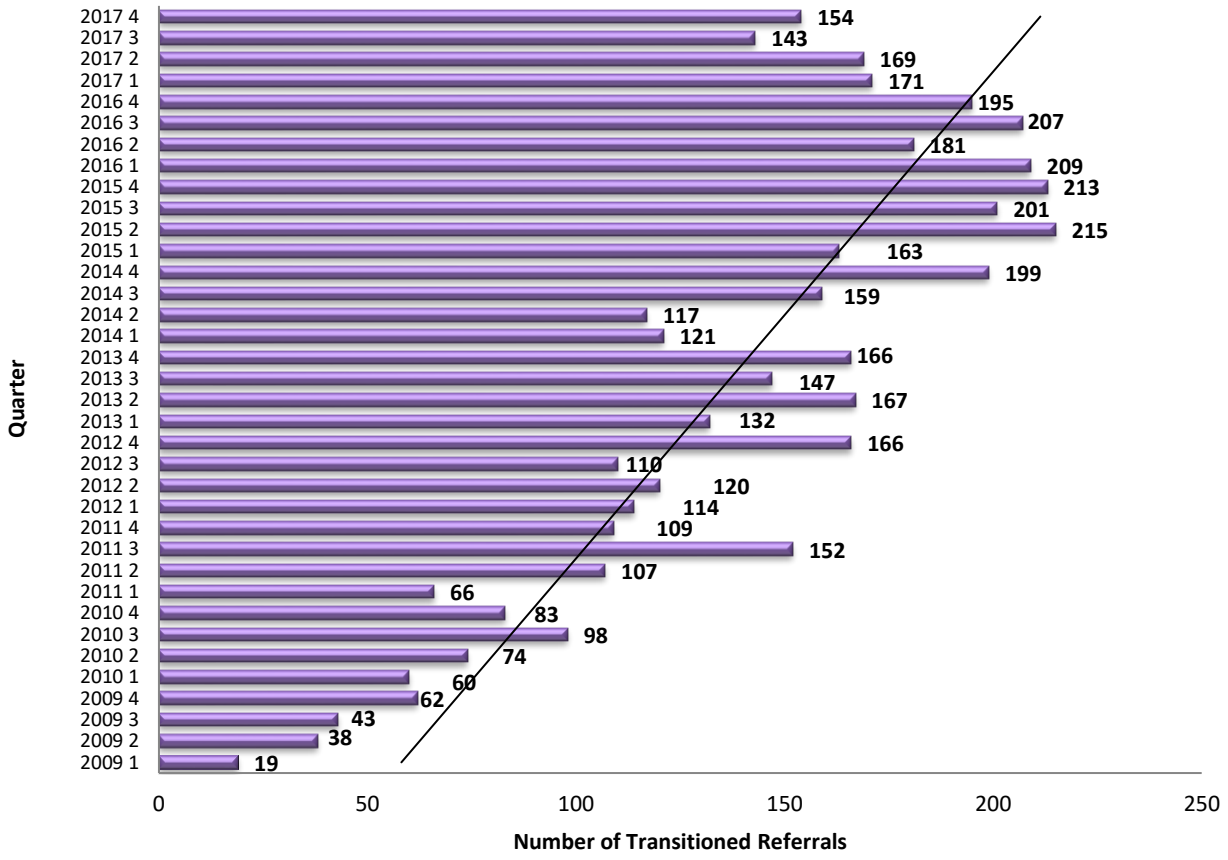


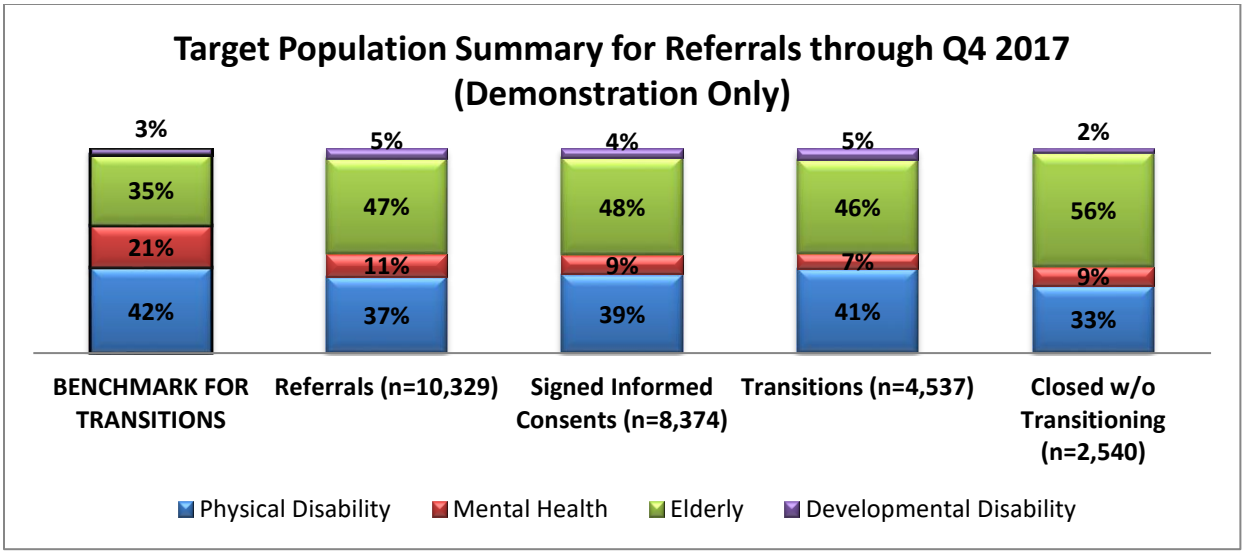
Referrals to Transition Coordinators[t]: Q1 2009 to Q4 2017

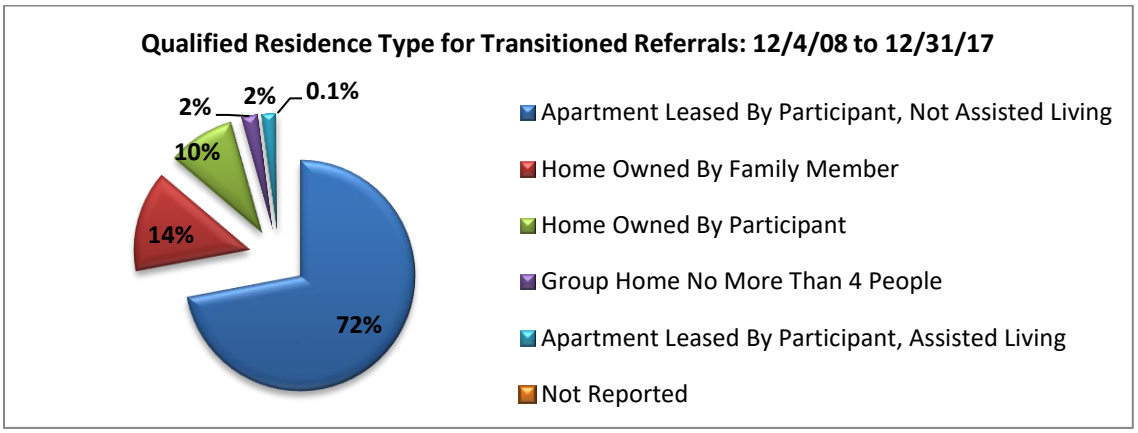


[t]Excludes nursing home closures *Increase in referrals reflects the ongoing adjustment to MFP reorganization

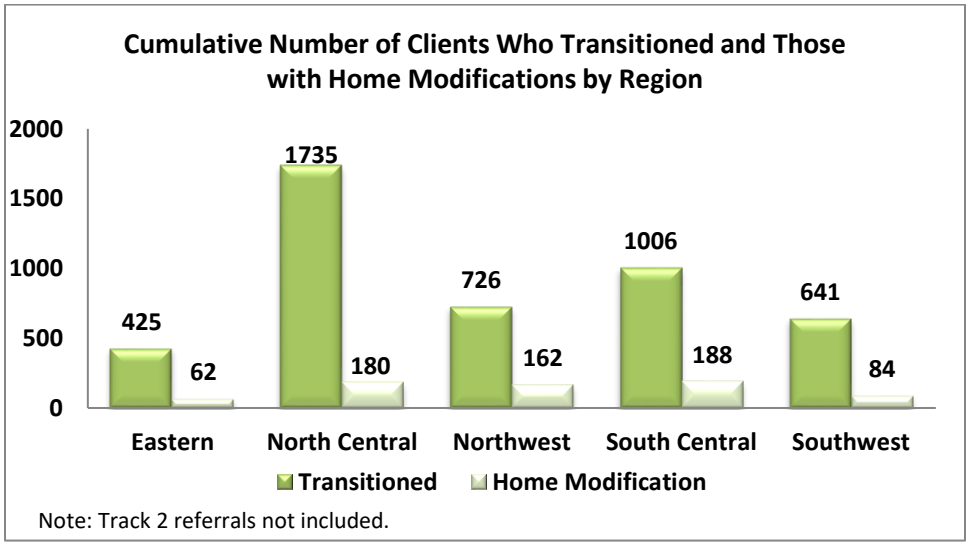
Number of Transitions by Quarter: 12/2008 - 12/31/2017



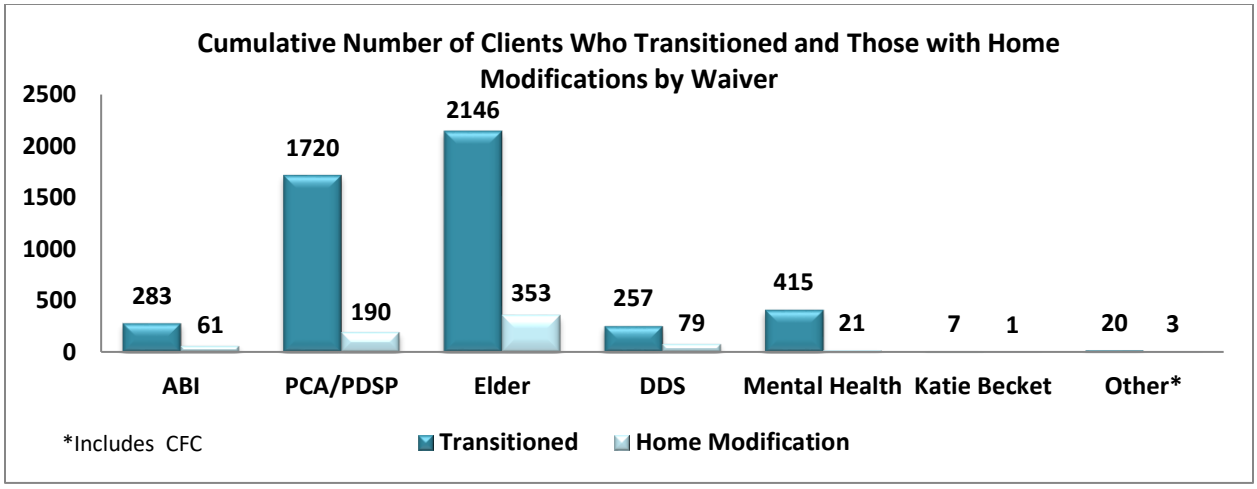


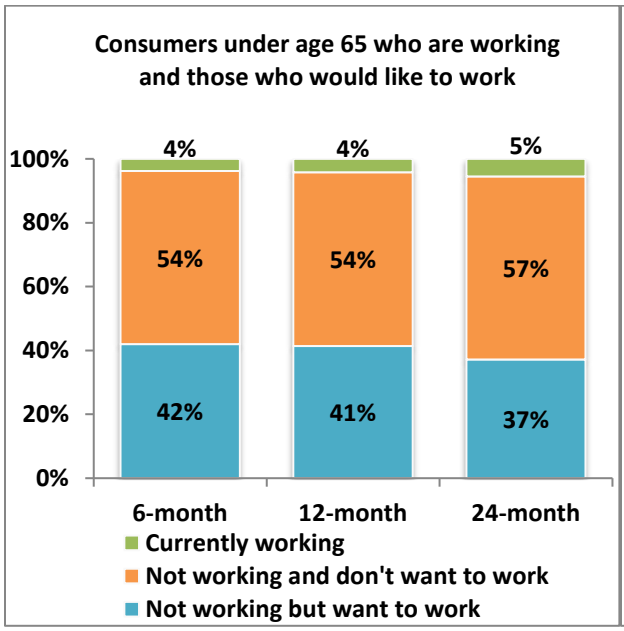


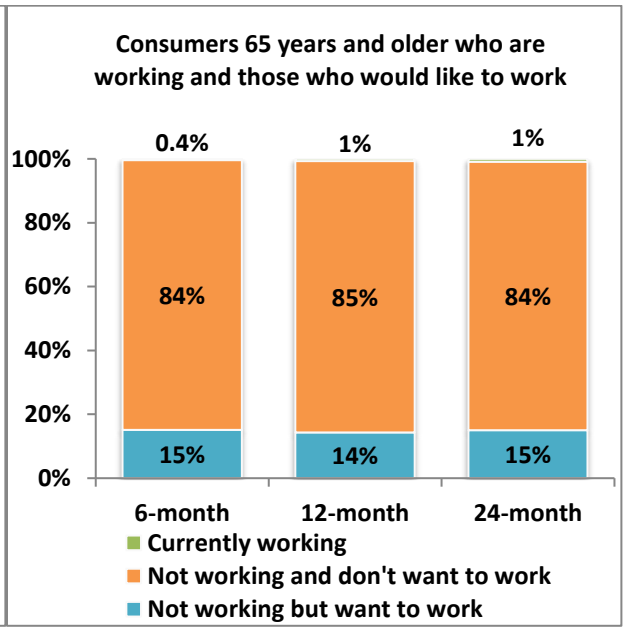
Reinstitutionalization: 12% (498) of participants who transitioned by Dec. 31, 2016 were in an institution 12 months after their transition.*

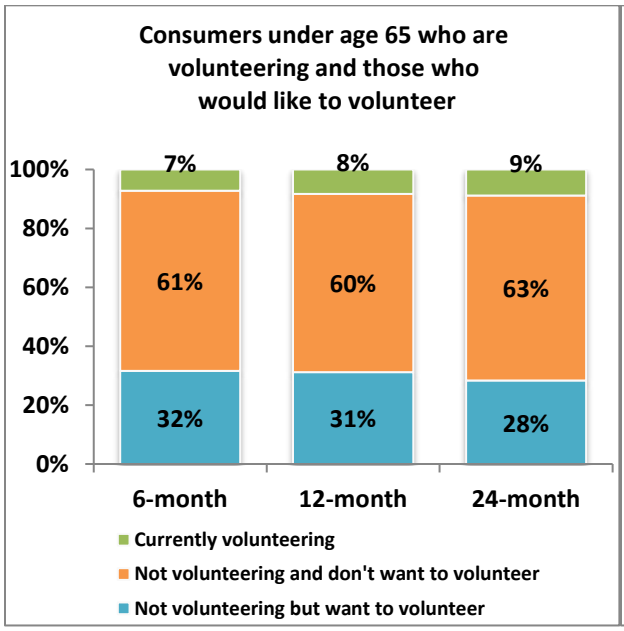


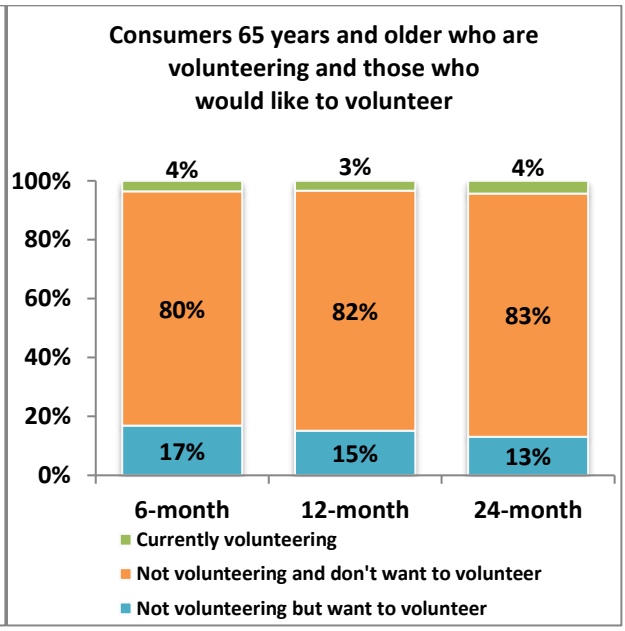
*Corrected calculation


Cumulative Number of Clients Who Transitioned and Those with Home Modifications by Waiver
2500
2000
1500
1000
500
0
283
61
1720
190
2146
353
257
79
415
21
7
1
20
3
ABI
PCA/PDSP
Elder
DDS
Mental Health
Katie Becket
Other*
*Includes CFC
Transitioned
Home Modification

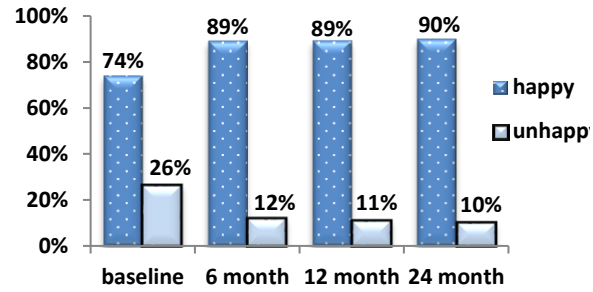

Consumers under age 65 who are working and those who would like to work
100%
80%
60%
40%
20%
0%
4%
4%
5%
54%
54%
57%
42%
41%
37%
6-month
12-month
24-month
Currently working
Not working and don't want to work
Not working but want to work

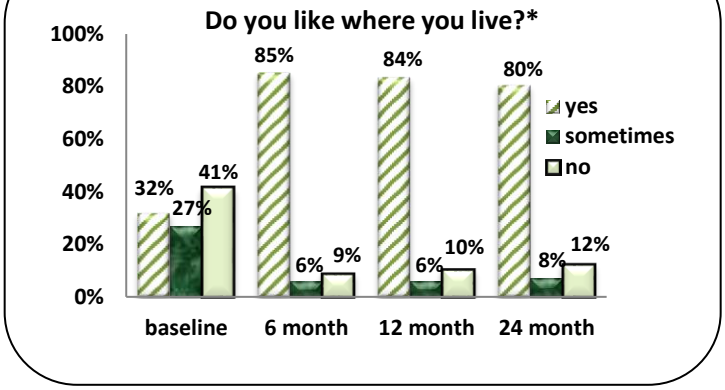

Consumers 65 years and older who are working and those who would like to work
100%
80%
60%
40%
20%
0%
0.4%
1%
1%
84%
85%
84%
15%
14%
15%
6-month
12-month
24-month
Currently working
Not working and don't want to work
Not working but want to work

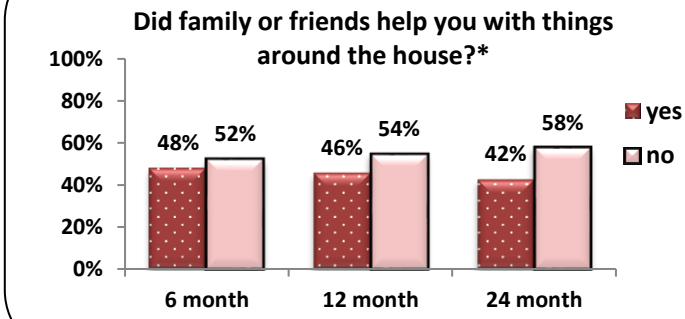

Consumers under age 65 who are volunteering and those who would like to volunteer
100%
80%
60%
40%
20%
0%
7%
8%
9%
61%
60%
63%
32%
31%
28%
6-month
12-month
24-month
Currently volunteering
Not volunteering and don't want to volunteer
Not volunteering but want to volunteer

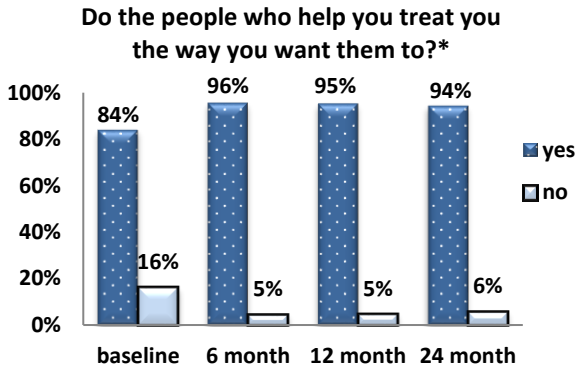

Consumers 65 years and older who are volunteering and those who would like to volunteer
100%
80%
60%
40%
20%
0%
4%
3%
4%
80%
82%
83%
17%
15%
13%
6-month
12-month
24-month
Currently volunteering
Not volunteering and don't want to volunteer
Not volunteering but want to volunteer

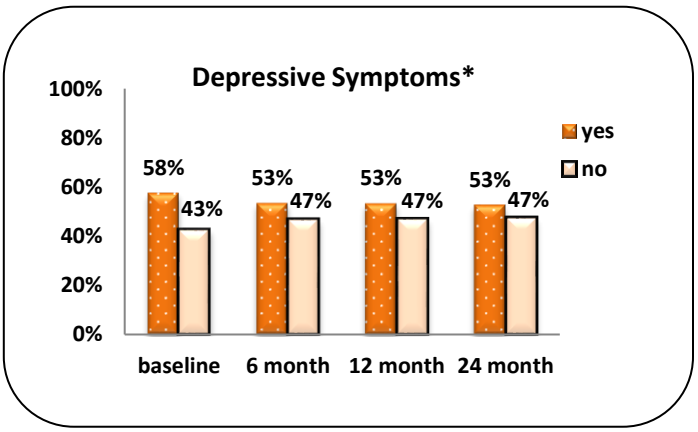
MFP Quality of Life Dashboard As of 12/31/2017

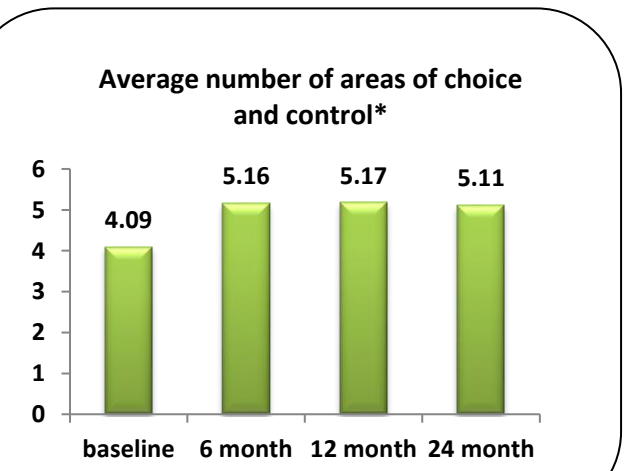


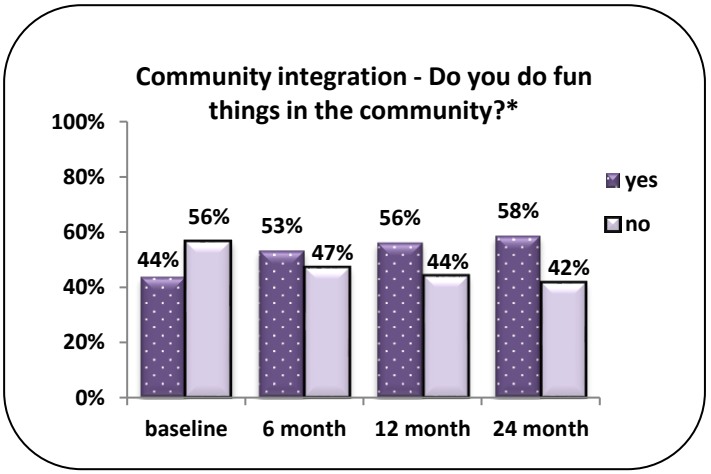












*indicates statistically significant differences

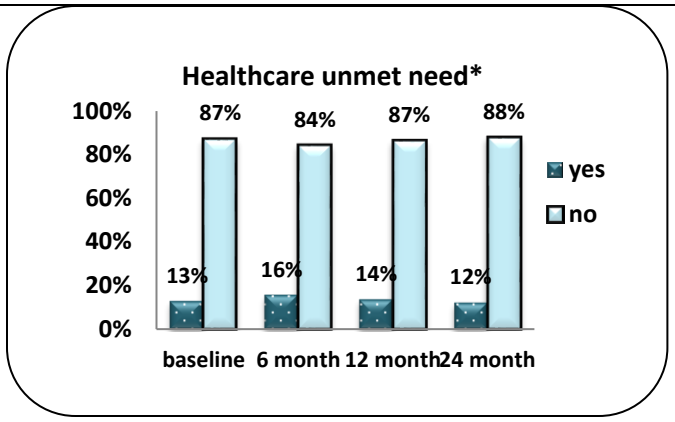
Quality of Life Interviews Completed
(Cumulative data through 12/31/17)

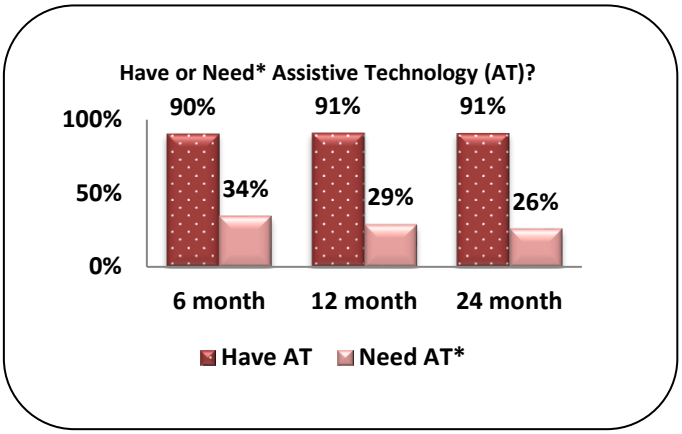
Baseline interviews done prior to transition, n=4884

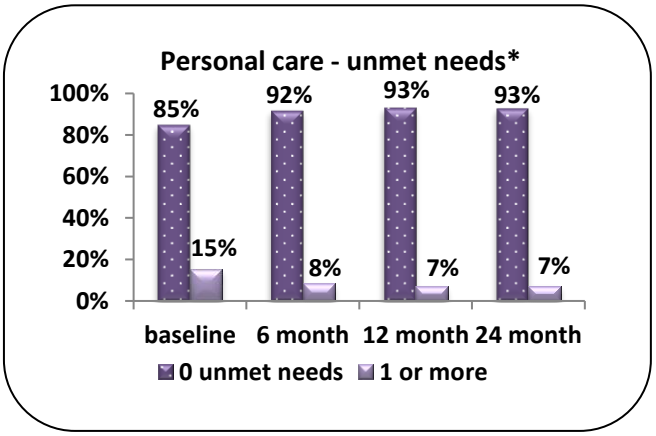
6 month interviews done 6 mos after transition, n=3738

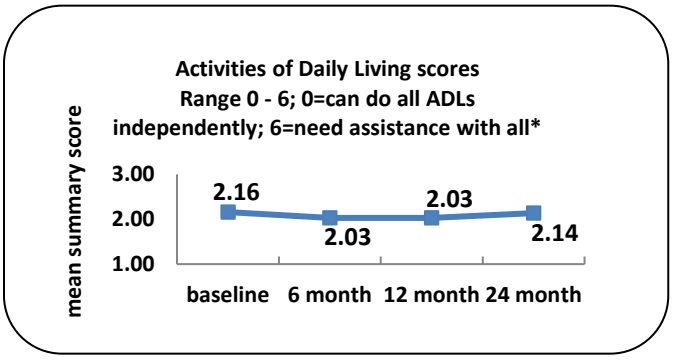
12 month interviews done 12 mos after transition, n=3345

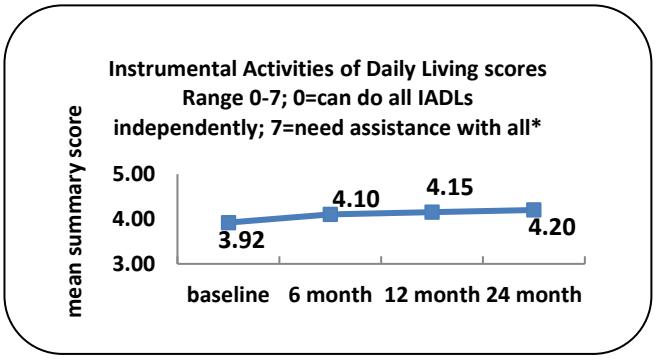
24 month interviews done 24 mos after transition, n=2412

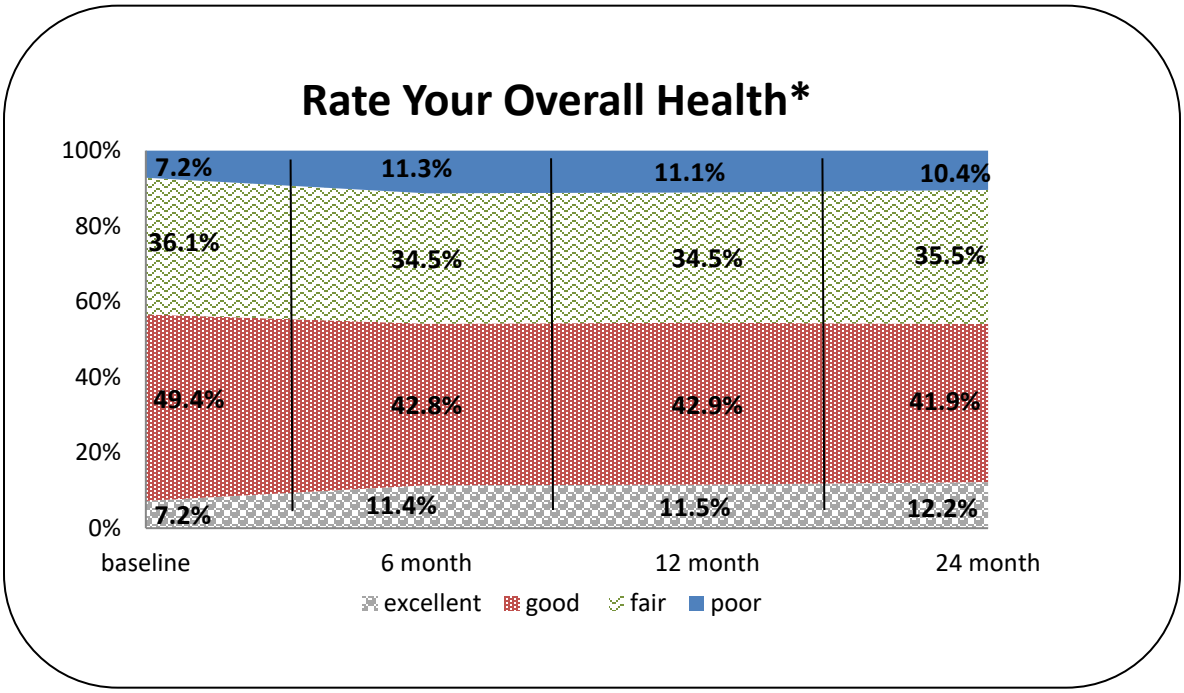


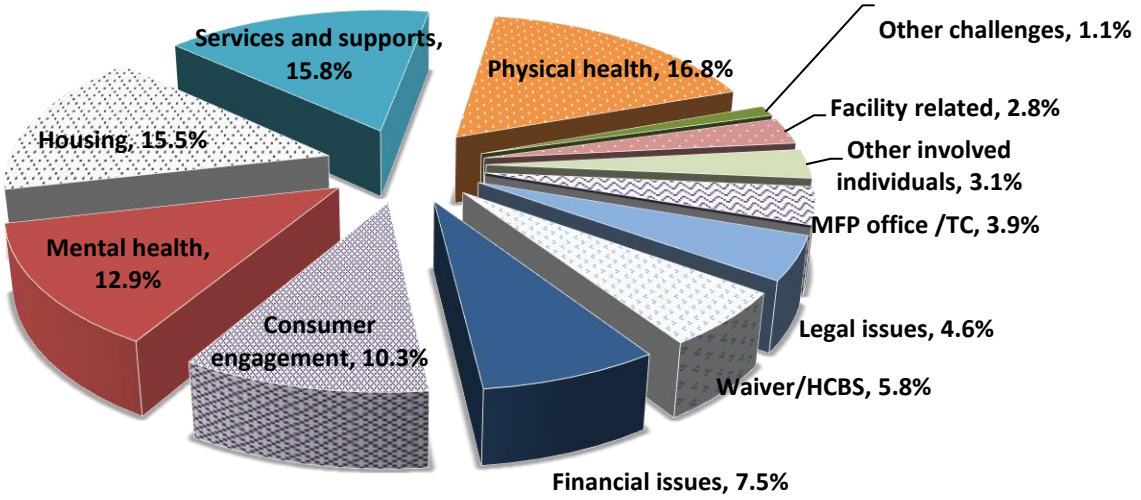












Transition Challenges through 12/31/17

Transition coordinators (TCs) and specialized care managers (SCMs) complete a standardized challenges checklist for each consumer. There were a total of 13,931 MFP referrals to SCM Supervisors. Challenges checklists were completed for 9,364 of these referrals, representing 8,594 consumers. Excluding the referrals which indicated "no challenges," the challenges checklist generated 56,907 separate challenges. Of these, the most frequently chosen challenge was physical health (16.8%), followed by challenges related services and supports (15.8%), to housing (15.5%), mental health (12.9%), and consumer engagement (10.3%).

Type of challenge by transition status

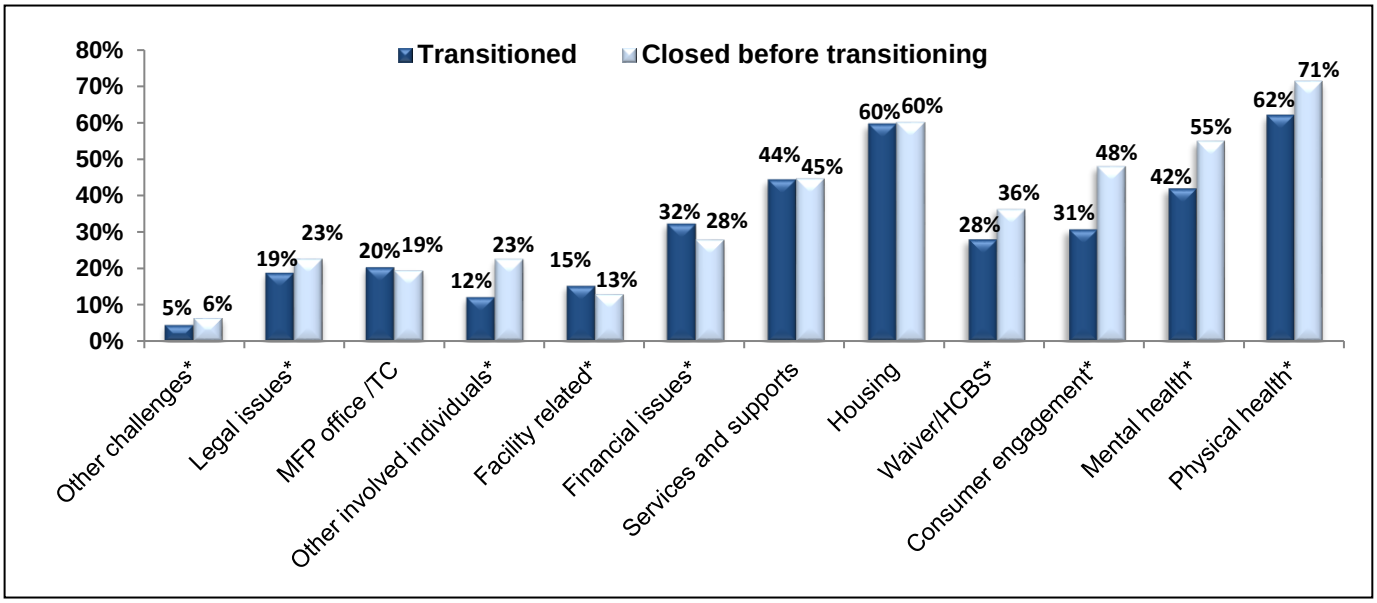
The figure below shows the percentage of each group (those who transitioned and those who closed before transitioning) which had each challenge. For example, of the referrals that closed without transitioning, 71 percent had a physical health challenge. Conversely, 62 percent of referrals that did transition 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.

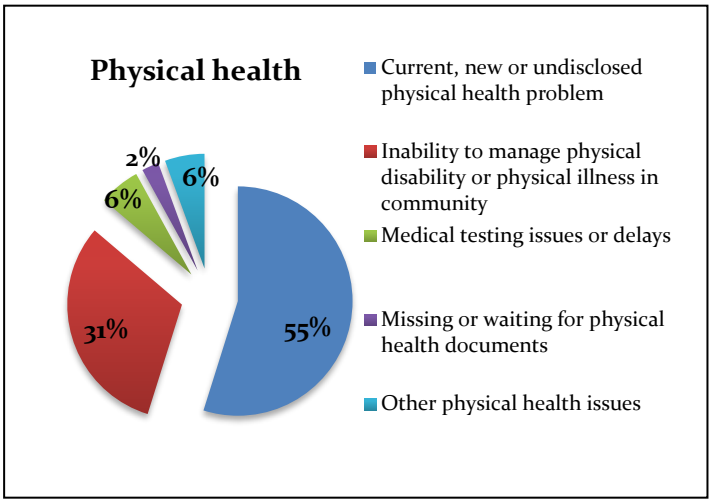
http://health.uconn.edu/aging/research-reports

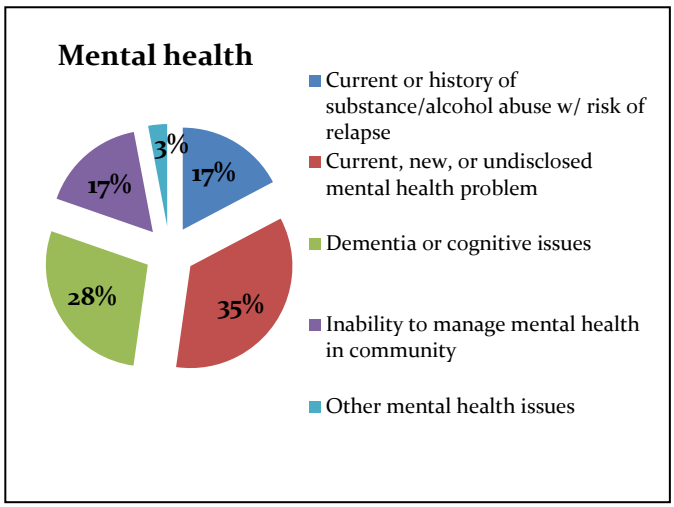
click on the Money Follows the Person tab

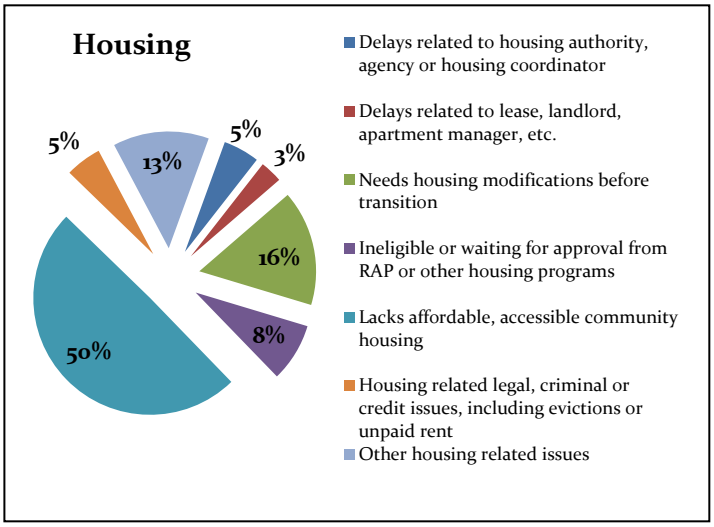


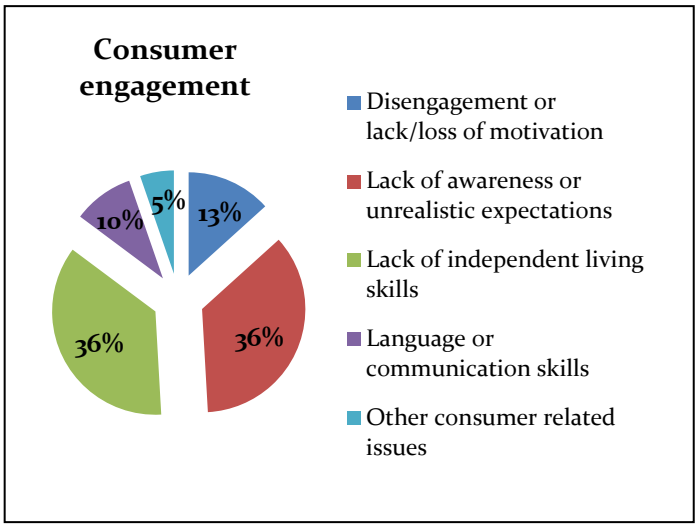
Types of Challenges – through 12/31/2017

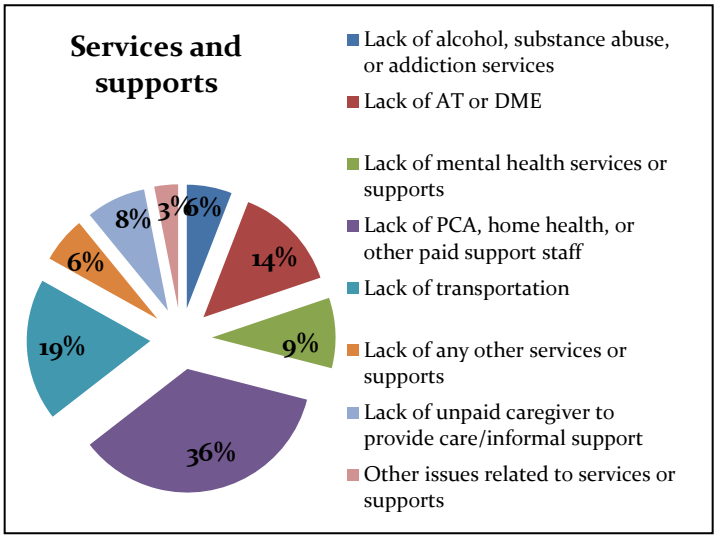
Shown below are the six most common challenge types

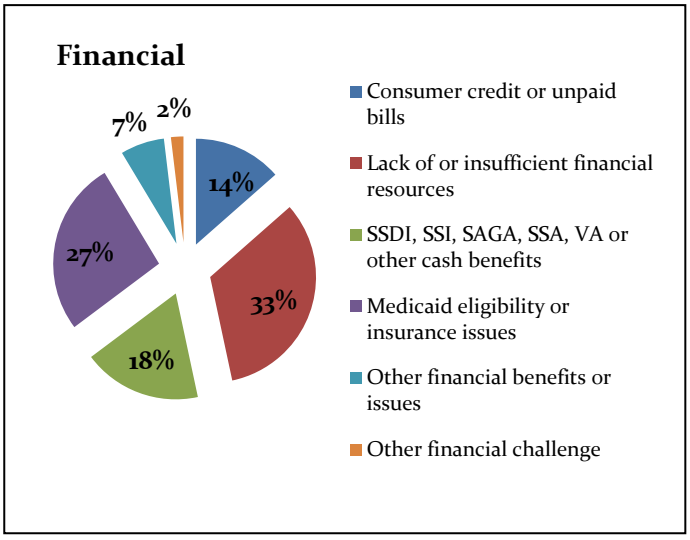






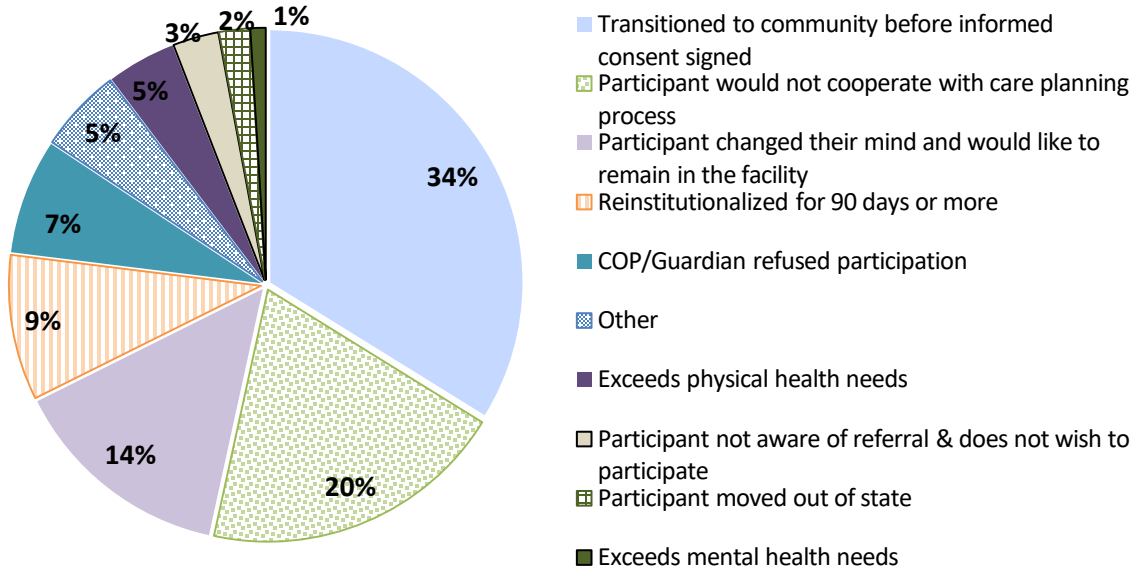






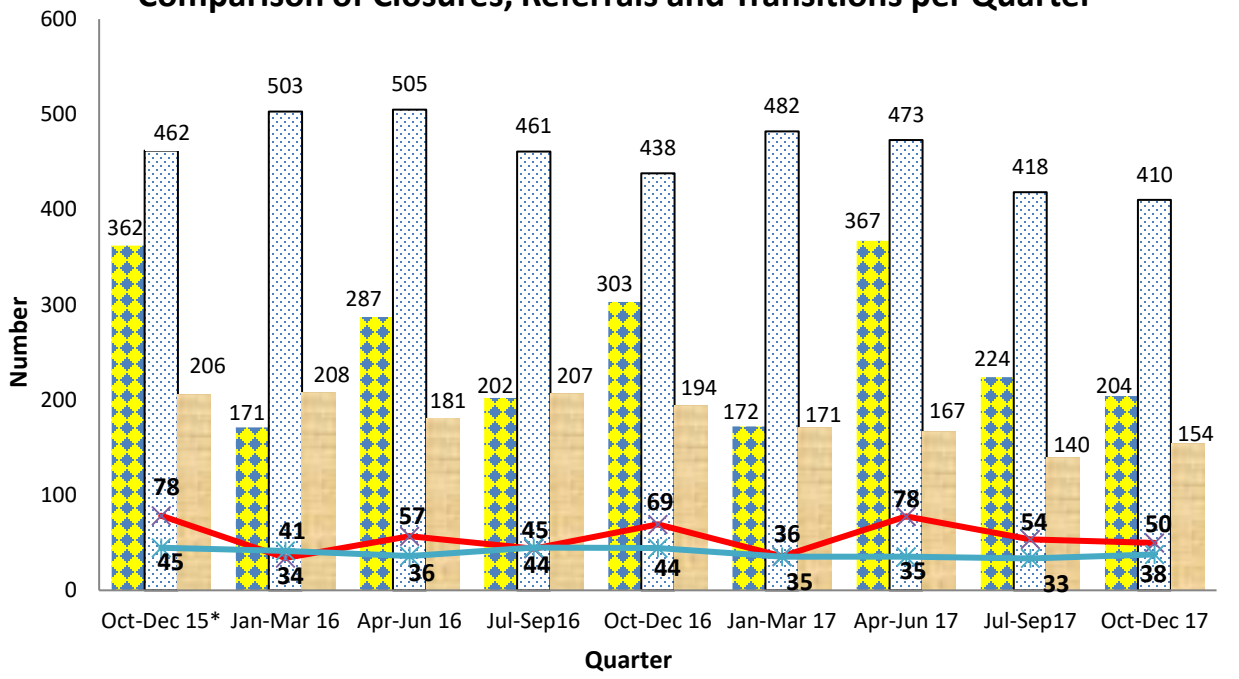
For the full report on transition challenges through 12/31/2017, use the link on page 7 to get to the Center on Aging website.

Percentage of Closed Cases by Closure Reason: Oct-Dec 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 excluding: died, nursing home closure, completed participation, non-demo transition services completed

New referrals excluding nursing home closures

Total cases transitioned

Closures per 100 new referrals

Transitions per 100 new referrals

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

Meet Keith Bullock

Photo Credit: Christine Bailey

I stepped into an apartment filled with the aroma of homemade sauce simmering on the stove at my interview with Keith Bullock, age 59, and a former chef. As a graduate of the Culinary Institute of America, he spent the later part of his career cooking for the NY Yankees and serving 25,000 fans "much more than just hot dogs," he says with pride. Then in 2014, osteoarthritis and peripheral neuropathy in his right foot made it too difficult to stand all day. An operation to fuse his ankle led to complications with an infection post-surgery and he needed to have his foot amputated in 2015. During the year he spent in nursing homes, he was finding it hard to "wrap my head around the amputation" and the dramatic change in his once active life. At the nursing home, he found himself sinking into depression, despair and hopelessness in an environment with those who were much older and sicker.

He is extremely grateful to the director of the nursing facility who first gave him the Money Follows the Person (MFP) information. He said that MFP "stepped in at the right time to rescue me. This program is a God-send, a true life saver where I saw my only alternative was living in a homeless shelter." He was "overjoyed" with the first apartment that his housing coordinator found, which was only 2 blocks from his former apartment and felt like his prayers had been answered. His transition coordinator made the process of moving to his new apartment easy by providing furniture, household goods and two weeks of food. They also told him about ordering his food on-line and the delivery service through Stop & Shop's Peapod. He did not need any home modifications, although his landlord would have obliged. He feels that people in a nursing home need to know about this program. For him, it was like "an angel had swooped down and rescued me from doom."

Keith continued out-patient physical and occupational therapy. Once he was fitted with his prosthetic leg & foot, he worked hard to find his "footing." He lost 40 pounds in 8 months by walking on his new limb and eating healthier. He drives himself everywhere. In fact, he and his son, whom he had not seen due to his enlistment in the navy, drove across the United States together stopping at the Grand Canyon and Monument Valley this past April/May for Keith's birthday. He said good-bye to his son who is based in San Diego and drove himself back to CT. He is also father to three daughters, who are now living together in Philadelphia, finishing college and starting new careers.

Keith spoke about wanting to volunteer with the Wounded Warrior Project and returning to the workforce. His former professors at the Culinary Institute of America have inspired him to now think about teaching as a way to reenter the workforce. He will receive his second prosthetic, another challenge to master, but I have no doubt Keith will realize his goals with a positive attitude and the faith that lead him to MFP.

Keith Bullock feels like he has emerged from despair to a new life. His analogy is one from nature, "I feel like I went from a caterpillar to a butterfly."

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.