



Money Follows the Person Rebalancing Demonstration

Process Evaluation Year 9 January-December 2017

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Table of Contents

Introduction	1
Methods and Analysis	1
People Participating in the Process	2
Resources	4
Housing Coordination	6
Program Achievements	27
Program Barriers and Challenges	35
Education and Training	53
Universal Assessment	57
Sustainability	64
Conclusions	72
Recommendations	74
References	78
Appendix A: Key Informant Interview Guide	79

Introduction

Information for this process evaluation came from the analysis of interviews with key informants reflecting on the operation of the Connecticut Money Follows the Person (MFP) Demonstration from January to December, 2017, when the ninth year of program operation ended. Objectives of the annual process evaluation are to monitor program activities and gauge how well they are delivered and to explore the impact of program resources on consumers, the program as a whole, and rebalancing in Connecticut (CT). The process evaluation also helps determine what is not working and provides information to improve implementation and strengthen program effectiveness.

MFP involves many stakeholders at multiple levels, including administrative staff, MFP contractors, the Long-Term Services and Supports Rebalancing Steering Committee, advocates, Medicaid Home and Community-Based Services (HCBS) waiver managers, Access Agencies, Independent Living Centers, and field staff who work to transition consumers from nursing homes and other institutions into the community. Key informant interviews were conducted by the UConn Health, Center on Aging MFP evaluation team with a sample of these stakeholders. Questions for the key informant interviews appear in Appendix A.

Methods and Analysis

Twenty-six key informants completed telephone interviews sharing their experiences in the ninth year of program implementation. Administrative respondents included: the MFP Manager, Community Options Strategy Group; Director, Community Options Unit; Director of the Division of Health Services; two MFP Central Office (CO) Staff, and the two Co-Chairs of the Steering Committee. Other respondents included the directors or representatives of three contractors, one fiscal intermediary, and three Medicaid HCBS waiver managers (some respondents held multiple roles). A total of fourteen field staff were interviewed and included: two Specialized Care Manager Supervisors; two Specialized Care Managers (SCMs); three Transition/Housing Care Coordinator (TCHC) Supervisors, two Transition Coordinators (TCs), and five Housing Coordinators (HCs).

To gain a better understanding of MFP housing coordination practices, a special focus of this year's process evaluation, field staff were selected using purposeful sampling and members of teams from the five regions (e.g., Eastern, North Central, Northwest, South Central, and Southwest) were interviewed.

Each interview assessed the respondent's observations and experiences about their own role, resources utilized in reaching transition goals, housing coordination, MFP program achievements/best practices and barriers/challenges, education and training, the Universal Assessment, and sustainability of the program in 2017. Responses from all respondents, including comments and suggestions, were synthesized into this report. All interviews were audio-taped and transcribed. On average, interviews lasted 43 minutes. All were analyzed using ATLAS.ti, a qualitative data analysis program. Overall results of the analyses fell into the following eight categories:

- ◆ People Participating in the Process
- ◆ Resources
- ◆ Housing Coordination
- ◆ Program Achievements
- ◆ Program Barriers and Challenges

- ◆ Education and Training
- ◆ Universal Assessment
- ◆ Sustainability

People Participating in the Process

In the evaluation this year, respondents were asked about their role, what makes their work meaningful to them, and how their role creates positive change in the long-term services and support system (LTSS). Responses were divided into the following subheadings.

- Meaningful Work or Role
- Contributions to Positive LTSS Change

Meaningful Work or Role

Respondents described many reasons their MFP role was rewarding including the opportunity to help consumers be more autonomous, provide a better quality of life for consumers, and support staff in their goal of successfully transitioning consumers to the community with the necessary services. Overall, respondents described a sense of fulfillment in being able to positively impact consumers' lives, particularly giving consumers hope and the ability to be more independent while living in the community.

Some field staff supervisors expressed meaning in utilizing their leadership role to mentor staff. Others mentioned MFP's mission and satisfaction in seeing how hard their field staff work to accomplish it. In addition, supervisors acknowledged the stress that often accompanies the transition process and their role in being able to help field staff cope with it. Administrative level key informants also expressed meaning in being able to assist field staff in finding solutions to problems and supporting the need for changes to improve processes and the program.

Sense of Fulfillment

I really like helping people and being able to help people pursue their goals, especially the goal for the person to move out of the nursing facility, live in the community, live in their own home or apartment and have the services and supports that they need. I really like being able to assist with setting up those services and getting the person really set and setup for success in the community. And then I also really enjoy when a participant tells me how happy they are when they're in the community, how great things are going or if they're encountering any challenges, how I can help them and just being with them through that process and seeing how the person changes over time.

I had a consumer that I think the facility pretty much I felt gave up on him. I got an update not long after he moved out of the facility that he was walking. He is happy. He is just thriving, and so that made me, the job, everything worth it. So that for me personally was a huge achievement just to give this guy his life back.

Actually finding and locating accessible housing for people who otherwise wouldn't be able to come out in the community to live with supports. That makes it meaningful for me ... This gives them a sense of hope and they can return back to their community and have some space of their own and identity and independence, as opposed to someone all day long dictating to you how things are going to be.

Leadership Role

I really love assisting my staff with consultation on complex cases, offering coaching and mentoring. I really enjoy the leadership role. And it's a very complex system in MFP, so

it's been a real challenge to sort of understand all the nuances, and I'm still learning, but I feel like I'm able to now – I have a good understanding of the program, and I can really assist my staff with understanding all the nuances of the program.

Helping my staff who deal with the stress of it every day understand how their role has positively affected those individual consumers that we deal with on a daily basis, even if the stress of working with Money Follows the Person is a high level of stress, that what they do really does positively affect individual lives as we go through the transition.

One other piece of my role includes kind of management reports and developing them, so one of the things that has become more and more meaningful is using some of the data that I'm seeing to help inform change. And providing the technical assistance to the field allows me to really see where the gaps are, what are the problems, and how can I possibly find a solution using regulations, using data, using anything I can to support the need for certain changes.

Contributions to Positive LTSS Change

When asked how their role creates positive LTSS change, respondents described how they contributed to a paradigm shift from the medical model to a more person-centered way of allocating services and supporting people who choose to live in the community. Contributions to positive LTSS change included the difference that listening to and advocating for consumers has made and the importance of thinking creatively in managing programs to improve their quality.

Everyone has a right to be able to live in the environment of their [choice] – MFP was a paradigm shift. It helped get access to that for them ... They may have been evicted seven times, but we still worked on getting them housing so that they could return back home and live their full life the way they wanted to. So I think it's the person-centeredness.

I feel like we do make a change just because of our philosophy and background, which can sometimes be different than the medical model that they're used to. I think advocating for consumers and really listening, it does make a difference, and it's made a difference in the way services are distributed in the State now.

Additional contributions to positive LTSS change included forward movement in rebalancing efforts amid tighter budget restrictions, the cost saving outcomes of MFP transitions, and additional workforce opportunities related to transitioning people to the community.

As their supervisor, I get personal satisfaction knowing that they're moving the Medicaid rebalancing initiatives along.

... getting consumers out not only makes them happier with their lives, but it also lowers the cost of the State for housing them rather than keeping them in the long-term facilities.

Well, I think just setting people up in the community, it does increase the workforce that supplies long-term services. There's more of a demand, and I think that does in itself create that kind of positive change. It gives more people opportunities to move into the community.

Respondents suggested that educating community partners about consumers' autonomy and the feasibility of a transition is necessary to affect positive outcomes. Key informants felt that working collaboratively with those partners and the consumer after transition to the community contributed to the identification of successes and barriers, to better quality assurance, overall

outcomes for MFP and those participating in it. Given the current opioid epidemic, another important contribution to positive LTSS change included providing specific services for those with mental illness and/or substance use disorders (SUD).

I think my role has been critical in helping staff in elder care management understand the possibilities that are available to even our oldest and frailest consumers in the community. I think [agency] has had a very important role in working with community partners, including the municipal agents, human services personnel from all of the municipalities. Working with the provider network to understand the complexity of the consumers that will be transitioning back into the community, helping them understand the ability for a consumer to choose, to make choices regardless of whether we agree or disagree with those choices. We spent a lot of time working with the provider community in supporting them when they had consumers that traditionally would have been discharged from service.

So I'm always appreciative of the Department of Social Services' collaboration with the Access Agencies. And I feel like [in] my role as a manager, I've been given a platform to work collaboratively with them to move forward strategic ideas and identify barriers and what's not working, what is working, and really move toward the best goal for everyone.

... some of the most significant Demonstration services that we're running right now have to do with substance abuse, peer support intervention for individuals who have some functional needs related to substance abuse, and employment needs ... the number one opioid epidemic obviously is out there and I think it's a huge problem in the United States, but also because I think that people with substance abuse and then also people with mental health disabilities are still discriminated against in society. And so to the extent that we can really start to be part of a demonstration that changes the perception of how those people are integrated into community and how they're accepted by community, that's just incredibly important to me.

Resources

Respondents were asked what specific CO resources or functions were the most helpful to them and/or their staff. Outcomes show that CO was a key resource in assisting respondents reach their team's or staff's transition goals. Overall, respondents underscored CO's expertise in helping them address challenges and potential barriers to transitioning consumers on a case by case basis. CO staff were described as having extensive knowledge regarding eligibility, housing, the web, budgets, reimbursements, and/or assistive technology.

Although supervisors and field staff reported they typically tried to solve problems within their own agency first, when they needed additional assistance they contacted CO and found their expertise useful. A few respondents expressed frustration regarding difficulty in being able to speak directly with CO staff when problems emerged, suggesting it was more time consuming going through managers and supervisors first, and they weren't confident they were given an accurate response because they did not hear it firsthand.

Our [agency] staff is seasoned. We've learned well how to handle those [normal] transitions, but when we have barriers that we're unable to get past here in the [agency], being able to go back to Central Office and discuss it with them one-on-one, having a person that we can call that's going to pick up the phone that really does look at that consumer's case specifically and help us try to get past the barrier. So that's definitely helpful when it comes to every aspect of transitions, whether it's the utilization review nurses with the care plans or the transition coordinators needing help with Title 19 or housing coordinators needing help with barriers with either the Housing Authority or with

the landlord specifically. Having that ability to call and speak through a difficult situation and get their expertise on it and try to get past it is really what I look to them for most.

The field staff go through their supervisory channels first and if the supervisory channels cannot address the question, then it kicks up to me and I need to go to Central Office and figure out the appropriate person to address whatever the question or issue is. And I think they're trying that at the moment to see if that's useful. But I know that some input I've had from my staff is they're less than happy with doing that because it takes time, and I think that they're concerned about making sure that their issue is conveyed accurately so that they get an accurate response in return. And they feel comfortable when they're able to have that conversation directly with the folks who are providing that information.

Given that CO has the ability to access the most accurate and recent information, which is not always available on the website, many respondents mentioned that CO provided clarity specifically for eligibility questions. Respondents reported their dependence on the expertise demonstrated by CO's staff and utilization nurses regarding care planning, eligibility, consumer safety issues, their notes on the web, and the feedback they provided. Working collaboratively with CO in creating an individualized plan of care for those with special circumstances was particularly helpful. Although email was mentioned as a common mode of contacting CO, several respondents stated their preference for direct communication (e.g., phone call or case conference – team meeting), saying it offered an opportunity to directly apply information to specific cases, and to ensure the information was current.

I think being able to get direct feedback from different people at Central Office for my role, especially from the nurses about care planning, safety, really having that open dialogue and being able to see what the nurses and other Central Office staff document right in the web. I like that all of the communication is right there. It's live. I can see the notes that Central Office puts in. They can read my notes to really have good continuity and good communication. I like the collaboration between Central Office and our agency. I think that's really helpful to be able to even call someone at Central Office and talk through a case. I've done that with the nurses before, had a case conference. I think also it's helpful to be able to email and have that quick communication. I think that's very helpful.

I would say teaming meetings when we actually can sit down together. It's hard when they just shoot me off an email if I can't get the full picture of a case. Where I'm actually able to sit with them, discuss what's been done, kind of problem-solve what does the individual want. And also I find it's helpful when they understand why there are certain answers to questions. Sometimes we just give directives, and that doesn't help them on the next case or help them implement the change that we're looking for. That when we're able to explain why we're doing something or look at how we can apply what we're showing them to several different cases, I think that that's the most helpful.

Other Resources

Other resources mentioned by respondents included seeking assistance from staff within their agency, information from their managers/supervisors, other team members, and/or agency policy and procedures manuals. Some respondents referred to Connecticut's Department of Housing (DOH) as a resource, specifically subsidized housing programs including Section 8 and the Rental Assistance Program (RAP) that are administered by John D'Amelia and Associates (J. D'Amelia). Resources included the utilization of outside sources, such as federal policy and Centers for Medicare and Medicaid (CMS) staff, and nationally experienced experts like those at the Technical Assistance Collaborative (TAC), a non-profit collaborative consulting organization

known for its leadership in policy and competence to answer questions regarding policy at the federal, state, and local government levels. Google was also mentioned by respondents as an important and commonly used resource.

... we tend to go through our DMHAS Regional Manager ... She's a wealth of information for ... MFP in general, and ... when it comes to systems and MFP in particular. So she's a go-to person. And then ... the Program Manager for [DMHAS] for the Mental Health Waiver.

Everything has to go through them [J. D'Amelia]. So a lot of times we'll have questions especially regarding consumers with questionable backgrounds, evictions, or credit issues, different kinds of criminal backgrounds and they'll be able to give us an idea of what's the most feasible route for them, if they think that they'd be able to be granted or not, so we can have a candid conversation with the consumers. And then if they still want to go forward, we can still do that and leave it up to J. D'Amelia to give us a final answer; but it does give us a lot more information to provide the consumers.

I think one of the biggest and most important things for me is to constantly use the Technical Assistance Collaborative (TAC). Google is my friend. I'm always trying to research what's happening in other states. I think the biggest resource that I have is some of the people that I've met along the way as I've learned more and more and gotten involved in housing.

Housing Coordination

Transitioning back into the community to live in less restrictive housing options that are connected to services allows for personal independence – a sense of control, privacy, and the freedom to make one's own choices (Koenig, 2015). Adequate shelter in the community forms the foundation of basic needs, and as such, is increasingly viewed as an important determining factor of well-being in life, impacting health and affording opportunities for “upward mobility” through health changes or other factors (Butler & Cabello, 2018, p. 1). Given that people need accessible, adequate, safe and stable housing and that positive outcomes demonstrate the efficacy of linking affordable housing with health care services, housing coordination was selected as a special focus of this year's process evaluation (Dohler, Bailey, Rice, & Katch, 2016).

Housing coordinators and their expertise in providing housing coordination services are invaluable to the MFP transition team. To better understand these services, Key informants were asked about any training they received on housing coordination, when the training was received, if it was helpful, and any suggestions to improve the training. Respondents were also asked about housing resources and where they go to get answers to housing questions, how they develop their housing inventory, and recommendations for a “Housing Best Practices Report.”

Housing Coordination Training

Half of the twenty-six key informants participating in this year's process evaluation made general comments about housing coordination training, including knowledge about training received by co-workers and/or staff. Most of these reported that any training received was from other housing staff in their agency, supervisors, or training provided in breakout sessions at the MFP retreats. A few respondents stated that housing training was provided by contractors. Some respondents referred to the monthly housing calls and blog originating with CO as informal training, but most considered these as informational resources and not formal housing training. Respondents also mentioned learning about housing through emails from CO; in 2017, these were primarily related to updates about CT811 or the Rental Assistance Program (RAP) that is

the state-funded program for assisting very-low-income families to afford decent housing in the private market.

It was very informal. When I started, we had a housing coordinator that had been doing it for over a year and [they] kind of just showed us the ropes, and a lot of it we just learned as we went.

The retreats are a very good place for training, the breakout sessions. Housing calls are a great help with anything that's changing or any questions you have, the case reviews we do.

Absolutely. I think they're [the retreats are] helpful. They have the breakout sessions, so we – each breakout as far as housing, transition coordinators, so we're able to put faces on people. We're able to network there while we're there, bring up any problems we have, and get feedback from others, which I think is great.

Six key informants, including three of the five Housing Coordinators (HCs) interviewed, reported having formal housing training. The training received was either at CO many years ago or more recently within their agency from co-workers, at the retreats, from state housing agencies, or on the MFP web.

Other co-workers pretty much gave me the training ... There's trainings on the web, which we're able to go through like PowerPoint slides ...

The first training came from the transition coordinators I worked with, and I kind of had to learn a lot on my own also.

We receive training all the time. Central Office is always having seminars and retreats on housing to try to keep us up to date ... And they have a lot of information on the blog now. Tamara tries to keep that updated ... And then also with the Housing Authority, J. D'Amelia, who they contract with. They provided training a few times also so we can understand the lease-up process.

Usefulness of Housing Coordination Training

When asked about any housing coordination training received, the few that received training at CO stated it was comprehensive and helpful. A few respondents stated any training received was helpful in keeping them informed about housing related changes occurring in the program. Some respondents reported that the training received was not formal, mostly focused on the basic housing process, and/or while helpful to learn about was not applicable to their situation. Other respondents had mixed feelings about the training received and suggested that while learning about the basics of housing was important, much of the training happened on the job.

Well, the training is helpful because MFP is always changing and to keep abreast of how other states also are doing, and what they're doing, and how they're doing it, and how we're doing it, and what the outcomes are in Connecticut. So I think the training is helpful because it shows you where you are and how good you're doing. So the basic training is just basic training. Everything else is just development after that.

It wasn't really a training-training. It was more like this is what's going on; this is how we're doing it. Like with the 811, they had a one-day 811 training that we learned a little bit about. And it's helpful to learn, but it doesn't apply to most of my clients because most of my clients are 65 and over, and 811 housing is for people under the age of 64.

... It was helpful to learn the most basic steps of what we do, but there are so many errors. There are so many mistakes that are made especially when you're processing paperwork that it's just been trial and error ... Formal training would have been nice, but

it's really one of those things where I think you learn as you go and that's probably the best way to learn.

Housing Coordination Training Suggestions

Suggestions to improve housing coordination training included offering in-person and online or web-based training, periodic refresher courses, and training on specific topics, such as housing processes and how to complete the paperwork.

In-Person, Online or Web-Based Training, and Refresher Courses

I continue to think that in-person training with the Central Office lead, even if it was annually, would be helpful. We do a lot of things via phone, but I think there is value in face-to-face training. Getting all of the housing coordinator staff, and maybe their managers as well, in one place for a half day housing training even if was once a year, twice a year would be great, where you can talk over any changes and barriers.

I don't know what they're doing now for new housing coordinators, but I think an online education about the job would be great for new housing coordinators. Even having that for 811 training ... and to keep up on the different changes ... with real estate, [you] go through the course, it's like a three hour course, and you have to take four of them, and you answer question. It's not to pass or fail, it's just to learn, and it's very helpful. So I think something like that could be very helpful with this program ... Even [learning] about contracts with landlords, getting into contract law and security deposits and all of that. There's a lot of training besides finding housing for people.

I think the periodic refresher, maybe even an opportunity at a retreat to have maybe a question and answer session for staff to the Housing people and not have it be separate, so that we can actually ask questions. Everybody has burning questions about housing. And maybe then like a basics for staff, like a Housing 101 for everyone, and on the role of the housing coordinator specifically and just all of the unknowns because we just did a housing referral and then we have so many of our own responsibilities as SCMS, we don't really ever get to know what's happening behind the scenes with housing.

Formal Training on Specific Topics

... we had a little bit of training on Fair Housing. I think it would help a lot to have more detailed training on that ... someone at [the retreat] from Fair Housing to train us better on that would definitely be helpful. Even training from the Housing Authority on the rent reasonableness, they gave us access to a site we can use and it's not helpful at all. So I think having them train us better on that so we can have a better idea. [HC-1_2017_12:49]

I think the paperwork because it takes up I feel like a majority of our day. Simple errors or filling out a paper that ... you think you've done it right and you find out there's something wrong with it. You need to do something else and ... I feel that's the most frustrating - learning to do the papers and they change ... we work very closely with the Housing Authority and they have all different processes so it's a lot of stuff to learn again that I feel it's not streamlined ... There's so much information coming at you.

I just think it would be good to have formal trainings on other subsidies. I know [CO] is trying to push the 811 and other subsidies, but I think it would be helpful to just have continued webinars or something just to make sure that our push for housing resources is as modernized as it possibly could get.

I think Motivational Interviewing ... especially [for] housing staff would benefit [them]. I know they struggle sometimes when you have a client who is ... saying "no" to every unit

though every unit is meeting all of their needs ... I think it's just an extra tool for them to have ...

Housing Topics Staff Would Like Additional Assistance With

When asked what topics or issues they needed additional assistance with, the greatest number of respondents reported that assistance with RAP eligibility and subsidized housing inventory would be useful, including how to access it and clearer information on what the consumer needs to do in terms of their rental responsibility. Respondents also expressed a need for help with supportive housing for consumers with addictions and mental health problems. Some respondents reported that assistance with Fair Housing and the Disability Act would be useful as well as learning how to effectively discuss housing needs with landlords.

Respondents underscored they would like to be more aware of new policies and to be more regularly updated about any program changes that occur. In particular, issues with Ascend, the approval process, and funding sources for home modifications were noted. Other respondents reported needing help with paperwork, talking to landlords, and educating consumers about housing.

Housing Alternatives

... some of the things that I noted that I would like to know more about myself would be probably more about RAP eligibility, how do folks qualify for the Rental Assistance Program, maybe some more information on the CT811, which is a housing initiative that I've gotten to hear more about in supervisor meetings, but I know my staff doesn't know anything about those resources ... I'd also like to know more about Subsidized Housing Inventory because I know that there's some subsidized apartments and things like that that we're just not truly sure how to access. We will get some emails about something and they'll list, but then it's kind of like it stops there. We don't really know what to do with that information. How do we get people in? Is that something housing coordinators can help us with? ... And then, lastly, I'm not sure what consumers' financial responsibility is once we transition them. That's never been very clear. I'll transition someone and they don't really know what their rent is or who they pay it to or when they have to start paying rent.

I think that we historically have spent a lot of time focusing just on the Rental Assistance Program and over the summer we experienced kind of a temporary freeze on rental assistance. It created some panic throughout the team and I know throughout the department ... So I just think it would be good to have formal trainings on other subsidies. I know that [the CO housing lead] is trying to push the 811 and other subsidies, but I think it would be helpful to just have continued webinars or something just to make sure that our push for housing resources is modernized as it possibly could get.

[As an SCM] I think it would be helpful to know a little bit more about RAP, subsidized housing, the timeline that the housing coordinators need, and how much time it takes for them to get RAP approvals or for someone to come up on a subsidized housing list or to understand a little bit better what steps the housing coordinator has to do in order to try and lineup everything else because it's hard to have everything be completed by all team members; the SCM, the TC and the HC all at once ... And then also some of the guidelines of if someone has RAP and the apartment has been inspected, they only have this certain number of days. And I think that's something that I would want to learn more about.

So one of the things that keeps coming up is housing barriers in regard to background ...

it appears recently that the population that we're getting to work with from MFP, the nursing home population, has changed dramatically over the past couple of years. There's a lot of consumers coming out with significant criminal history, with a number of evictions, with mental health, and I think addressing how to deal with those, the best venues for those kinds of people would be more helpful because it is a struggle. A lot of the housing inventory that we have will automatically tell us a hard "no" for those kinds of clients. So I also think that something like supportive housing for those with addictions and mental health and expanding on that and trainings on how to integrate that would be very helpful to our staff.

We get a lot of discrimination against our people because they're either disabled or have very low income or on a subsidy, so that's when we like to get Fair Housing involved because they kind of assist us and direct us on which way to go when that happens ... I think probably more Fair Housing issues just because it's more on the legal side and we're not sure how to handle things like that, which is why I said for housing I go to them a lot because they assist us with a lot of things.

Greater Awareness of Policy and Process Changes

... I think it would be helpful to maybe annually even review the policies and what's going on because things change so often. For example, ... this other consumer wanted to rent from his sister, but now the rules have changed ... I guess a couple years ago they tightened things up where family members can no longer be payee or something ... So just the updated information I think would be helpful.

The MFP program in general is changing all the time, and I think that we could be kept up to date on the different changes before they happen. We just are starting to have Ascend issues, and all of a sudden we just find out about it because they come in and say, "This consumer has to be out by the end of the week." I would hope that MFP would know what was going on with something like this before it affects us and could educate us and say, "This is going to be happening. This is what we want you do before it's a crisis."

... as a transition coordinator, I would say it would be the modification process. That seems just still very slow and in my opinion it changes often – the approval process and the funding sources.

Help with Paperwork and Negotiating with Landlords

I guess just paperwork would be for me the main issue ... I think personally I don't have trouble finding housing, but I do know some of my co-workers have a little bit more difficult time working with landlords and negotiating, but not everyone is in the same boat.

Assistance in Educating Consumers about Housing

... it's more the clients need more education than we do, especially when they try to find housing that's way over the MAR [Maximum Allowable Rent] and don't understand why they can't have it ... [or] "I want to have my daughter or my grandson and his two kids live with me." It's a lot of that. So it's ... like client education versus particular housing issues we're having right now ... Just making sure that if changes happen or when they happen that we're kept in the loop.

Less Need for Additional Training or Education

I feel like if anything we're pretty spot-on with housing. I feel like we understand the process well, and we've got it down to a pretty good science. I'm going to say that and

something's going to happen. I feel like 90 percent of the time that that's a well-oiled machine for us when it comes to housing, and there's the 10 percent where it's the outliers and something crazy happens and we need to elevate that, so. And that's just unpredictable.

Housing Coordination Resources

Respondents were asked where they, their agency, or staff go to get answers to housing questions, what resources CO has provided, how helpful those have been, and suggestions to improve them. They were also asked what additional housing topics they need assistance with.

General housing resources included contractors, subcontractors, housing leads or other staff within their agency, and then from the housing lead at CO if they still had unanswered questions. Some respondents reported they sought help with housing questions at agency housing meetings where cases were reviewed and opportunities to seek answers to questions were encouraged. Respondents mentioned seeking answers to housing problems from an agency housing binder or reaching out to the State website, Housing Authorities, or Fair Housing when problems arose involving a landlord. It was not unusual for HCs in particular to report taking real estate courses to gain information about housing. HCs also mentioned having a network of resources they have developed over time that they refer to when needing assistance with housing questions, such as J. D'Amelia and Associates – the administrators of the CT DOH subsidized housing programs, including Section 8 and the Rental Assistance Program (T-RAP).

When discussing CO housing resources, respondents usually mentioned the importance of having access to the housing lead. Other CO resources included the monthly housing calls and the blog that originated with CO. Many respondents reported the call was helpful in providing housing updates, as an opportunity to receive answers to specific questions asked and as a forum in which to address particularly challenging housing barriers. A few respondents did not find the call to be as productive as they hoped it would be. Respondents had mixed responses regarding whether or not they used the blog and how helpful it was. Some reported that it had a lot of regularly updated information and was easy to navigate while a few others did not find it that useful. Respondents shared suggestions on how to improve resources including the monthly call and blog.

General Housing Resources

We do a lot of teaming here at [agency], so our housing coordinators work closely with each other and closely with their transition coordinator and housing coordinator team, so we also go there as a resource.

So currently at my organization, we have seasoned housing coordinators who kind of serve in a mentoring capacity, so we've been able to kind of assimilate best practices and use experienced staff as the go-to for newly hired folks.

We have our housing lead. She's been a great resource ... She is very connected with Central Office and most of our information from her is just through them so we know that it's correct information so it's been a great resource ... So housing lead, the Central Office housing contact, and each other. Definitely each other.

We go over all our housing cases at [our agency's housing] meeting. Any questions, concerns, problems, anything like that. And we try to resolve it unless we have to go further up and ask Central Office for any additional information.

We have a housing binder that breaks down the steps of what we do, we go to that. Or even the State website that explains different housing options, even the Housing Authorities and, I've even reach out to Fair Housing for help.

I get a lot of information about different laws in real estate through the courses I take ... there's different contracts and everything's always changing, so I do get a lot of information from those courses.

Usually I go to my network of resources that I've developed over the years. I've dealt with the Department of Housing extensively over the years ... I have contacts with various housing authorities. I have a very close relationship with J. D'Amelia. I've known those guys for many years and in terms of any technical questions we may have with RAP or anything like that, we just go right to the source and we get our answers pretty promptly because we do have that relationship with them.

CO Housing Resources

I know that the housing coordinators here are typically in communication with [the CO housing lead] and she seems to be a really great resource.

We try to manage the training internally as best we can, but sometimes we ask for our newly hired housing coordinators to go to DSS. They offer to come out [to us].

If I have to go to CO, it's something that has to do with an issue ... It's usually a difficult case that has other factors and barriers, not just general housing questions.

Central Office itself is sometimes ... hard to get a hold of, but when you can, they are very helpful ... [the CO lead] is awesome. She knows all the housing ins and outs, so whenever we have a question we typically email her and she gets back to us when she can ... it's nice to have somebody that we can go to for support.

The [CO housing lead] is certainly available on the most complicated cases. She's available when you come to that position where something's up and you need her to troubleshoot and help plan around, so we'll go to her specifically.

Monthly Housing Calls

It is a monthly call. We can ask questions and [the CO housing lead] is great. If we need more time with her, she'll have everybody hang up and we can continue to talk to her or email with her, so it's been pretty awesome for that.

[The CO housing lead] goes over up-to-date information, so recently the last six or eight months it's been a lot to do with the 811 grant housing options that are out there, the applications and the process for those ... if anybody in the State has a critical case they want to discuss with her that everybody can learn from, she'll do that as well. People will use that time to ask questions and it's nice because we all get to hear the answer, so that's helpful as well. She's spoken recently about developing inventory and using inventory, which is a newer thing [CO] is rolling out ... It's usually half hour of time, but worth our time to have that call.

It's helpful because any new information that [the CO lead] has, she's going to provide it. If she has any new leads, she's going to say to the team, "If you come across anything, always remember your colleague. Make sure you try to get it out." Or she'll try to get it out of us. So I think the calls really work because basically other folks are in one part of the region, I'm in another part. We don't get together that often, but you hope that people are not having the same challenges as you. You hope they're going to be minimal, but

knowing that someone else had the same challenge and how they worked that through I think is very helpful.

We've been on that [call]. That hasn't been helpful. I mean it's mainly everybody trying to solve the problems of their own individual cases ... half the housing call every month is talking about 811, which we don't ever use ... we keep talking about the same process over and over again, like the inspection issue ... we don't find it all that useful and quite frankly if we do one or two housing calls a year that's a lot for us because we'd rather spend the time more effectively doing our other stuff.

Blog

... There's lots of information in [the blog] ... every time we have questions about anything or if we need any paperwork, it's all right there in one spot. We can just go on and look.

We continue to print the up-to-date current information that is uploaded to the blog, and put it in there as a single point of reference ... I find the information is up to date and easily accessible. You can search by word if you want ... [There's] history in there ... I really think the [CO housing lead] uses it as a place to put up resources and information for the staff to get.

There's some things I didn't learn from shadowing that I learned from the blog because when I first started, a lot of the staff here were new, so they didn't know much about housing, so I kind of used the blog as a resource.

Those not using the blog as a resource mentioned time as an issue, uncertainty how to access it, or that the information on it was unavailable or not helpful.

... Same situation I think with the housing call. It's just time. And I'm not certain everyone really knows how to access [the blog] either.

I know the blog is out there ... since it's existed, I've gone on it twice because I don't find any information on it that is helpful at all.

The blog ... won't answer what I need ... every question is so specific that it can't be answered with just a general answer ... for the most part I need to speak to somebody...

Suggestions to Improve Housing Resources

Suggestions to improve housing resources included developing an overall higher level of standardization with the goal of becoming more efficient in housing practices. Suggestions also included a standardized housing binder that could be available to all MFP staff to serve as a training resource and a housing inventory of what is available in the various regions throughout CT. Suggestions to improve the monthly housing call included making it an in-person meeting rather than a phone call, having an agenda, offering more productive solutions, and sharing best practices and challenges between regions in an effort to achieve the best possible housing outcomes. Suggestions to improve the blog included marketing it better and continuing to update it.

Housing Resources Suggestions

I guess I would say more like a standardized binder for housing. We have a housing binder in our office that we created ourselves that we use to train new people or to look back at ourselves. I think having one specifically for housing that gets shared throughout everyone in MFP might be a little more helpful ... I think all Housing Authority contact

information should also be included because they're another resource for housing, specifically housing staff.

I think just getting them to understand it's a constant vetting of apartments. Looking not just for individual people but to really have a bank so that at any given time we have many apartments available for people to view whether it be through the computer or going out to see. And helping people, kind of training them, coaching them, to narrow down what people are looking for so we are not spinning our wheels in that way. We want to be able to have them in a safe location, a location that's near their family, friends, their community. But it makes it much more challenging [when] people limit it to two streets ... that's not always possible.

Monthly Housing Call Suggestions

I think it's helpful to have an agenda and it's helpful to have things to go over. I think that sometimes the topic area can be pretty big, and it can turn into not so much – it sometimes turns into pointing out what's not going well and not recommending solid solutions, so I think it would help make it a little bit more productive.

I think just everybody sharing what works for their regions and what doesn't work and how to get around some of these obstacles because they can be very time consuming. That would be most beneficial because then we can try to figure out how we're going to be able to get more people out in to the community. But I don't think there's just one way. I think it's just sharing information and experiences, which we do.

Blog Suggestions

I know there's a number of best practice suggestions and good direction ... on the [blog]. I think it could be marketed better ... I think sometimes it's not utilized as much as it could be.

It could be useful if at least people knew how to access [the blog], and if they did have time, they could maybe get some information from that.

Housing Inventory Development

Respondents were asked how they developed their housing inventory, the format used, and the benefits and challenges associated with it. In addition, respondents were asked how the housing inventory contributed to their team reaching its transition goals and what suggestions they had for improving their team's housing inventory.

Housing Inventory: Development and Format

A few respondents referred to the MFP Excel document developed by the CO housing lead and reported that they use it internally in their agency. One respondent mentioned that they send a copy of the Excel document to DSS regularly or when requested to do so by CO. Other respondents reported that while they are aware of the Excel document developed by CO, they prefer to use their own approach to housing inventory development.

Money Follows the Person has a spreadsheet now that [the CO housing lead] developed because she would come down and would visit sometimes and spend a certain amount of time with each agency to see how you did things and what your process was ... I've always had an inventory from my prior experience ... [we have] a hard copy and what we do is all the information that we collect we put it on these forms individually according to management companies, private landlords, developers, and we keep those contact sheets ... At least you can show that you got 50 or 60 sheets for one person ... I'm not going to put 100 leads in the web and say, "I went here. I went here. I called this. I called

this place." So we do them on a form that was created by a volunteer specifically for my agency and everybody on my team can access it.

So when I started, I did my own Excel spreadsheet where I just listed properties. My co-worker, who is also the housing lead, has a wonderful organized system. I don't find that her system works for me. I find that my system works for me. The housing inventory, it can change at any moment. And the State was trying to implement, like I don't know if it was mandatory, but they were trying to come up with their own version of what my co-worker started. And it's great that they take her idea, but I don't find that it worked. My landlords typically keep in contact with me on a regular basis, so when I do need something, I will reach out to them without using the inventory ... and talk with them.

... We have one housing inventory list that's held by the housing coordinator lead, but you still have people working autonomously, which is awesome ... we've moved to an approach that everyone needs to be adding to that list [an Excel sheet], and if you have a day that's kind of slow, you're expected to be looking for leads and adding it to the housing inventory. We send the [Excel sheet] to DSS on a regular basis [or] when they ask for it.

... the database that we all were responsible for, we really didn't utilize any of those. I have to be honest with you. We usually get our own resources from our own team basically by blind searches online and someone's private landlord saying, "You know, I have an opening" or "I'm going to have an opening at 30 Stevens Street next week." But the databases, me personally, I don't find them helpful. Like I said, because no one has the resources to continuously update it like that.

Some respondents stated they do not use an Excel file but work with hard copies and a filing system to build their housing inventory. Many respondents mentioned the importance of contacts with landlords, management companies, or the information they can access on the web, Craig's List or section8rental.com.

We don't have an Excel file. We just have a cabinet of applications, and we've just developed relationships. And over the years, if we placed one person here, we'll take a bunch of applications back to the office. Recommend other people. We have a filing cabinet by town of accessible places, but we do have a lot of relationships. We have a pretty good housing inventory.

[Our inventory] contains some housing that we've had success with, some management companies. I think it changes so often in our area. It's tough to keep up to date, but we do have contacts that we can call and find out if they have inventory pretty quickly ... We've also expanded our housing inventory, so it's a lot easier to get housing for people. They're trying new things with different approaches than just the state-funded rental assistance program.

[I meet with the landlords, I use the web, I use the multiple listing service, rental magazines. Consumers are a really good way to get names of different landlords because they have a lot of connections and will tell you to call this guy because he might have an apartment for them and then you find out that that landlord has maybe five apartments. And also your teammates that you work with – your TCs, your SCMs, other housing coordinators ... I have a list of friendly landlords who don't necessarily do background checks. They know that they've gone through our checking process and they passed and they have rental assistance ... I use the web, word of mouth,[and] calling different landlords all the time to see if they have anything open.

A few respondents stated they had been in property management or were involved in the real estate business prior to their current work and applied that knowledge and expertise to their work with MFP. This included going to City Hall, the local Housing Authority, or to Landlords Association meetings in their region. In some cases, contractors developed the housing inventory for agencies.

I had pre-existing relationships because I came from the world of private property management development before I joined my agency ... So it's simple. You pick up the phone, you start a conversation, you arrange a meeting, you go to the meeting, you present for – as professionally as you can. I mean it's a sales pitch to a service here. You have to present that you know what you're talking about. And you do have to know what you're talking about before you walk in the door. And we have been able to do that over the years and as I said, we've got a network at this point where landlords are calling us and saying we've got apartments available. We know your program. We've worked with your program and we find it effective. It's a win-win situation for both of us. My client gets housed and they get a good tenant ... It's really being able to establish that dialogue with people and just having the guts I guess to make that first phone call, walk in that door, knock on the door and say, hey, I want to talk to you about housing my client.

I have some prior experience or relationships with landlords throughout Connecticut ... You need to go to this town and you need to go to City Hall. Find out what they're developing. Find out all the housing, all the subsidized housing, all the senior housing. So that's what I have been doing because when I first started out I basically started from scratch and I had to self-develop my housing piece, so I took the initiative ... we go to the local Housing Authority. Sometimes we just go in and see what's on the board. There's Landlords Association meetings throughout [county]. I used to go and I used to present the [MFP] program. You meet people like that, and then it's word of mouth ... Of course, you have internet. I do blind searches. I still do the newspaper. I can be as innovative as I want on my own to gather potential landlords and leads. So that kind of stuff we discuss it. We share information across the state, but it really is an individual kind of innovative self-managing piece for yourself in order to really get this job done.

Respondents discussed not only how they developed their housing inventory, but how they organized it (e.g., in binders) and maintained it so it was an optimal resource. Some respondents mentioned using their own approach in combination with CO's Excel document and several used their phone to store information.

... we started with the information we already knew ... we got together, broke it down by town, and the housing coordinators divided the towns and then entered the current and historical information we knew about apartments or landlords, housing that we already had the information on and the contact information on them ... then we reached out from there and began with the towns that we serve most, the places that our clients most want to go to, and did drive-arounds and did more of a deeper dig into those towns to see if we could find additional housing options and resources and added those in as well. Made phone calls to update information on when things were available, what kind of accessibility they have, things that we might not have the detailed information that [the CO housing lead] was requesting in the inventory ... We call leasing agents. We do a lot of individual landlords in our region where they either own one apartment or several houses that are multifamily ... where we'll go back to those people again. We also have buildings that we know that usually meet MAR [Maximum Allowable Rent] and rent reasonableness and which ones don't. Because that's been a challenge as well, that there are apartment buildings that people would prefer to live in, but they don't meet

MAR and rent reasonableness and we know that ... That's good information that we have in that inventory. So unless the rent changes, the Housing Authority is not going to approve it, so we use it for those kinds. And we can always bounce back and see that that rent is over what the Housing Authority is going to approve.

In the past [we] actually created binders ... it goes by town in the state, and anytime we apply someone somewhere we take copies of not their applications, but the blank applications and we keep them in a binder. We use that binder as our housing inventory, as well as the housing inventory that we have the template of in Excel [from DSS]. We kind of bounce back off of those two, and just keep them updated as we find new places or places don't have openings ... in our Excel spreadsheet for the inventory we have a spot where we're supposed to keep it updated and check in at certain times to see when there's availability ... and we don't necessarily do that, keep it updated in that sense on the computer. We kind of just use it to see, go by town, see what's there, and then we just call from there.

I have contact numbers in my phone and I just look up the name, press the button and make the phone call. And it's pretty efficient. And then if I get a referral, for instance, okay, somebody will say ... can [you] do a discharge in a nursing home in [city]? And we have four or five landlords that we've operated with over the years, whose numbers are in our cell phones. And they're in that area. So I'll just make the phone calls.

Housing Inventory Benefits

Key informants discussed the benefits and challenges involved in developing a housing inventory. Given the difficulty involved in finding appropriate housing, many respondents underscored the benefits of building relationships in the community with landlords and management companies as an important part of developing a housing inventory. This networking included providing greater choice of housing options for consumers. Other housing inventory benefits included having a central place, such as a shared drive, where resources could be filed, updated, shared with CO if necessary, and for staff to locate housing in towns where consumers were not as likely to be transitioned to. Respondents reported that having a housing inventory, whether using the CO Excel document or an internal agency document, was a faster way to find housing for consumers and contributed immensely to transitioning consumers to the community. Respondents mentioned that the housing inventory was especially beneficial for a certain group of consumers, such as those with good credit or those without a criminal background. The inventory was also suggested to be useful when there were nursing home closures and housing was needed more quickly to transition people.

Promotes Networking

The benefits I think are that you do develop relationships with different management companies and owners. And a lot of places we found by word of mouth calling somebody else and they said, "Well, why don't you check here." So I think it's good just forming a network, and I think that came from the housing inventory idea.

I kind of took it on myself to build by town anywhere that was accessible ... And I was just going there and doing that, building that town by town. But then we have a couple large landlords that we deal with, like [Name] from [Name], and they have 15 buildings around the Greater Hartford area. We have probably four or five landlords like that, that if we need something we'll just tell them what we're looking for and they'll shoot us back what they have. We also have a couple people who just email our whole staff whenever they have anything.

So I think it's excellent for the fact that you have a running list of what's available, on

what kind of housing it is, on what kind of clients that landlord in particular is looking for. Because sometimes they want someone older, sometimes they want someone younger, sometimes they're far more comfortable with a male or a female. It gives you an idea so when it does come up where a client you're trying to move quickly and is ready to go, you have a way of easy placement for that person if you have an inventory that shows that you have three that they could pick from that you know will take them right away.

I think it's a good idea ... because sometimes it's challenging for the housing coordinator to just be out there searching for housing. I think it would be helpful to have some options and to be able to present those options to the consumer. I think that would also make things a little bit more effective and potentially decrease the amount of time that the housing coordinator spends trying to track down apartment leads.

Provides a Central Location for Housing Resources

I would think it being a centralized location to find that data so you're not – everybody's looking in the same place. And they can update it. We have it in a shared drive, so. We have three housing coordinator positions, so the three housing coordinators can all use that and update that same shared resource. [The CO housing lead] also requests it, I think it's about quarterly ... And she will request it if say somebody in another region needs housing in our location, she'll ask for our inventory on [town] ... when we reach out to towns that are unfamiliar, not utilized often, is when I think that that inventory would be most helpful. So if you were looking for [town], and we may transition one person a year to [town], going into the inventory and looking at that at that point is going to give us a broader place to start than if we started from square one.

I think it's actually helped a lot. We have really been able to move people pretty fast or we already will have housing, they just get to pick which one they want, really. That's how I was trying to set it up and do it, and they have kind of followed behind and they still do it like that.

It's just a faster way for clients to find housing.

Facilitates Housing Search

I think it's helpful definitely because all of our staff have access to it, so not only the HCs – the TCs, the SCMs. So if we're tied up in one case, or we're busy, or not in the office, everyone else can also look at it to see what properties we've used in the past, what's available in certain areas. That way they can get an idea for some consumers that are asking, if we're not available. It also speeds up the housing search in general just because instead of searching through online or whatnot, we can go directly to our binders or to our housing inventory on the computers and see what we've used and what we have in there. And that way, we can directly call them rather than actually searching for it.

It helps them to be able to move certain clients very quickly because the housing portion is kind of already handled. They can look at this list and say I already know that I have a two bedroom in [town] that's perfect for this client. Let me reach out to the landlord right now. So it expedites the process.

It's great for apartment complexes when you know that the person is going to be able to go to an apartment complex. The whole problem, the whole thing with the apartment complexes is you need to have good credit, you need to have no background, and all that stuff. So that's why it's good for a certain population of our clients ...

Expedites Nursing Home Closure Transitions

And it's been very, very helpful in nursing closure situations. So anytime that I'm interviewing for a new housing coordinator position, I make sure to talk about that. It's something that I think is instrumental for speedy transitions because we have a number of housing coordinators who work on their own individual caseloads but could be definitely sharing resources in a more collaborative way, so that's something that we're really striving to make as beneficial as possible.

I think we've been pulled in a number of nursing home closures in the past year and the housing inventory has been super, super, super essential in ... trying to find 15 different apartments ...

Housing Inventory Challenges

The housing inventory challenge most frequently mentioned by respondents was the constant change in inventory and the inability to keep it current or updated. Respondents cited several reasons for not being able to maintain the inventory including time constraints, lack of staff or lack of staff dedicated to maintaining the inventory, and competing priorities, such as the time involved in educating landlords. Administrative holdups related to RAP and inspections were noted by respondents to impact transitions, and these sometimes affected the ability to maintain good relationships with landlords and to develop adequate housing inventories. Another challenge associated with the administrative piece included a deficiency in using universal processes. While the contractor J. D'Amelia was recognized as being knowledgeable in housing matters, some respondents suggested they did not implement and adhere to universal processes in order to achieve a more seamless provision of housing services. Field staff reported that administrative issues (e.g., inspections taking too long) or problems with consumers who violated their lease agreement (e.g., damage to the apartment or not paying rent) affected relationships with landlords they had taken time to build and that the loss of these contacts impacted housing inventory development.

Lack of funds for housing application fees, particularly when there was a nursing home closure, and the ability to track receipts were mentioned as longstanding issues that impacted funding when there were a lot of applications within a short period of time. Limited access to affordable housing in specific regions of the State, the slow housing market, and seasonal barriers (e.g., higher rental prices during peak turnover months – late spring/summer, less availability during lower turnover months – fall/winter months) were also noted by respondents to significantly impact housing inventory development.

Difficulty Maintaining Current Housing Information

Well, I think the biggest challenge would be that [the housing inventory] changes so often ... they disappear and become available. They just change ... Things that we find that are available right then ... we go back a week later and they're gone ...

... Housing, even if you have an inventory and you have a relationship with that landlord, they're not going to hold an apartment strictly for you, so it's a constant updating of it to see what's still available and what's not.

... I think it's just keeping the inventory updated is what the challenge is. Because I know in our Excel spreadsheet for the inventory we have a spot where we're supposed to keep it updated and check in at certain times to see when there's availability and all of that, and we don't necessarily do that, keep it updated in that sense on the computer. We kind of just use it to see, go by town, see what's there, and then we just call from there. We don't necessarily update that as much ...

A challenge that I can say is that sometimes we put information on the housing inventory and that when someone's ready to start looking for an apartment in that particular geographic region, the apartment is already taken. Or so it's not so much just continuing to add to the housing inventory, but it's also a maintenance. It's an ongoing maintenance kind of phase too that we have to just make sure that all of our information on there is up to date and there's still availability, and it's not just addresses to apartments, so it has meaning behind it and it's a good resource.

Time Constraints and Limited Staff

I find that it's time consuming on top of everything else that we're doing. Housing changes at the drop of a dime and nothing is guaranteed. Landlords sometimes ... will not work with us after some point, so I think that the housing inventory is a great idea. In practicality, I don't find it to be working ... We started [a housing inventory] last year at some point. It was done through Google Drive and we tried keeping it in-house and it was just meant for us. I think we stopped updating it after a week. It's a lot to constantly work on and to take time away from what we should be doing and it's frustrating I find.

... the biggest challenge ... is to find the time and the ability and the personnel to maintain it and keep it up to date so that's it's useful ... what happens is other priorities come up, like a nursing home closure or something like that, then the resources that have been doing it may not be able to give their full attention to it.

The challenge we found with the inventory ongoing is keeping it up to date because we don't really have extra staff to sit there and call everybody in the inventory every month to see what they have available, so we use it more as a bounce to say, "We need the town of [town]. What do we have as resources?" And then we'll call for that consumer or that batch of consumers in that town and see what's available in the timeframe that we need something, so it doesn't work as well on a day-to-day look-in because we don't have the staff to keep an updated, running, call everybody. That's been the biggest challenge. So we have the data in there, but keeping it current like we know that every apartment in here has been called and we know what's available for the month of April, that's a task that we just don't have the manpower to keep completed on a regular basis.

... you can have a listing of a thousand potential leads, but out of that thousand there might only be seriously maybe 10 potential leads that you can actually use or that are accessible. This housing piece for MFP is a very challenging part of MFP ... we're constantly training every time we come across a new landlord, which that's all the time. So we have to have enough time to educate them. And even when they decide to actually work with us, we're still doing hand over hand with them on paperwork, so it's very time consuming. Very time consuming ...

Administrative Delays

... the biggest issue we always have in doing these transitions is the administrative piece of it ... And that starts from almost day one when we submit the RAP application at Central Office because it just takes forever ... we've had clients wait an ungodly amount of time to transition and move into their apartments because we're waiting on a RAP to be issued. We're waiting on an inspection. Inspection is actually the worst piece of it because that's subcontracted by J. D'Amelia ... there's a couple of layers which have to be gone through and we don't have access to the inspection companies websites so we can't see when stuff is being scheduled, even though we've asked for it ... I don't know how many times I've asked for that, but they tell me, "Nope, you can't have it" ... we're in the situation where our landlords will call, our clients will call, our staff will call and they'll

say, when can we move? ... this is the answer that I mostly give, "I don't know because it's in the inspection phase and I have no idea when they're going out there." I mean quite often, I have to rely on the landlord to tell me, even if the inspection's taking place because nobody else can give me the answer. It's really – it's not a good situation ... I understand they're busy and that there's plenty of other cases out there besides ours but MFP has always told us that it's a priority to get these folks out of nursing homes. We should be moving these people as fast as we can. Well, we're moving as fast as we can and then ... at some point, we're stuck. And as I said, the answer we least like to give people is, "I don't know."

Well, I'd like to say something about the contractor J. D'Amelia. In general, they're very knowledgeable. They've been doing housing for years for the Housing Authority. The only thing is like any other place where you have a turnover or when somebody comes in and takes over someone else's spot. And I know because I've been working with Housing Authorities for years that they have overbearing cases, but a lot of times they need to just kind of figure out like a process and the process has to be across the board because we have come to find out that some of the Housing Authorities operate a little differently. And the ones that we don't work with as much, when we go to ask them for something they'll say, "Well, we do it X, Y, and Z." And we've been told and told and told and time and again that everybody is supposed to be doing the same thing across the board, but that's not happening ... in order for the person to get leased up in the transition we have to work with them, so that piece right there is very important.

Damaged Relationships with Landlords

... because of the process through Money Follows the Person and some of our consumers, we've lost relationships with landlords either due to the process taking too long for the inspection or home mods or things like that, or the consumers trashing the apartment or having people move in with them or not following the lease and rules. We've lost some contacts like that.

Consumers getting out into apartments that you have a relationship with the landlord with and them damaging the apartment or not paying their part of the rent, that's a challenge.

Lack of Funds

I think that we struggle in my agency. Sometimes we're applying to a number of different apartments and we're expected to keep petty cash reimbursement to be able to supply money for application fees. And historically it's always been a challenge trying to keep up with that and keep track of receipts. In a period of nursing home closure, we run out of that funding sometimes very frequently because everyone's applying to everything, so that can be a challenge ... I'd love to brainstorm more about how to make that easier for the agencies in terms of reimbursement.

Limited Access to Affordable Housing

I know Fairfield County is not an easy place to find affordable housing, period.

I would say that the housing market was very slow last year, very slow. We didn't find as many accessible units as we would have hoped for because it's all about season. We all know that like right about now people are moving. So if you go to any realtor company if that's who you want to deal with or any management company they'll tell you, "Oh. Come back in another week because people are going to be moving." So this is the time now that if you're going to really get people out and find accessible units, this is the time now

to move. And it's all about season.

Housing Inventory Suggestions

In a few cases, respondents had minimal suggestions to improve the housing inventory because their agency already had an effective system and shortage of housing options were not an issue. In those situations, only consumer related problems, such as background checks or criminal histories, were barriers to transitioning.

I think our housing coordinators do a pretty good job, definitely for our area. They do a pretty good job of finding housing for people and getting people out.

In most cases, unless there's a personal background challenge to a consumer's timely transition, it's rarely the housing issue per se or locating housing inventory that's the issue. It's usually going to involve, like I said, personal background issues, criminal histories, evictions. It may be related to waiting for an inspection, waiting for RAP approval; but other than that, locating housing has not been the challenge for our staff.

Of key informants that made housing inventory suggestions, some focused on inventory development while others suggested ways to manage and maintain the inventory. Suggestions to develop the housing inventory underscored the importance of keeping in contact with landlords and management companies. Communicating regularly with co-workers as housing options became available was viewed as more important than depending on the inventory because housing options change daily. Reporting to the team was suggested as a way to keep team members from being isolated but more so to inform them where consumers were in the transition process and what housing barriers were preventing a timely transition. A suggestion was also made regarding the importance of communicating with field staff about Fair Housing practices for informational purposes and with Medicaid to encourage the important link between supportive housing and healthcare. The connection between supportive housing and healthcare should not go unnoticed and could be an opportunity to improve outcomes for individuals receiving services in both those sectors (Paradise & Ross, 2017).

Suggestions to develop a housing inventory and widen consumer housing options included thinking creatively about developing a bank of housing stock that addresses the needs of consumers requiring handicapped accessible apartments or home modifications or flagging landlords who are willing to accept consumers that have a criminal history or apartments that include utilities in the rent. Besides the daily inspection and identification of apartments in building the inventory, training staff on how to encourage consumers to widen their desired housing parameters and learning to ask what consumers need or are searching for in an apartment was suggested as a way to better gauge consumer housing expectations. Additional suggestions to improve the housing inventory included the importance of listing all features of a given housing option, such as whether or not an apartment is handicap accessible.

Respondents that focused on the management and maintenance of the housing inventory, suggested that given the time needed to develop and maintain it, a dedicated position should be created for the sole purpose of overseeing the housing inventory. This would include developing partnerships with landlords and management companies throughout the State, particularly those overseeing multiple properties. Other suggestions for managing the housing inventory database recommended that instead of having a dedicated person to oversee the inventory, supervisory staff should assume responsibility for encouraging their team members to participate in maintaining the housing inventory. Similarly, another suggestion included the possibility of handling housing inventory internally in agencies, but recommended waiting to see what happens when the contract ends June 30, 2018.

Keep in Contact with Landlords and Communicate with Co-Workers

Keep in contact and reaching out to people and I think that's the best, and always maintaining those good relationships I think is helpful.

I tend to if I see an apartment, and I'm notorious for doing this. If I see an apartment, I'll email everybody and let them know, "This apartment's available. Is anybody interested?" And they'll respond that way ... it's more so in your face right now. What's going on today? Because that's how we kind of work. What's going on for today? What's going on for tomorrow? What happened? ... every day anything can change, so it's hard to think long term or try to invest in an inventory.

... my suggestion would probably be if the housing coordinators could maybe periodically report out on the process to the team just so that it's – because, like I said before, it's kind of siloed. Everyone sort of has their responsibilities, but then no one really necessarily knows what is being done by the other parts of the team, so I think maybe a practice to report out periodically on the process, where they are, what step they're on, if there's any barriers, just sort of give us, give the team an outline of what's going on. That would be my suggestion.

... I think landlord outreach is something that the staff needs to do more often with the old landlords that they've worked with in the past or just to kind of say "hi" and make sure that their agency and their mission stays at the forefront of landlords. I think the housing staff overall knowing or learning about Fair Housing practices is extremely important. Knowing where they can turn to when you have a landlord that's not working with you. I think one really big, big thing I would love to see is developing a practice where housing not just within Money Follows the Person but across the board communicates more with Medicaid because we serve the same population. They're all low-income people. Majority of the folks need access to both sets of services. And if there is an absence in communication, the housing will fall apart or the healthcare will fall apart, so ...

Widen Consumer Options

Well, I think that we have to be creative in looking at different apartments because we don't have a lot of handicapped-accessible apartments, so we have to think about modifications. And also that the consumers have to be open to other areas because a lot of consumers they have this small area that they are willing to go to, and without having a lot of handicapped-accessible apartments they are on waiting lists for a long time. And if they would open up their area, they could possibly get into an apartment within a month or so. Because there are available apartments, it's just there might not be apartments in the specific area they want to be in.

... If they were able to just pull a few leads from the inventory that they think would be good for the consumer, that the consumer might be interested in and then be able to present those options. I think that would cut down on some of the search time and also if they had an idea of which landlords are willing to do home modifications or which landlords are accepting of persons who have a criminal background and those sorts of details because those sometimes are barriers for housing. And then also maybe which apartments have all utilities included and those sorts of details to try and even categorize them.

I think just getting them to understand like it's a constant vetting of apartments. Looking not just for individual people but to really have a bank so that at any given time we have many apartments available for people to view whether it be through the computer or going out to see. And helping people, kind of train them and coaching, to narrow down

what people are looking for so we are not spinning our wheels in that way.

Just to make sure that all aspects of the housing are listed. So if you have housing that you know is handicap-accessible, or you know it may not be handicap-accessible in regard to counters and spaces but it has wider doorways or there is a barrier-free shower, or you know it's a landlord that doesn't do a background check or is more open to people with history, those things should be noted in there even though if it's not something that's strictly pertaining to that apartment because it's something that will either expand your ability of housing selections or greatly limit it.

Improve Housing Inventory Management and Maintenance

... in order to really do a housing database, you need someone that's just going to work on that like on a daily basis because it needs to be updated. Because if I only change it at the end of the week or once a month or if I don't get the time because I'm busy, people can be calling using that thinking that they have a lead and it's not up to date ... You have get the information to update the database, right? So you really need a person on that daily ... you have to figure out what do you really want to put in that database? What management companies do you want? How are those management companies going to operate with Money Follows the Person? Are they willing to work with us? Or are we just going to have "Okay. NYC has a 20-unit building with two accessible units." Or are you going to do a little more work and go a little further and say, "Okay. We need to have a conversation with them. They're going to alert us when there's an opening." There's ways of doing it. But if not, they're only going to be recycling over and over again calling, updating, calling, updating. It has to be a system where it's going to be a mutual collaboration amongst whoever we're going to do business with ... It needs to be a relationship with some of these management companies that oversee lots of property. Not someone that has like three units or someone that has two, three family homes.

I think pretty much we have to continue to have a concentrated effort to divert the staff – the staff and the time to maintain [the housing inventory]. And it just becomes challenging sometimes with the competing priorities.

... sometimes the subcontract is tough and perhaps we should bring it internal in-house. But from a contractual point of view, I look at the contract and say, "Let's see what's going to happen because the contract is scheduled to end soon," the transition contract.

Housing Best Practices Report

Respondents were asked what they would recommend be included in a “Housing Best Practices Report” on what has worked for their team. Sharing information, teaming, and/or mentoring newly hired field staff were often mentioned as best practices and may reflect last year’s MFP PE focus on teams and UConn’s recommendation in the 2016 Report to continue improving teaming, specifically to increase and maintain communication systems to transfer knowledge and to keep the entire team informed. That respondents identified communication and teaming as a best practice demonstrates the value staff place on these foundational elements that are crucial to successful transitions. Housing best practices included the importance of building relationships with landlords or management companies and presenting MFP in a professional and informed manner when communicating about the program. Additional housing best practices focused on the importance of standardizing policies and procedures, developing an organized housing inventory system comprised of binders and housing related material that can be easily accessed by other people in different roles who step in to help with housing, and providing practical equipment (e.g., tape measures, digital devices for taking photographs for the inventory) to enable HCs in developing the housing inventory.

Sharing Information, Teaming, and Mentoring

Just working together, and if one person gets a lead, you share it with everybody else. You don't hoard all your stock for yourself. You share it amongst the team and the other housing coordinators and say hey, this landlord works great or oh, stay from this building because the landlord doesn't follow up on things or really lets things lapse. So it's just communication.

We communicate very well, so I don't think there's any specific issues. If they have a problem with one of our consumers, they email us. They ask us the question or we call each other. We all have each other's personal cell phones, so we're constantly in contact with each other. ... We get along very well, so we're a good team and we help each other with whatever we need ... And if somebody specific can't be at the meeting, we either tell our supervisors about our cases or they write it down and they come back and they ask us the questions. Or the HCs email us, we email them, or we do conference calls if for some specific reason if we can't be at the meeting. So we're always in contact. The only thing that we do is we communicate. We have those meetings, and I think that's very helpful to get resources of where they stand with specific housing or where we stand with getting their documentations, so everybody's on the same page.

... I personally like to use email with my co-workers because we work from home. We're out in the field. So I think communication – we text each other. We have each other's personal cell phone numbers. We're always – I talk to them more than I talk to probably my own family so it's – yeah, I think that that's been super helpful. I find that some of us are a little bit stronger in like one of us might be stronger in meeting landlords and the other is stronger is knowing the paperwork process, so it's good to have an extra set of eyes or somebody out there who can get you an apartment when you can't. So teamwork I think is super, super, super important and probably #1 for us at my job.

... making sure that the housing tabs [are] updated and that the other team members know if inspection paperwork has been submitted just to try and keep everyone on the same page with the same timeline. And the internal housing coordinators I work with at our agency are really great about doing that. About keeping all members informed.

There's a lot of communication with my team, teamwork. I work with my TCs right in the same office, so even though we're not here every day together, when we are we kind of go over what's going on, kind of like a team meeting. At least once or twice a week we're together and talking about the cases we have together.

... it has been having like a good teaming approach with all of my housing coordinators and working region-wide ... it's everyone all hands on deck kind of thing and it's been very successful. And it's rewarding to them too. We do have a lot of turnover in housing coordination. It's an entry level position. The wage is relatively low. So in order to motivate them to continue to be successful in their role, I think you need to have some degree of teaming and friendship and bonding and really make coming to work be an enjoyable experience for them ... So currently at my organization we have seasoned housing coordinators who kind of serve in a mentoring capacity, so we've been able to kind of assimilate best practices and use experienced staff as the go-to for newly hired folks.

What has worked with my team is that the collaboration we have with [agency] that everybody is on the same page. Keeping people abreast of everything that's going on and especially the housing piece. Once we know that we have secured housing it goes in the web and stuff. But not only that, we have biweekly meetings so we give a housing

report every two weeks. And I can honestly say that our relationship with [agency], that the conversations that we have they're almost daily with the TCs. So that's very important, like I said, because it's about timing. So if we have one minor barrier we can kind of work through that, but you can't have four, five, or six because as it is these cases are very sensitive and you think you have it altogether and then it might just be one little thing that can stop you from moving forward.

I definitely find that working in teams helps because I come from a faraway place from a lot of where my clients are. So considering that our paperwork is usually wrong or there's an error on it, we need to go back and forth. So I find that working in teams or working collectively together as a housing – like as one unit versus us having to focus on our own specific cases, just helping each other, I think that that has been extremely helpful. Communication I think is huge in our housing process.

Building Relationships with Landlords

My housing coordinators actually spend a lot of time trying to connect with landlords and are constantly checking the real estate sites. They're calling the For Rent signs [and] check Craigslist. They're always looking for what's available in different areas and then reaching out to those landlords. So even if they don't have a particular client in mind, they reach out to them to give them an understanding of the program, on what the basis of the program is, the goals that we're trying to achieve, what it would mean, how the RAP would integrate with that, and building those relationships so that when we do have someone coming up. They have a good idea of who is likely to take them and in what area.

Mainly our ability to create over the years and effectively use a network of landlords, property owners and developers that we can call upon for who have really – we've developed great relationships and I think that that's the key part to it.

I think building good relationships in the area has really been helpful because, like I said, when we have someone, our HC just has to reach out to a few people or they'll already know what's in that area because we have those good relationships.

I would say the biggest thing is the development of the personal skills. I mean because that's the key to making the relationships and that's the key to making the job easier. It's working on basically how to market yourself and your program and how to develop that kind of skill level. That's really the best practice you could possibly have.

I really think that for me and the way that I ask my staff, my housing staff, to interact with landlords and in the community is their attitude and the way that they present MFP is one of the most important aspects of their job. Because especially when we're trying to develop new relationships and find new housing options for our consumers, their professionalism and their ability to describe MFP and help people feel comfortable in taking Money Follows the Person consumers and RAP and security deposit guarantees and really helping someone who doesn't know MFP to understand the process when it comes to their apartment that they have to lease or their house that they have to rent, that's really best practice for me. And that's one of the biggest goals I have for them is that they feel comfortable in that and they feel successful in their ability to go out and be the face of Money Follows the Person when it comes to the realtors and the leasing agents and the landlords.

Standardizing Policies and Procedures

... I know that our housing coordination team services not only MFP but our community

Mental Health Waiver and our DMHAS ABI community service program which is also statewide. And so that's a lot for a couple of guys to handle since all services are statewide services and three different programs. [Our HCs] have developed his/her own policy, and that policy is incorporated into each of the program's policy manuals so that processes that are used are standardized across the board ... our practices are standardized in policy so it's easier for us to predictably manage how the referral process needs to be done.

We have been able to implement some of the closure process in teams with good outcomes, and I think that would go into best practices as well. We're developing informed choice process and using it more widely when there is a closure and so that people are starting to if you're on a closure team, we're trying to keep it the same each time and learn from it, kind of tweak it a little bit but keep that base there ... and we have found that to be very helpful.

Developing an Organized Housing Inventory System

Definitely having our binders and the inventory and all of that has been very helpful as far as having other team members have access to it because that allows the other team members to understand our roles more and be able to assist us more, especially when we are short people ... The inventory itself has been very helpful and it's worked for us because, like I said, we can just open the binder to a certain town and see what we have for those towns. And then that way we can just present that to our consumers and go from there, so it speeds up everything a little quicker.

... making sure that you're putting in all that pertinent information [in the housing inventory] whether it's just strictly about that particular apartment or about that housing complex in general so you don't have to double your work. You have everything right there and you know which parts would be a better fit for certain clients.

Providing Equipment to Facilitate Inventory Development

... we've been outfitting our housing coordinators with like tape measures so that they can measure doors, so that they can measure if they know a certain type of bed has to go into a bedroom, they can measure to see that it fits. We also have – they have access with their phones to be able to take pictures, and that has been able to help the individual be able to visualize something, and it's a lot easier for them to see it maybe in pictures rather than what it might take to have them go out to a particular housing option and find that they don't like it ...

Program Achievements

Respondents were asked what the major MFP achievements, strengths or best practices were in 2017, what supported those program achievements, and the effect they have had on LTSS.

Major Achievements

The most frequently mentioned MFP program achievement for 2017 was successful transitions. This was followed by the Universal Assessment (UA) launch, CT811 housing, the LTSS strategic retreat, and the importance of a person-centered approach.

Successful Transitions

As in previous program evaluations, successful transitions were frequently mentioned as a major achievement. Several respondents reported numerical success within their agency in transitioning consumers even though statewide fewer transitions occurred in 2017 than 2016.

Some respondents mentioned achievements related to the nursing home closures. Two nursing homes closed in 2017, preceded by four closures in 2016 and two in 2015. Closure teams within selected agencies implemented strategies to manage a group of consumers transitioning simultaneously. The formation of teams and developing a standardized process for making informed choices and implementing it during nursing home closures were reported as major achievements.

Other program achievements, noted more often by SCMs, were associated with the coordination of HCBS needed to ensure consumers' long-term health and well-being after transitioning. In addition, a few respondents mentioned the Office of Policy and Advocacy (OPA) lawsuit and the achievement of developing and obtaining suitable community-living alternatives for people with mental illness who had been living in three Connecticut nursing homes.

Consumer Transitions

... a strength and an achievement is our transitions, the folks that we have actually been able to successfully move out into the community and that have been successful and services are working well and people are flourishing. And there's just really nothing better than that, when you see someone who maybe has been in a skilled nursing facility for much longer than they needed to be and now they're in their own apartment and they're socializing and reunited with family and all the great things that MFP is really all about.

I always look back on a case like that where he'd been in a facility for a significant amount of years. And he was a younger man, not an elder, and he never thought he was going to get to the community and nobody thought he could get there ... we successfully got him out, so I always go back to the individual cases to show the overarching goal of MFP and its success.

... there was robust, continued transition work. That's always kind of our marquee example of the accomplishments of the program. We're close to kind of what felt like for a long time long-distant goal of 5,000 individuals transitioned ... That seemed for many years like that was a – like it's at a far-distant goal, and it's just this close to being realized. So that's very exciting.

... we moved a lot of people last year. I think more than any other year with actually less staff. I know that kind of built morale around here ... even though we were given less we were able to do more.

Nursing Home Closures

... we have been able to implement some of the closure process in teams with good outcomes, and I think that would go into best practices as well. We're developing informed choice process and using it more widely when there is a closure so that people are starting to use it if you're on a closure team. We're trying to keep it the same each time and learn from it, kind of tweak it a little bit but keep that base there.

And I think that we also built more robust partnership with the Department and mutual respect for one another, so I think that we've certainly established a best practice for nursing home closures.

HCBS

I think some of the strengths would be all the services, really the cadre of services that are offered through MFP, offering all the administration addiction services and all the additional wraparound services. I think that's a great strength in MFP because I think that really helps sustain people's health and wellness long after the transition.

Coordinating services, I think that's a big strength and making sure that the person has access to the services that they need. Home modifications and accessibility and assistive technology, being able to assist people in accessing those types of things, I think is another strength of the program.

OPA Lawsuit

... we have really kind of established good relationships with other State departments ... we worked collaboratively with DMHAS and DSS, Advanced Behavioral Health, and CCCI. I think, have established good rapport and good working relationships and mutual respect for one another. And I think that project (OPA Lawsuit) has really been eye opening for appreciating everyone's specific roles in the MFP process, so I think that that's huge. I think that in that project we've been able to afford individuals with severe and persistent mental illness the ability to live in the community. That's been a major achievement.

UA Launch

Although some challenges associated with the UA were noted, respondents saw the release and push toward a standardized assessment for nursing home level of care and for individuals' level of functional need across disabilities as a major achievement. Some respondents reported an increase in communication after the rollout of the UA's August release and noted the positive aspects of discussions related to the budget and other changes that occurred during that time. In addition, increased usage of the tool was described as a major achievement. More on the UA tool is reported later in this report under the UA section.

2017 was the year we launched the Universal Assessment. I think that that had some challenges associated with it in terms of just new training, but what it did establish for the very first time, which I think is the biggest outcome of 2017, is a standardized approach to nursing home level of care ... the data that comes from that will be incredibly instrumental, I think, in forming the system of the future, so I think that's the primary achievement – the implementation of that Universal Assessment the way that it was intended to be, including level of care determination.

I think there's been an increase in communication related to the UA since last August when the new version of the UA rolled out. I think we've definitely had more communication and more discussion related to budgets and all those changes that came forth with the new version of the UA.

And over this past year they've been refining it, so I think that the increased usage of the Universal Assessment is going to be a really, really great thing.

CT811 Housing

Several respondents described the involvement of DSS in an interagency partnership with the CT DOH and others in administering CT811 as an achievement. The new housing program was noted to be a good alternative for extremely low income households who have a least one individual who meets the qualifications set by the Department of Housing and Urban Development (HUD).

We recently have been working with the Connecticut 811 grant, and started with not even knowing how to work with a grant like this to, I think, being extremely successful in moving people out under the grant and within all really strict timelines. I think that was an awesome success.

The first one was done in 2017, and 811 is a good option for consumers in that these apartments are nice. They're new. They're in good locations. The State has done a good job of vetting where they're going to be, and they're good options for consumers ... I think they have a difference in some standards when it comes to who they will accept into their units, so we've housed since then some people who might not have been approved at other apartment complexes or by other landlords that were approved for 811 units, so that was good.

LTSS Rebalancing Strategic Retreat

In December, 2017, a one day strategic retreat representing key MFP stakeholders was convened. Respondents who participated underscored its value, particularly in acknowledging program accomplishments and in helping move the program forward by building on the work completed in previous years during the Demonstration.

There was a major strategic retreat to kind of check in on accomplishment of goals and generate range of proposals for the remaining grant period. That occurred in the fall, and it was, I think, terrific broad-based, multidisciplinary attendance and really a lot of affirmation for present strategies but also kind of continued building work ... events like the strategic retreat, contribute to really a wealth of perspectives and boiling things down to very pragmatic strategies.

... the Day of Strategic Planning. I think that that was really helpful because we had really partners from kind of every different sector in the same room talking about where we'd come, where we were going, so I think that that was one of the strongest things that happened... It was people from the Steering Committee kind of got together and decided what was most important... And so I know some of the things that came out of it were really kind of looking at using technology to improve experiences and to really look at ways that those individuals could use adaptive technology as well.

Person-Centered Approach

Respondents remarked that there was progress in 2017 in moving from a clinical or medical-model of care to one where the consumer has more choice in the care they receive in the community. Other achievements around person-centered care included the growing awareness of the needs of people with SUD and the commitment to helping them find appropriate and supportive community-based options.

I think overall the major achievements have been giving so many people that opportunity to go back to a more independent life, not have people dictating what you do in life. I would like to say that we're making headway in changing the perspective from a clinical point of view to a more independent living point of view, but that's going really slowly. We still have people in the program and in the community that are still very clinical. We know what's best for someone, and we should drive the bus so to speak instead of letting them, instead of the people-centered idea.

I think we do a really good job of getting people out. I also think that we have a lot of client choice, so it's very client centered for the most part. So I think those are some of the strengths that we have in MFP.

There is a lot of good work in illuminating the needs, especially people with Substance Use Disorders, and in some cases co-occurring behavior health conditions, as that relates to people still not having meaningful community-based options, and there being a tension between our intent around choice in that respect, and then the reality that people are in some cases cycling between short-term stays in nursing facilities and, in many

cases, homelessness. So there's, I think, a real emphasis point on that, which has been heightened, only heightened by the opioid crisis ...

Major Achievement Supports

Key informants mentioned a number of supports that facilitated program achievements. These included a strong supportive CO, teamwork and collaboration, consistency of staff and, in some cases, low team turnover.

Strong Supportive CO

Respondents clearly valued the strong support from CO and emphasized its good communication and openness in fostering problem solving between CO, the field staff and contractor agencies. This approach enabled collaborative brainstorming, more positive outcomes in resolving challenges, and better facilitation of transitions.

Money Follows the Person is willing to brainstorm and look outside of the box for solutions, and you often do not get that in other programs that are coordinated by the State ... So everyone within the unit, especially [the MFP program manager], is very interested to hear about any kind of obstacles or any kinds of concerns and is very willing to take the process apart, look at it, improve upon it, and change it. And change can occur frequently as you're doing a demonstration model because you find out what works and what doesn't work.

I think that Central Office has done a very good job of hearing our barriers as they come up. As the field staff and the Access Agencies encounter an increase in certain barriers or changes, I feel like Central Office does a very good job at responding to those barriers. I feel like there is a good line of communication between agency staff and management and Central Office. And they hear when we say we see something happening that's negatively affecting transitions, and they work amongst themselves and with their contractors, like Allied, to try to remove or change that barrier in a very timely fashion ... They can't fix everything, but at least they acknowledged and tried to make that barrier better.

... We're really struggling with issues around CFC as part of the assessment for some of our transitions as well as for some community-dwelling individuals who we were trying to prevent a premature institutional placement ... And we really brainstormed and we came up with some great programmatic fixes and ways of handling different things, and they were able to see some of the difficulties we were having with the new Universal Assessment tool and applying the learning from the Universal Assessment tool to different populations. That was very productive and I want to say that was the first time that it really happened especially to that extent.

... the staff's and Central Office's willingness to be flexible in what they do in order to help the consumer's transition is a big asset in this past year. Especially with the transition from LogistiCare to Veyo and the difficulties when that first rolled for them to allow us to use taxis and Uber to ensure that we could get the clients out and see the housing and participate in all the things that they needed to was a great asset.

Teamwork and Collaboration

Teaming or good teamwork practices between staff within agencies, across agencies, and with CO were noted by respondents as an important achievement support. Some field staff felt personally responsible for their role and suggested this sense of ownership contributed to supporting the various achievements accomplished in 2017. Supervisory staff gave credit to

field staff for the ways in which they supported the Demonstration's multiple achievements, and monthly supervisory meetings were noted to support teaming and achievements in the field.

Teamwork and collaboration were often associated with consistency of staff and, in some cases, low team turnover. Respondents mentioned the investment of time in training new people and helping them understand their role and asserted that doing so had the potential to promote staff consistency and low team turnover. Some respondents underscored the importance of sound hiring practices, such as being able to assess and identify those who would make a good team member and a strong representative of MFP or what the program stands for. Positive team member characteristics, such as being flexible and resilient, were also noted to support major program achievements.

I feel like there was better teaming last year [in 2017] between not only teams within the agency but also our other close agencies that we work with. There has been a lot better communication I've noticed. It seems like everyone's a lot closer ...

I know our agency experienced quite a few nursing home closures. And what that did was it brought together the team. The TCs became able to develop a good working unit and work collaboratively with people, and it worked out well in that manner.

I think teamwork is also a big strength and teamwork between both our agency and Central Office and really collaborating and having everyone work together, I think that's a really big strength of Money Follows the Person, especially when we're sometimes working with people who have a lot of complex health needs. So being able to have such involvement from Central Office and from nursing and from people from all different disciplines to be able to all work together on one case to make sure that we have a good plan, a safe plan and all these details are covered.

Commitment of Field and Supervisory Staff

... Without the field staff killing themselves to get to the next step, we wouldn't have been able to do a lot of these things. And I think they're kind of the meat and potatoes ... so I want to make sure that that's included in that.

We have our monthly supervisor meetings in Hartford where we all get together to discuss the topics that Central Office wants to discuss with us and then there's usually the availability of time for us to work together, problem solve, case solve, discuss any issues we're having in the field. I think that those days are important.

Consistency of Staff and Low Team Turnover

... I think consistency of staffing is a huge factor. 2017 was a good year for us with consistency of staffing. 2016 was not. When you bring in new people, it takes time for them to get onboard and really understand the process of MFP and everything you need to do in your role and for the teaming to really develop with the other staff members that work together ... And we have gotten good at interviewing and really being able to ask the right questions so we can get the right person that's going to be not only a good member of the team but a good representative of MFP.

I think these folks have got to have some degree of resilience and flexibility because otherwise they just would not be able to do it. I have a new staff person ... who has not had the luxury of learning detailed updates as they occur over the years. And I know that the feedback we've gotten is that it is an incredibly overwhelming process in terms of the amount of detail and the amount of integration with other staff from other agencies, so I think our folks must be incredibly resilient to be able to hang in there. The fact that there has been absolutely no turnover on this team so far has been amazing.

Other Achievement Supports

Other achievement supports included the partnership with UConn Health, Center on Aging in collecting and analyzing MFP data, the invaluable guidance of the Steering Committee, and the enduring relationships that have been developed with stakeholders during the Demonstration. Respondents suggested that access to outcomes of the data analyzed by the Center on Aging enabled the Steering Committee to more effectively provide guidance and recommend next steps for the program.

... the data that's collected is a huge strength and – I think one of the strengths of our program is having our Steering Committee and being so transparent with the data and constantly looking at it and asking questions. And dissecting and diving down deeper and really looking at why are things changing and it is something that we – we've done in the program or is it something – a policy change DSS? Is it a national policy change? What? So I think having that ability to have that dialogue with the data is really, really important.

And then I think kind of a key piece of the longstanding relationships with so many stakeholders has come forward along the entire tenure of the program and continued to be very, very engaged ... through the Steering Committee ...

Effects on LTSS

Respondents were asked what effect they thought MFP has had on Connecticut's LTSS system in general. Many respondents strongly agreed that overall the Demonstration has had a positive effect. Some suggested it has increased options for eligible consumers, furthered greater participation in program waivers, and due to the demand for services, has increased the workforce for the population being served. The impact of nursing home closures on LTSS were underscored, particularly in regard to strengthening community providers and increasing the services they provide.

Respondents felt that MFP has promoted a paradigm shift, underscored the importance of person-centeredness, and strengthened partnerships. Some respondents felt these successes have been realized because of a dedicated and experienced core staff. Respondents also mentioned the significance of LTSS rebalancing and the reduction in federal government and state Medicaid spending as a huge mark of success.

Positive Effect

In general, it's really caused anyone in the community to look at aging and disabilities in a very different way. Look at it first from what does the person want, second from what can the community do to support this person, so it's had a great change on it. It has certainly increased the participation in program waivers for long-term support of an individual in the community, and I think that's great.

I think it has increased the workforce to some degree. It's increased the idea that people can live in the community, even people that were considered only able to live in an institution. Overall, it's been a positive effect.

Impact of Nursing Home Closures

Some of the nursing homes that have shut down really needed to shut down. They were not meeting the needs of the individual residents, so, I think a strong skilled nursing facility network is always going to be needed. There will always be individuals who need a skilled level of care and having hopefully what this does is force the cream to rise and

the good ones will be stronger for the closures that have come out and will do a better job of supporting individuals.

... We did the nursing home diversification grants ... They do provide great services to individuals who require a level of care and services ... I feel that the [diversification] grants were very successful. And I feel that with the support, MFP has done a good job of engaging community providers.

Paradigm Shift

We've started to make a shift. We used to talk about shifting the Queen Mary instead of the Titanic just because we don't want anything to sink, but I think that we have started the shift. I think there's still more work to be done and there's different ways to do it beyond continuing to transition folks, working with nursing facilities. But I do think we've had a positive effect on more people having choice in Connecticut. I think we definitely have a long way to go. We're nowhere compared to Washington, but we're getting there.

I think the most important part is person-centeredness ... It has helped drive the whole person-centeredness even when I deal with nursing agencies ... I have seen MFP, the whole person-centeredness be dealt with and set forth as the standard of which we all should practice, even affecting nursing agencies, which I think is remarkable ... I think it's even getting to the physicians too ... It's like the paradigm shift.

I think it's had a significant impact in general. I think it absolutely has helped to bring the culture along. The home health agencies there's no question that they've started to see things just a little bit differently. I think it's brought along the partnership with the Department of Housing and relationship with the folks who are in the CANs [Coordinated Access Networks] and the permanent supportive housing ... It's absolutely tightened the relationship between DMHAS and DDS as we all collectively work on MFP together ... I think it's elevated the value that some of the community-based organizations bring to the table and their perceptions in the community, their value in the community. I think some of the stories have started to challenge the traditional way that people in the community viewed individuals with significant disabilities ... people in the community are actually starting to tell the stories themselves rather than the stories coming from here.

LTSS Rebalancing

I think that we have done a great job ... and comparison reports with other states, and I have to believe, and I know for a fact, that we have had enormous effect on Medicaid savings in the State of Connecticut. I think that we see people who are in institutions who the State and the Federal Government are paying a lot of money for them to be in nursing facilities, and they don't want to be there. They don't want to do that, so I think it's had tremendous effect in a person's ability to age in place in addition to cost savings.

[MFP] has both dramatically increased the incidence of both people and spending in the community, enabling that choice in self-direction. It has had a powerful effect on nursing homes' view of their place in the continuum, their commitment to appropriate transitions, to diversification. It has championed longitudinal use of data to examine barriers for those whom we serve. It's done a terrific job in coalescing information on LTSS and the My Place website. It's done a terrific job in examining some of the workforce issues and certainly being part of the collective bargaining for PCAs around those issues. And finally, I think it has evolved very effectively. It has been from the initial premise, which was really older adults and people with physical disabilities, now there's a huge, newer focus on people with SUD [Substance Use Disorders] and with behavioral health conditions, and that's kept with the emerging need.

Program Barriers and Challenges

Respondents were asked what barriers and challenges they encountered during 2017, what factors slowed down the transition process, and if there was one area or process that needed to change to help the consumer. Additionally, respondents were asked to share recommendations regarding what could be done in the future to prevent or overcome any of the program barriers and challenges mentioned. The most frequently mentioned barriers and challenges were those associated with the transition process. This was followed by programmatic barriers. There was often an overlap in barriers and challenges as respondents discussed their experiences related to transitions, the program, and one area or process they felt needed to be changed.

Transition Barriers and Challenges

Respondents mentioned numerous factors that slowed down the transition process. These are listed below according to frequency and are followed by less often mentioned transition barriers and additional transition barriers and challenges.

Housing

The most frequently mentioned barriers and challenges to transitions were housing and housing related difficulties such as: insufficient accessible and affordable housing; administrative processes, in particular the housing modification approval process, and the Rental Assistance Program (RAP) hold that occurred during 2017. While CT811 was noted to be a great option for some consumers, it was not without challenges for others and resulted in some difficult transitions. A number of respondents reported that the Maximum Allowable Rent (MAR), an amount usually required to rent a moderately-priced dwelling unit in the local housing market and which calculates the level of assistance an individual may receive, was inadequate and made it challenging to find housing for many consumers.

Insufficient Accessible and Affordable Housing

I think housing continues to be the single greatest impeding factor in terms of just a sufficient supply and proximity.

Well, there's definitely not enough handicapped-accessible housing in the state, especially eastern Connecticut. A lot of our consumers now don't have any income. How do you put somebody out in an apartment without income? That's pretty difficult.

Administrative Processes

... the whole modification approval process. I think that should change. It holds up a lot of transitions. It also keeps apartments open and empty for so long that the Housing Authorities are paying for and no one is actually living there because they obviously can't live there without the modifications. That itself is just a long process of getting a contractor out there, waiting for their quote, waiting to upload it, waiting for Central Office's approval, waiting for the okay from them to go get the contractor, then the contractor has to order their equipment, and just that whole process is very long and daunting ... sometimes [CO] asks for more information or a different quote or they also make us sometimes get multiple quotes, so we have to get contractors out there multiple different times ...

RAP

... all the RAPs were frozen. We couldn't access any housing for people. And that was a real challenge in 2017 because we had some people that were – we did the care planning, and we were ready to go, and the consumers were ready to go, but we couldn't house them. So that was a significant barrier.

CT811

I think one of the barriers and the challenges with 811 is it's not a voucher. It's attached to the unit, so those consumers need to know it doesn't travel with them. If you're not happy here, you can't go somewhere else with your 811. It's tied to the apartment, so you're sort of stuck in that place, which can be a barrier for people. The first one we did in 2017 was "accessible" but really was not. Accessible has different definitions for different people. And it was sold as an accessible unit, but in the end was not really ... The piling on the rug was too thick ... there was no parking spot for the caregiver and he had a 24-hour caregiver and that person could have no parking spot ... that was a more difficult transition, but it was a great option for him.

... one thing about 811 is that if you have people apply, so many people apply, you have to interview everyone and then you still have to select. And what is the basis that you're selecting on? It's not a first come, first serve? Or do you have to interview the whole eight people? Or if you're number one and if you pass the criteria, why we just can't go with number one? Because in a way you're still doing a buyer's selection based on how they interview, not based on the criteria ...

MAR and Rent Reasonableness

... We're also running into issues with maximum allowable rents. Those things have not changed very much over the years and they're not very market sensitive. This is a different housing market, even from when I started doing this ... the housing stock is not the same as it used to be and it's also a supply and demand market obviously. So the landlords know that as well, so the rents have increased dramatically, especially over the last year or so. And the maximum allowable rents that the housing authorities allow us to take a look for out in the community just don't cut it any more ... we used to be able to get exceptions for rents based on either mobility issues or family support issues, whatever is clinically related. If we needed to have a wheelchair accessible apartment for somebody and the rent for that apartment was \$200 a month more than what the MAR allowed, they were allowing us those kinds of exceptions.

Workload, Staffing, and Expectations

Respondents mentioned workload, staffing, and expectations nearly as often as housing barriers and challenges. High caseloads and associated tasks reportedly slowed down the transition process. Staffing problems and high turnover also contributed to greater workload, and some supervisors mentioned the stress and burnout that frequently resulted from work and program related expectations.

Workload

I think the workload certainly. My staff I noticed has a lot of new referrals weekly and just trying to keep up on things because the transition process takes a while, and I think if you're trying to work on too many things at once, it's going to slow down transitions ... I think the transition coordinators are really stretched thin, very thin, and I think that slows down the transition process because they have so many people that they have to work on, benefits and IDs, and I just don't think they can get to it all, and so really through no fault of their own, they're overloaded ... that slows down the transition process.

... We're getting more people, more consumers, assigned to us. And quite a few of the people I'd say, not a majority, but a good 30% now have problems with their level of care which decides how long they can stay in the nursing facility being paid for by Medicaid. That's one of the eligibility requirements of Money Follows the Person, the

Demonstration. We're getting the consumers at a time when we don't have enough time to approach or address the challenges that they have ... it's definitely the workload.

Staffing and Turnover

The biggest barrier and challenge I see is staffing throughout agencies and at Central Office ... when there's a lot of change in staff and fluctuation that impacts the individuals we're working with. It impacts the time it takes for someone to transition because you're educating the staff ...

... one of our greatest challenges is TC inconsistencies in terms of staffing in specific regions of the state and the learning curve in terms of new staff and how long it takes them to get up to speed so that they're fully functioning with regard to their responsibilities, and then the challenges communicating effectively with regard to the integration of their role into the transition plan.

Expectations

I work with specialized care managers, transition coordinators, and housing coordinators. I haven't had a lot of turnover with my staff, but I've heard across the state there has been a lot of turnover, and I think that comes from those expectations ... I try and manage their expectations a little bit and tell them that there is no one out there that can get everything done that needs to be done in a day. I tell people often ... "It seems as though every time I get one thing done, I've created two more things that I have to do, so you do what you can." And the expectation that you should be able to have ... [for] one transition coordinator, five transitions in a month. That's unreasonable. So if you hold yourself to that, you're going to make yourself a little crazy. It's going to be a burnout situation.

Medicaid Eligibility

Similar to the previously mentioned barriers and challenges, Medicaid eligibility was also mentioned frequently as a transition barrier and challenge. Administrative functions associated with the eligibility process were noted as the most problematic and included problems with lookbacks, Ascend and ImpaCT. As a means-tested benefits program, the five-year lookback rule created by Medicaid requires an assessment of a consumer's financial behavior when they apply for Medicaid coverage. Respondents reported that the process of determining Medicaid eligibility and the time involved in lookbacks significantly slowed down the transition process. Respondents felt that the federally mandated assessment process for an individual possibly needing care in a Medicaid-certified nursing home was frequently problematic and delayed transitions when information was not accurate or updated. In addition, changes in the Medicaid eligibility process (e.g., eligibility is now routinely processed at the DSS Regional Offices not by CO staff) resulted in some knowledge gaps around the MFP process and eligibility and were noted to be problematic in terms of offering more seamless eligibility services and in being able to transition consumers out of nursing homes in a timely way.

Lookbacks

Right now with lookbacks being completed in [DSS Regional] eligibility, we're not notified until almost the consumer is practically out of the nursing home that there's an issue with their Title 19, and we don't get any answers, and now it sits in the [DSS] Regional Office. So I've had a consumer who's signed his ... lease around Christmastime ... and hasn't been able to leave the facility because his information is sitting in the [DSS] Regional Office. So those are really holding up our discharges.

Medicaid redetermination issues and lookbacks. There's been a lot of difficulty since the switchover with ImpaCT in the way that it handles redeterminations. So the previous system even if you had lapsed your date, a staff member at Central Office literally had to go into the system and just continue you, where with ImpaCT that's not the case. As soon as it hits that date, ImpaCT automatically discontinues people, so it's a lot harder to keep up with the redeterminations and make sure that everyone stays active. And we've had a lot of issues with lookbacks coming up pretty quickly as well as level of care issues with Ascend.

Ascend

We have to focus so much on people with their Ascend coming up that we kind of forget about our other cases that have been sitting there for a while and have long-term approval. I think that slows down transitions for the other people.

I think another issue has been the number of referrals we receive that the person has no long-term care approvals or they're short-term stays or only for 30 or 60 days and Ascend is not granting extensions. And so we're in this constant mode of trying to speed everything along and the person really is not even at institutional level of care, but they're being referred to MFP because they need housing, or. And that creates difficulty because we have people on our caseloads who have long-term approvals and have been on our caseloads for longer, but it sometimes feels like the people who have short-term approvals and know where to go and know where to be discharged to get pushed to the front of the line because social workers from nursing facilities are calling us. They want to be able to discharge the people to an apartment rather than a shelter. We want to do the same thing. So it's kind of slowed down, I think, the transition process in the long-term approval front, so I think that's been hard.

Changes in the Medicaid Eligibility Process

Over the past year ... they changed the management oversight for eligibility and that I think shifted priorities for eligibility staff in some cases. Also, there was a little bit of a change in management which changed the structure ... you end up with folks who have a lot of strength that are capable of basically pretty much doing everything from lookbacks to Money Follows the Person specific processing pieces to everything and then you have folks that ... don't have the breadth of knowledge that these other folks have and so they can't take on the workload. The other change was that some of the work that was normally [being handled by CO] has now been pushed out to the regional offices. So a lookback that normally might have been done [at CO], now it's getting done in the regional office. Those are all processed out in the region for the most part, which sometimes end up negatively affecting the ability to transition quickly if they're held up.

Length of Time to Transition

Respondents described a number of barriers and challenges they felt impacted length of time to transition. These included the number of people involved in transitioning a consumer, differences in levels of knowledge and experience among staff, diverse agency processes for coordinating housing, and varying degrees of success in completing transition goals. Community First Choice (CFC), an optional State Plan service, while allowing eligible people access to Personal Care Assistance (PCA), reportedly slowed down the transition process when consumers had difficulty getting services and supports through required self-direction.

I think the fact that there are so many fingers in the pie. It's so incredibly disjointed, and I think that holds up timely transitions. There's the consumer, there's legal representatives, there's facility social workers, there's transition coordinators in different regions who are

assigned to different teams, there's covering transition coordinators when there's turnover as there is. There's a different process for housing coordination with Mental Health Waiver than there is for folks going out on State Plan. And you're working with different personnel, some of whom on our team are knowledgeable, folks on other teams less knowledgeable. There is a challenge making sure that people do a complete job and get it done timely, and I think that's some of the biggest problems.

Less Frequently Mentioned Transition Barriers and Challenges

Less frequently mentioned transition barriers and challenges included problems obtaining legal documents. Given that as many as one in three Americans have a criminal history, it is not surprising that MFP has been encountering more consumers with a criminal record (Bureau of Justice Statistics, 2014). Consumers with a criminal history often have a much more difficult time transitioning to the community because they also have poor credit, fail housing background checks, or are without an income. Consumer expectations were also mentioned again this year during the process evaluation.

Problems Obtaining Legal Documents

I think one of the most difficult things within MFP is trying to obtain someone's identification when they have none. So there's a lot of times when you need a Social Security card, an ID and a birth certificate and if they don't have any of those, it's really hard to get one. We try to get a Social first but then sometimes they decline that. You have to have the doctor sign off on it, you have to write letters. It really is very difficult ... That definitely slows it down because it can take a really long time to just get one document ... I have a consumer who is originally from Puerto Rico and getting her birth certificate has been – I haven't received it yet. And I first received her middle of 2017.

Criminal History

... So we're getting people who have awful criminal histories. They have huge credit issues ... we've run into situations where we've got consumers who owe back utility bills to the tune of \$15,000, which becomes a serious barrier to who's going to pay that bill before they can turn on the lights in their apartment. And we're running into that kind of stuff.

Consumer Expectations

Well, there's a lot of unrealistic expectations. It could be from what the [consumer] expects for support when they get out from the program. What they are expected to be able to do and they can't. Family's expectations of where they're going to find housing, what kind of housing it will be, down to the furniture, the PCAs, the TC's help after the transition ... Just their expectations in what they can really do, or what we are really going to do for them.

Additional Transition Barriers and Challenges

Respondents mentioned additional transition barriers and challenges that included problems with communication. Lack of cooperation from nursing home staff sometimes reportedly made it challenging for MFP field staff to communicate effectively and obtain the information needed to move transitions forward. Communication between contractors, Allied, and MFP staff were reportedly problematic and affected transitions. Some respondents voiced concern that communication about the program and how it works was ineffective and resulted in people inaccurately interpreting what they heard about MFP.

Respondents described a shift in the population currently participating in MFP and suggested transitions were more difficult for State Plan consumers who do not meet level of need for Demonstration services or have criminal and/or addiction histories. Similar to the shift in the MFP population, the complexity of some DDS cases was also noted to slow down transitions.

As in previous MFP process evaluations, there was continued concern that consumers with mental and/or SU disorders often have difficulty transitioning because they need additional support after moving to the community. While an option such as an RCH was underscored to be a good one for those in this population, it is not currently supported as a Demonstration transition and some suggested this option should be included. In addition, some respondents felt the coordination of services needed to support consumers in the community throughout the State is inadequate and made it challenging to complete transitions.

Communication

I don't find outside of our agency as supportive as far as other team members. When we have transition coordinators I find them that they're not as easily accessible. They're not in our offices, so it's not easy to track them down. Sometimes they're just so busy. I don't know their schedule. I don't know their supervisors. I cannot reach them ...

The only barriers I think we are dealing with is Central Office getting back to us in a proper manner and with the right documentation. Not one person saying yes and the other person saying no, or one person saying no and the other person saying yes. It doesn't help us with the transition.

I would say cooperation from the nursing homes that as their beds are open and their census is down they're not as – I wouldn't say all of them. I would say there are some that are less cooperative or making it more challenging for our staff to get the information that they need, maybe the diabetic training and the individual case-by-case services from the nursing home.

Allied has been particularly problematic ... Just trying to understand where our consumers are while they're waiting for staff approvals when they're self-hiring PCAs. Trying to communicate with Allied over transition budgets. Just trying to call Allied can be the most frustrating thing in the world because their phone lines are often overwhelmed and you have to call them three or four times just to get through and then you're on hold for long periods of time.

I think we continue to face the barrier where people think MFP is only for a year. So in our system, they think we're taking money away from other people. So once that year's up, they think that if you're on the [waiver] waitlist, this person is jumping you on the waitlist and getting your waitlist money and that's not what happens. The money comes with the person. So that's a barrier. And I think overall, the people talking about MFP ending, I think that may have some impact on not as many people referring people because they think it's going away. They don't understand how it works ...

Shift in MFP Population

The type of consumers we're getting is changing. The dynamics of the population is different, so several years ago it was a different mix; your elders, your PCA, and your State Plan consumers. The numbers show that we have much more State Plan consumers who don't meet any waiver criteria and are stuck in the facilities because they don't have housing ... And those people are definitely hard to house. They don't oftentimes get approved by landlords and have credit histories or criminal histories or addiction histories that are barriers to transitioning. So with that being more of the

population, it's making transition numbers I think lower because we don't have as many as the other consumers that are, I don't want to say easier to transition, but have less barriers to transitioning.

I think that really focusing in on the homeless population ... is extremely valuable. I think that Money Follows the Person is not a program that's really geared to address the homeless situation in Connecticut, but I think that we have the opportunity to help it, and I think really just looking at appropriate services and supports in that regard would help a number of different goals and outcomes.

Complex DDS Cases

... some of the complex DDS cases really slowed down the transition process and they can be challenging in itself. That's probably one of the biggest barriers. Just the complexity of each case and individual ...

Gaps in Community Support for Consumers with Mental Illness and/or SUD

For a lot of our folks with behavioral health needs and that can be mental health, substance abuse, or just overall general behavioral issues, I think one of the challenges is that it's difficult to sometimes think about transitioning them from a skilled nursing facility to independent living in an apartment without any sort of stepdown in between. And I think a lot of our folks are more appropriate for maybe a residential care home, and I know that that's not considered like an MFP Demonstration transition ... it's unfortunate because I think our folks in particular maybe get missed in that project, the goals of the Demonstration project because I think that for some of our folks it's a real struggle to come out of a skilled-nursing facility and then go live in an apartment on their own with services. I think it's particularly challenging on many different levels ...

Inadequate Coordination of Services

And I think the very fact the way our state is set up in terms of all the different municipalities and towns and trying to coordinate anything I think it's a challenge ... for a small state we're very segmented in terms of all the kinds of service delivery, and that would be a huge challenge to change for the State.

Programmatic Barriers and Challenges

Similar to the 2016 MFP PE, the majority of programmatic barriers and challenges focused on funding and staffing, housing, and Medicaid eligibility.

Funding and Staffing

When asked about programmatic barriers and challenges, respondents most frequently discussed challenges related to funding and staffing. Funding challenges reportedly impacted provider networks and housing, and the hiring freeze along with heavier workloads and job-related stress contributed to higher staff turnover in agencies throughout the State and at CO. Numerous respondents shared frustrations associated with an inadequate number of CO staff, particularly challenges related to the workload and being able to communicate effectively with them.

There's overall a freeze on hiring that's affecting every State agency, and unless there are exceptions sought by Commissioners, then that's really not remediable right now. And now there's concern that we're in the sunset period of the grant, so there's probably more risk aversion around hiring on that basis. ... I don't see a solution around that, unfortunately, although it would be very instrumental to have more staff ... it has definitely impaired the volume of transitions that we could otherwise have achieved.

The challenge for me particularly has been the turnover in housing and transition coordination ... it's an entry level position and a low wage and people get really, really good solid skills working in these two roles. So they're promoted easily. They're marketable to other organizations. And it's great for them, but it creates burden for the agencies. If I could wave a magic wand and pay the transition and housing coordinators a higher wage, I think that would help. ... I think the current wage is \$16.93, and if we could get that upped to \$18, \$19, \$20 an hour, I think it would have good solid effect in motivation. And this is really hard work.

... a lot of our work runs on deadlines and so sometimes I've had occasions where I've – no fault of Central Office, but I've definitely had occasions where I have tried to reach them and it's been an emergency and I didn't know what to do and it may take an hour or two, so it does slow me down a little bit. It doesn't stop me, but it does slow down the process. So that's a little frustrating, but I guess it comes with the territory of deadlines.

When [CO housing lead] is out, we really don't have anybody ... And I feel that they're great when we can access them, but when we can't, it's terrible ... we have deadlines. We have pressure. We have paperwork that's due. Paperwork that's done wrong. We're told to constantly go back and repeat the same thing we just did with the consumers who are getting frustrated with our paperwork process as it is.

Medicaid Eligibility

Assigning routine Medicaid eligibility determination to the DSS Regional Offices was mentioned as a particularly frustrating programmatic, as well as transition, barrier. Clear communication from CO regarding Medicaid eligibility also emerged as a challenge which held up discharges and the transition process.

... a lot of it has to do with Title 19, the Ascend. If it's down and we don't know and we're ready to move them forward, but then all of a sudden we have a backup because uh-oh, he doesn't have Title 19 ... When Title 19 expires, there's a lot of times that there's notes there from Central Office that lookback is needed. And when we go, we do all the paperwork and everything, and when we go to submit it, oh no, it was already done. Well, why is the note still there? Update the system then.

Housing

Not surprisingly, housing was raised as an issue when respondents were asked about programmatic barriers and challenges. The usual housing barriers of affordability and accessibility were mentioned along with the hold on the RAPs during 2017, problems with CT811, and landlord-related challenges.

And housing is always an issue. Affordable, accessible housing and the resources around that are always an issue.

Additional Program Barriers and Challenges

Respondents reported a range of program limitations including those associated with project growth, the challenge of working with complex processes and multiple partners, integrating the Community Options Strategy and Operations Units, and striving for a shared vision. Respondents identified problems with consumer services and suggested greater access to services is needed for consumers with mental illness and/or SUD needs and those with complex or subacute health needs. Nursing home closures were also reportedly very challenging and stressful for those involved with them.

Respondents described difficulties with the competing priorities of CFC and MFP and the rollout of the CFC program including unavailability of Support and Planning Coaches needed to help consumers with the toolkit, timeliness of Allied training, and additional care manager involvement that was not billable. CFC processes were referred to as “cumbersome” and “not very streamlined.” UA budget changes and certain MFP program billing practices were also noted to be problematic.

Program Limitations

The growth of the project overall, even though it's a good thing, it changes I think how the team functions because it's so large. When you have a smaller team, you're capable of doing things a little bit differently. There is a different dynamic that evolves and then the larger that organization grows it becomes in my opinion a little bit more rigid. And I think that at least for me personally makes it a little bit of a challenge when it's that rigid and not as I guess smaller or flexible.

... we integrated the standalone MFP Unit with our standalone Waiver Unit, and ... there's definitely been some constructive and unconstructive tensions about integration and merger as between the more rules-oriented, traditional Medicaid approach of the Waiver Unit and adherence to those structures, and the kind of attention to removing barriers and less preoccupation with the way things have always been done in MFP. So that is definitely a continued challenge.

So how do we take them out with Money Follows the Person where for 365 days that care plan will look okay, I guess, but once it has to get reviewed by [Community Options Operations Unit], it will not be approved? So I can guarantee you that the [Operations] program staff will tell [agency], "Well, you should have never taken them out to begin with." And the Money Follows the Person staff will tell me that, "This is your job. You have to take them out." And it puts us in a very, very difficult position. And you have two sides of the house in the organization. And these two sides have to work together if you want to make meaningful transitions that are long lasting because the consumer is only going to have Money Follows the Person funding for 365 days. We have to be able to effectively transition them to the program waivers.

Consumer Services

... a lot of [DMHAS consumers] are more appropriate for a residential care home, and I know that that's not considered like an MFP Demonstration transition, and I think in particular for our population with mental health, I think that is a real need, and I think that's a challenge because – I mean we can certainly transition them, but it's not considered part of the Demonstration for MFP, and I just think that it's unfortunate because I think our folks in particular maybe get missed in that project ...

I think a big challenge is when consumers have very complex or subacute health needs ... That's very challenging to try and create a safe care plan in the community and make sure that we're setting the person up to succeed and then setting them up to be able to access the services that they need and treatments that they need within the cost cap so – of the program ... it's also been challenging to locate visiting nurse agencies in the community. So some VNAs have refused our program participants or just discontinued our program participants when their Medicare coverage ends. And so that's been a huge challenge. And then also just the lack of VNAs that are willing and able to provide services for our consumers and their staffing issues at times. Sometimes they just don't have enough staff to cover or to take on new cases ...

Nursing Home Closures

The number one challenge in 2017 was being pulled into the nursing home closures. And though it's rewarding work, it's really an exhaustive effort. And going from one closure to the next has pulled my team away from their current caseloads, so they've had to prioritize the closure projects and other cases kind of fell to second priority. So it's been tough trying to keep them motivated and engaged when they're constantly being pulled into these closure projects.

CFC

The CFC tool continues today to be a struggle and was really a struggle when it first came out because it was conceptually very different than anything that the State had ever used before ... And what we learned through the process is that many of the consumers were ill equipped to take that budget and translate it into services, either cognitively or just not being familiar with the services that were available in the community and how to best use them to support their independence. The consumers couldn't do it. And when the consumers couldn't do it, they started calling on our care managers for assistance, and we were told unequivocally that we are not to give that kind of assistance. There was supposed to be a secondary level of support, a planning coach, available for the consumers. And what we found in [Region] is no one applied for or went through the training and became planning coaches.

UA Budget Changes

Budget changes and the budgets associated with LONs, I think that was a bit of a challenge this year since August. And having to wait for some recodes to be done, if you have an assessment that triggers a certain LON, a seven or an eight and how that delays care planning because you have to wait until it's recoded to find out what the recoded LON is, and then have to go back to the person to talk about the care plan. Potentially do a budget exception, which is another step. So that's been a bit challenging.

MFP Program Billing Issues

Billing has improved greatly, but still remains a challenge. If eligibility or billing is an issue, we spend countless hours trying to reconcile to collect on billings that are owed to the agency. And its dollars that we need to pay our staff, so it's very critical funding. And there really is no expert at the State who's able to help us uncover billing issues.]

One Area or Process that Needs to be Changed

Respondents were asked what one area or process needs to be changed to help the consumer. Most suggested changes were associated with transitions and included: streamline the Medicaid eligibility process, address Ascend issues, and offer more training. Additional areas and processes respondents suggested should be changed to help the consumer ranged from increasing CO support to addressing the transportation problem.

Streamline the Medicaid Eligibility Process

The Medicaid eligibility process was most frequently mentioned as an area or process that needs to be changed, including starting the process as early as possible. While respondents reported progress in informed choice, they suggested it should occur earlier in the transition process. Other suggestions included addressing delays completing paperwork at DSS Regional Offices, speeding up the lookback process, and minimizing the length of time to transition.

I would say it would be the eligibility process. It needs to start sooner than it's being

assigned to transition coordinators. I think the transition coordinators are being expected to do all the eligibility work. A lot it can be done as soon as the person gets into the nursing facility. If they think this person is going to be going out, they need to start that process ... as soon as the specialized care manager (who is the first contact with MFP) gets involved, they should let people know here's what you need to work on. And they should make sure that the nursing facility staff knows how they could help ... We just want to make sure we get specifically what needs to be done so that we can give the consumer the good information so [the transition] can get done as quickly as possible.

I truly believe in informed choice and that individuals are asked very early on to make decisions regarding where they want to live, what care and services they're going to get, without our staff ever having met with them or done an assessment. So in a nursing home, by day 21 they're already assessing you, telling you through the MDS process what they think your potential for return to the community is, and at that point people are making decisions about keeping their home. Do they keep it open? Care providers, do they stay engaged? And so they're only getting information at that point from the nursing home. [MFP does not] typically get involved until later on, and at that point they've given up their home ... we're having people make decisions without giving them all the information ... a goal is to really do informed choice in nursing homes where everyone had that information by day 45 at least. We're not quite there. We'd love to be, but not quite.

Any person on Medicaid, pending Medicaid, has the right to know what their Medicaid covers. You or I or anyone with private insurance would never make a medical decision without calling our insurance company first and being fully educated on what our options are. And we have for a long time made decisions for individuals on Medicaid and not given them what all of the choices and decisions that they can make under their Medicaid, making that available to them, and we've decided what's best. When I say "we" I'm talking about providers, individuals that maybe look at discharge planning. That we know better than they do and that we're really not giving them the credit that they deserve for where they are in their life and making these decisions and providing them all of that information, so I'd like to see that change for every individual.

... I would want hospital discharge planners to ... maintain their literacy around community-based options and to smooth the process, particularly around eligibility, for the community-based supports sufficient that there would be a much lower incidence of discharges to nursing facilities because we still continue to see that figure being much higher than we would like, and as you know, that tends to translate into more long-term stays in nursing facilities than is consistent with [MFP] goals.

The redetermination sitting at a desk at a DSS Regional Office. That really needs to change.

The lookback process does take a while, and it's hard to get paperwork for people who are in facilities. They have to keep going to banks, all of that. That whole process I think ... can somehow speed up ... We sometimes don't even know that they're not Title 19 eligible until we actually put in a transition plan, which holds up more things in the end.

I think the one area that stuck out for me was the time between when someone is referred to MFP and when they actually transition. So if a consumer signs the consent to be referred to MFP, it could be a long, long time, six months, a year, two years. I mean it depends. It could be just a very long time before they actually are introduced to the idea of MFP and possibly transitioning into when they actually transition. And I think that's difficult for consumers because it can be a very long time for them to be thinking about

transitioning and not being able to. So when people are in an institution in particular, they probably hold onto that idea, like, "I'm going to be leaving soon. I'm going leave on MFP. This is my hope." And then it could take a very long time, and I think that's a real disadvantage for the consumer.

Address Ascend Issues

Ascend issues and MFP's practice of accepting consumers without hands-on needs, such as People with Disabilities (PD) State Plan consumers, were mentioned as an area or process that needs to be addressed.

... The homeless population ... have criminal backgrounds ... They have a lot of other issues that we end up spending a lot of time focusing on. It takes up a lot of our time to track down an apartment that will include all utilities versus somebody that's been in a nursing home that gets social security or pension and can afford to live out on their own but they're just waiting for somebody to come in and take them out of there ... I think that that's huge ... We're told we can prioritize. We should prioritize our cases, but then we're told another message from a different team member where, "Well, this person is about to be kicked out of the nursing home because they only have 30 days left" ... So then we have to go take the case that we're working on and if you find an apartment you have to move and you have to continue with the process until it's done. It's like you have to stop what you're doing to go take care of this person.

Offer More Training

Different kinds of training were suggested by respondents as areas that should change. This included training for Allied, additional skill building training to enhance teaming, and consumer skills training.

... Allied training was one of the biggest barriers because it was holding up transitions by months. People were waiting months for Allied to come out and do employer training and that was significant. That was definitely holding people back, but they've come up with solutions and workarounds that have improved that situation.

I still think that we need additional skill building in teaming ... The leadership at a field level in leading those teams, I think that that's the universal – I think we definitely have it, I just don't think we have it universally. And when you don't have a strong leadership within the team with everybody having a unified vision of where that team needs to go so it's not just Central Office but at a field level, it's too hard and it'll end up fragmented and it ends up then taking too much time because of communication or because of whatever.

I feel like the consumers or consumers should be better prepared and maybe given some life skills training. Because a lot of them end up re-institutionalized because of silly things. I think it would be beneficial ...

Additional Areas or Processes to Change

Increase CO Support

We frequently waste a ton of our resources having to do Universal Assessments on folks that aren't appropriate for the waiver or appropriate for a mental health State Plan transition, and I think that's a real challenge for our staff trying to keep up with that volume. I think that's probably one of the biggest challenges for us. A Central staff availability to complete Universal Assessments and then determine the appropriate program I think would be – could potentially be very helpful for all the programs involved rather than passing a case around to everybody and then having the team go out and do

another assessment all over again to determine whether or not the individual's appropriate for what they have to offer. I think that's not the most efficient means of establishing a transition process.

Strive for Shared Vision

Better communication between the waiver program managers and the Money Follows the Person team ... And by communication, I mean understanding the objective and the barriers from both sides of the table. And these two sides have to work together if you want to make meaningful transitions that are long lasting because the consumer is only going to have Money Follows the Person funding for 365 days. We have to be able to effectively transition them to the program waivers.

Expand Substance Use Resources and Consumer Supports

I'd like to be able to offer folks with substance abuse issues the right service package. Sometimes we're discharging people on a State Plan benefit and they have opioid addiction or alcohol addiction, and they're not totally receptive to treatment or they say they are and they're really not and we're in this catch-22 with them. So I just think that if there's one thing that I could change, it would be to have specialized home and community-based service packages geared toward folks with substance abuse issues ...

PCA services. PCAs being accountable for showing up and, if they're an agency-based, the agency being responsible to be putting in PCAs if somebody doesn't show up ... Also job coaches. A lot of our consumers that go out and could go out and work or do something in volunteer work, and they should if they want to be able to get out.

Provide More Housing Options

Additional ideas for changing one process or area were related to housing, specifically extra housing market research, the need for more accessible housing, and supportive housing with wraparound services.

I think that would be the supportive housing, the mental health, and wraparound services for those kinds of consumers. So maybe strengthening the relationship with DMHAS so we can provide better supports for those consumers and the staff have a clear understanding of the process that they should take to be able to help those.

Simplify CFC Paperwork

Some respondents suggested simplifying CFC paperwork to reduce the amount of it.

I think to simplify the CFC paperwork, to revise the way that the paperwork looks. I mean the packet is multiple pages. I want to say a rough estimate maybe 30 pages or so. So it looks big. The way that you do the calculations looks intimidating. It almost looks like a tax form. I think that it could be simplified a little bit more and condensed. That might be helpful and also easier for the person to complete. I know when I first was looking at the paperwork, I had a hard time figuring it out and understanding the way that the math needed to be done. So I definitely think if somehow the paperwork could be simplified and condensed, I think that would be helpful.

Reorganize Team Ones

... The only one I have big problems with, are the Team Ones. Team One you have a transition coordinator that's working with several different agencies. For instance, DDS and DMHAS and DSS. And those agencies don't really coordinate with one another. So the impact on the transition coordinator that has to juggle all these demands from the agencies is often overwhelming, so I think that should change. Actually, I think the

Department of Developmental Services should have their own transition coordinators. I think the Department of Mental Health they should have their own transition coordinators. And the people that work in the Team One Acquired Brain Injury Waiver should probably have their own separate transition coordinator.

Address Transportation

I think overall one of the greatest challenges in Connecticut is transportation ... I think it's probably one of the biggest challenges and one of the biggest things we don't know how to fix. I think it's because of the kind of state we are. I think transportation is a huge issue in people really being able to be fully involved in their communities and really meet the goals of MFP, so I think that would be kind of the greatest challenge.

Respondent Recommendations

Respondent recommendations are organized under transition challenges and programmatic challenges.

Transition Challenges Recommendations

- Improve team communication.

I think improved communication, especially between – especially when you're working with multiple agencies. I think that's a huge piece. Communication and making sure that notes are up-to-date, calls and emails, I think that would be something to try and overcome some of the difficulties. And really work together as a team, have that consistent team and know your team well in order to work together effectively and efficiently.

- Delegate cases to staff by skill strengths to increase the number and speed of transitions.

... my housing lead [is] such as expert ... she can move the people a lot faster. So I always found it, well, why don't we give her the Ascend cases? Because that's how she likes to move ... So there are people ... they'll spend every second that they have out on the road and there are some people who are better doing the paperwork.

- Offer training to improve skills in accessing consumers' legal documents.

I think getting a training on how to work best with getting out-of-state birth certificates, getting Social Security to respond to you for Social Security cards and proof of income statements, and things like that.

- Implement a secure electronic system to capture and maintain consumer information and eliminate paperwork.

They keep saying it's a HIPAA thing, so I'm not sure how. But they say with the paperwork – we've been asking for electronic systems because we have iPads and we would like to be able to use them and just have the person sign from there and be able to upload it directly. It's just the paperwork I find is time consuming and ... It's tedious and repetitive and it's just all the above.

- Continue to develop state-wide housing inventories and share housing best practices.

We have to be creative in looking at different apartments because we don't have a lot of handicapped-accessible apartments, so we have to think about modifications. And also that the consumers have to be open to other areas because a lot of consumers they

have this small area that they are willing to go to, and without having a lot of handicapped-accessible apartments they are on waiting lists for a long time ...

- Promote greater awareness and education about MFP and informed choice in skilled nursing facilities.

I think more involvement in the nursing homes to try to have less reliance on social workers or nursing home staff to try to make those referrals. Simply because I personally know someone who worked at a nursing home and was asked to step down because she was making a significant amount of MFP referrals ... and I think having more of a presence in the nursing facilities would alleviate some of that.

I think it would be helpful if [MFP] provided education to the skilled-nursing facilities regarding the MFP process because I think that there is a lot of turnover in the nursing homes and a lot of the social workers are not very familiar with MFP.

Programmatic Challenges Recommendations

- Revise processes to determine Medicaid eligibility and to ensure continuity between DSS MFP and DSS Regional Offices.

I think that we are incredibly challenged at the moment to make sure that people are appropriately Medicaid eligible when they go out the door because there's a disconnect between DSS MFP and DSS Regional Offices regarding the types of Medicaid coverage ... which has been a real disaster for a couple of people. And then there have been the 11th hour transitions that haven't occurred because folks were notified that one of those pieces was missing. That's an internal issue for DSS that needs to be resolved before it goes to a permanent program. They need to be able to instantaneously know the status of the individual's Medicaid at the regional office or else the transition is on hold and the individual doesn't get to go out. And certainly if their Ascend expires during that timeframe, they're no longer eligible for MFP benefits and so the individual doesn't get the benefit from the program.

I think one thing that would really strengthen what we do is having the devoted eligibility staff that we have cross-train to make sure that they know all aspects of how to do eligibility specific for this program. Maybe even have some more eligibility staff or have the regional staff that are processing things that are related to our cases give them insight as to what we do ... And I think that if the folks that are in the region that might actually be processing cases for us got a little bit more insight as to how the process was going and where exactly we're at and, "Look we just signed a lease. We need to hurry up and get moving." Maybe it would help to speed along the process if we can't magically get new staff.

The thing that could help the best ... is to make sure the eligibility is all correct throughout the system. Maybe having a – one place data entry so it matches everywhere so when we do the billing, we can get paid and we're not having to holdup to pay people.

- Continue integration of Community Options Unit and promote a unified message.

I think one of the primary issues is the integration. I do think that people in the field have gotten different messages about different things ... that there's a community buzz, if you will, about how things will be sustained, if they're going to be sustained. I think that continues and it sort of undermines anything that [MFP] might be messaging because I think there are other messages. [MFP needs to make] sure that there's a unified message ... I think is really important, and we're not quite there yet ... it impacts morale

... it impacts turnover of staff ... it impacts a lot of different things ... it has led to some difficulty in filling positions ... and I do think that ends up impacting the field. ...

- Hire a substance abuse lead at CO and/or agency-based behavioral health specialists.

I think there's definitely strides to be made with getting better connection to services offered with the Department of Mental Health and Addiction Services. I think that it would be helpful to have a substance abuse lead. It's really specialized training and it's something that the consumers need ... I would love to have a behavioral health specialist at my agency. It would be awesome to have that kind of resource, an accessible resource. That would be my absolute recommendation.

- Improve field staff salaries. Consider offering step increases as staff become more competent.

... we have had a great bit of turnover with the housing coordinators and the transition coordinators. I think that the salary that they come in at entry level is lower. I think they're very difficult positions. They're challenging positions ... in their networking, they get exposed to a lot of different individuals and a lot of different entities and that sometimes entices them away. So I think it's maintaining staff, high-quality, educated, motivated, engaged staff at the pay level ... years ago you not only got cost of living increases, but you also got a step increase as you gained more knowledge and as you gained more expertise ... So within six months, we used to have to take a little testing, and if we passed that testing, then we were able to go on to the next step ... it keeps people engaged. It keeps people motivated to learn more about their position. And it provides them with an incentive of more income as they gain knowledge.

- Improve communication regarding policy and procedure changes.

I think that Money Follows the Person is obviously a demonstration project. It's constantly changing and adapting. Sometimes it gets problematic when the rules change very quickly and we're expected to institute those changes very, very quickly too. So I think it would be helpful for me to be able to effectively provide direction and management to folks. [For example] ... To have firsthand awareness of what's changing and what's expected so that when my staff are denied a care plan or something to that effect, I can guide them appropriately.

Maybe either a webinar or just a quick email of an update, like hey, these are the changes going on.

- Improve communication and documentation originating with CO, including better use of the MFP web. Consider using message alerts regarding transition progress.

Sometimes Medicaid redetermination, knowing when the consumer's Medicaid is up is sometimes a problem and can kind of halt things when you think ... Like you're getting ready to transition someone and then you find out that their Medicaid has expired or has lapsed, if there was some sort of notification – if we could get like a message like a month or so out, some kind of ... In order for us to receive that, we usually have to email Central Office to find out.

- Create a method for direct and encrypted communication between Allied and other contractors.

Finding a way that we could communicate with [Allied] in a more direct system, like having a point person for each of the regions at Allied. Where that person is becoming familiar with our consumers, we're familiar with their processes. I think it's been kept a

very big secret. Allied communicates directly with the State, and we communicate directly with the State. We need to sometimes streamline and go directly to Allied and Allied needs to come to us, and it would just be very helpful ...

- Consider regionalized nursing home assignments to offset mileage reimbursement costs.

I liked it better when we were assigned nursing homes. It was much easier and cost effective as far as mileage. When I first started, we were assigned [Nursing Home] because they're [nearby] ... So it made so much sense than everyone [going] everywhere. Our mileage can be \$500 a month for one person, where it was \$100 a couple years ago. The work has increased, but also the distance. And it made more sense to me centers in [City] should have the [City] area nursing homes.

- Implement processes to address the shift in the MFP consumer population and the issues many of them have with criminal backgrounds, evictions, homelessness, and mental illness.

... it appears recently that the population that we're getting to work with from MFP, the nursing home population has changed dramatically over the past couple of years. And there's a lot of consumers coming out with significant criminal history, with a number of evictions, with mental health, and I think addressing how to deal with those, the best venues for those kinds of people would be more helpful because it is a struggle. A lot of the housing inventory that we have will automatically tell us a hard "no" for those kinds of consumers. So I also think that something like supportive housing for those with addictions and mental health and expanding on that and trainings on how to integrate that would be very helpful to our staff.

- Integrate systems to improve consumer access to wraparound services.

So a lot of times if someone has a very strong amount of physical needs, DMHAS, because their waiver can't really address a lot of those for extreme physical needs, they don't really qualify for that service. And CFC can be used in addition to the waiver to meet those hands-on needs, but the process for combining those two is ... a cumbersome process. It's not very streamlined. It's not smooth. So working on integrating those and finding a good route for everybody to be able to communicate and get those wraparound services I think would greatly help.

- Improve community support to help consumers be more independent.

But I think again the community support needs to improve. I'm basing that judgement on the fact that I see some people going backwards instead of progressing forward ... To get them engaged in that different lifestyle. They've been having things done for them for so long. They've been institutionalized, so it's really tough to get out of those, and I'll say this is not the right term but I'll say those luxuries of having people do things for you, to actually having to do things for yourself. And I think especially up front they just need more guidance in how to start doing those things on their own. Because right now in those cases they wait until it's a big problem and then they call their specialized care manager or their transition coordinator and say, "Here's my problem. Help me. You have to do this for me." That's not making people more independent.

- Strengthen relationships with experienced community partners, such as Independent Living Centers and substance use providers, to provide greater support for consumers living in the community.

I think we need to continue to work with our community partners because at the end of the day, the consumer becomes part of that community. And we do a great job of

supporting them while they're in the nursing home, getting everything they need to do the transition, making the transition ... making sure they're set up, but the community has to embrace the individual after. So if they want to volunteer, helping to find a way for that person to volunteer. If they want to go back to work, having the employment options available to them. If they want to play cards with seniors at a senior center, that we're able to connect them to that. So I definitely think that the enduring change is the one that changes the way the community supports individuals who may be at a higher level of complexity than what the community was used to serving.

- Increase the number of high quality HCBS providers.

My biggest concern is that we have all of these programs and services and we don't have enough quality providers to provide services. There's been no rate increase, so it's getting more and more difficult to get quality providers ...

- Increase supportive housing options for consumers not eligible for waiver supports or who have behavioral and mental health needs.

... there really needs to be more RCHs or something like that in the community because people are really looking for assisted living or something like that, and there's not a lot of options for our consumers who can't private pay ... [these are] the Level One's or the people who cannot self-direct PCAs and don't have anybody else to help them, or just want or need the extra level of support or supervision.

We've noticed just in reviewing our cases that we've had a couple that are cyclic MFP consumers as in we can get them out and into the community, but because of mental health and addiction they kind of decompensate when they're out in the community and end up back in the nursing facility. And I think that's something that we're going to have to address moving forward, more supportive kind of housing and supportive services to try to keep them more stable and on the right path when they're out in the community.

- Reduce housing barriers by addressing access issues related to legal documents and housing modifications.

From my perspective specifically, I think it could remove or alleviate some of the barriers that come along with housing. Like I said before, the length of time it takes to get IDs, to get fees for the modifications to be done or approved and then done, because all of it is connected to a lease signing and actually getting those people in there. Also the length of time that it takes for those things, it burns our relationships with landlords. It kind of makes our networking of landlords a lot smaller because a lot of people don't want to work with us because they know of the process and the time and it makes them not want to move forward with signing a lease or even future potential leases.

- Optimize housing processes and the relationship with DOH to benefit the homeless or those at risk of homelessness.

I think also very, very important is much more concerted partnership with Department of Housing with their Coordinated Access Networks, CANs, around the supports for individuals who are either homeless or at risk of homelessness. We are not optimizing what we could do there right now, and we share a lot of people in common who, like I said there's a phenomenon of people cycling through short-term nursing home placements not meeting level of care, and in some cases being discharged again to homeless shelters. So that work is very important.

- Seek change in the Medicaid skilled nursing facility reimbursement method.

Continue the work with the Rate Setting Unit and the [Reimbursement and] CON [Certificate of Need] Unit on a better process for examining [facilities] homes that are at risk of financial closure. Being part of that development of an acuity-based rate system for nursing facilities, I think is hugely important.

- Continue to examine the MFP model and address challenges.

I think we need to continue to look at the model to make sure that it remains efficient and effective and is meeting the needs of the individuals in transitioning them. We make a commitment to transition them, and then it takes a while to get them out into the community. Sometimes it's their own engagement, but other times there's other obstacles that we need to overcome. So we need to continue to look at that model.

Education and Training

MFP field staff receive training from various sources including online Boston University Center for Aging and Disability Education and Research (CADER) training courses and Motivational Interviewing. For this evaluation, respondents were asked what additional training would be helpful for the TCs, HCs, & SCMs to effectively do their job and who should provide this training.

TC, HC, SCM Training

Given the frequent changes that occur in the MFP Demonstration, many respondents suggested training for TCs, HCs, and SCMs to help them keep up with the rapid changes that occur. This included having a better understanding of what others do in the program and training about the MFP program itself (e.g., overview, application process, waivers, services offered).

Another thing with MFP, there's a lot of change that occurs but still it would nice if there was like a training kind of in-house for a week to go over certain things with MFP. Like there's a process to do everything – like to order durable medical equipment, to order – to have home modifications done. And that is something that you could put together I would think and kind of say, okay, this is how it's done, at least for the most part, like there are certain steps...the quarterly meetings can be helpful with DSS giving information, like with the DMV. I think ongoing training just ... like rotating it. Because with the program, it's interesting that sometimes you never know what you're going to end up having to do. Like you may not deal with a certain issue at all, then all of a sudden you're like, oh wow, I have to deal with someone who needs a home modification. Well, you never did that before.

I think when you're first hiring someone, I think things would move smoother along the process if they had a more in depth training of the program.

Suggested Training Topics

Respondents suggested a number of training topics for TCs, HCs, and SCMs that would be helpful in enabling them to more effectively fulfill their roles. Respondents suggested it would be helpful to have specific training on the Rental Assistance Program (RAP), subsidized housing, Fair Housing, Housing Authority – rent reasonableness, and supportive housing for those struggling with behavioral and/or mental health. Respondents expressed a need for eligibility training, particularly to clarify processes related to pooled trusts and spend downs and how to get out-of-state birth certificates and other documents needed for the transition process. Interest was also expressed in learning more about ImpaCT, DSS's new advanced eligibility system that was implemented in August 2017. It was also suggested that training be offered to better understand the ABI and Mental Health waivers, particularly the care options and services that

are available. Some respondents expressed a limited understanding of Ascend and PASRR and suggested it would be useful to have training regarding these processes.

Given the seriousness of substance use and addictions, an additional suggestion noted the gap in MFP training on this topic and recommended more education to increase awareness and create opportunities to help reduce the impact it can have on communities. An additional topic that was mentioned underscored the usefulness of trauma-informed care training, particularly because many MFP participants have experienced trauma and continue to need support recovering.

While most respondents suggested that CO or the State should provide the majority of training for TCs, HCs, and SCMs, they also acknowledged that who should do the training was largely dependent on the training topic. For example, if the topic focused on mental health issues, it was suggested DMHAS should provide training, or if training was about Ascend, then Ascend staff should offer it. Respondents mentioned that both webinars and in-person trainings would be helpful, and that in some cases the agency they work for sometimes provided training (e.g., mental health training) that was useful. Other venues suggested for training included the MFP retreats and/or conferences.

Housing Training

I think it would be helpful to know a little bit more about RAP and subsidized housing and the timeline that the housing coordinators need. And how much time it takes for them to get RAP approvals or for someone to come up on a subsidized housing list or to understand a little bit better of what steps the housing coordinator has to do in order to try and line up everything else because it's hard to have everything be completed by all team members; the SCM, the TC and the HC all at once. Sometimes it's a little bit tricky to get that timing so I think it would be helpful to just know a little bit more about what the housing coordinators need to do and what requirements they have and how much time it takes for them to get those approvals. And then also some of the guidelines of if someone has RAP and the apartment has been inspected, they only have this certain number of days. And I think that's something that I would want to learn more about.

We were asked what we would think would be good for the next retreat, and we all agreed that having someone there from Fair Housing to train us better on that would definitely be helpful. Even training from the Housing Authority on the rent reasonableness, they gave us access to a site we can use and it's not helpful at all, so I think having them train us better on that so we have a better idea.

I also think that something like supportive housing for those with addictions and mental health and expanding on that and trainings on how to integrate that would be very helpful to our staff.

Eligibility Training

I think I still need help with the eligibility and the new rules that are coming down because of the spend down rules. I don't think we're able to counsel our consumers. I think we're always going back and saying, "For this consumer, what do I specifically need to do? And here's their case." They started making changes to some of those rules regarding pooled trusts, spend downs. I think if they can clarify that, and I think that should come from Central Office.

I think getting a training on how to work best with getting out-of-state birth certificates, getting Social Security to respond to you for Social Security cards and proof of income

statements, and things like that. If we could have a contact – that's asking too much – but a contact at Social Security who could help us with our MFP clients.

I would like to better understand ImpaCT and why it does what it does sometimes. I've reached out to OSD [Office of Organizational & Skill Development], they're our trainers, and they're working on a lot of the ImpaCT issues that we're seeing in MFP ...

ABI and Mental Health Waivers Training

I think it would be more training on different care plan options, especially with ABI. I think that would be helpful for me and getting to know more about the ABI services and learning more about people with ABI and how it affects them and what are good interventions and recommendations for them.

Ascend and PASRR Training

I also think that training maybe on the whole Ascend and the PASRR process, I think – we read a lot of these documents, but we're not really sure how the process works. I think some training on that would be helpful. Maybe training on just sort of the structure of the system in terms of level of care and how people get into nursing homes ...

Substance Use and Addiction Training

And I think the biggest concern right now is the substance use disorder. Nationally, everyone is seeing the impact of that and coming up with a very thoughtful way of addressing individual's experience concerns. I think that's a big gap for us.

Trauma-Informed Care Training

State agencies should ensure that people have training in trauma-informed support, and I don't believe that we have done that in MFP... so many Medicaid members have had adverse childhood events that affect their overall wherewithal and capacity and behavioral health, I think that would be useful, additional training for people.

Who Should Provide the TC, HC, SCM Training

I guess it depends on which training. Maybe the Central Office folks. Maybe some of it can be done by DMHAS staff. Again, it would depend on the training. But it certainly maybe the Ascend and the PASRR, so just maybe even like an in-service from the people that actually do that, the people that work for Ascend, or some kind of webinar maybe or something where we could get some greater understanding of those processes.

I think if Central Office could do more in-person trainings in regard to just working with clients with difficult backgrounds, with more mental health needs. More mental health training I think would be helpful. I don't know if that'd be something from Central Office or if they could work out something with DMHAS to be able to give us more of a grasp on how to approach these clients, the best techniques, things along those lines. I know from our agency in an attempt to try to assist with that, we had everyone here participate in a mental health training to try to give them more resources on how to work with these consumers.

When it comes to housing matters ... maybe the TC Central Office contact could do a training with the housing contact and explain how they end up picking cases or how we get how things are assigned or why they do the things that they do. That would be helpful. For now, I guess we could rely on in-house, but it would be helpful if the State would be involved in our training.

Additional Staff Training

In order to capture other specific training needed, respondents were also asked what additional training would be helpful for them to effectively fulfill their role and who should provide that training. Multiple respondents suggested the importance of cross-training on roles so field staff could better understand each role within CO, be updated regarding personnel changes, and know who to contact since that was deemed important for getting timely answers to questions. Cross-training on roles included wanting more knowledge about roles in order to better communicate and work together within a team or help assist a team member if needed.

Specific training regarding teaming included how to effectively work together as a team and associated best practices. Standardization of training and training materials was important to respondents, many of whom reported a preference for learning under a skilled trainer as opposed to the train the trainer method, where there is a potential to dilute the impact of the information over time. Informal training, (e.g., job shadowing, on the job training) was underscored by some respondents as a preferred way to learn the knowledge and skills expected of them within the MFP workplace.

Cross-Training on Roles

I think maybe if they have a training up at Central Office or other location they want maybe twice a year. Being specific of who does what, what does what, and maybe go over exactly what that person actually does at Central Office instead of us emailing somebody and they're like "Oh no. You have to email this person." So I think having some type of training like that.

I think it would be great to have specific training on the roles and responsibilities of each of those, the TC, HC, and SCM, because I don't know that all three know what each other does. And especially for new employees because there's always new people coming on board and just making sure that they know everyone's goals and responsibilities and then maybe some training on the steps in the process of MFP because it's kind of a multistep process, and I think sometimes people just when they get hired and they have to just get up and running pretty quickly and maybe they don't have enough training on the whole process of MFP.

I think it would help if everyone was trained on pretty much everyone else's job, not so much in detail, but have an idea of the steps of what other people have to take, because that way you have better communication I think between everyone. I know specifically for me, I was held up in a very time-consuming case recently and my TC was able to step in and help assist with the housing side for other consumers that I wasn't able to get to. So I think not only is it helpful to know other people's jobs, but if you need to, you can step in and support those other people. And when you do that, you work better as a team, I think. Better communication. You trust your teammates, which is I think great.

Team Training

I think it would be helpful to have some kind of team training. How to work together, the TCs, HCs, and SCMs, because that's always an issue. Working together effectively.

Standardization of Training

Well, I think whoever is training the lead people up at Central Office then I think those folks should be training us. Everybody's hearing the same thing at the same time. So if there's any uncertainty or there needs to be any clarification, I think we'll all be in the same room. You can be a great trainer and it's always about how an individual presents the material so there's no discrepancy about because we all hear it different ways. At

least if you got everyone in the room with the trainer then everybody sort of if somebody is not clear about it you can get it answered right then and there. Because sometimes people's information filters down by the time it gets to you sometimes it's not as clear or it loses the meaning some way of understanding.

Job Shadowing

It's really a matter of – even down to one-on-one – shadowing somebody who knows what they're doing. I found out over the years, the best way to learn is you learn from somebody who's already doing it.

I think our newly instituted team leads that we put in will also help with that because they'll have even our own internal experts to help shadow.

Other Training Opportunities

Other helpful training opportunities mentioned by respondents included monthly supervisor meetings, team meetings, and monthly phone calls with CO. For those not able to participate in meetings, emailing a copy of the minutes was suggested so everyone receives the same information.

We have our monthly [supervisor] meetings where we all get together to discuss the topics that Central Office wants to discuss with us and then there's usually the availability of time for us to work together, problem solve, case solve, discuss any issues we're having in the field. I think that those days are important. And, again, I like the face-to-face ... we talk about what works for each other ... That sort of teaming would be great if we can continue to do that and even expand that in a way so we can learn from each other on best practices. I think that that would be helpful.

I would like to see regular minutes taken at all meetings and then sent out to all participants so that everybody's on the same page in terms of the material that was communicated. I would find that very helpful.

Who Should Provide Additional Training

Key informants most frequently mentioned that CO should provide additional staff training. Some respondents suggested learning or training could occur at MFP retreats where experts, such as those from Fair Housing or the Housing Authority, could be invited to give presentations. Lastly, attending conferences were mentioned as another way to learn ideas and information about national trends and best practices.

Universal Assessment

Following the first release of CT's UA two years ago, a second version rolled out to MFP and CFC on August 7, 2017. Only respondents who completed UAs themselves or supervised others who completed UAs were asked to share their opinions on the strengths and challenges of the UA, the effectiveness of the UA in accurately reflecting the need levels of people being assessed, UA training, and suggestions to improve it. Respondents included SCMs and SCM Supervisors, TC/HC Supervisors, and administrative level staff from CO, DMHAS, and Access Agencies.

Strengths of the UA

Most respondents underscored universality as the primary strength of the UA. While weaknesses in the tool were acknowledged, there was also a strong sense of accomplishment in having developed a standardized assessment for use throughout the State. Other strengths included the comprehensiveness of the UA, its focus on evidence-based questions, the

automation process that assisted practitioners in making decisions as they used the tool, and the opportunity for the practitioner to exercise clinical judgment when necessary. Respondents felt the UA helped them gain a more accurate understanding of consumers than past assessments and this enabled them to provide consumers and their families with more informed choices for HCBS.

Some respondents specifically mentioned the ADL scoring as a strength and its ability to help determine if the consumer needs full or limited assistance. A few respondents liked the way the UA assesses the need for assistive technology (AT) and made determining need easier.

Universal, Evidence-Based, Automated

... the strength would be that it's an evidence-based tool ... I think it's good that's it's being used universally across populations ... when you're trying to determine someone's eligibility based on a definition of level of care, I think it's important or at least very helpful to have a tool that helps identify that universally without being subject to somebody's interpretation.

I consider it a strength to be an entirely universal approach to assessments. I think that it takes some of the subjectivity out of assessments so that we're giving people really objective budgets and objective service packages. That takes the judgment out of it, but I also think that it does allow for the clinical judgement to also be a part of that, so I think that that's a huge strength. I think that the methodology in having the long scoring behind the Universal Assessment is helpful when they're delivering the service options to their consumers, so I think they just feel confident about their ability to care plan based on that.

I think strengths is it's extremely comprehensive. It has very deliberately encompassed a lot of domains and also the care-planning questions that were important to the Waiver folks. So I think that is definitely a strength. I think that there was very good fidelity to evidenced-based questions. And overall the process of automating it I think is terrific.

Accurate Consumer Assessment

I think it's a definitely more detailed picture of the consumers than the modified assessment tool which was being used previously, and that's strictly just on the coding. So obviously with the smaller tool you could dig deeper, and that's part of your clinical judgement and your assessment skills. But on strictly just looking at the types of questions that are being asked, you definitely get far more detail in the UA.

I don't think that we can truly inform someone about their choices under Medicaid unless you do the Universal Assessment because from that you're looking at the entire person. You're looking at all services covered under Medicaid or waivers that they would be eligible for, and you're allowing them to choose. This way, they have one person that they meet. They do the assessment. They know the outcome. They are given their choices, from those choices they make a decision, and they're able to move forward. I think it's much easier for them, and it also really covers everything at one time and they're making a clear decision.

ADL Scoring

I really like the way that the ADLs are scored, the way that it's broken down into multiple choices, independent setups, supervision, limited assistance, extensive assistance, maximal assistance and total dependence or activity did not occur. I think those definitions of each different code are – is really helpful because someone who needs limited assistance with an ADL is a lot different than someone who needs total

assistance with an ADL. So I like that you're able to really break down how much help does the person need and then be able to use that information and translate into the care plan for how many hours would that person need and what types of services would they need. Do they need hands-on care or do they just need more supervision or companion, homemaker?

... I like the fact that it captures what assistive technology and DME [Durable Medical Equipment] they will need. That makes it a little bit easier for us.

Challenges of the UA

Respondents reported a number of challenges associated with the implementation of the UA including the long length of the UA and the time it took to complete it. Frustration with having to enter medication lists manually was frequently mentioned. Several respondents suggested that adding a system feature to upload medications would help make better use of time. Entering information that was not auto-populated, due to different system designs, was noted to be time consuming. Assessor challenges included the pressure of completing the UA correctly and generating a care plan at the time of the interview. The recommended determination was also problematic if it had to be reviewed by the clinicians at CO, which reportedly often led to a holdup in the process.

Assessors noted discrepancies between the Ascend Level of Care (LOC), the UA LOC, and assessor clinical judgment. During the development of the UA, clinical LOC definitions/criteria which were aligned with Ascend were provided by DSS and programmed into the UA system. The LOC provided by the UA is an automated determination based on the clinical definitions and is displayed at the end of the assessment. While the programmed UA LOC and the Ascend LOC were to align, assessors identified discrepancies and reported that the greatest challenge included synthesizing data that were inconsistent across different documents.

UA Implementation

It takes a while to get through. We've done time studies, and it takes anywhere between two to three hours sometimes to do an assessment.

It would be much easier if we could just upload the medications instead of having to individually put in every medication because that takes a while.

Different System Designs

So it's not super helpful because it doesn't communicate with anything else. If it could communicate with our system here – it's a portal so if it goes in and creates everything for us, that would be fantastic. But we still have to go through and do the profile tab in the portal; we still have to do a write-up, because they go off our write-ups as well as the UA for things like critical incidents and things like that. It's not like super helpful ... everything has to be copied and pasted and put into different things and nothing communicates.

Assessor Challenges

I think that's a bit of a challenge because you want to make sure that you've checked your assessment and that everything correlates and that you've coded everything correctly. So it's hard to be able to do all of that in the field.

The fact that we now have to finalize it with the consumer, and then if the level of care isn't what we think it should be, we can't leave them a budget, and we can't help with the care plan, so it really pushes things back.

Discrepancies between Ascend Level of Care, UA Level of Care, and Assessor Clinical Judgment

Ascend will forever and always be an issue. And I think the biggest thing with Ascend is whoever's entering the data on the other side ... we enter the data that is correct in the window of time that we're assessing, but what they're entering at the skilled nursing facility we don't have access to that or input on that, which we shouldn't, but that means that there can be differences in what they're entering and what we're entering, so they don't necessarily match each other.

We're having people that are getting approved for long-term care, including skilled nursing visits in the community, that aren't being approved in the facilities ... I've been told that the qualifications are the same, so I think it's the person looking at the clinical information ... And I think the difference is somebody in an office in a different state that's looking at the information that they're getting from nursing facilities and the person going out and doing the Universal Assessment is getting more information because they're actually looking at the chart and talking to staff and talking to the consumer. They're getting a more accurate picture than the Ascend level of care.

I usually read the Ascend Level of Care very thoroughly, but sometimes they're old. They're dated a couple of years ago or even a year ago, and that can be very, very different than what I'm seeing in the person at the moment ...

Effectiveness of the UA to Help Create an Equitable LON Determination Across Multiple Populations

One goal of the UA was to help create an equitable LON determination to be used across multiple populations. Respondents shared their opinions regarding the effectiveness and ineffectiveness of the UA at accurately reflecting the need levels of the people being assessed. While some respondents who commented on the strengths of the UA felt it accurately reflected consumers' LON and were confident in the outcome, others felt the UA was ineffective in determining LON for certain populations, particularly people with serious mental illness, those with co-occurring disorders, and those living with dementia or an acquired brain injury (ABI). A few respondents felt the medically driven focus of the UA does not reflect the level of care needed for people that may require added supervision to live in the community.

Effectiveness of LON Determination

I'd say from what I've seen so far it's been pretty accurate. Especially in doing these new reassessments with the new budget that certain people are coming off the program or are being greatly reduced, and I actually with my clinical judgment agree with those.

Once they enter the data, they feel confident that whatever it's doing behind the scenes is accurately formulating for that consumer, so that's been a plus.

Ineffectiveness of LON Determination

I don't know how effective it is when someone is in a skilled nursing facility to use more of a home-and-community-based assessment, and a lot of it is our judgment having to judge someone's capacity and which is really difficult because this person may not have been out of the nursing home for a very long time or a lot is just not applicable. They haven't done a lot of – everything has been done for them because they're in a skilled-nursing facility, so it doesn't necessarily capture the need levels of our people.

People with Serious Mental Illness

I think the UA with the level of need, I think it's very ADL driven and medically driven, and so we have a lot of people that are independent in ADLs and that do have some medical issues, but it's more mental illness, and that's not as reflected in the level of need. We might get a very low level of need because they're independent in their ADLs, but they need all kinds of care, but it's not reflected in the UA really ... And we have a lot of substance abuse in our population, a lot of co-occurring disorders, and that's not really taken into account either. So I think because it's pretty medically driven, I think we miss a lot of the substance abuse and behavioral health needs for our people.

It doesn't help our staff assess for serious mental illness and whether or not they'd be eligible for a waiver program. It's primarily medical in focus and you can sense as you go through it that it's designed for the individuals in personal care assisted programs of any kind and not so much for individuals with mental illness ... The Universal Assessment will pick up if somebody is challenged to independently complete their bathing routine as an example, but it will not necessarily pick up if an individual is schizophrenic and their thought process is so disorganized that they forget to bathe. They may know how to or they may have learned how to bathe and yet would require services in the home to cue them on the need to bathe and how to do it appropriately so that it doesn't interfere with their relationships with other people. And so the Universal Assessment doesn't do any of that ...

People with Dementia or an ABI

... concerns about the Universal Assessment as it is used to support people with significant brain function issues, whether it be on the Alzheimer's side or whether it be with acquired or traumatic brain injury.

Suggestions to Address UA Challenges

- Separate the assessment from the care plan.

... my recommendation has been kind of separating the assessment from the care plan. Having just dedicated staff really focusing on the interRAI coding. Having dedicated staff really focusing on the assessment material. So that when the care planner or care manager are trying to have the conversations about care planning and case management, they have more of a, I guess, conflict-free approach to providing that information.

- Create a supplement for cognitive assessments.

I think that maybe we need to look more closely at cognition and I don't know if it's – I'm not sure how it's weighted in the assessment but I feel like sometimes cognition needs to be paid a little bit more attention to. And I'm not sure what that looks like. Maybe it's a supplemental form of this person's cognitive impairment – kind of signifies the need for them to have supervision for safety.

- Expand ABI specific questions.

... it's just talking amongst us in the team. It has been noticed that DMHAS questions capture ABI better than the ABI questions because the ABI specific questions are only like three, and they don't really capture much about the client – their behaviors and things like that – where the DMHAS questions more follow what the ABI questions should be.

- Provide better access to Long-Term Care Minimum Data Set (MDS).

If the Ascend is particularly old ... if there's an MDS that's been done, if we can get access to that, that would help us get something a little more current.

UA Training

The base of Connecticut's UA is the interRAI Home Care (HC) Assessment. InterRAI assessments are developed by an international panel of experts on assessment and health services research. Intensive training was provided by a team of interRAI HC experts to assessors from DMHAS and all access agencies. A three-day assessment and coding training for Release 1 of the UA took place in 2015. InterRAI trainers returned in October 2017 for a one-day coding refresher training held in Wethersfield and again in New Haven. Respondents referred to this as "new training." Attendees received manuals and practice assessments to help when in the field assessing consumers. The overall response to the October 2017 InterRAI training was positive.

In addition to the interRAI training, assessors and trainers received a one-day systems training in July 2017 by the CT Department of Social Services (DSS). Attendees were taught how to navigate and enter the assessment data into the web based system. The two respondents who participated reported the training was good.

The third type of training received in 2017 was online training. Assessment and Intelligence Systems (AIS) partnered with interRAI to design the online training for assessment coding. The assessors had a few months in the fall to complete the self-paced online training. The online training consisted of modules containing case studies with a coding test at the end of each module. The on-line training was not well received due to inaccurate case study examples, and respondents reported that the training was pulled due to inconsistencies and learning style concerns around the web-based format. The interRAI training also contained a Connecticut-specific portion. Respondents who attended commented that this training was brief but that the guide handed out was a good resource. Finally, respondents noted the importance of training as well as its associated costs, particularly the time training took from other important work and the impact it had on transitions.

October 2017 Training

I think they were excellent. I think to be able to have the interRAI staff come ... and it was open to all, I think that was a wonderful experience. I think it was very much firsthand. And I got to ask questions. And if there were discrepancies – our staff developed questions and they sent them back to the InterRAI people and they would respond as to how they would interpret it. I thought it was all excellent.

I liked having the training from the representative from interRAI. I thought that was really beneficial and helpful and definitely the recommendation that they had to always refer back to the Bluebook. I definitely look in the Bluebook if I have any questions, I really liked having someone from interRAI, the place that developed the assessment, coming and training and teaching us how to code correctly. That was definitely a big piece

They had two trainings for staff ... focusing on the coding skills, coding as ADLs and IADLs, really intensive that we had with the interRAI people that developed the tool. And so that was really, really helpful because I think before that training, people were kind of just doing things intuitively and based on their clinical experience and expertise. But I think there's a specific way that it needs to be done as designed by the interRAI people, and I think those trainings really highlighted those things – people really learned a lot..

I thought it was better than the training we had a couple years ago when the UA was first coming out. I think I got it more, and also because I've been doing the UAs for so long, that this training clicked and made sense or it was just a better training.

CT-Specific Training

I think we could have had a little bit more of the Connecticut-specific training. I think that would've been a little bit more helpful ... I think it was a little bit rushed. But then I did get the information after and we did look through the Connecticut-specific guide and then I definitely felt more comfortable when they sent the guide out and I had some time to read through it ... I also really liked the training from interRAI that since we're using a home care tool for people who are in nursing homes with MFP, I liked that interRAI and Central Office gave clear direction on how you code this activity for a person in a nursing home. And this is how you would code the same activity for someone who's in the community, making that kind of ruling to give us some guidance to make sure that we're all coding consistently. I thought that was helpful.

Necessity and Costs of Training

I think that it was necessary and there was a cost associated with it, which it probably a little bit slowed down transitions because it was something new, so we acknowledged that going in. It was part of the investment, so to that degree I would say it was a challenge, but it's not something we encountered that was unexpected. It was planned, and it was planned because of the results that we were hoping to get.

And I think with the UA changes, they were positive changes for sure, but I think any time you change a process, it requires new training of course, and so that sort of takes some time away, and then just in learning the new tool. It was similar of course, but still it's formatted differently, and I think just the time it takes it takes to train people for a – with a new tool. And so I think that's definitely created a bit of a challenge.

Suggestions to Improve UA Training

- Standardize the UA training.

... if there's any new people that come on board, new hires, I think it would be helpful to have consistent training so that everyone gets the same training, the same amount of training, and that maybe they add some training on the DMHAS questions as well.

We are going to need a lot more training when we try to incorporate or integrate the UA with all of the existing program waivers.

- Continue revising the UA tool to address discrepancies in clinical judgement.

I do believe in any situation there can be discrepancies among assessor's clinical judgement, and that's why you strive for a tool to remove that objectivity.

- Offer online training.

... it would be great to have an online training that would supplement the Access Agency training, so ... even an overview or like the places where they find most concern, like Central Office heavy hitters, like these are the places we really need to make sure because we find issues with that.

If we could have an accurate online training, I think that that would be great for them to walk through examples like that ... "Here's Mrs. Smith. This is her story. Answer this question. We'll tell you if you answered it correctly." Something like that. If that could be something the State develops, that would be helpful.

- Provide regular updates via conference calls or webinars.

I think maybe a conference call yearly or so might be okay to do it. That's just to give a refresher if anything changes or with updates.

I think more involvement from Central Office would be beneficial. I know over the years it's been like one or two State-run trainings and if staff for whatever reason couldn't attend – so I had staff here that had incredible bad luck and had family concerns and had to take leave during those trainings so she had missed all of the Central Office coding training ... having those more frequently would be beneficial. And I actually think either a webinar or a video of an assessor conducting an assessment during which the SCMs could code along and learn how to code appropriately and see how to conduct the assessment in a way that is more of a conversation and not just running through the questions and asking point-blank line by line would be very helpful to the assessors.

Sustainability

Respondents were asked for their feedback on the long-term sustainability of CT's MFP program as it transitions into a permanent component of the CT Medicaid LTSS. They were also asked for their opinions on how the MFP program should be reorganized or restructured, what services or parts of the MFP Demonstration are important to continue, if the current transition team structure should continue, best ways to streamline the MFP program, and potential challenges associated with suggestions they made.

Reorganization of MFP

While there were differing views on how MFP should be reorganized or restructured, some respondents felt that MFP has become a solid program because it has been making changes as needed throughout the Demonstration.

I think over the years they've done a good job of restructuring it. I think we're in a good place now. I'm very proud to see them in this place for that period of time. A lot of work was put into this and I think they have a pretty solid program.

Of key informants offering different views on restructuring the program, some felt that MFP services should continue to be sustained as part of the Strategy division, separate from the Operations or traditional waiver unit. The benefits of keeping MFP in the Strategy division included the different roles they each have. For the MFP program, this included the availability of experienced staff who are trained to transition individuals who choose to leave a nursing home for life in the community. Some respondents suggested that having CO as a management structure, or lead group, has been a good approach that should be maintained as reorganization is considered because it has demonstrated that it works.

A few respondents suggested the waiver program model might be more useful and that MFP services should be integrated into the existing Community Option waiver programs and agencies. Others suggested the program should become a State Plan option so individuals in nursing homes would have the choice of using MFP services to transition back to the community rather than waiting to access a waiver program. Those favoring the independent living philosophy felt that MFP is heading in the wrong direction and reverting back to a medical model when it should have a greater focus on the promotion of empowerment and self-reliance for individuals with disabilities.

Additional KI suggestions for restructuring MFP were associated with resources, greater nursing home presence, stronger partnerships with other State departments, care management reimbursement, housing, and quality assurance. Respondents suggested certain resources are needed as the program moves forward toward a permanent component of the CT Medicaid

LTSS. These included: dedicated CO support, greater focus on the shift in the MFP population to identify service needs, more providers, and an enhanced central screening and assessment process. Respondents felt there should be greater MFP presence in nursing homes and consistency between the nursing home determination process and nursing home level of care. An agency incentive to train and hire more SCMs for this outreach was suggested as a way to have a stronger presence in nursing homes. Given the increasing level of SCM care management, some respondents felt that care management reimbursement to agencies should be explored.

Suggestions for the reorganization of MFP included topics associated with housing, such as seeking funding options with CMS and Medicaid Services and the inclusion of RCHs as community settings eligible for MFP services. The importance of stakeholders collaborating to make recommendations that guide the restructuring of MFP was underscored as an essential part of future planning. Lastly, it was suggested that program evaluation should be continued to assess program strengths and whether or not the infrastructure is there to support those.

Separate Strategy and Operations Units

... we need to maintain a separate transition unit, separate and apart from your traditional waiver unit ... Helping someone living in an institution or experiencing being institutionalized get over some of the hurdles that it takes to make it back to the community is very different work than just putting services in place to maintain someone in the community and provide them waiver services. Both [are] very important roles. Both have extreme value. It's just different types of work ... the transition coordinators and the Specialized Care Managers are educated and trained on the engagement that's needed to help someone meet their goals to transition back after maybe a long-term stay ... having a separate unit that would do a warm handoff at the time the transition happens back into the community would be the most effective way to continue the work and show the most success and sustainability.

... my observation from the past ... is that [CO] is a unit that very much looks at problem solving and changes things immediately if they don't work and try something different. So I think it is a good approach, just even the structure of doing that, it's a good approach.

Waiver Program Model

I think using the waiver program model might be helpful ... do we need a team that is separate and distinct from the Specialized Care Managers? Perhaps not. Perhaps there's a way to integrate so that you have one transition coordinator working with many Specialized Care Managers so we can reduce some of the cost there and create a more cohesive team.

I see the MFP program as it is now just being moved into other waiver programs – some of the services moving to be approved into other waivers so people can have those services ... as they move into the program ... I think that'll be the best and easiest way to restructure it.

State Plan Option

I think I'd like to see the MFP program not so much become another waiver that people are waiting to access. I think I'd like to see it become a State Plan option for folks that enter institutions to always have the option to reach out to the program to be able to help them move home.

Greater Focus on Independent Living

Well they've begun to reorganize and restructure, and I think they're going in the completely wrong direction. They're going back to medical model and they really need to be keeping the contracts with the Independent Living Centers [ILCs] because [they're] the only agencies with federal mandates to transition people. And every year they've taken positions from [ILCs] and given them to ABH [Advanced Behavioral Health] Mental Health Agencies who are for a profit medical model ... And I think that's really where they've been making a big mistake ... we like [the] independent living philosophy. People decide where they want to go, what hours they want staff. We don't pick anything out for them. We just give them all options and they're right at the table with us where assigned.

Resources

MFP has complicated cases, so I think one of our biggest concerns in the transition is what is that going to look like? How [for] those 10 percent outlier cases that really do need Central Office input, is that going to be available? How is that going to be available? Are we going to be left to figure it out on the Access Agency level without availability of Central Office staff to really troubleshoot? I know that Medicaid is a big concern for my staff ... not having dedicated staff at Central Office that can help get through the Medicaid barriers with our MFP consumers is a concern ... what is it going to look like and what are we still going to have access to?

... more of a focus on the change in population and how to properly help those. Because it's far different than what we had been working with before where it was predominantly elderly who had houses previously, had family supports, where now a good majority of the consumers that we're receiving aren't. They're people from very different backgrounds with very different kinds of barriers to their lives. And I think changing our focus and adapting to better meet those needs would greatly help the sustainability.

Greater Nursing Home Presence

... the actual Demonstration itself sustained in the nursing home I see it becoming a larger presence in terms of having the capacity to assess the population that's there, not just dependent upon waiting for a referral, but an active part of the system making sure that people know what their options are, getting them connected to supports and services ... I see it as playing more of a pivotal role in the system overall and rebalancing than it is today ... I see it continues as an absolute dedicated staff in the nursing home as assessment, as transition coordinators, and housing coordinators, and then the coordination on the tail end with moving people out to the community with the waivers.

Stronger Partnerships with Other State Departments

... I think that we have to do a better job of partnering with other State Departments, for example DMHAS. A lot of my referrals are DMHAS transfers, so individuals who are not accepted onto the DMHAS waivers. And we don't have the best service packages to offer them, so I think it's just mutual collaboration in trying to find the sweet spot I guess, if you will, in understanding what services are available.

Care Management Reimbursement

... SCMs right now are taking on more care management than I think they were expecting us to, so it's harder. We're doing a lot of care planning. We're doing a lot of engagements, and that's hard because we're not getting paid for it. I mean we're getting paid by the agency, but the agency is not getting paid for all of that. So I think that has to

be looked at as well, with the amount of care management that's expected of the SCMs at this point in time.

Housing

... I know that there has been a push and it hasn't happened yet to make housing a part of CMS and Medicaid services ... an actual true component of that so funding would be available to the actual Medicaid stream to be able to – to help out with on the housing side because right now, housing operates pretty much as an independent entity. I mean we rely on the RAP certificates... and in our internal community consumers, we rely on basically the State budget because that's where our money comes from for the subsidies and to try to maybe mesh that – those two components so that all the money is coming out of a single silo ...

... include non-demo transition, such as RCHs maybe, in the MFP project and work to improve those as viable transition options because I think a lot of people need options other than independent living ...

Stakeholder Involvement

... So [a] group of individuals ... to come together and make strong recommendations ... it's almost like what we call a Kaizen event. You bring in the issues and you kind of like come up with how you're dealing with them now and then come up with future plans on how to improve it to increase efficiencies and things like that ... to help restructure.

Program Evaluation

... I think we have to assess what the strengths of MFP have been, such as the data collection and how do we keep that independent and how do we keep some of the things that have made MFP so successful in process like the RAP. I still think that we need to look at what has been unique about MFP and do we have the infrastructure to support that? ... So whether the federal money is gone, I think Connecticut should still look at it as a project to really measure how we're moving forward because I think it'll get just lumped in with everything else.

MFP Services or Parts to Continue

As MFP moves from a Demonstration to full integration into Medicaid and considers how to restructure the program, respondents offered feedback on services or parts of the Demonstration that they felt should continue. Many respondents suggested that all of the services currently offered should remain in place. Others mentioned specific services they felt should continue. Additionally, concerns were expressed that some services are at risk for not being sustained or may not be in place by October 1, 2020. These included addiction, peer, and employment supports for consumers with primary substance abuse issues. Additional services respondents suggested should be expanded included hospice services and informal caregiver support. Parts of the MFP Demonstration that were mentioned as important to continue included the informed choice process and the Steering Committee, or an alternative committee with oversight responsibilities.

I think all of it definitely. I wouldn't be able to pick one. Our consumers benefit from every single one. Peer support – they've been institutionalized for so long they need people who are there for them. They need addiction services. They need help with transportation. A lot of them don't have their own cars or they can't drive.

Most Frequently Mentioned Services that Should Continue

- Addiction Services and Peer Support

... for people who are willing to accept addiction support, peer recovery support, it means the difference between staying in the community and being re-institutionalized, so. Yes, I would keep all of those if possible because you're only paying for them if you're using them. It's not something that costs the State unless it's needed. And when it is needed, it's really needed ...

... some of the most significant Demonstration services that we're running right now have to do with substance abuse, peer support intervention for individuals who have some functional needs related to substance abuse and employment needs ... the opioid epidemic obviously is out there and I think it's a huge problem in the United States ... I think that people with substance abuse and then also people with mental health disabilities are still discriminated against in society. And so to the extent that we can really start to be part of demonstration that changes the perception of how those people are integrated into community and how they're accepted by community, that's just incredibly important ...

➤ Housing Subsidies

I definitely think the housing piece, the Rental Assistance program, that that should be a part of it because I think most of our people don't have a place to go back to. Some do but most don't and many are homeless people. So it certainly addresses the homelessness issue if they continue to provide some housing supports.

➤ Community Support and Engagement

Community support services, always providing engagement, looking for places of well-being versus just medical hubs where not everything is a medical issue, some of it is about engagement in community ...

➤ Transitional Supported Employment

... I think the employment day programs ... I think people come from the facility into their own home ... that's pretty lonely. And if they are young, they could be encouraged to work. And there are day programs that they could take advantage of also. I think we need more of those.

➤ Care Management

... the Care Management piece, I think is very important, you know somebody to kind of oversee the transition and into the community and somebody to help coordinate and manage all the services. I think that's something that should be retained. I mean in terms of ... sustainability, just thinking of it ... it has so many moving parts. There's so many aspects ... I think it's just hard to coordinate that many different people from different agencies ...

➤ Transportation

Concerns about Services and Recommendations

... the Demonstration services that were the last to be added ... substance abuse, peer support, employment support for people with primary substance abuse, those are at risk for not being sustained right now ...

I think the one piece that's not in there that I'd really like to see continued and grow is hospice services. That we often think that individuals on hospice because it's end of life maybe belong in a nursing home or institutional setting, but through really paying

attention to the dignity behind it and the respect that it deserves kind of looking at those sort of transitions as well.

Informal caregiver support I think is an area we need to grow. We've worked on. I think it needs continual support. I think that's one of the biggest reasons people are institutionalized and one of the biggest fears as to why people are not transitioned back to the community is the caregiver's support and the drain it takes on them ...

I still think having some sort of Steering Committee or Oversight Committee that's outside of DSS and the state agencies is important to have that stakeholder input. I think that's a huge strength ... So they are family members primarily appointed by different legislators and they meet with the Commission once a month. And I just think that stakeholder input is really important.

Transition Team Structure

Respondents were asked if the current regional transition team structure should continue, and most felt it should for long-term sustainability. Benefits of continuing this structure included better use of limited resources and more effective communication. While many respondents favored the current regional team structure, some felt it could be improved. Improvements included the need for greater consistency in team training and better communication within and across agencies. It was suggested that a more regionalized team structure, with a regional agency for each region, could contribute to greater standardization of team training throughout the State. Some respondents raised concerns about how teams are assigned nursing homes. The idea was to use the regional team structure so teams would work within their region, but some respondents reported that has not always been happening and that CO sometimes assigns a team to cases outside of their region. Other changes to improve the current team structure included adding more staff, focusing on the quality of transitions, strengthening partnerships and accountability between access agencies and/or sister agencies, and having a better understanding of the roles involved with teams.

Yes. I like that they work by region, I think especially for the housing coordinator. You know your area, you live in this area, you have connections, so definitely regionally. As far as the teams go, I like working with the transition coordinators and the SCMs.

I think that it would be helpful to have all roles – the SCM, the TC and the HC – within one [agency]. I think crossing agencies and regions is very challenging. I think there is an opportunity for improved communication when everyone is operating on the same protocol and following the same procedures and even just being able to communicate within the office. And I think that would be really helpful as far as the structure goes.

... if there's any way to leave the structures that work in place, I think we should do it ... We're already paying [agencies] to do this ... I do think there should be specialized teams for people who are institutionalized or we're going to end up right back where we did with lawsuits ... If you are going to contract out services ... my recommendation would be ... contract out to a single regional agency so each region has one agency that's doing it all ... a regional agency for each region so that you have a complete team out of one employer operating out of a single standard and everybody is indoctrinated with how DSS needs the program to run. And your trainers are actually affiliated between DSS and each regional office and so they make sure that the updates are communicated to each regional office and that people are trained on those updates and that there is some accountability in terms of online training ...

... I think that in terms of restructuring, like maybe quality over quantity. I know that there's a lot of demand for MFP, and there's a lot of referrals, but I feel like maybe the

focus needs to shift from how many people are transitioning to how successfully people are transitioning. So focusing on the quality versus the quantity and just allowing the appropriate time that you need to transition people ...

Challenges Associated with Change

Respondents were asked what potential challenges might be associated with the suggestions they made for restructuring or streamlining MFP. Some respondents felt major differences in opinions in how to restructure the program could present significant challenges in sustaining services. Funding and state administration were also mentioned as areas that could impact the ability to make changes in the program.

Integrating two valuable but different systems into one was noted to be an internal institutional challenge. Similarly, another challenge was associated with ensuring people understand the strengths of MFP and the waiver programs and that while MFP does things differently, the waivers also offer valuable services to eligible consumers.

Additional challenges were associated with identifying ways to improve the MFP model without causing agencies financial hardship. The primary challenge associated with streamlining MFP through an assessor model was noted to be inconsistency throughout the program. There were also concerns about trying to provide HCBS when the demand for those exceed available resources.

Major Differences in Opinions and Funding Issues

Well I would say in particular the transition work and then the tenancy sustaining services ... our plan which was captured in a very specific set of proposals was to cover those under a 1915i State Plan Amendment. We are running into some very significant differences of opinion around that [and] ... that's a major enabling tool. The systems work, I don't know if there will be a means of funding that in terms of the overall capitalization of, for instance nursing home diversification or workforce initiatives, some of the pieces around My Place.

Integration of Different Systems

... there has been a lot of time spent on trying to make sure that we're integrated as a Community Options Unit, and I would see that as a major challenge of 2017 in terms of time and energy ...

... there's a hard challenge associated with ... integrating and melding the more traditional, rules oriented Medicaid eligibility structure in particular with the kind of reform orientation of MFP, and that's a hard row to hoe, and [there are] very different views of that, and that's sort of an internal institutional challenge ... that's going to have to be worked out ...

Additional Challenges

I think especially for the Specialized Care Managers, the reimbursement for those positions is fee-for-service, so I think there would always need to be consideration to that. If we can make it fit in our current analysis and in our current funding and making sure that it's sustainable and not something that's going to cause financial hardship to [agencies], so I think that would be the challenge in terms of how creative we could really get with the model.

... the biggest challenge with the assessor model would be that ... I don't think any of the Access Agencies at this point use the same assessor to carry that case through 365. Most of us have a team of people that assess and then transition to the community and

hold them for a certain amount of time, whether it be two weeks or 30 days, and then it gets moved to another case manager. So there isn't consistency through the MFP year I think anywhere in Connecticut anyway ...

I think that as with so many of our programs in the State, philosophically we find that the demand outstrips resources and we're not able to limit the program's availability. And unfortunately when you're not able to fund the resources that are necessary to make it run efficiently and timely and in an accountable fashion, it bogs down and I think there is some of that to the MFP program. I think that everybody's trying to make do with what they have available, and it's simply not enough. And I think that's why it's taking so long to transition people out and it's unfortunate. But if you're going to do a program, do it right.

Best Ways to Streamline MFP

- Identify ways to improve the MFP model and make it more consumer-friendly.

I think we have to just look at the process from start to finish and see if there's any way to make it a little bit leaner. Make it a little bit more, I guess, functional for folks who are in nursing facilities for a long time. And I just think that there's better ways to structure the model.

- Reexamine the role of Centers for Independent Living (CILs) and explore contractual ways to consolidate related processes.

... we've already situated a lot of the transition work within the agencies, the Access Agencies that are already responsible for now a substantial amount of the waiver work. They're doing the Home Care Program, ABI, and PCA, and I think that that's been very helpful because it kind of consolidates that work. I am less confident around the CILs because they only do the MFP work ... there's probably an argument for reexamination of that, although I absolutely want to acknowledge that I think the CILs have a unique trust basis and relationship with people with disabilities. I don't know if it will be possible to maintain that breadth of that structure. We might have to consolidate, in those types of contractual ways.

- Provide regional contacts at CO who are specifically equipped to address process and case-specific issues.

... in terms of the existing structure ... folks are no longer able to communicate directly with Central Office staff because of the overwhelming volume of questions and daily inquiries on process and detail and case-specific issues, and I think that would probably be incredibly challenging for a permanent program. Without a regional office, I think folks are going to need to have regional contacts where they can process those questions directly, and I think that's probably one thing that is going to have to take place. I can't imagine a statewide program that's going to try to continue to limp along trying to get everything channeled through specific supervisors.

- Create a more direct communication system for reaching CO and Allied to obtain consumer information.

... we could look at efficiencies with communication with the State Central Office Unit. I think that would be helpful because a lot of time is spent with our staff trying to communicate with them ... Just trying to understand where our clients are while they're waiting for staff approvals when they're self-hiring PCAs. Trying to communicate with Allied over transition budgets. ... Finding a way that we could communicate with them in a more direct system, like having a point person for each of the regions at Allied. Where

that person is becoming familiar with our clients, we're familiar with their processes. I think it's been kept a very big secret. Allied communicates directly with the State, and we communicate directly with the State. We need to sometimes streamline and go directly to Allied and Allied needs to come to us, and it would just be very helpful.

- Implement more efficient paperwork processes.

We're entering 2018 and we would like to do things paperless ... We do a lot of repetitive paperwork, a lot of redo paperwork ... The security deposit paperwork is absolutely ridiculous ... it has to be all original. It can't be copied. So I cannot tell you how many times I've had to go do this, spend my day driving out to somewhere to go get original signatures on something to go hand it in to wait five days ... digitalizing would be helpful ... at least let us be able to fax or email.

Conclusions

The Federal MFP Demonstration continues to make progress as it transitions into a permanent component of the CT Medicaid LTSS system. In the words of one process evaluation participant, the program has “given hope and new starts to many people who previously would have no options. Who because they ended up in a nursing facility would have had to live the rest of their lives there because they didn’t have the means to bring themselves out, even though they’re quite capable of living in the community.”

When discussing the work they do in MFP, this year’s key informants underscored a sense of fulfillment in being able to positively impact consumer’s lives, in particular, enabling them to be more independent and to live in the community of their choice. Many supervisors and administrative staff shared their enthusiasm for the leadership role they have and the satisfaction of contributing to the mission of MFP, providing support for field staff that positively affects individual consumers, and helping to inform LTSS change.

Resources respondents felt were crucial included those provided by CO, particularly because its staff has expertise regarding eligibility, housing, the web, reimbursements, and/or assistive technology. Other resources mentioned by respondents included their own agency and staff, Department of Housing, RAP, CMS, Technical Assistance Collaborative (non-profit collaborative consulting organization providing policy leadership and having the ability to respond to policy inquiries at the federal, state, and local government levels), and Google searches (e.g., for housing).

As a focus of this year’s process evaluation, housing coordination was underscored as a significant component of the MFP transition team and an important factor contributing to consumers’ quality of life. Respondents valued the housing coordination training and made suggestions to improve it, such as offering in-person and online or web-based training, refresher courses, and training on specific topics. Respondents felt additional assistance would enable them to expand their knowledge on housing alternatives, increase their awareness of housing policy and process changes, complete paperwork more efficiently, negotiate more effectively with landlords, and help broaden consumers’ knowledge about housing. Respondents mentioned a wide range of housing resources including J. D’Amelia and the housing lead at CO. The monthly housing calls originating from CO were helpful, but there were mixed feelings about the blog. Suggestions to improve housing coordination included greater standardization of housing practices, offering more productive solutions during the monthly phone calls, marketing the blog so more people are aware of it, and greater consistency in updating it.

Housing inventory development varied among staff depending on their experience and how long they have worked in the field. Contacts with landlords and management companies as well as accessing information on the web were noted as particularly useful. Benefits of developing a

housing inventory included greater networking capacity, a location to store housing information so others can access it, facilitation of searching for housing, and expediting transitions associated with nursing home closures. The greatest challenge to developing a housing inventory was keeping it updated. Time constraints, limited staff, administrative delays, damaged relationships with landlords, lack of funds, and limited availability of affordable housing were also mentioned as housing inventory development challenges. Respondents had numerous suggestions to improve housing inventory development including better interaction with landlords and co-workers, thinking outside the box to widen consumer housing options, and improving the management and maintenance of housing inventories. Best practices underscored the importance of communication and teaming, building relationships with landlords and management companies, standardizing housing policies and procedures, and developing a more organized housing inventory system that can be updated more effectively.

Similar to past years, successful transitions were mentioned as a major program achievement. Other achievements included the UA launch, CT811 housing, the LTSS strategic retreat, and a focus on the person-centered approach. Supports facilitating these achievements included a strong supportive CO, teamwork and collaboration, the commitment of field and supervisory staff, and in some cases consistency of staff and low team turnover. Key informants felt MFP has had a positive effect on LTSS by impacting nursing home closures, contributing to a paradigm shift, and helping with LTSS rebalancing.

As with any demonstration, there were some barriers and challenges. The majority of these were associated with the transition process and included housing, workload and staffing, Medicaid eligibility, and length of time to transition. Other challenges were related to problems obtaining documents, criminal history, and consumer expectations. Overall, respondents felt teaming has improved over the past year, but some suggested communication still needs to improve amongst team members, with CO and Allied. Additional transition challenges included a shift in the MFP population, complex DDS cases, gaps in community support for consumers with mental illness and/or substance use disorders, and an inadequate coordination of services.

Similar to 2016, programmatic barriers and challenges continued to focus on funding and staffing, Medicaid eligibility, and housing. Other challenges were associated with the integration of the Community Options Unit, CFC's rollout, and UA budget changes. Respondents suggested areas that should be changed. This included streamlining the Medicaid eligibility process, addressing Ascend issues, and offering more training. Respondents underscored the need to increase CO support, strive for a shared vision, expand substance use resources and consumer supports, provide more housing options, simplify CFC paperwork, and reorganize Team Ones. Changes to Team Ones were suggested during the 2016 MFP PE and this year, respondents felt it could be more successful with a different structure. In sharing concerns about the structure of Team Ones, some respondents mentioned the challenge of one TC and one HC working with numerous SCMs from multiple agencies. A suggestion made to address this challenge included having dedicated housing and transition staff work in and with DDS and DMHAS.

Respondents made suggestions for TC, HC, SCM training including particular topics that would improve their work. Some of these included training on housing, eligibility, ABI and Mental Health waivers, Ascend and PASRR, substance use and addictions, and trauma-informed care. Respondents recommended that additional staff training include cross-training on roles, team training, standardization of training, and job shadowing.

Key informants shared their experience with the UA and although they felt it was long, they also acknowledged that the time requirement to complete the UA yielded more comprehensive assessments and a more thorough view of the consumer's clinical health. This positive response was especially noted for consumers with physical disabilities where the ADL scoring

can make for a level of need (LON) score that more accurately reflects the consumer's HCBS needs. Discrepancies were most often cited when assessing consumers with a serious mental illness, dementia, and/or an ABI. The UA training in October by interRAI was well received, however the online training was inconsistent and was discontinued. The strongest UA suggestion focused on consistency in and more frequent training of new hires to facilitate accuracy in coding.

When asked about the long-term sustainability of CT's MFP program, some respondents suggested MFP services should be sustained as part of the Strategy division and kept separate from the Operations division. Respondents with this viewpoint underscored the usefulness of having CO as a management structure. Fewer respondents suggested a waiver program model with MFP services integrated into the existing Community Options waiver programs and agencies. Other suggestions included a State Plan option and an option based more fully on the Independent Living philosophy. Additional suggestions regarding restructuring focused on the need for a range of resources, a greater presence in nursing homes, and stronger partnerships with other State departments. The need for housing alternatives, involvement of stakeholders, and ongoing program evaluation were also mentioned as important areas to be mindful of when restructuring MFP.

Recommendations

UConn evaluation team recommendations to improve CT's MFP program are presented below and are in not in order of importance.

Funding, Staffing, and Workload

- Address low compensation and lack of cost of living raises by increasing wages for field staff.
- Provide more leadership, coaching, and technical assistance, especially on complex cases, to reduce staff stress.
- Monitor and address the workload expectations and staff retention needs associated with high staff turnover by implementing non-monetary incentives (e.g., accountability, belongingness, and recognition) to improve staff well-being, minimize turnover and the negative effects of burnout (i.e., when balance of work tasks outweigh work-related rewards).

Team Structural Changes

- Create a specialized team for skilled nursing home closures to protect staffing resources and avoid delays for consumers in the transition process.
- Restructure Team Ones and include dedicated housing and transition staff that work in and with DDS and DMHAS.

Education and Training for all MFP Partners

Staff Training

- Provide TC/HC/SCM training using standardized protocols and materials with learning under a skilled trainer and shadowing under experienced field staff.
- Expand TC/HC/SCM training to include more practical case sampling and discussion of step by step solutions.
- Provide TC/HC/SCM training that enables team members to have a better understanding of the different roles involved within teams.

- Improve and support teaming through regular meetings and maintain good communication systems to share knowledge and keep team members informed.
- Provide training to TCs, HCs, SCMs, and Supervisors regarding teaming. Use group team building exercises and offer specific, practical techniques gleaned from current best practices.
- Promote team models that utilize the regional transition team structure for a better use of limited resources and greater standardization of team training.
- Support cross-role training to all CO staff to better understand each role within CO and to be better equipped to communicate or assist team members when needed.
- Step away from the role-based session tracks at the retreats to enhance cross-role knowledge to support teaming.
- Offer opportunities for all staff at team meetings, retreats, or online to learn the basics of housing and be able to ask questions and receive answers about the role of the housing coordinator and other relevant housing information.

Eligibility Training

- Provide eligibility training to field and CO staff to clarify processes related to pooled trusts and spend downs, and how to obtain out-of-state birth certificates and other documents necessary for transition to the community.

Mental Health/ABI/SUD Training

- Assist field staff in accessing the National Center for Trauma-Informed Care (NCTIC), funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), for training and technical assistance to increase awareness regarding trauma-informed care and to help meet the trauma-related needs of MFP participants and their support network.

Community Partnerships Training

- Work collaboratively with community partners to educate them about consumer autonomy, promote informed choice and support working together after transition for quality assurance and overall positive outcomes.
- Promote MFP outreach and offer training to landlords, property managers and housing associations.

Housing

- Provide training to housing coordinators and their supervisors on specific housing topics, such as Fair Housing, and other areas including housing alternatives, negotiating with landlords, and educating consumers about housing.
- Provide online or web-based training for all housing coordinators annually or semiannually as refreshers to improve the range of skills needed to help them be successful.
- Promote the monthly housing calls and blog originating from CO as valuable resources for housing coordinators, other team members, and supervisors.
- Improve housing resources by developing a standardized housing binder that could be accessible to all MFP staff as a training resource.

- Support statewide housing coordinator collaboration to identify and implement best practices to develop the housing inventory and widen consumer housing options.
- Expand the housing inventory by trying different approaches other than the state-funded rental assistance program.
- Promote CT's expansion of housing-health partnerships for older adults and people with disabilities, including the MFP initiative and HCBS waivers.
- Partner with Medicaid to creatively use HCBS waivers to enhance flexibility and allow approaches that assist individuals with chronic conditions with housing.
- Adapt best practices from other states' Medicaid managed care organizations (MCOs) to combine health/medical services with other services, including housing, to increase health and decrease direct medical costs.
- Brainstorm and implement a solution to improve agency reimbursement for petty cash needed to pay for housing applications.

Technology

- Support the use of electronic signatures on iPads to increase efficiency and reduce paperwork
- Provide the most updated version of the RAP application and other forms on the web for easy accessibility to reduce time in having to search other places, such as the MFP blogs.
- Allow access to the RAP inspection schedule, including developing an online calendar with data entered for each scheduled housing inspection and make accessible to field staff assigned to the case.
- Include more home modification information on the web and consider ways to advance the home modification process to minimize transition delays or processes post transition.
- Provide minutes online from the Supervisor and Contractor meetings so that everyone receives the same information.

Universal Assessment

- Invest in ongoing professional UA training, beyond the train the trainer model.
- Continue to address UA discrepancies to more accurately assess LON for persons with mental health conditions and persons with cognitive impairments, including dementia and ABI.

Medicaid Eligibility

- Support better partnering with Regional eligibility staff to bridge the gap between MFP and DSS Regional Offices.
- Provide training for all Regional eligibility staff on the MFP process and how lack of timely Medicaid determination affects the transition, such as obtaining a RAP.
- Designate specific DSS eligibility staff in each region to process MFP Medicaid applications.
- Reinstate CO determination of Medicaid eligibility for all MFP consumers for a more seamless and timely transition process.

Sustainability

- Continue the integration of the Community Options Strategy and Operations divisions. Encourage a shared vision and promotion of a unified message to ensure the sustainability and success of MFP services and initiatives and to provide a seamless transfer of eligible MFP consumers onto a waiver.
- Continue to maintain dedicated CO support (e.g., transition, home modification, nurses, and Medicaid eligibility specialists at CO). If the expertise of these individuals cannot be maintained, develop clearly written policies and procedures which are easily followed.
- Hire a substance abuse lead at CO and/or agency-based behavioral health specialists. If this is not feasible, partner with Independent Living Centers and substance use providers to offer greater support to consumers living in the community.
- Continue to redesign and test systems to shorten transition time and improve the communication slowdown between field staff and CO.
- Maintain housing supports, such as RAP and the housing coordinator position.
- Continue to work towards data interoperability, including secure communication systems, between MFP web, DSS, Allied, field staff contractors, UA data, etc.
- Increase the number of and support a high quality HCBS workforce and quality HCBS providers.
- Continue the most frequently mentioned Demonstration services: addiction services and peer support, RAP, community support and engagement, transitional supported employment, and care management.
- Strengthen outreach to stakeholders (e.g., nursing homes, social workers, family members, landlords, contractors) and engage them in the ongoing culture change.

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Appendix A: 2017 Key Informant Interview Guide

Role

First I'd like to talk with you about your role with the MFP program in 2017.

1. How are you involved with the MFP program? What is your role?
2. What makes your work or role with MFP meaningful to you?
3. How does your role as a _____ create positive change in the long-term services and supports system?

Resources

4. In reaching your team's (coworker's) or staff's transition goals, what specific Central Office resources or functions are the most helpful for you or your staff?
5. If you need assistance answering day-to-day questions, such as eligibility, housing, the web, budgets, reimbursements or assistive technology, where do you or your staff go for answers?

Housing Coordination

Next, I'd like to talk with you about housing coordination.

6. Have you received any training on housing coordination?

If No, go to Question 7.

If Yes,

- 6a. When did you receive the training and who provided it?
- 6b. How was the training helpful?
- 6c. Do you have suggestions to improve the training?
7. Where do you, your team (coworker's), or agency staff go to get answers to housing questions? Anywhere else?
8. What housing topics or issues do you need additional assistance with?
9. (In addition to what you already mentioned,) what housing coordination resources has Central Office provided you, your team, or your agency.

Probes:

- 9a. [If not mentioned previously] Do you or the HCs you work with participate in the monthly housing call from Central Office?

If Yes, how is that call helpful? Do you have suggestions to improve it?

9b. [If not mentioned previously] Do you or your staff use the housing blog that originates from Central Office?

If Yes, how is that useful to you? Do you have suggestions to improve it?

10. How does your agency develop its housing inventory?

Probe:

What does that look like? What do you use to keep track of the housing inventory (e.g., a spreadsheet)?

10a. What are the benefits and challenges associated with housing inventory development?

10b. How does the housing inventory contribute to your team reaching its transition goals?

10c. What suggestions do you have for improving your teams' housing inventory?

11. What would you recommend be included in a "Housing Best Practices Report" on what has worked for you, your team (coworkers), or your agency?

Probe:

11a. Can you tell me more about that? Can you describe how that is helpful (e.g., what do you mean by "sharing?")

MFP Program Goals and Progress

Next, I'd like to talk with you about Connecticut's MFP program overall.

12. What were some of the major achievements, strengths, or best practices of the MFP program in 2017?

12a. What has supported or facilitated these program achievements?

13. What barriers or challenges did you encounter or observe in 2017?

13a. What factors slow down the transition process (e.g., housing challenges, problems with obtaining legal documents, workload, expectations, screening issues – not meeting level of care?)

14. If there is **one area or process** that you feel needs to change to help the client, what is it and how can it be changed?

15. What could be done to prevent or overcome any of these program difficulties in the future?

Education and Training

16. MFP field staff get training from various sources including an online education course and Motivational Interviewing.

- 16a. What additional training would be helpful for the TCs, HCs, & SCMs to effectively do their job? Who should provide this training?
- 16b. What additional training would be helpful for **you** to effectively fulfill your role? Who should provide this training?

Universal Assessment

17. Have you, or any people you supervise, completed any assessments using the Universal Assessment (UA)?

If No – Go to question 22

If Yes – Continue to question 18

18. What do you or your staff consider to be the strengths of the UA?
19. What do you or your staff consider to be the challenges of the UA?

Probes:

- 19a. Have you experienced any discrepancies between the Ascend Level of Care, the UA level of care, and assessor clinical judgement?

If **Yes**, please tell me about those challenges.

- 19b. What **suggestions** do you have to address the challenges you mentioned?
20. One goal of the UA is to help create an equitable level of need determination to be used across multiple populations. In your opinion, how effective is the UA at accurately reflecting the **need levels** of the people being assessed?
21. Please tell me what you think about the **content** and **systems** training you or your staff received on the UA in 2017.

Probe:

- 21a. Do you have any suggestions to improve the training?

Sustainability Questions

The Federal MFP Demonstration is in the process of transitioning into a permanent component of the CT Medicaid long-term services and supports system. We'd like your feedback on the long-term sustainability of Connecticut's MFP program as it moves from a demonstration to full integration into Medicaid.

22. As it makes this transition, how should the MFP program be reorganized or restructured?

Probes:

- 22a. What services or parts of the MFP Demonstration are important to continue (e.g., Peer support, informal caregiver supports and addiction services, community support services, peer support specialist, transportation, transitional supported employment)?

- 22b. [If not yet answered previously] Should the current regional transition team structure continue? If not, what changes do you suggest?
23. In your opinion, what is the most effective way to streamline or restructure the MFP program?
24. What are the potential challenges that might be associated with these suggestions?

Systems Change

Our last two questions look at the program overall.

25. What effect do you think MFP has had on Connecticut's long-term services and supports system in general?
26. In its remaining **TWO** years, what else do you think the **MFP Demonstration** should do to effect a positive and enduring change in the long-term services and supports system?