CT Money Follows the Person Quarterly Report

Quarter 1 2019: January 1, 2019 – March 31, 2019

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

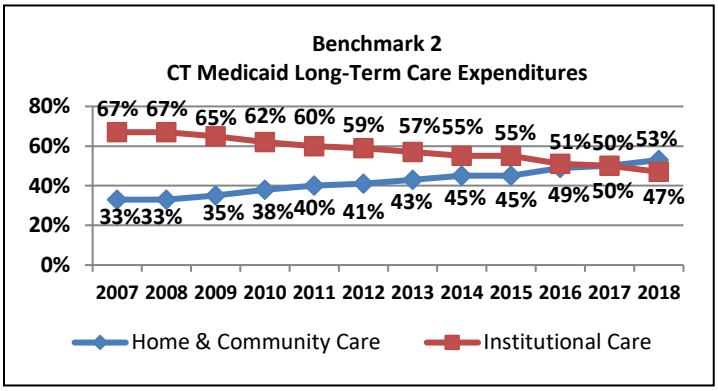
UConn Health, Center on Aging

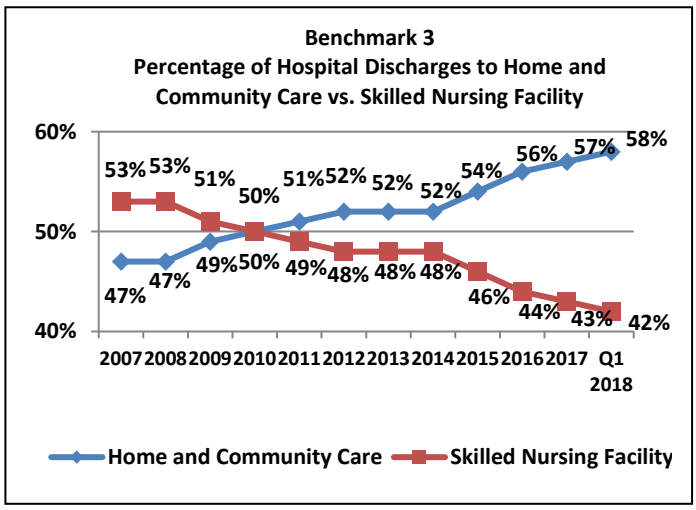
Operating Agency: *CT Department of Social Services* **Funder:** *Centers for Medicare and Medicaid Services*

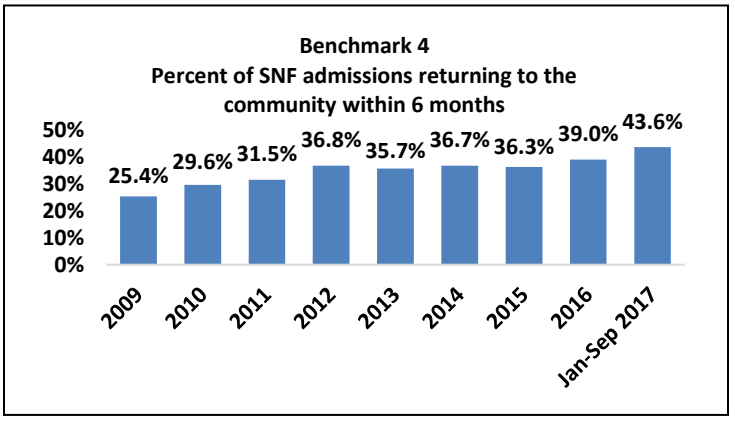
MFP Benchmarks

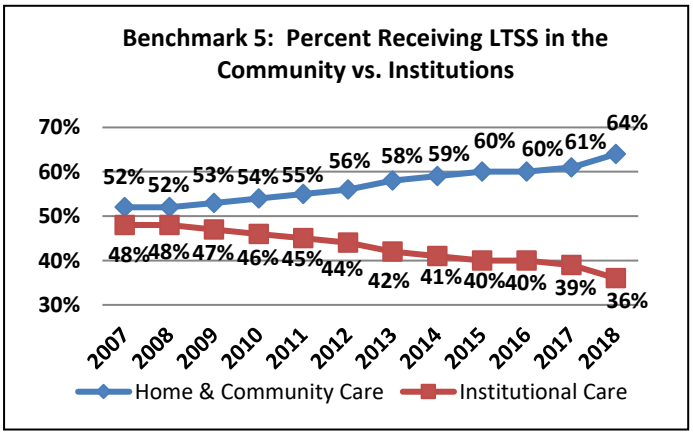
1) Transition 5200 people from qualified institutions to the community
2) Increase dollars to home and community based services
3) Increase hospital discharges to the community rather than to institutions
4) Increase probability of returning to the community during the six months following nursing home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

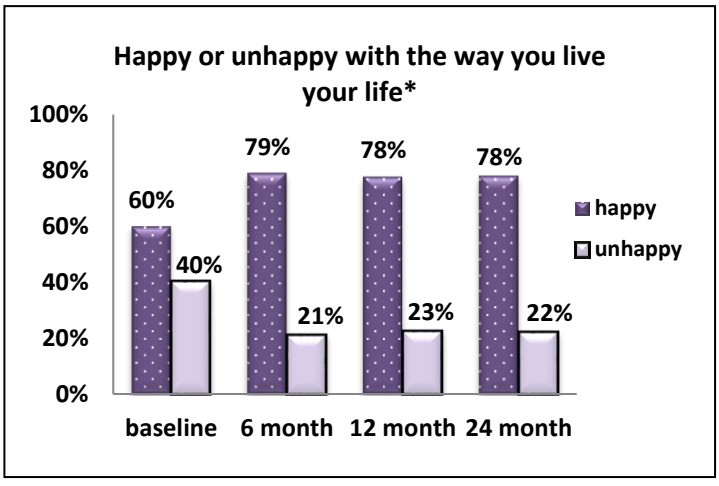
Benchmark 1: The number of demonstration consumers transitioned = 5,187 (non-demonstration transitions = 363)



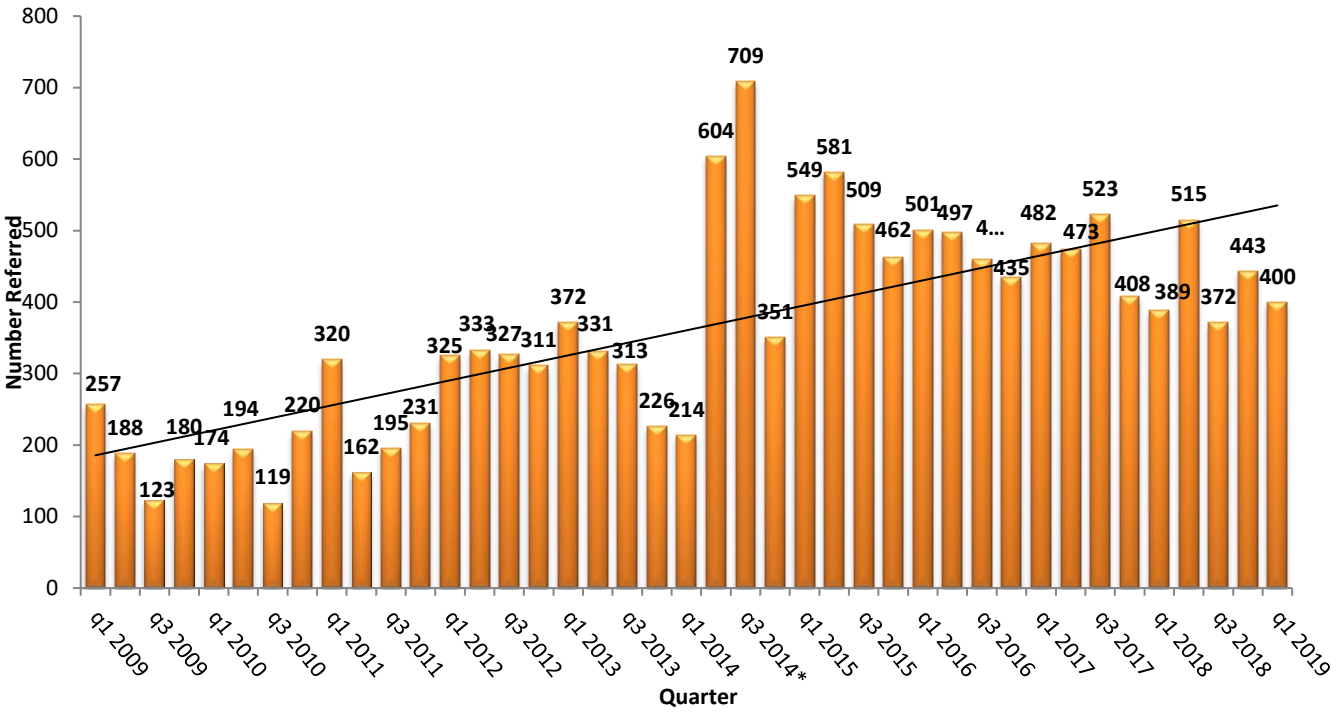






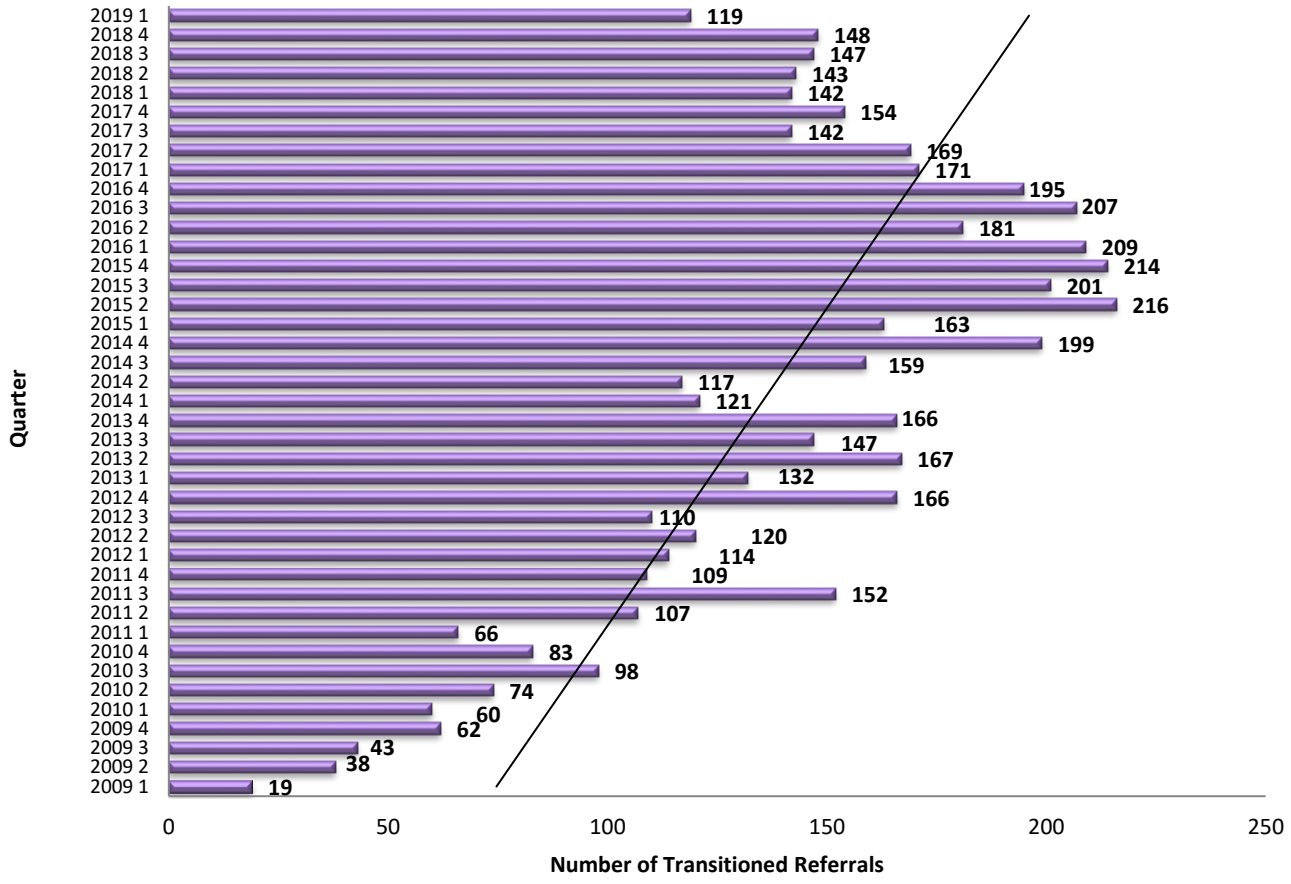


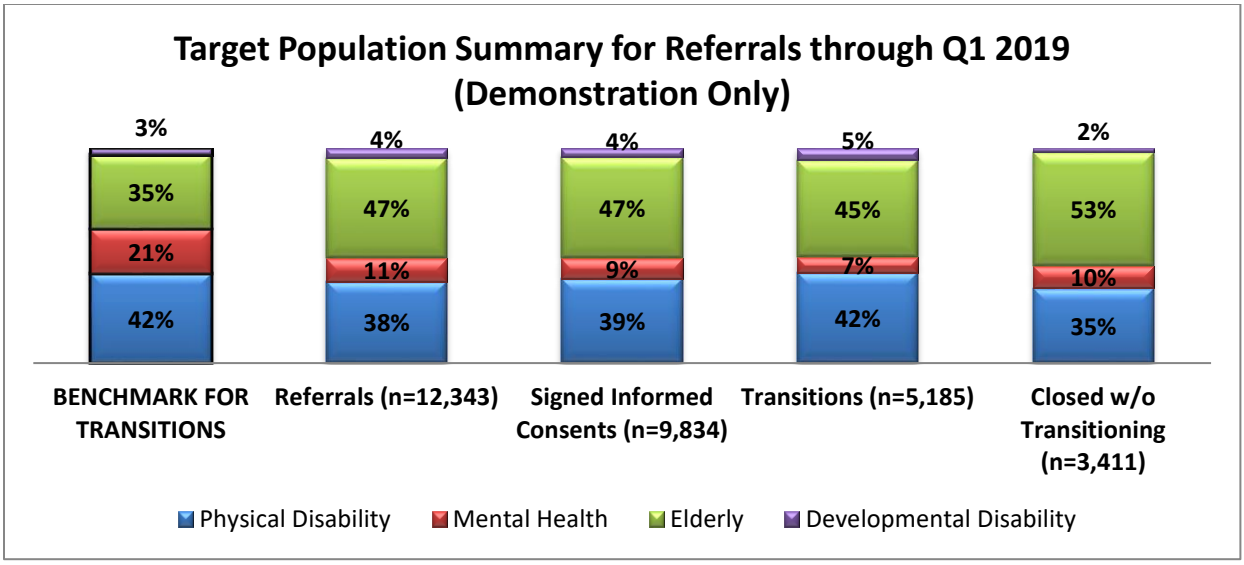
Referrals Assigned to the Field[t]: Q1 2009 to Q1 2019

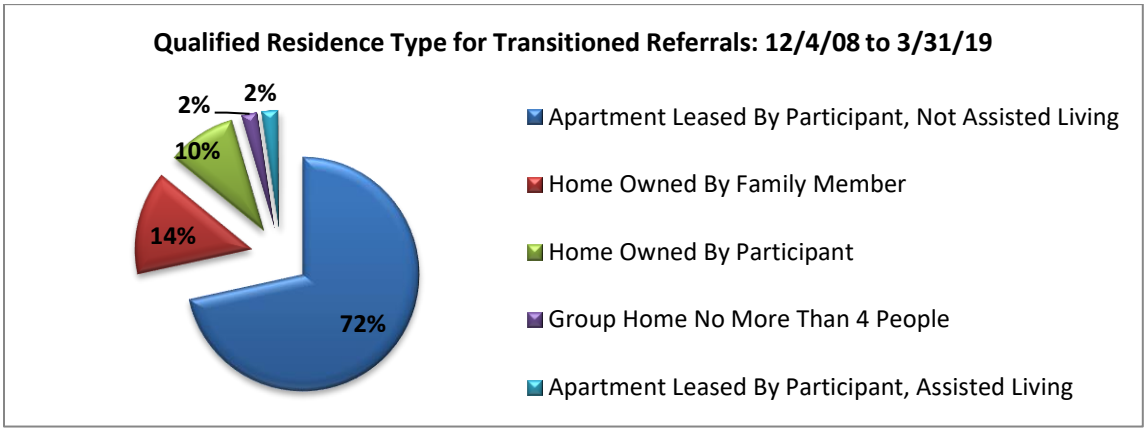


[t]Excludes nursing home closures *Increase in referrals reflects the ongoing adjustment to MFP reorganization

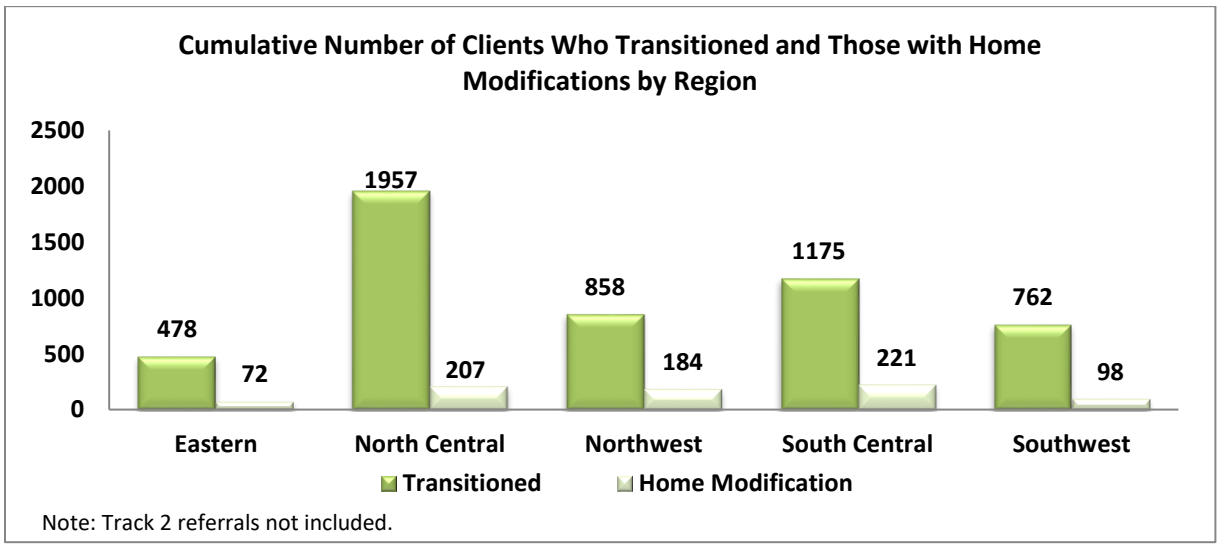
Number of Transitions by Quarter: 12/2008 - 3/31/2019



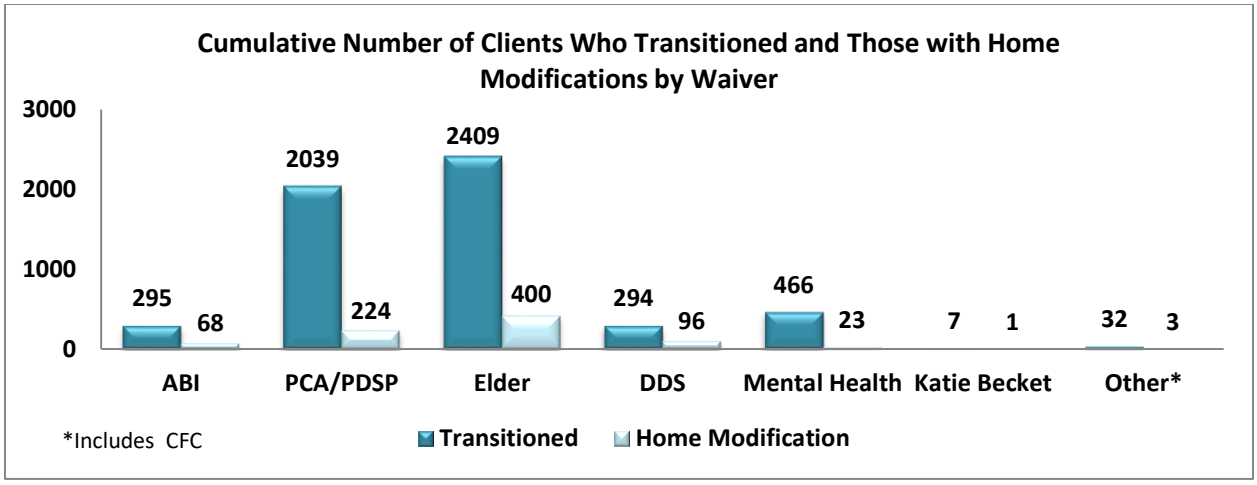


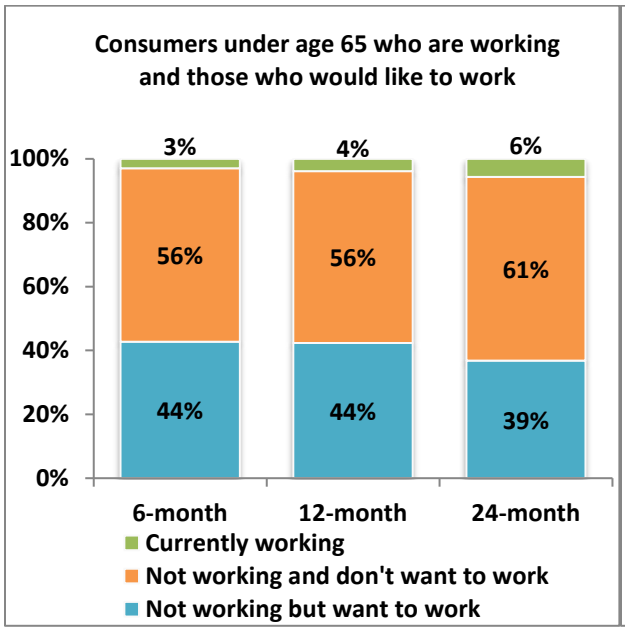


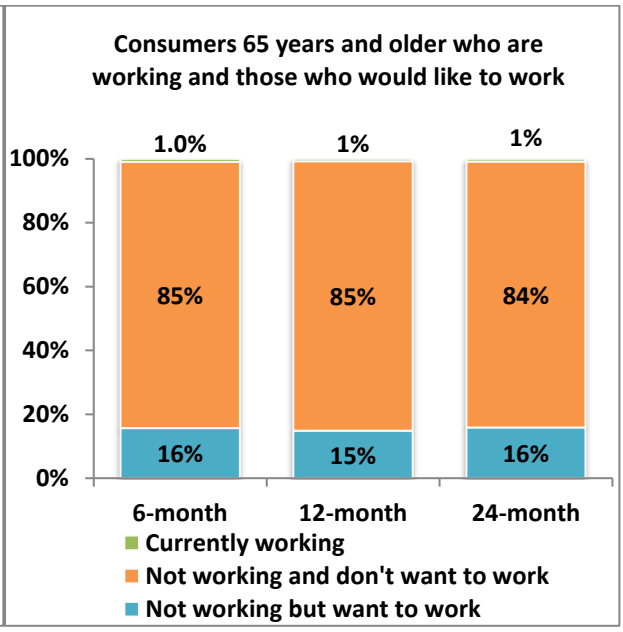
Reinstitutionalization: 12% (572) of participants who transitioned by March 31, 2018 were in an institution 12 months after their transition regardless of length of stay.

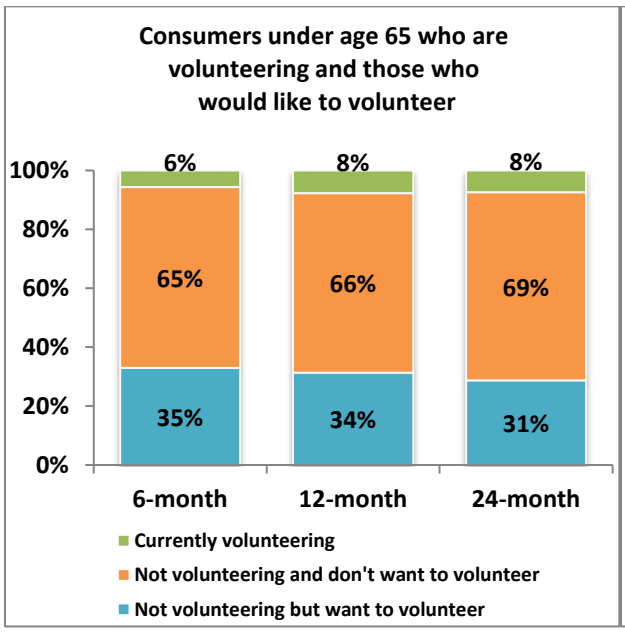


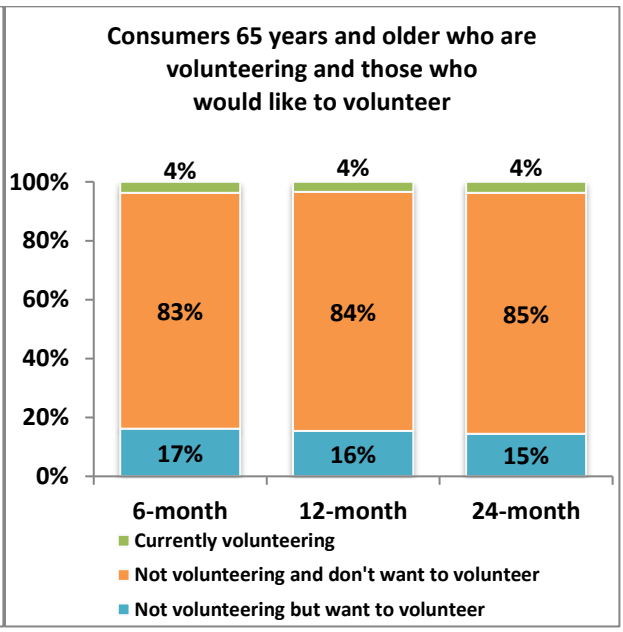
Note: Track 2 referrals not included.


Cumulative Number of Clients Who Transitioned and Those with Home Modifications by Waiver
3000
2000
1000
0
295
68
2039
224
2409
400
294
96
466
23
7
1
32
3
ABI
PCA/PDSP
Elder
DDS
Mental Health
Katie Becket
Other*
*Includes CFC
Transitioned
Home Modification

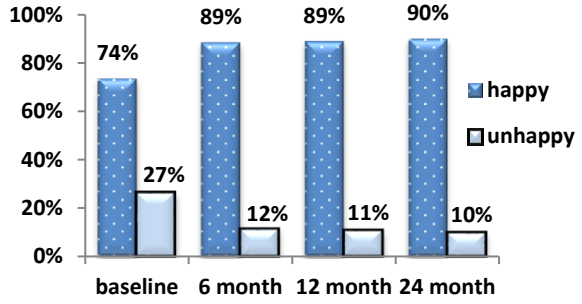

Consumers under age 65 who are working and those who would like to work
100%
80%
60%
40%
20%
0%
3%
4%
6%
56%
56%
61%
44%
44%
39%
6-month
12-month
24-month
Currently working
Not working and don't want to work
Not working but want to work

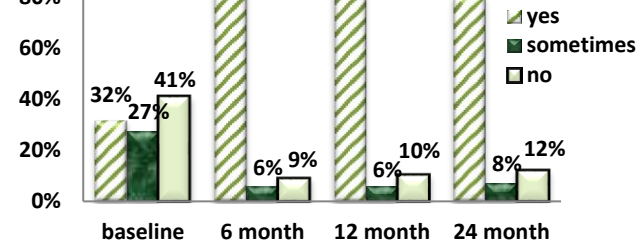

Consumers 65 years and older who are working and those who would like to work
100%
80%
60%
40%
20%
0%
1.0%
1%
1%
85%
85%
84%
16%
15%
16%
6-month
12-month
24-month
Currently working
Not working and don't want to work
Not working but want to work

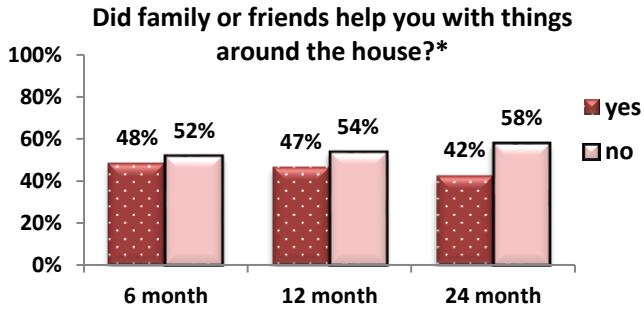

Consumers under age 65 who are volunteering and those who would like to volunteer
100%
80%
60%
40%
20%
0%
6%
8%
8%
65%
66%
69%
35%
34%
31%
6-month
12-month
24-month
Currently volunteering
Not volunteering and don't want to volunteer
Not volunteering but want to volunteer

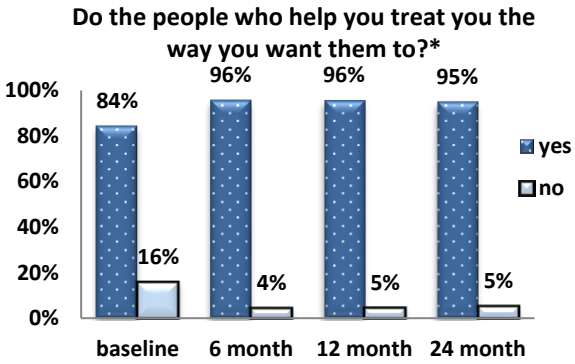

Consumers 65 years and older who are volunteering and those who would like to volunteer
100%
80%
60%
40%
20%
0%
4%
4%
4%
83%
84%
85%
17%
16%
15%
6-month
12-month
24-month
Currently volunteering
Not volunteering and don't want to volunteer
Not volunteering but want to volunteer

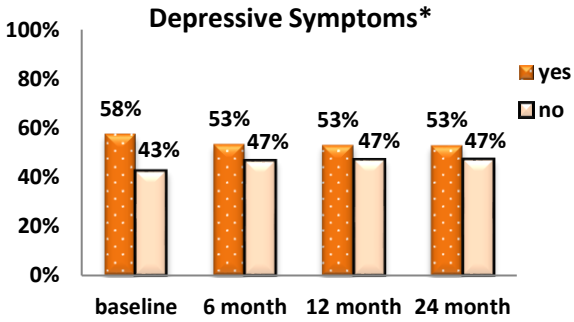
MFP Quality of Life Dashboard As of 03/31/2019

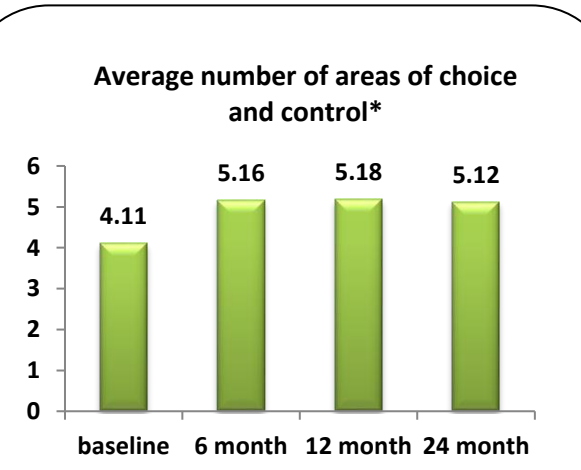


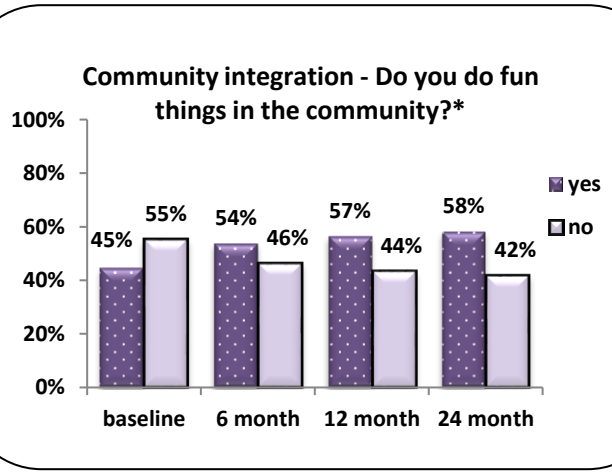












*indicates statistically significant differences

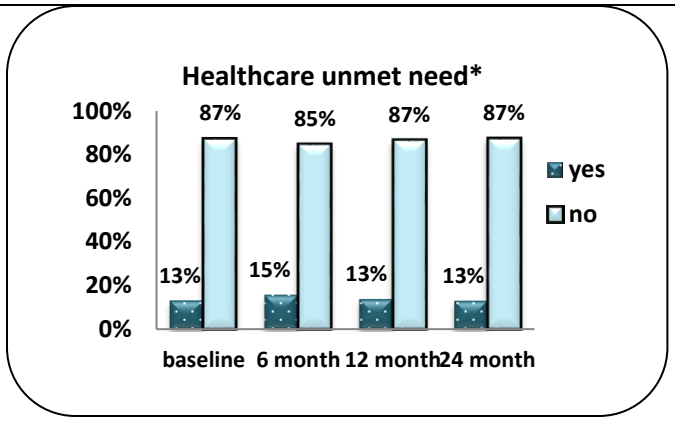
Quality of Life Interviews Completed
(Cumulative data through 03/31/19)

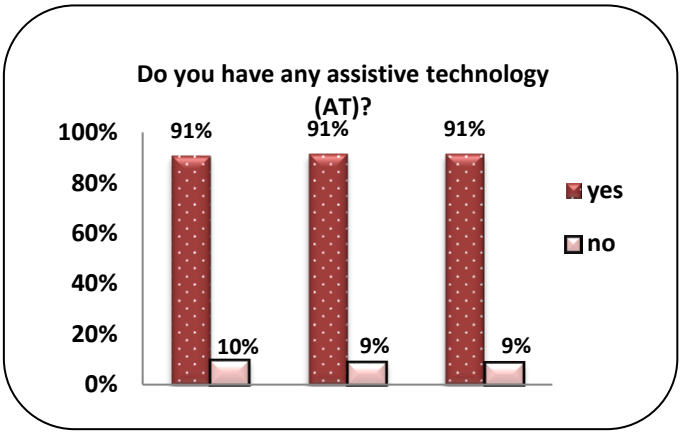
Baseline interviews done prior to transition, n=5464

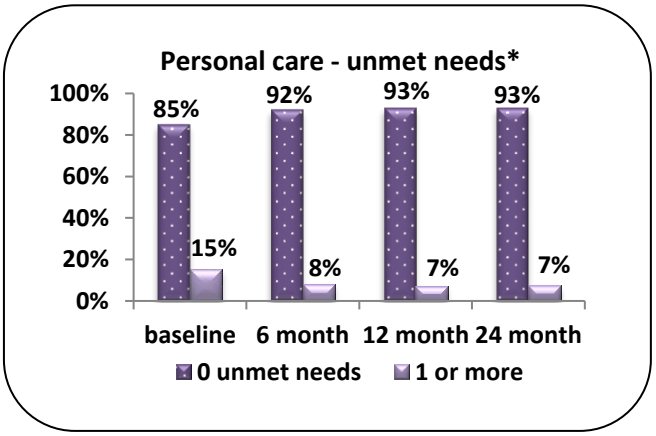
6 month interviews done 6 mos after transition, n=4336

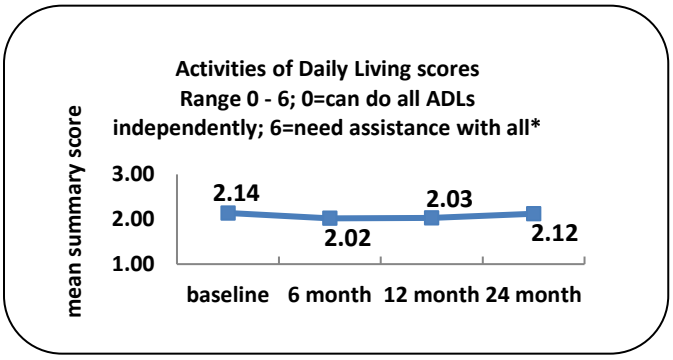
12 month interviews done 12 mos after transition, n=3921

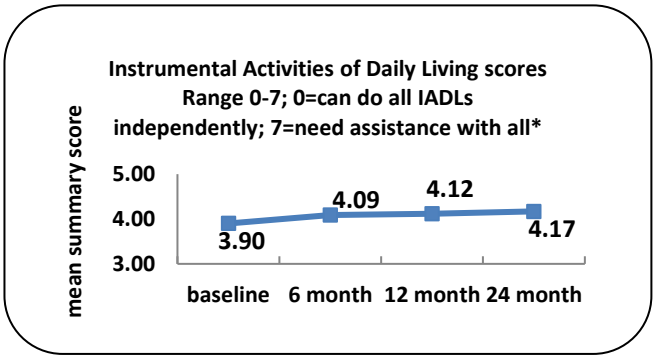
24 month interviews done 24 mos after transition, n=2907

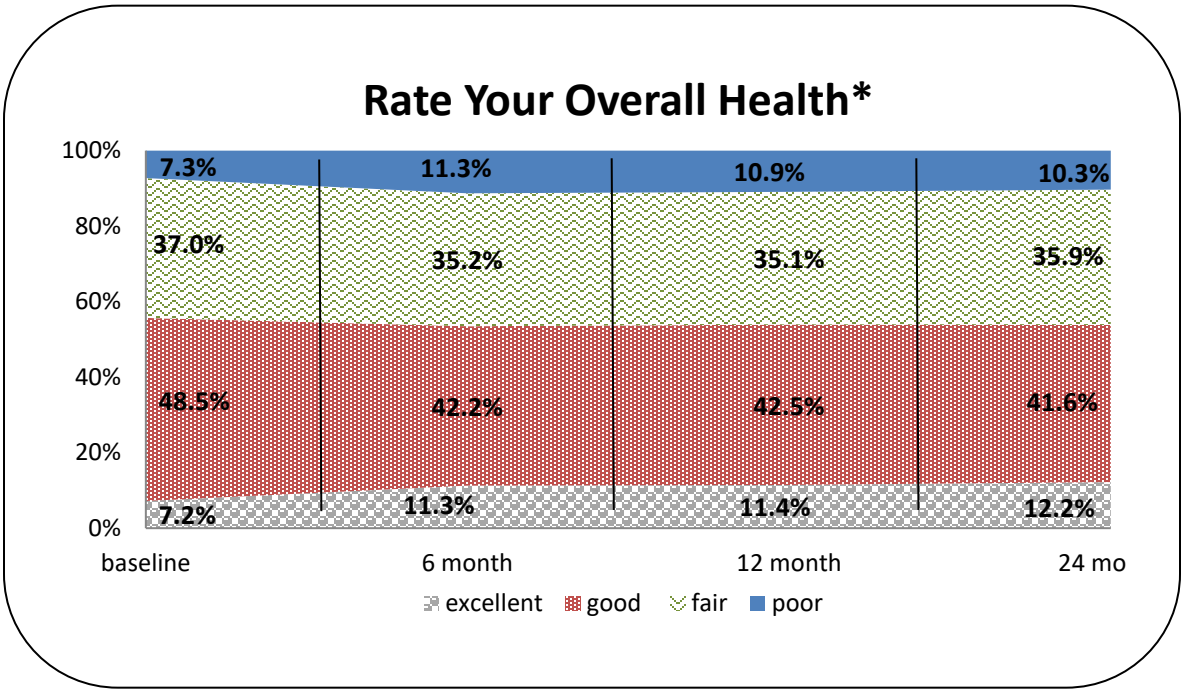


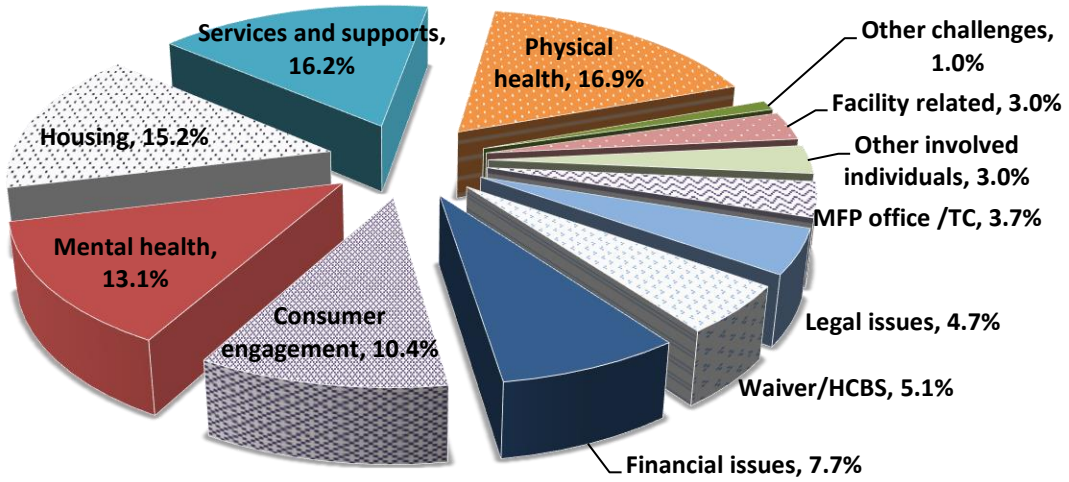












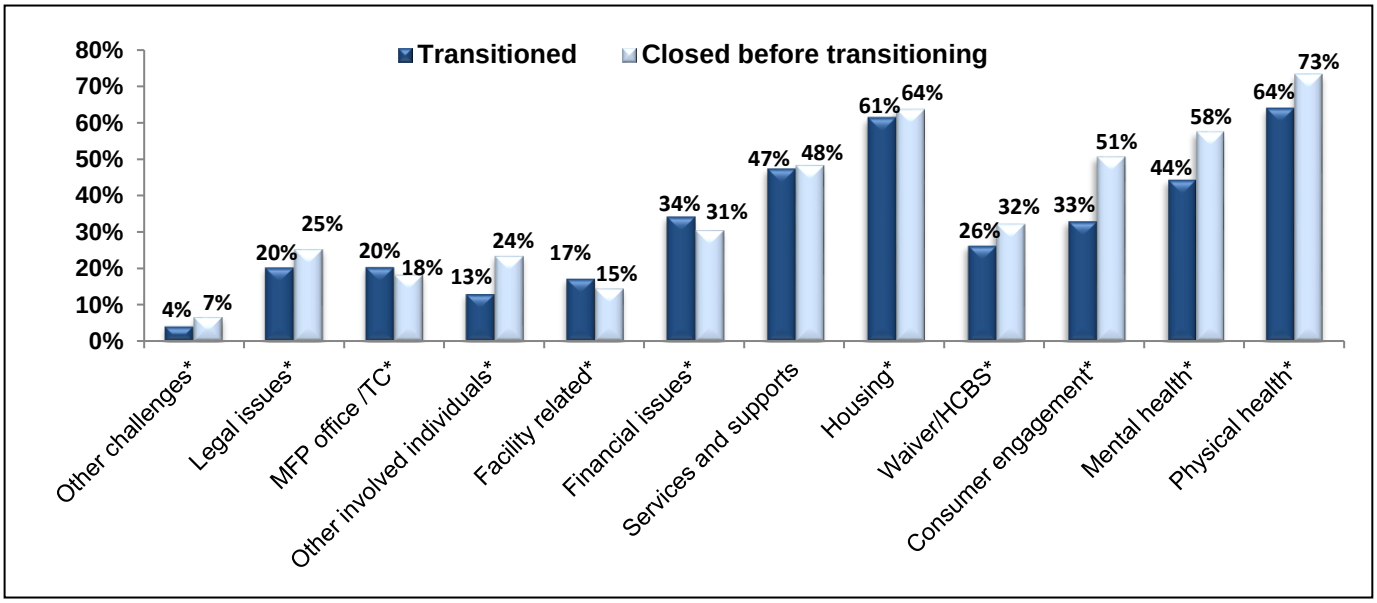
Transition Challenges through 3/31/19

Transition coordinators (TCs) and Specialized Care Managers (SCMs) complete a standardized challenges checklist for each consumer. There were a total of 16,069 MFP referrals to SCM Supervisors. Challenges checklists were completed for 10,843 of these referrals. Excluding the referrals which indicated "no challenges," the challenges checklist generated 69,063 separate challenges. Of these, the most frequently chosen challenge was physical health (16.9%), followed by challenges related services and supports (16.2%), to housing (15.2%), mental health (13.1%), and consumer engagement (10.4%).

Type of challenge by transition status

The figure below shows the percentage of each group (those who transitioned and those who closed before transitioning) which had each challenge. For example, of the referrals that closed without transitioning, 73 percent had a physical health challenge. Conversely, 64 percent of referrals that did transition had physical health challenges.

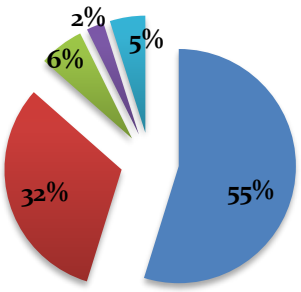
Eleven of the twelve challenge categories had statistically significant differences between the two groups.



Types of Challenges – through 3/31/2019

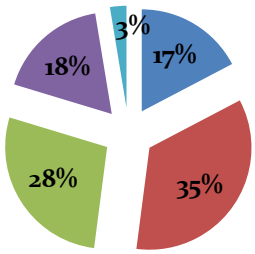
Shown below are the six most common challenge types

Physical health



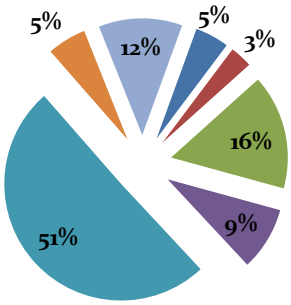
- Current, new or undisclosed physical health problem
- Inability to manage physical disability or physical illness in community
- Medical testing issues or delays
- Missing or waiting for physical health documents
- Other physical health issues

Mental health



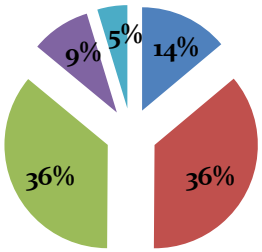
- Current or history of substance/alcohol abuse w/ risk of relapse
- Current, new, or undisclosed mental health problem
- Dementia or cognitive issues
- Inability to manage mental health in community
- Other mental health issues

Housing



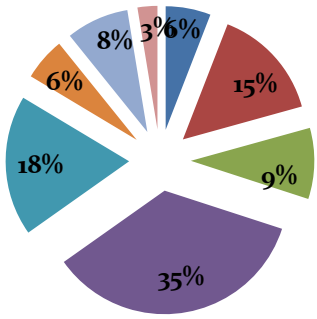
- Delays related to housing authority, agency or housing coordinator
- Delays related to lease, landlord, apartment manager, etc.
- Needs housing modifications before transition
- Ineligible or waiting for approval from RAP or other housing programs
- Lacks affordable, accessible community housing
-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

Consumer engagement



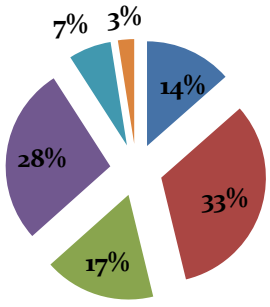
- Disengagement or lack/loss of motivation
- Lack of awareness or unrealistic expectations
- Lack of independent living skills
- Language or communication skills
- Other consumer related issues

Services and supports



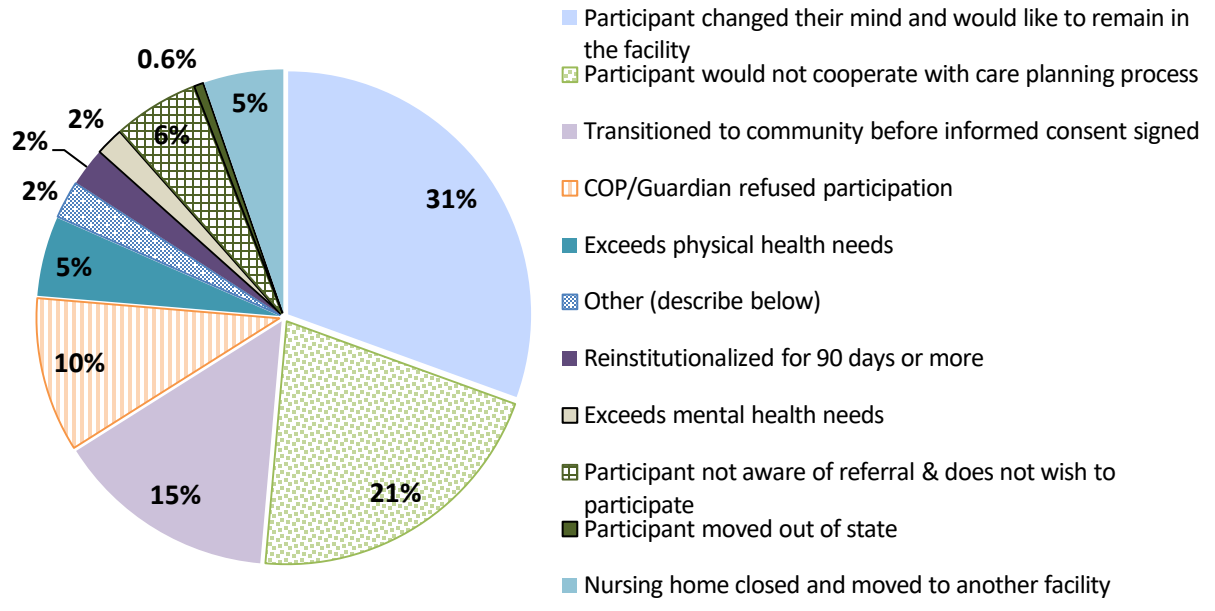
- Lack of alcohol, substance abuse, or addiction services
- Lack of AT or DME
- Lack of mental health services or supports
- Lack of PCA, home health, or other paid support staff
- Lack of transportation
- Lack of any other services or supports
- Lack of unpaid caregiver to provide care/informal support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

Financial



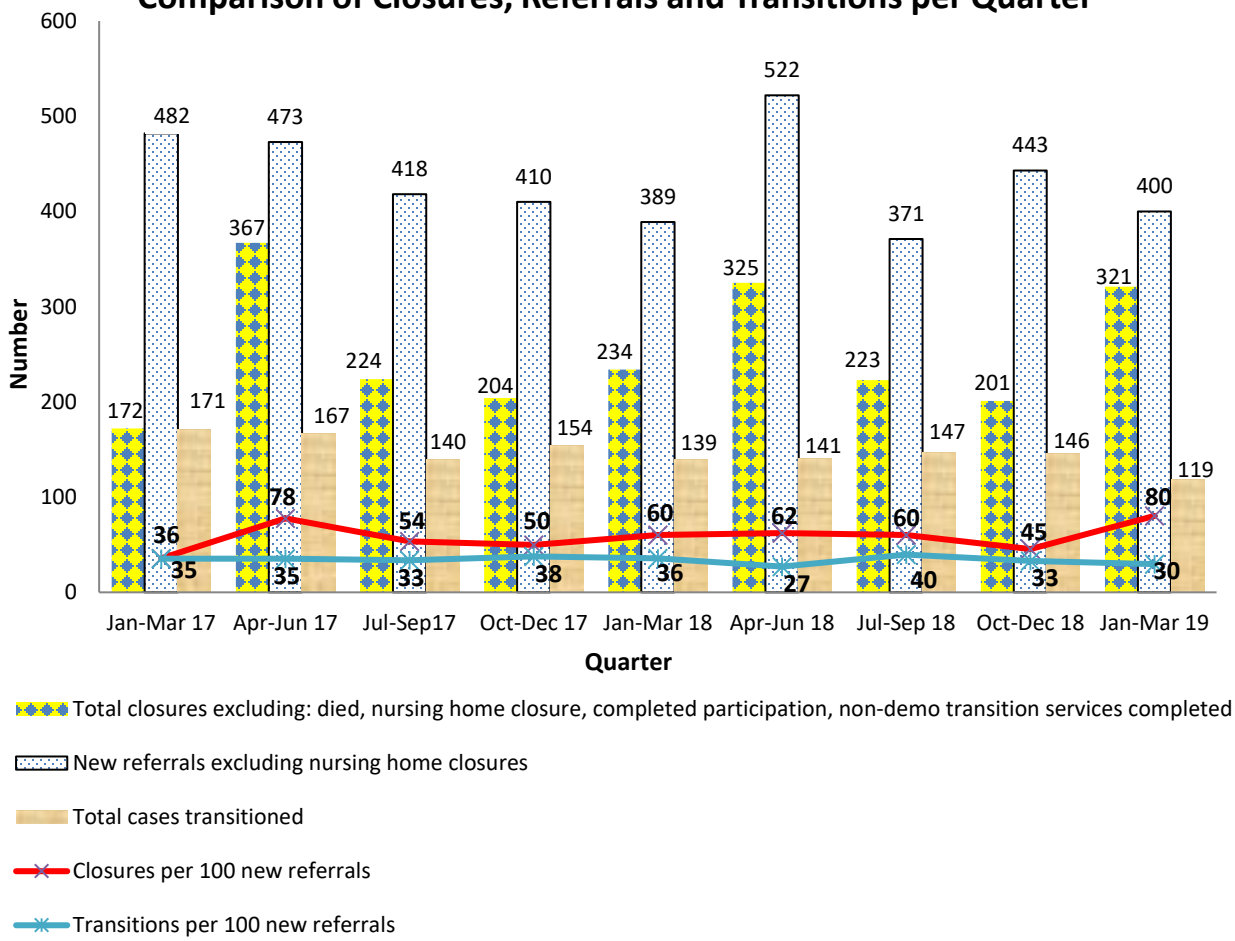
- Consumer credit or unpaid bills
- Lack of or insufficient financial resources
- SSDI, SSI, SAGA, SSA, VA or other cash benefits
- Medicaid eligibility or insurance issues
- Other financial benefits or issues
- Other financial challenge

Percentage of Closed Cases by Closure Reason: Jan-Mar 2019



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

Comparison of Closures, Referrals and Transitions per Quarter



Pamela Craig's Story

Photo credit: Glen Snowden Mintz and Hoke www.myplacect.org

Pamela lived in long-term care facilities for nearly ten years, according to her conservator. He first met Pamela when she needed to be hospitalized to treat delusions and other challenging behaviors while she was living alone in the community. Although he had his doubts whether she would be able to live in the community again after nearly a decade in skilled care, he considers this a "really good discharge" as Pamela has maintained her health and well-being very well in the community with the help of Money Follows the Person. The transition coordinator was instrumental in making this a quick and smooth process along with the facility social worker.

Pamela has lived with a great 24/7 personal care assistant for almost a year and a half. The regular live-in PCA gets respite from another live-in PCA and recently returned from a week away with no interruption in Pamela's routine or health. After her initial MFP transition, Pamela was able to move to a different apartment in the same building so as not to disturb other residents because she can express herself loudly at times. The routine of regular exercise three times a day, weather permitting, or walking in place in the apartment, as well as creative expression through coloring or painting and singing, has given Pamela stability in her own apartment once again. She reports: "I walk very well with my walker and feel I have made an improvement." Pamela enjoys living on her own, saying "hello" to neighbors and having more privacy. Eating is easier with the live-in PCA's assistance and her mental health continues to be stable since transitioning.

Details of Pamela's early life are sparse, and she is not currently in touch with any family members. Her conservator believes she spent time in New York City and was well-educated. Though Pamela has some difficulties with her memory and her speech can be difficult to understand, she shared some memories, which included working in graphic design after studying at night. She conveys a lifelong interest in the arts and athletics. More of her memories include being an "amazing dancer and competing in high school" and painting: "I have painted for years!" Pamela's other recollections of her life story included knitting, playing tennis where she remembers "beating the pants off of them" and swimming in Jamaica. She recalls traveling with a relative to Newport's U.S. Naval War College as well as to Maine. When asked if she painted her memories of people and places, she said, "No, but maybe I should. That's a good idea."

Pamela has lots of energy and a joyful spirit humming along while focusing intently on bringing the image to life through color. She enjoys painting outside or *plein air*, remembering painting the elm and oak trees, and flowering bushes while at one of the long-term care facilities. Pamela expresses her emotions (light or dark) with pure abandon!

Her philosophy for living is simple yet challenging for many, "To come to work every day, take what your family gave you, use your abilities and learn to take myself, one step at a time."

MFP Demonstration Background

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

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