Money Follows the Person Rebalancing Demonstration

Closed Cases Report For 2018

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Prepared by:
Kristin Baker, BS
Martha Porter, BA
Julie Robison, PhD

UConn Health | Center on Aging
263 Farmington Avenue
Farmington, CT 06030-5215

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Introduction

As part of Connecticut's rebalancing efforts, the Money Follows the Person (MFP) Demonstration transitions residents in institutional facilities to the community. By the end of 2018, Connecticut (CT) sought to transition 5,200 people from qualified institutions to approved community settings. To achieve this goal, it was important to enable the transition of most individuals who expressed a desire to return to the community. A total of 5,425 MFP participants transitioned by December 31, 2018, exceeding the goal. In the early years of the demonstration, CT experienced a relatively high number of cases closed compared to cases transitioned. Therefore, in 2012 the first analysis of case closures was undertaken to identify practices, service needs, and other areas in which improvements may assist the state in reducing case closures and increasing transitions. This is the eighth report produced on the analysis of closed cases. For the previous reports, which analyzed closures January through June 2012 and July through December 2012, as well as reports for 2013, 2014, 2015, 2016 and 2017 please visit: UConn Health Center on Aging.

In order to comprehensively cover the closed cases data, this report is divided into three sections. Section I is an overall picture showing the current status, as well as number and percent of transitioned and closed cases for *referrals made during 2018*. Section II shows a comparison of *cases closed during each of the ten years* of the MFP program (2009-2018), and Section III provides specifics on *all cases closed during 2018*, regardless of the year in which the case was referred. In addition, Section III provides a detailed account of the specific reasons cases closed in 2018 in order to inform practice and allow program managers to make programmatic changes that decrease the number of preventable closures. A list of acronyms and abbreviations appears at the end of this report for reference.

There are currently 14 reasons a case can be closed:

1. Participant not aware of referral and does not wish to participate
2. Participant would not cooperate with care planning process
3. Participant changed their mind and would like to remain in the facility
4. COP/Guardian refused participation
5. Participant moved out of state
6. Exceeds mental health needs
7. Exceeds physical health needs
8. Transitioned to community before informed consent signed
9. Reinstitutionalized for 90 days or more
10. Other
11. Nursing home closed and moved to another facility (excluded from analysis)
12. Died (excluded from analysis)
13. Non-demo: Transition services complete (excluded from analysis)
14. Completed 365 days of participation (excluded from analysis)

Methods

Numerical data for cases closed, cases transitioned and new referrals were obtained through Microsoft Access queries of MFP program data in the My Community Choices web-based tracking system. Data for this report was downloaded on February 19, 2019 from My Community Choices.

For the purposes of this analysis, cases closed under the last four closure codes (11-14 above) were excluded because programmatic changes would not affect their occurrence: nursing home (NH) closed and moved to another facility, died, non-demo: transition services complete, and completed 365 days of participation. Also excluded were any additional referrals from nursing home closures regardless of the case closure reason.

Section I: Status of Referrals made between January and December 2018

A total of 1,719 referrals were received during 2018. After excluding referrals that closed due to the following reasons: died (76) and non-demo: transition services complete (5) the total number of referrals to be analyzed from 2018 is 1,638 which is almost identical to 2017 (n=1,641). As of February 19, 2019, the current status of these referrals is distributed as follows:

Table 1: Current status for 2018 referrals compared to 2017 (as of 2/19/2019)

Current Status	2018 Referrals	*2018 %*	2017* Referrals	*2017 %*
Closed (w/out transitioning)	**486**	***30***	**499**	***30***
Recommend Closure Approved (w/out transitioning)	**44**	***3***	**117**	***7***
Recommend Closure Initiated (w/out transitioning)	**16**	***1***	**58**	***4***
Transitioned (total)	**227**	***14***	**319**	***19***
- Open cases	220	*13*	301	*18*
- Closed	3**	*0*	9**	*1*
- Closure approved	3	*0*	3	*0*
- Closure initiated	1	*0*	6	*0*
In Progress (total)	**865**	***53***	**648**	***40***
- Application screened	1	*0*		
- Assigned to Field	296	*18*	129	*8*
- Informed Consent Signed	239	*15*	224	*14*
- Care Plan Approved	315	*19*	274	*17*
- Transition Plan Submitted	4	*0*	11	*1*
- Transition Plan Approved	10	*1*	10	*1*
Total	**1638**		**1641**	

* Statuses from referrals in 2017 were as of 5/4/18

** These cases transitioned and closed and are included in the total closed cases.

Of the 1,638 referrals made in 2018, 30 percent (489) had closed as of 2/19/19 and another 64 (4%) were in the closure process (closure recommended, initiated, or approved). 227 (14%) of the referrals from 2018 had transitioned (Table 1). As of February 2019, 33% (546) of referrals from 2018 had either closed without transition or were in the process of closing without transition. The remaining 53% (865) are still active in the transition process.

Cases referred in 2018 that transitioned (227) or closed (489) by February 19, 2019 were categorized by region, Home and Community-Based Services (HCBS) package, and target population (Tables 2, 3, 4). Table 5 shows closures in 2018 compared to 2017 by reason closed.

The regional percentage of referrals transitioned ranged from 12% in North Central to 18% in Southwest (Table 2) whereas in 2017 the range was from 18% (Eastern, North Central and Southwest) to 23% (Northwest). Regional percentages of referrals closed ranged from 23% in the Eastern region to 34% in the Southwest in 2018 and in 2017 the range was similar from 23% (Eastern) to 36% (Southwest).

Table 2: Transitions and closures as of 2/19/19 for referrals made in 2018

		Transitioned			Closed		
Region	Referrals	#	% (of refs. in each region)	% of total transitions (n=227)	#	% (of refs. in each region)	% of total closures (n=489)
Eastern	108	16	15	7	25	23	5
North Central	635	75	12	33	189	30	39
Northwest	271	34	13	15	75	28	15
South Central	375	57	15	25	115	31	24
Southwest	249	45	18	20	85	34	17
Total	1638	227			489		

About 92 percent of referrals transitioned by means of one of three HCBS packages in 2018: one of the CT Home Care Program for the Elderly (CHCPE) waivers/plans (47%), the Physical Disability State Plan (PDSP) (28%), or the Personal Care Assistance (PCA) waiver (17%) (Table 3). Another 2 percent transitioned under the Mental Health waiver (MHW) or Mental Health State Plan (MHSP). This pattern is similar to 2017, when 88 percent of transitions came from either CHCPE, PDSP, or PCA. As in 2017, cases closed without transitioning in 2018 came mostly from those accepted to CHCPE (48%); the PCA waiver (28%), or the MHW/MHSP (12%). About 7 percent of closed referrals (n=36) did not have an assigned HCBS package.

Table 3: Transitions and closures of referrals from 2018 by HCBS package

HCBS Package	Transitioned	%	Closed without transition	%
ABI	3	*1*	19	*4*
CHCPE	3	*1*	184	*41*
CHCPE-AFL	6	*3*	3	*0.6*
CHCPE-AL	4	*2*	0	*0*
CHCPE-PCA-AB	63	*28*	23	*5*
CHCPE-PCA-LI	14	*6*	2	*0.4*
CHCPE-PCA-SD	10	*4*	3	*0.6*
CHCPE-S	6	*3*	1	*0.2*
DDS	0	*0*	2	*0.4*
DDS-C	5	*2*	0	*0*
DDS-IFS	2	*0.9*	0	*0*
MHW/MHSP	5	*2*	52	*12*
OTHER	3	*1*	2	*0.4*
PCA/PCA-S/PCA-AFL	39	*17*	127	*28*
PDSP	64	*28*	35	*8*
Total	227		453*	

* There were an additional 36 closed cases missing an HCBS package.

When analyzed by target population, the greatest percentage of transitions (48%) was for participants with a physical disability who were under 65 years of age, followed closely by adults 65 and older (47%); together these HCBS packages account for 95 percent of transitions. This is similar to 2017, when 90% of transitions were for adults age 65 and older (44%) or physical disability under age 65 (46%). Overall, the greatest percentage of closures without transitioning was 48% for adults age 65 plus, followed by participants under age 64 with a physical disability (40%) (Table 4).

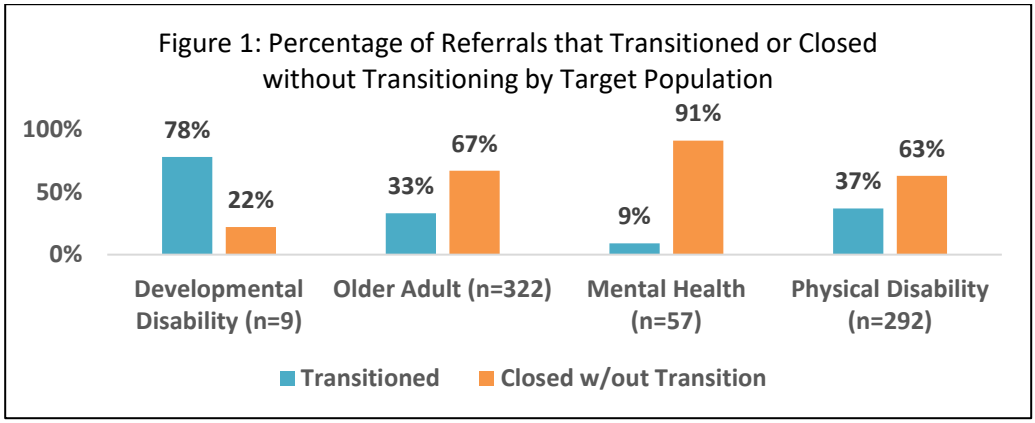
Table 4: Transitions and closures of referrals from 2018 by target population

Target Population	Transitioned	%	Closed without transition	%
Developmental Disability	7	*3*	2	*0.4*
Older adults (age 65+)	106	*47*	216	*48*
Mental Health	5	*2*	52	*12*
Physical Disability (< 65)	109	*48*	183	*40*
Total	227		453	

* There were an additional 36 closed cases missing a target population.

There were some differences with respect to percentage of referrals within each group which transitioned or closed without transition (see Figure 1). The developmental disability target group transitioned 78 percent of referrals, while 37 percent of physical disability under age 65 and 33

percent of older adult referrals transitioned. Meanwhile, only 9 percent of referrals in the mental health target population transitioned.



As seen in Table 5, 33% of referrals closed in 2018 due to transitioning before the informed consent was signed. This represents a notable decrease from 40% in 2017, and begins to reverse the rapid rise seen over the past several years – from 2014 (5%) to 2015 (15%) and 2016 (24%). In 2018 cases closed due to participants changing their mind was 20%, an increase from 15% in 2017, while the percentage of referrals closed because the participant would not cooperate with the care planning decreased by two percent from 2017 to 2018 (23%). Other reasons closed in 2018 varied by one percent or less from 2017. Although in 2018 there was a one percent increase from 2017 in the percentage of closures due to the COP/guardian refusing participation, this 7% is still notably less than 14% in 2015 and 18% in 2014.

Table 5: Closures from 2018 referrals by reason compared with 2017

Closure Reason	2018 Cases	2018 *%*	2017 Cases	2017 *%*
Transitioned to community before informed consent signed	161	*33*	205	*40*
Participant changed mind & would like to remain in the facility	100	*20*	74	*15*
COP/Guardian refused participation	34	*7*	32	*6*
Exceeds physical health needs	31	*6*	14	*3*
Participant would not cooperate with care planning process	112	*23*	126	*25*
Other	18	*4*	22	*4*
Exceeds mental health needs	5	*1*	1	*0.1*
Participant not aware of referral & does not wish to participate	20	*4*	20	*4*
Reinstitutionalized for 90 days or more	3	*0.6*	5	*0.9*
Participant moved out of state	5	*1*	9	*2*
Total	489		508	

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Section II: Comparison of Closed Cases by Year, 2009-2018

During 2018, MFP experienced 1,638 referrals, 578 transitions and 990 closures (referrals and closures exclude those that closed due to the four excluded reasons; transitions and closures are regardless of referral year). In 2018, there was almost no change in new referrals and closures, as well as a larger decrease in transitions (see Figure 2). This decrease in transitions in 2018 follows a notable decrease from 2016 to 2017 as well.

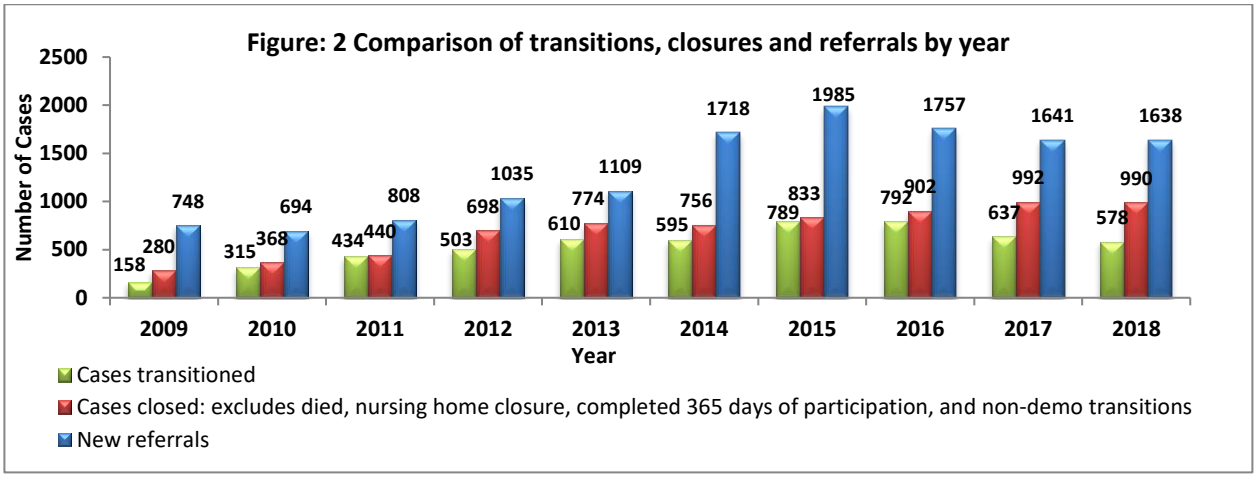
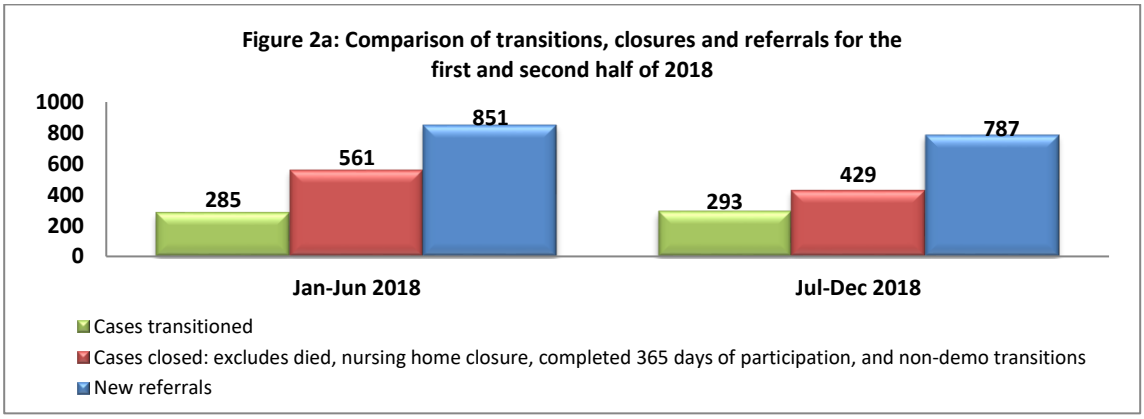
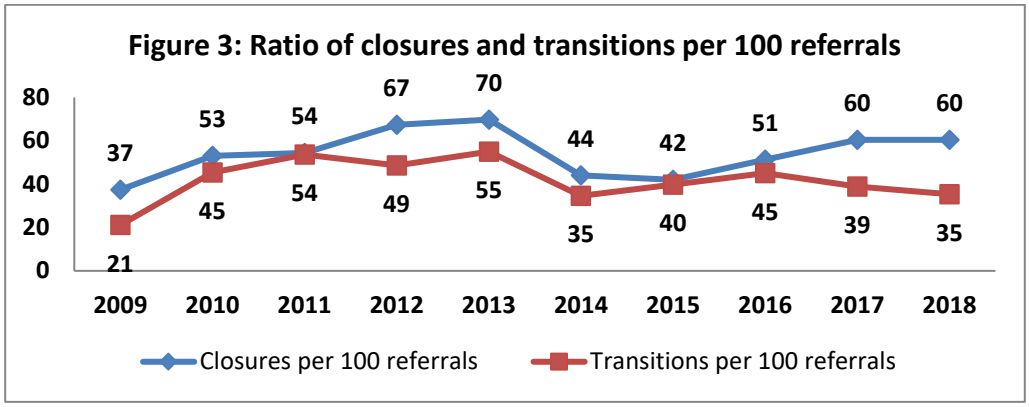
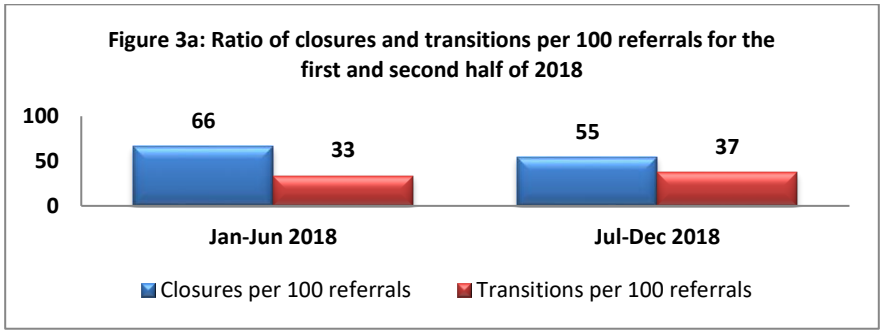


Figure 2a compares transitions, closures and referrals between the first and second half of 2018. It is interesting to note that there were more referrals and closures in the first half of the year and a few more transitions in the second half, which is different from 2017 when there were more of all three in the first half of the year.

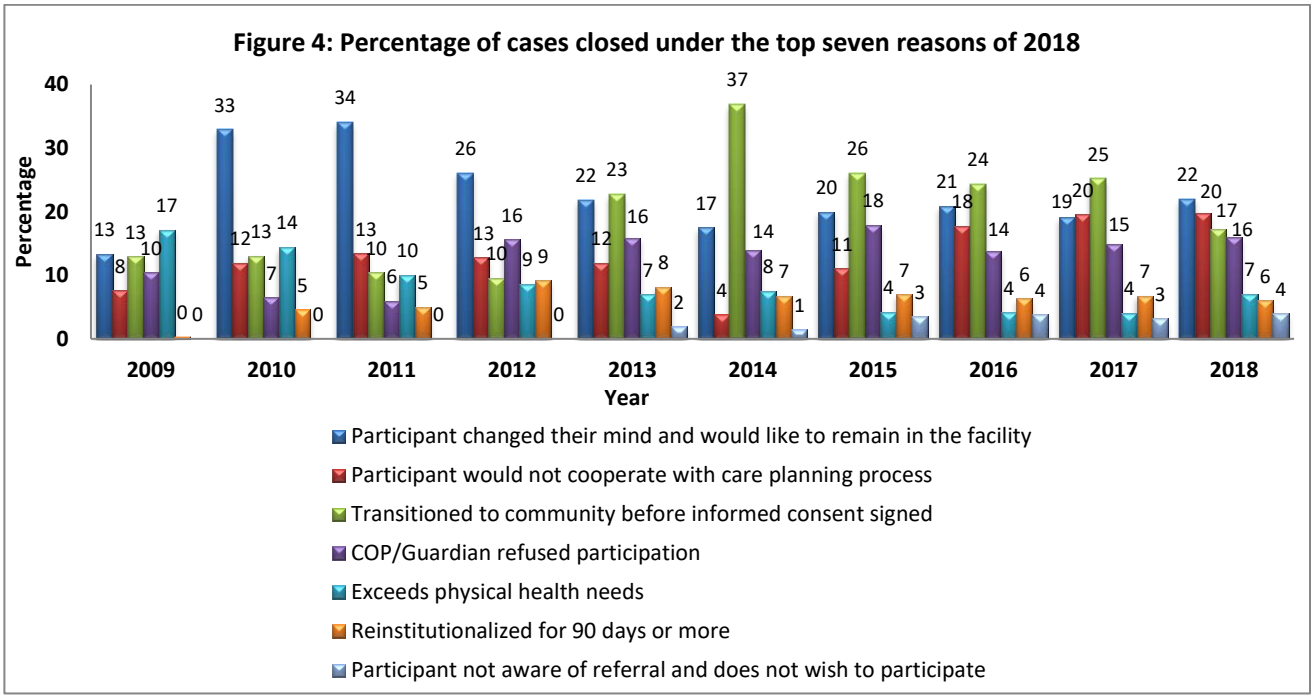


Continuing the trend of prior years, in 2018 the CT MFP program closed relatively more cases than it transitioned (see Figures 3 and 3a). For this year, closures per 100 referrals were the same as in 2017, while transitions per 100 referrals went down from 39 to 35. Dividing the year into halves shows closures per 100 referrals were notably greater in the first half of 2018 (66 closures per 100 referrals), compared to 55 in the second half.





Considering all cases that closed in 2018 regardless of referral year (n=990, without the four excluded closure reasons), the three most frequent reasons cases closed accounted for over half of closures (see Figure 4). Unlike the previous four years, the top reason closed in 2018 was "Participant changed their mind and would like to remain in the facility," accounting for 22% of closures in 2018. The prior four years the top reason cases closed was because participants transitioned to community before the informed consent was signed. The second most frequent reason for closing a case during 2018 was "Participant would not cooperate with care planning process," accounting for 20% of closures. This closure reason was also 20% of the reasons for closure in 2017, although in prior years it had steadily climbed (18% 2016, 11% 2015, and 4% 2014). The percentage of cases closed because the participant transitioned to the community before the informed consent was signed decreased this year, from 25% in 2017 to 17% in 2018, which moved it to the third most common reason. The fourth most frequent reason cases closed "COP/Guardian refused participation" remained close to the same percentage in 2018 (16%) as in the previous year (15%). The percentage of cases closed in 2018 because of high physical health needs (7%) was three percent higher than in 2017. The final two reasons closed, "Cases closed due to re-institutionalization of 90 days or more" (6%) and "Participant not aware of referral and does not wish to participate" (4%) were within one percent of 2017.



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Section III: Analysis of Cases Closed Between January and December 2018

A total of 1768 cases were closed during 2018 for any reason, regardless of the year they were referred to MFP. Cases that closed due to the following reasons were excluded: died (249), completed 365 days of participation (490), and non-demo transition services complete (39), leaving 990 closed cases for analysis in the remainder of this report. Table 6 shows basic characteristics of cases that closed for each reason. More detailed analysis was completed by reviewing the case notes and other "My Community Choices" web information for a random sample of cases for each closure reason.

Table 6: Characteristics of consumers whose cases closed in 2018

Closure Reasons	Closures N (%)	Female N (%)	Male N (%)	Age Range	Age Avg	% 65 or older	Days from referral to closure Range	Days from referral to closure Avg
Participant changed their mind and would like to remain in the facility	218 (22)	103 (21)	115 (23)	28-96	69	58	23-2113	474
Participant would not cooperate with care planning process	195 (20)	87 (18)	108 (22)	23-98	60	31	4-1542	336
Transitioned to community before informed consent signed	171 (17)	85 (17)	86 (17)	11-98	63	45	1-861	102
COP/Guardian refused participation	158 (16)	85 (17)	73 (15)	0-97	67	54	19-1602	612
Exceeds physical health needs	70 (7)	43 (9)	27 (5)	27-92	64	48	18-2080	535
Reinstitutionalized for 90 days or more	60 (6)	29 (6)	31 (6)	1-92	67	55	n/a	n/a
Other	43 (4)	22 (4)	21 (4)	1-84	53	23	2-1197	342
Participant not aware of referral and does not wish to participate	39 (4)	21 (4)	18 (4)	31-97	75	80	7-1156	461
Exceeds mental health needs	22 (2)	10 (2)	12 (2)	45-77	62	36	63-1775	655
Participant moved out of state	14 (1)	7 (1)	7 (1)	34-80	61	54	47-1240	437
Total	990	492	498	X	X	X	X	X

Note: Percent totals may not equal 100 due to rounding.

The most frequent closure reason, "Participant changed their mind and would like to remain in the facility" accounted for 22 percent of the closures in 2018 (n=218). Similar to previous years, these cases indicated the main reasons participants changed their mind were adapting to the facility and feeling comfortable living there, perceiving their physical or mental health needs were significant and would be better met at a facility, and liking the socialization at the facility. The average length of time from referral to closure was 474 days, with a range of 23 to 2,113 days. This group was the second oldest, with an average age of 69 years (see Table 6).

Below are a few quotes from case notes that highlight common explanations of why participants changed their mind and decided to stay in the facility:

- *"Client would like to stay in [nursing facility] long-term due to decline in health and multiple hospitalizations."*

- *"Consumer has adjusted to the facility at this point and does enjoy [leaves of absence] with family. Barriers include no family back up, large consumer debt making housing difficult to find, and lack of funds once in the community."*

- *"Given consumer's continued apprehension surrounding [discharge] and safety concerns without continual monitoring/support, COP also requested that consumer's MFP referral be closed at this time; consumer was also in agreement with this decision."*

Twenty percent (n=195) of cases closed in 2018 were because the participant would not cooperate with the care planning process. These participants were comparatively younger (average age 60) and had one of the shortest number of days from referral to closure (336 days). Lack of cooperation in establishing Medicaid eligibility played a role in many of these cases. Additionally, there were participants who left the facility against medical advice as well as those who left before their eligibility for the MFP program was established, even though they had signed an informed consent.

- *"Discharged from [skilled nursing facility against medical advice] without MFP being aware."*

- *"SCM received notification that consumer discharged home [date] without MFP services or an approved care plan prior to her 90th day."*

- *"Does not wish to establish Pooled Trust."*

- *"She transitioned to the community without active T-19. Family knows that consumer has to re-apply for T-19 and apply for CHCPE if she wants services."*

"Transitioned to community before informed consent signed" was the third most common reason cases were closed in 2018, accounting for 171 cases (17%). Cases closing for this reason were often closed because the client discharged from the facility prior to meeting MFP eligibility requirements or left the facility against medical advice without signing an informed consent. Nine percent of these cases (n=16) were never assigned to the field because they left the institution before assignment, which was a 5% increase from 2017. Consumers who closed for this reason had an average age of 63, and 45 percent were age 65 or older. The average length of time from referral to closure was 102 days, which was the shortest length of time for all the closure reasons.

Sixteen percent (n=158) of cases closed in 2018 were because the "COP/Guardian refused participation." As in years prior, two of the main reasons COPs and guardians cited for their decision were a decline in consumer health from the time of the referral and lack of appropriate care provided for the consumer at home. Another reason given was the legal representative did not want to pursue the required financial requirements, such as establishing a pooled trust. Closures for this reason had the second highest average number of days (n=612) from referral to closure and the third oldest average age (67, range less than 1 year to 97 years). It should be noted that this reason for closure includes consumers with legally appointed conservators of person (COPs), legal

guardians and powers of attorney (POAs), and in some cases a family member who is making medical decisions due to consumer's inability, though that person has not legally been appointed. Some descriptive case notes include:

- *"Multiple reasons including: Overall decline in physical health, POA request case closure, consumer unable to report her desires."*

- *"Consumer cannot contract for safety in addition to COP not wanting consumer to live within the community."*

- *"Son informed SCM that in December 2017 consumer had another massive stroke that left her bed bound. She requires total care. Hospice is being recommended and son agreed to put consumer on hospice."*

- *"SCM reviewed case with [nursing home social worker][name] at case review. [Social worker] [name] reports that she provided waiver form to client's son to pursue COP but there has been no follow through. Client's son is not reliable and daughter will not pursue COP as she does not want client to transition under MFP. There are family dynamics, client is not able to make decisions for self. SCM is unable to move forward with a safe care plan as client has no legal representation. SCM is recommending closure, [Social worker] to re-refer once they have established a COP."*

Exceeding physical health needs accounted for 7% of closures (n=70). Fifty percent of consumers closed for this reason were in one of the CHCPE HCBS packages (n=35), 26% were in PCA/PDSP (n=18), 13% had a MH package (n=9), 10% were in ABI (n=7), and 1% had a DDS package (n=1). Average age for this group was 64. The average number of days from referral to closure was 535 for cases closed for this reason, the third highest length of time for all cases closed in 2018. Representative quotes from cases closed for this reason include:

- *"He has had a significant decline in functional ability and is now on hospice care."*

- *"…consumer is not appropriate to transition home as no safe care plan can be put in place at this time."*

- *"[Client's brother] reports that consumer's health continues to decline and [client] has been hospitalized again due to poor kidney function/levels. [Client's brother] reports that [client's] health continues to remain quite unstable as [client] has been hospitalized on and off several times per month since initial assessment conducted."*

"Re-institutionalization for 90 days or more" accounted for 6% of overall closures (n=60). These participants were similar in age to those who closed because COP refused participation. Both had an average age of 67 and wide age range – consumers who closed because of re-institutionalization ranged from 1 to 92 years old. A variety of reasons contributed to participants needing to be re-

admitted long-term to an institution including: a long-term hospital stay, multiple hospitalizations, declining health, diabetes, and mental health concerns.

- *"… consumer informs he is returning to [nursing home] because consumer cannot function, get in/out of bed because it is too high, and pain in the knees make it difficult for consumer to walk."*

- *"…client's overall health has deteriorated and is now not taking her meds or eating at this time."*

- *"Said mother is at the [facility] for hospice. Became too hard to care for her with Park[inson's] Dementia."*

Four percent of referrals were closed for the reason "Participant not aware of referral and does not wish to participate" (n=39). These participants had an average age of 75, the highest for all the closure reasons, with 80% age 65 years or older. The average number of days from referral to closure was 461 days. A couple of representative quotes include:

- *"Finally able to confirm with [name] of DSS that the regular program referral for Cat 3 CHCPE went today to [agency] and once ready to d/c, will transfer to [agency] if going back to home in [city]. For this reason, writer will request closure of MFP referral."*

- *"Consumer refused IA as consumer informed SNF SW and SCM that consumer has housing with the services and VA. Consumer did not want MFP referral made. SNF SW informed SCM that a referral was made as consumers ASCEND is expiring. Consumer stated that consumer feels VA services and housing is adequate and does not feel the need for MFP IA."*

Reasons for closing a case due to exceeding mental health needs accounted for 2% of overall closures (n=22). In 2018 this group had the longest average number of days between referral and closure (n=655) with a range of 63 to 1,775 days. Similar to findings from past years, these participants mainly had diagnoses of major depression, anxiety, bipolar disorder and/or schizophrenia. Other frequent health issues were dementia and diabetes.

- *"SCM explained client not eligible for MHW at this time as he is having active delusional and paranoid symptoms, and continues to display aggressive behaviors."*

- *"The consumer UA was completed previously however the consumer will exceed cost cap for the MHW. In addition no safe care plan can be developed. The consumer just returned from hospital stay due to refusing medication. The consumer continues to be very delusional."*

- *"…client not appropriate for group home setting at this time as safety of self and others cannot be assured and was safest option for client given current presentation and history."*

- *"It was determined that the consumer needs to remain in a closely monitored and supervised setting to ensure both her health and safety. The consumer has limited insight into her psychiatric and medical conditions and is at significant risk for poor decision-making and impulsive behavior that can jeopardize her stability. No appropriate transitional housing setting has been identified for the consumer at this time that would ensure her continued health and safety in a community setting. As such, the barriers and risks to safely transitioning the consumer back in the community in an independent apartment setting are too great and MHW would be unable to create a care plan that would ensure the consumer's health and overall safety, thus making the consumer ineligible for MFP / MHW at this time."*

Finally, one percent of cases closed in 2018 because the consumer moved out of state (n=14). The average age for participants whose cases closed because they moved out of state was 61 years of age, with 54 percent age 65 or older. A quote from cases closed for this reason:

- *"SCM spoke with COP whom informed SCM that [client] moved to Florida to reside with his brother."*

Similar to 2017, 43 percent (408) of the cases closed in 2018 (excluding cases without referral dates and those closed for the four excluded closure reasons) were closed more than one year after referral.

The closure reason with the lowest average amount of time from referral to closure was "Transitioned to community before informed consent signed" at 102 days, followed by participants who would not cooperate with the care planning process (336 days). The closure reasons with the highest average amount of time from referral to closure were "Exceeds mental health needs" (655 days) and "COP/guardian refused participation" (612 days). These were followed by "Exceeds physical health needs" (535 days) and "Participant changed their mind and would like to remain in the facility" (474 days).

Transition Challenges

The distribution of the transition challenges for cases closed in 2018 were similar to the previous year (see Table 7). As in 2017, services and supports (18%) was the greatest challenge in 2018. Physical health was the second greatest challenge, affecting 14% of cases. Field staff identified mental health as a close third challenge this year, representing 13% of cases. Housing was the fourth most common challenge (12%). The next most common challenges were consumer engagement (11%), financial (7%), and legal (5%).

Table 7: Transition challenges by category for cases closed in 2018 and 2017

Transition Challenges	2018 %	2017 %
Services & Supports	18	19
Physical health	14	17
Housing	12	16
Mental health	13	13
Engagement	11	10
Financial	7	8
Legal	5	5
Facility	3	3
Involved others	3	3
MFP	2	3
Waiver	2	2
Other	1	1

Consumers with services and supports challenges most often faced problems related to a lack of PCA, home health, or other paid support staff (32%) and a lack of transportation (19%) (data for challenge subcategories not shown). Over half (55%) of those with physical health challenges had the sub-challenge "Current, new, or undisclosed physical health problem or illness." Just over half (52%) of consumers with housing challenges lacked affordable, accessible community housing.

Conclusion

In 2018 there were 578 transitions, 990 closures, and 1638 referrals (referrals and closures exclude those that closed due to the four excluded reasons; transitions and closures are regardless of referral year). 2018 had 990 closures which was only 2 cases less than the highest number of closures to date (n=992) in 2017, a figure that has grown nearly every year since 2009. While the relative frequency of closure reasons has shifted over time, transitions before the informed consent was signed was the top reason for the previous five years, accounting for about a quarter of closures in those years. The top reason changed in 2018 becoming "Participant changed their mind and would like to remain in the facility" (22%). This year the gap in the ratio of closures per 100 referrals (60) remained the same as in 2017, and the 2018 transitions per 100 referrals (35) decreased from 39 transitions per 100 referrals in 2017.

The 2018 findings were similar to prior years, and the characteristics of consumers for 2018 were overall similar to 2017. There were some differences. Consumers' cases closed due to the participant not being aware of the referral and not wishing to participate had the highest average age (75) in 2018, compared to an average age of 72 in 2017. In 2018, cases closed due to the participant changing their mind and wanting to remain in the facility had the second highest average age (69). Cases closed for the reason of "Other" had the lowest average age (53) in 2018, different from 2017 when transitioned to the community before informed consent signed had the lowest average age (56). In 2018, the next lowest average age (60) was for cases closed because the participant would not cooperate with the care planning process.

In 2018, cases closed due to the participant not being aware of the referral and not wishing to participate had the highest percentage of persons over age 65 (80%), this reason was also the highest for persons over age 65 in 2017, although the percentage was lower (70%). This year the relative percentages of male and female consumers among all closure reasons were similar to 2017 for most of the reasons. One exception was for the reason "Participant changed their mind and would like to remain in the facility," which in 2018 had a greater percentage of males (23%) than females (21%) unlike in 2017 when the same reason had a much greater percentage of female consumers (24%) compared to male consumers (14%). The reason "Participant would not cooperate with the care planning process" in 2018 had a greater percentage of males (22%) than females (18%). Unlike 2017, the closure reason "Exceeds physical health needs" had greater percentages of females (9%) than males (5%) in 2018. Cases closed for the reason "COP/Guardian refused participation" also had a higher percentage of females (17%) than males (15%).

For 2018, the closure reason that had the highest percentage of all closed cases was "Participant changed their mind and would like to remain in the facility" (22%). This compares to 2017, when 19 percent of cases closed for this reason, making it the third highest reason cases closed in that year. Several cases closed for this reason due to participant's belief that their needs could be best met in a facility, with some participants having had a decline in health since applying to MFP. Socialization and familiarity with life at the facility were two other common reasons participants mentioned for changing their mind.

As was the case last year, in 2018 20 percent of cases closed because the participant would not cooperate with the care planning process, making it the second highest closure reason. Lack of cooperation in establishing Medicaid eligibility played a role in these cases, as well as some consumers leaving the facility against medical advice or before becoming eligible for MFP, even though the consumer had signed an informed consent. Possible ways to address this might be to increase assistance with Medicaid eligibility and to continue the work with motivational interviewing.

In 2018, 17 percent of cases closed because the participant transitioned to the community before the informed consent was signed, which is notably lower than the previous two years when about one quarter of cases closed for this reason. Similar to 2017, these cases often did not meet the MFP 90 day length of stay requirement before leaving the facility or left the facility against medical advice prior to signing an informed consent. Cases closed because a consumer transitioned to the community before signing an informed consent also decreased this year, from 25% in 2017 to 17% in 2018.

Closures due to COP refusing participation increased by one percent, from 15% in 2017 to 16% in 2018. Similar to previous years, many of these family members had concerns about safety or getting 24 hour care in the community. MFP might consider ways the SCMs and TCs could respond to these concerns, such as motivational interviewing techniques and increasing access to both Support and Planning Coaches and Adult Family Homes.

Six percent of closures in 2018 were due to prolonged re-institutionalization, similar to the 7% in 2017. Effective prevention of re-institutionalization is still a key priority. Different from 2017, this

year the combined percentage of cases that closed because the consumer's mental or physical health needs exceeded allowable cost was 9%, which is an increase from 2016 (6%) and 2017 (6%). In particular, the percentage of cases closed due to consumers exceeding physical health needs was higher this year (7%) compared to last year (4%). In 2018, as well as the previous three years, "Closed due to exceeding mental health needs" was not in the top seven closure reasons, accounting for just 2% of cases closed. However, given how long these cases were open, it is likely these two percent of cases are especially challenging. Similar to the previous year, in 2018 four percent of the cases closed were never assigned to the field. This is higher than 2016 (1%), but still much lower than the 14% in 2015 and 39% in 2014

Acronyms and Abbreviations

The list below provides an explanation of abbreviations and acronyms used for the waivers and other terms in this report.

ABI	Acquired Brain Injury Waiver
ADL	Activities of Daily Living
AMA	Against Medical Advice
CHCPE	CT Home Care Program for Elders Waivers or Programs
CHCPE-AFL	CT Home Care Program for Elders Waivers (Adult Family Living)
CHCPE-AL	CT Home Care Program for Elders Waivers (Assisted Living)
CHCPE-PCA-AB	Personal Care Assistance Waiver (Agency-Based)
CHCPE-PCA-LI	Personal Care Assistance Waiver (Live-in)
CHCPE-PCA-SD	Personal Care Assistance Waiver (Self-Directed)
CHCPE-S	CT Home Care Program for Elders Waivers (Standard)
Cl/Clt	Client
CHF	Congestive Health Failure
CO	Central Office
COE	Conservator of Estate
COP	Conservator of Person
COPD	Chronic Obstructive Pulmonary Disease
DDS	Department of Developmental Services Waiver
DDS-C	Department of Developmental Services (Comprehensive Waiver)
DSS	Department of Social Services
Dtr	Daughter
HC	Housing Coordinator
HCBS	Home and Community Based Services
HTN	Hypertension (high blood pressure)
LTC	Long Term Care
MFP	Money Follows the Person
MHW	Mental Health Waiver
MHSP	Mental Health State Plan
PCA	Personal Care Assistance Waiver
PCA-AFL	Personal Care Assistance Waiver (Adult Family Living)
PCA-S	Personal Care Assistance Waiver (Standard)
PCAs	Personal Care Assistants
PDSP	Physical Disability State Plan
POA	Power of Attorney
SCM	Specialized Care Manager
SNF	Skilled Nursing Facility
SW	Social Worker
TC	Transition Coordinator
UA	Universal Assessment
VNA	Visiting Nurse Association