

Money Follows the Person Rebalancing Demonstration

Closed Cases Report For 2020

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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) exceeded the goal to transition 5,200 people from qualified institutions to approved community settings by transitioning 5,425. A total of 6,574 MFP participants had transitioned as of December 31, 2020. 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. To view the Closed Cases Reports online 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 2020*. Section II shows a comparison of *cases closed during each of the eleven years* of the MFP program (2009-2020), and Section III provides specifics on *all cases closed during 2020*, 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 2020 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 March 4, 2021 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 2020

A total of 1,541 referrals were received during 2020. After excluding referrals that closed due to the following reasons: died (106), non-demo: transition services complete (1), and 365 days completed (0) the total number of referrals to be analyzed from 2020 is 1,434 which is less than the 1,655 referrals in 2019. As of March 4, 2021, the status of these referrals was distributed as follows:

Table 1: Current status for 2020 referrals (as of 3/4/2021) compared to 2019

Current Status	2020 Referrals	2020 %	2019* Referrals	2019 %
Closed (w/out transitioning)	537	38	681	41
Recommend Closure Approved (w/out transitioning)	14	1	6	0
Recommend Closure Initiated (w/out transitioning)	8	1	13	1
Transitioned (total)	232	16	302	18
- Open cases	221	15	290	18
- Closed	9**	1	10**	1
- Closure approved	1	0	1	0
- Closure initiated	1	0	1	0
In Progress (total)	643	45	653	40
- Application screened	1	0	0	0
- Assigned to Field	75	5	34	2
- Informed Consent Signed	234	16	214	13
- Care Plan Approved	301	21	372	23
- Transition Plan Submitted	21	2	12	1
- Transition Plan Approved	11	1	21	1
Total	1,434		1,655	

* Statuses for referrals in 2019 were as of 5/4/20

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

Of the 1,434 referrals made in 2020, 39 percent (546) had closed as of 2/23/21 and another 2 percent (24) were in the closure process (closure recommended, initiated, or approved). There were 232 (16%) referrals from 2020 that transitioned (Table 1). As of March 2021, 40% (559) of referrals

from 2020 had either closed without transition or were in the process of closing without transition. Another 45% (643) were still active in the transition process.

Cases referred in 2020 that transitioned (232) or closed (546) by March 4, 2021 were categorized by region, Home and Community-Based Services (HCBS) package, and target population (Tables 2, 3, 4). Table 5 shows closures in 2020 compared to 2019 by reason closed.

The regional percentage of referrals transitioned ranged from 15% in North Central to 19% in the Eastern region (Table 2) whereas in 2019 the range was from 16% (North Central) to 23% (Southwest). Regional percentages of referrals closed ranged from 34% in the North Central region to 43% in the Southwest in 2020; in 2019 the range was from 38% (Northwest) to 46% (South Central).

Table 2: Transitions and closures as of 3/4/21 for referrals made in 2020

Region	Referrals	Transitioned			Closed		
		#	% (of refs. in each region)	% of total transitions (n=232)	#	% (of refs. in each region)	% of total closures (n=537)
Eastern	134	25	19	11	54	40	10
North Central	514	76	15	33	177	34	33
Northwest	218	36	17	16	84	39	16
South Central	383	62	16	27	143	37	27
Southwest	185	33	18	14	79	43	15
Total	1434	232			537		

About 93 percent of referrals transitioned into one of four HCBS packages in 2020: one of the CT Home Care Program for the Elderly (CHCPE) waivers/plans (53%), the Personal Care Assistance (PCA) waiver (24%), the Mental Health waiver (MHW)/Mental Health State Plan (MHSP) (9%), or the Physical Disability State Plan (PDSP) (7%) (Table 3). Another 5 percent transitioned under the Developmental Disability waiver (DDS-C) and ABI was 1%.

Table 3: Transitions and closures of referrals from 2020 by HCBS package

HCBS Package	Transitioned	%	Closed without transition	%
ABI	2	1	27	5
CHCPE	4	2	231	43
CHCPE-AB	78	34	25	5
CHCPE-AFL	4	2	0	0
CHCPE-AL	5	2	0	0
CHCPE-LI	20	9	2	0.4
CHCPE-SD	10	4	4	1
DDS	0	0	8	2
DDS-C	4	2	0	0
DDS-IFS	8	3	0	0
KB	1	0.4	0	0
MHW	3	1	41	8
MHSP	19	8	25	5
PCA	2	1	124	23
PCA-AB	27	12	2	0.4
PCA-AFL	1	0.4	0	0
PCA-CFC	25	11	31	6
PDCFC	2	1	2	0.4
PDSP	17	7	13	2
Total	232		535*	

* 2 closed cases were missing an HCBS package

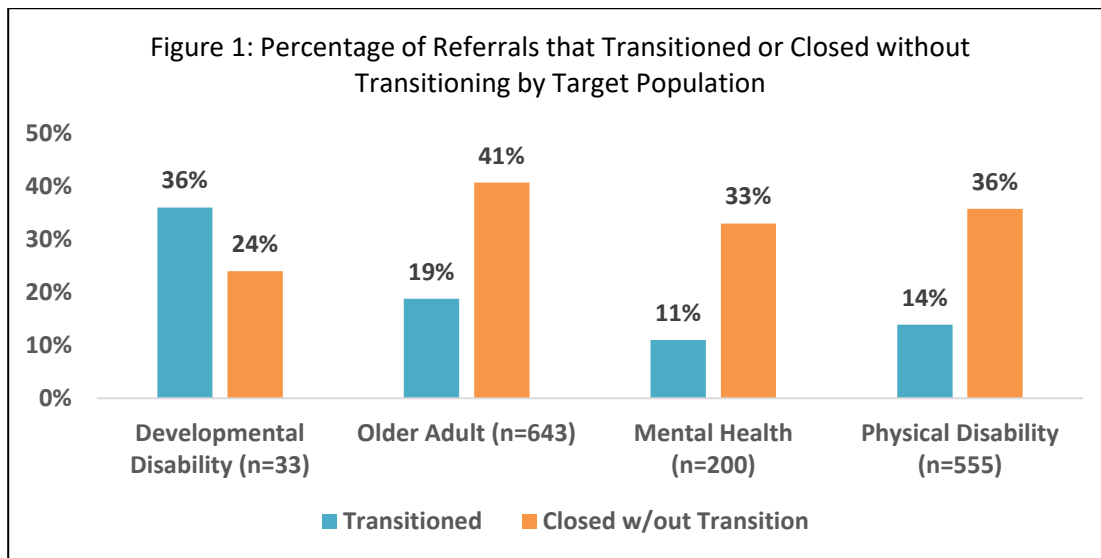
When analyzed by target population, the greatest percentage of transitions (52%) was for participants who were 65 years of age or older, followed by participants with a physical disability (33%) and those in the mental health target population (9%); together these HCBS packages account for 94 percent of transitions (Table 4). This is similar to 2019 when the highest percentage of transitions (47%) was also for participants who were 65 years of age or older, followed by participants who had a physical disability (35%).

Table 4: Transitions and closures of referrals from 2020 by target population

Target Population	Transitioned	%	Closed without transition	%
Developmental Disability	12	5	2	0.3
Older adults (age 65+)	121	52	262	49
Mental Health	22	9	66	12
Physical Disability (< 65)	77	33	199	37
Total	232		535	

* 2 closed cases were missing a target population

There were some differences with respect to the percentage of referrals within each group which transitioned or closed without transition (see Figure 1). The percentage of referrals which transitioned ranged from a low of 11% of the mental health referrals to a high 36% of developmental disability referrals. The percentage of referrals that closed without transitioning varied more widely, from a low of 24% of developmental disability referrals to 41 percent of the older adult referrals. In addition, 33 to 36 percent of physical and mental health disability referrals also closed without transitioning.



As seen in Table 5, 21% of referrals closed in 2020 due to transitioning before the informed consent was signed. This represents a slight decrease from 23% in 2019. In 2020 cases closed due to participants changing their mind was 17%, while the percentage of referrals closed because the participant would not cooperate with the care planning increased by six percent from 2019 (21%) to 2020 (27%). Cases closed due to exceeding physical health needs decreased slightly in 2020 (12%) from 2019 (14%).

Table 5: Closures from 2020 referrals by reason compared with 2019

Closure Reason	2020 Cases	2020 %	2019 Cases	2019 %
Transitioned to community before informed consent signed	112	21	157	23
Participant changed mind & would like to remain in the facility	92	17	140	20
COP/Guardian refused participation	50	9	63	9
Exceeds physical health needs	67	12	97	14
Participant would not cooperate with care planning process	149	27	147	21
Other	16	3	16	2
Exceeds mental health needs	9	2	18	3
Participant not aware of referral & does not wish to participate	42	8	43	6
Reinstitutionalized for 90 days or more	8	2	7	1
Participant moved out of state	1	0.2	3	0.4
Total	546		691	

Section II: Comparison of Closed Cases by Year, 2009-2020

During 2020, MFP experienced 1,434 referrals, 610 transitions and 1,087 closures (referrals and closures exclude those that closed due to the four excluded reasons; transitions and closures are regardless of referral year (see Figure 2). There was an increase in transitions in 2020 after several years when they decreased. Cases closed had increased by over 40%, from 990 in 2018 to 1,425 in 2019 then decreased again in 2020 to 1,087.

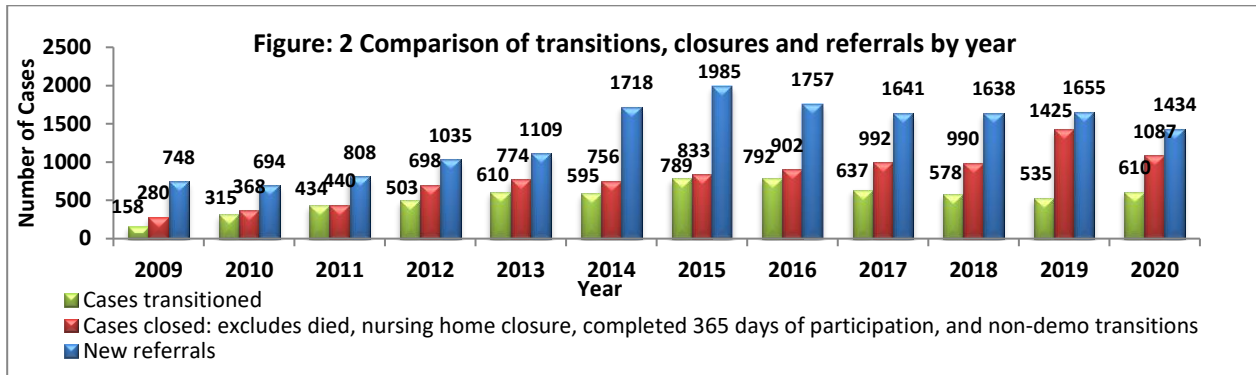
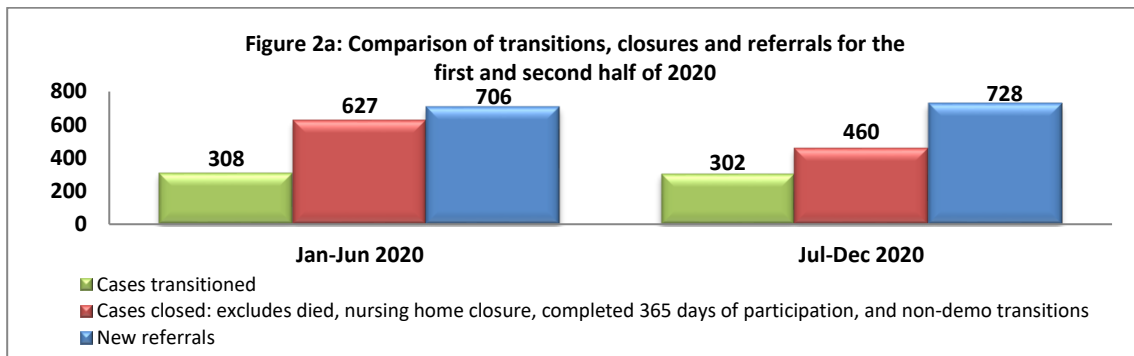


Figure 2a compares transitions, closures and referrals between the first and second half of 2020. It is interesting to note that there were fewer referrals, more closures and a few more transitions in the first half of the year, which differs only slightly from 2019 when there were more transitions in the second half of the year.



Continuing the trend of prior years, in 2020 the CT MFP program closed relatively more cases than it transitioned (see Figures 3 and 3a). This year closures per 100 referrals was 76, while transitions per 100 referrals went up from 32 to 43. Dividing the year into halves shows closures per 100 referrals were notably greater in the first half of 2020 (89 closures per 100 referrals), compared to 63 in the second half.

Figure 3: Ratio of closures and transitions per 100 referrals

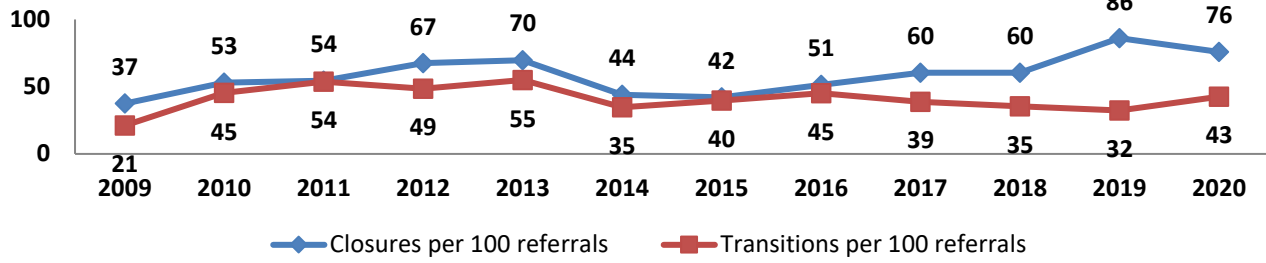
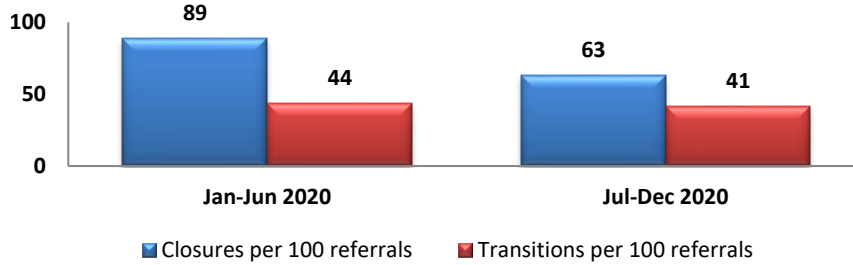
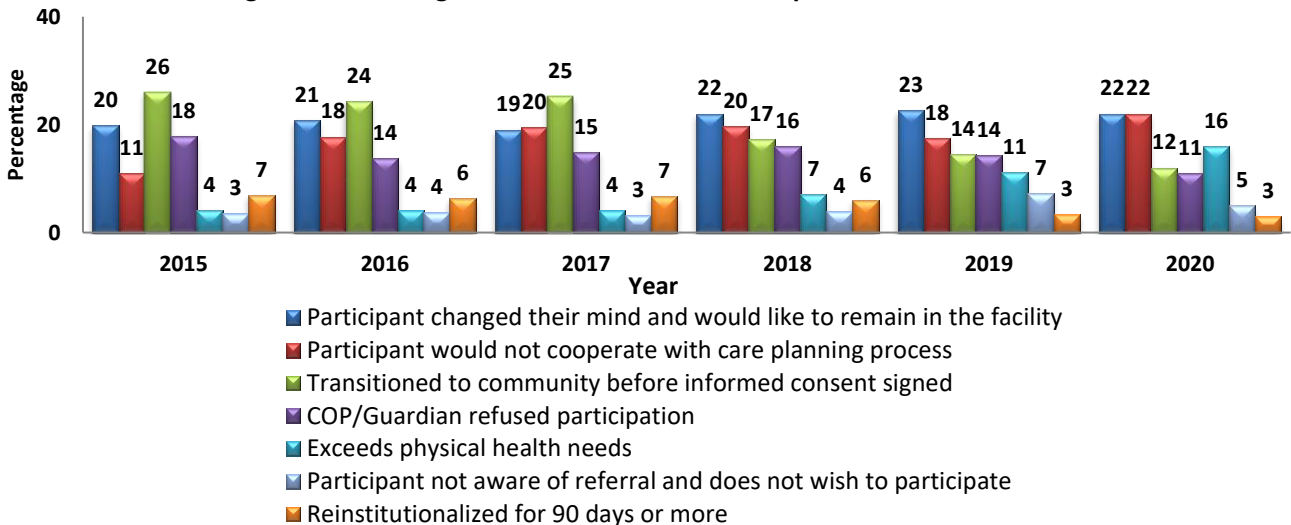


Figure 3a: Ratio of closures and transitions per 100 referrals for the first and second half of 2020



Considering all cases that closed in 2020 regardless of referral year (n=1,087 without the four excluded closure reasons), the three most frequent reasons cases closed accounted for about half of closures (see Figure 4). The top two reasons cases closed in 2020 were “Participant changed their mind and would like to remain in the facility” and “Participant would not cooperate with care planning process,” each accounting for 22% of closures. The third most common reason cases closed was due to high physical health needs (16%) which rose by 5% from 2019.

Figure 4: Percentage of cases closed under the top seven reasons of 2020



Section III: Analysis of Cases Closed Between January and December 2020

A total of 1,818 cases were closed during 2020, regardless of the year they were referred to MFP. Cases that closed due to the following four reasons were excluded: died (343), completed 365 days of participation (376) and non-demo transition services complete (12), leaving 1,087 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 2020

Closure Reasons	Closures N (%)	Female N (%)	Male N (%)	Age		% 65 or older	Days from referral to closure	
				Range	Avg		Range	Avg
Participant would not cooperate with care planning process	242 (22)	100 (19)	142 (26)	22-92	60	29	9-1768	237
Participant changed their mind and would like to remain in the facility	235 (22)	134 (25)	101 (18)	24-96	69	63	6-2275	389
Exceeds physical health needs	175 (16)	95 (18)	80 (15)	9-99	67	55	8-2316	479
Transitioned to community before informed consent signed	133 (12)	55 (10)	78 (14)	0-96	60	37	2-808	74
COP/Guardian refused participation	120 (11)	61 (11)	59 (11)	5-98	66	55	7-2610	447
Participant not aware of referral and does not wish to participate	52 (5)	20 (4)	32 (6)	31-93	68	62	0-1890	182
Exceeds mental health needs	45 (4)	22 (4)	23 (4)	43-84	61	38	123-1722	660
Other	40 (4)	25 (5)	15 (3)	32-95	60	25	0-1528	348
Reinstitutionalized for 90 days or more	34 (3)	19 (4)	15 (3)	35-102	70	68	226-1384	590
Participant moved out of state	7 (1)	4 (1)	3 (1)	48-74	62	14	106-641	330
Total	1087	537	550	X	X	X	X	X

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

The most frequent closure reason, “Participant would not cooperate with the care planning process” accounted for 22 percent of the closures in 2020 (n=242). Lack of cooperation in establishing Medicaid eligibility played a role in some 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. These participants were comparatively younger (average age 60) and had one of the shorter average number of days from referral to closure (237 days).

- *“Transitioned to community without approved care plan or MFP team involvement or knowledge.”*
- *“Consumer moved to the community before MFP was complete.”*
- *“Financially ineligible. Needs COE and refuses.”*

The next most frequent reason was the participant changed their mind and would like to remain in the facility also 22 percent (n=235). Similar to previous years, these cases indicated the main reasons participants changed their mind were perceiving their physical or mental health needs were significant and would be better met at a facility and liking the socialization at the facility. A different reason was also mentioned by some people this year, waiting for the COVID vaccine to become available along with waiting until COVID is under control. The average length of time from referral to closure was 389 days, with a range of 6 to 2,275 days. This group had 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:

- *“Until chemotherapy ends, he wishes to remain at snf.”*
- *“COP/E in agreement. Physical needs increased.”*
- *“Wants to wait for COVID vaccine.”*
- *“Will refer again when COVID is under control.”*

Exceeding physical health needs accounted for 16% of closures (n=175). Over fifty percent of consumers closed for this reason were in one of the CHCPE HCBS packages (n=94), 22% were in PCA/PDSP (n=38), 11% were in ABI (n=20), 11% had a MH package (n=19), and 2% had a DDS package (n=3). Average age for this group was 67. The average number of days from referral to closure was 479 for cases closed for this reason, the third highest length of time for all cases closed in 2020. Representative quotes from cases closed for this reason include:

- *“Needs craniotomy before transition. COVID delayed scheduling.”*
- *“Safe care plan could not be developed due to lack of informal supports.”*
- *“Spouse cannot support transition. No back up plan [BUP]. Consumer has no self-care ability.”*

“Transitioned to community before informed consent signed” was the fourth most common reason cases were closed in 2020, accounting for 133 cases (12%). Cases closing for this reason were often closed because the client discharged from the facility prior to meeting MFP eligibility requirements or leaving the facility against medical advice without signing an informed consent. Consumers who closed for this reason had an average age of 60, and 37 percent were age 65 or older. The average length of time from referral to closure was 74 days, which was the shortest length of time for all the closure reasons.

Eleven percent (n=120) of cases closed in 2020 due to “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. Closures for this reason had an average age of 66 and the average number of days from referral to closing was 447. It should be noted that this reason for closure includes consumers with legally appointed conservators of person, legal guardians and powers of attorney (POAs), and in some cases a family member who is making medical decisions due to consumer’s inability, although that person has not legally been appointed. Some descriptive case notes include:

- *“Per COP and court hearing, consumer will not be appropriate for living in the community as she cannot contract for safety and has history of medical noncompliance.”*
- *“Client's guardians wanting to re-refer at a later date when client is more stable.”*
- *“Consumer has returned to SNF after period of decompensation and inability to stabilize on inpatient psychiatric unit.”*

Five percent of referrals were closed for the reason “Participant not aware of referral and does not wish to participate” (n=52). These participants had an average age of 68 with 62% aged 65 years or older. The average number of days from referral to closure was 182 days the second lowest of all the reasons. Some representative quotes include:

- *“Referral source chose to revoke application.”*
- *“POA states this should not have been a referral.”*

Reasons for closing a case due to exceeding mental health needs accounted for 4% of overall closures (n=45). In 2020 this group had the highest average of 660 days between referral and closure and an average age of 61 years. Similar to findings from past years, these participants mainly had diagnoses of depression and anxiety. Other frequent issues were substance use and dementia.

- *“Consumer was denied by RCH and group home placements; consumer to be transferred to SNF secondary to level of care.”*

- *“SCM contacted SW at SNF. She informed SCM that client remains a wander risk and needs a lock facility. Client continues to be a pan handler in the community as well at the SNF. Client mother is also a resident at the SNF and client wants to remain there with her.”*

“Re-institutionalization for 90 days or more” accounted for 3% of overall closures (n=34). These participants had the highest average age of 70 with a range from 35 to 102 years old. A few primary factors contributed to participants needing to be readmitted long-term to an institution including: multiple hospitalizations and declining health concerns.

- *“Still pending surgery. Two person assist.”*
- *“Transitioned in May 2020 but returned to facility.”*

Finally, one percent of cases closed in 2020 because the consumer moved out of state (n=7). The average age for participants whose cases closed because they moved out of state was 62 years of age, with 14 percent age 65 or older. A quote from cases closed for this reason:

- *“Consumer left the facility and moved to FL to live with her father.”*

Transition Challenges

The distribution of the transition challenges for cases closed in 2020 was similar to the previous year (see Table 7). Services and supports (19%) was the greatest challenge in 2020, as it was in 2019. Physical health (17%) and mental health (16%) were the next most common challenges. Consumer engagement and housing were the next at 13% and 12% respectively. Other challenges were financial (6%), legal (6%), and others involved (3%).

Table 7: Transition challenges by category for cases closed in 2020 and 2019

Transition Challenges	2020 %	2019 %
Services & Supports	19	18
Physical health	17	16
Mental health	16	16
Engagement	13	13
Housing	12	13
Financial	6	7
Legal	6	6
Involved others	3	4
Waiver	3	3
Facility	2	3
MFP	1	2
Other	1	1

In 2020, as in past years, 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 lack of an unpaid caregiver (including family or friends) to provide needed care or informal support (19%; data for challenge subcategories not shown). Over half (54%) of those with physical health challenges had the sub-challenge “Current, new, or undisclosed physical health problem or illness.” Consumers with mental health challenges most often had the subcategory “Current, new, or undisclosed mental health problem or illness” (34%).

Conclusion

In 2020 there were 1,434 referrals, 610 transitions and 1,087 closures (referrals and closures exclude those that closed due to the four excluded reasons; transitions and closures are regardless of referral year). In 2019 MFP experienced 1,655 referrals, 535 transitions, and 1,425 closures. From 2017 to 2019 there had been a yearly decrease in the number of cases that transitioned, this year the number of transitions increased.

The top reason for case closure in 2020 was “Participant would not cooperate with care planning process” (22%) which was different from the top reason in 2019 “Participant changed their mind and would like to remain in the facility (23%). This year the gap in the ratio of closures per 100 referrals was 76, a decrease from 86 in 2019, and the 2020 transitions per 100 referrals was 43 compared to 32 in 2019.

In 2020 consumers’ cases closed due to the participant being reinstitutionalized for 90 days or more had the highest average age (70), compared to 2019 when cases closed due to the participant changing their mind and wanting to remain in the facility had the highest average age (69) which was the second highest average age in 2020 (69). Cases closed due to the participant not cooperating with the care planning process, those closed because they transitioned to the community before signing an informed consent and a reason of “Other” all had the lowest average age (60) in 2020.

In 2020 the reason “Participant changed their mind and would like to remain in the facility” had the highest percentage of females (25%). There were several cases closed for this reason in 2020 that were COVID 19 related. Some people wanted to wait to transition until the COVID vaccine was available and others decided to remain in the facility until COVID was “under control”. This year the reason that had the highest percentage of males was “Participant would not cooperate with care planning process” at 26%.

Participant would not cooperate with care planning process had the highest number of closed cases (242) with “Participant changed their mind and would like to remain in the facility” a very close second with 235 cases closed. Lack of cooperation in establishing Medicaid eligibility played a role in some 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. The cases that closed due to a participant changing their mind with a desire to stay at the facility were often due to the 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.

The third highest closure reason in 2020 was “Exceeds physical health needs” (16%). A common theme for these cases was a lack of informal support and/or the ability to create a back up plan.

In 2020, 12 percent of cases closed because the participant transitioned to the community before the informed consent was signed compared to 2019 when 14% closed for this reason, which continues the decrease that has been happening over the last few years. Similar to 2019, 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.

Closures due to the COP or guardian refusing participation decreased by three percent, from 14% in 2019 to 11% in 2020. 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 Support and Planning Coaches, Adult Family Homes and caregiver supports and training.

Only three percent of closures in 2020 were due to prolonged reinstitutionalization which is the same as the previous year and lower than the 6% in 2018 and 7% in 2017. Effective prevention of reinstitutionalization is still a key priority. In 2020, as well as the previous four years, “Closed due to exceeding mental health needs” was not in the top seven closure reasons, accounting for 4% of cases closed. However, given how long these cases were open, it is likely these four percent of cases are especially challenging.

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)
CI/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
T-19	Title 19 Medicaid
UA	Universal Assessment
VNA	Visiting Nurse Association