

Money Follows the Person Rebalancing Demonstration

Closed Cases Report For 2021

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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 7,033 MFP participants had transitioned as of December 31, 2021. 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 2021*. Section II shows a comparison of *cases closed during each of the twelve years* of the MFP program (2009-2021), and Section III provides specifics on *all cases closed during 2021*, 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 2021 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 were downloaded on March 3, 2022 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 2021

A total of 1,517 referrals were received during 2021. After excluding referrals that closed due to the following reasons: died (93), 365 days completed (1) and non-demo: transition services complete (0) the total number of referrals to be analyzed from 2021 is 1,423 which is comparable to the 1,434 referrals in 2020. As of March 3, 2022, the status of these referrals was distributed as follows:

Table 1: Current status for 2021 referrals (as of 3/3/2022) compared to 2020

Current Status	2021 Referrals	2021 %	2020* Referrals	2020 %
Closed (w/out transitioning)	538	38	537	38
Recommend Closure Approved (w/out transitioning)	22	2	14	1
Recommend Closure Initiated (w/out transitioning)	2	0.1	8	1
Transitioned (total)	183	13	232	16
- Open cases	174	12	221	15
- Closed	8**	1	9**	1
- Closure approved	0	0	1	0
- Closure initiated	1	0	1	0
In Progress (total)	678	48	643	45
- Application received/screened	3	0.2	1	0
- Assigned to Field	67	5	75	5
- Informed Consent Signed	219	15	234	16
- Care Plan Approved	357	25	301	21
- Transition Plan Submitted	19	1	21	2
- Transition Plan Approved	13	1	11	1
Total	1,423		1,434	

* Statuses for referrals in 2020 were as of 3/4/21

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

Of the 1,423 referrals made in 2021, 38 percent (546) had closed as of 3/3/22 and another 1 percent (25) were in the closure process (closure recommended, initiated, or approved). There were 183 (13%) referrals from 2021 that transitioned (Table 1). As of March 2022, 40% (562) of referrals from 2021 had either closed without transition or were in the process of closing without transition.

Another 48% (678) were still active in the transition process. These percentages are almost identical to the 2020 numbers.

Cases referred in 2021 that transitioned (183) or closed (538) by March 3, 2022 were categorized by region, Home and Community-Based Services (HCBS) package, and target population (Tables 2, 3, 4). Table 5 shows closures in 2021 compared to 2020 by reason closed.

The regional percentage of referrals transitioned ranged from 10% in North Central to 15% in the South Central and Southwest regions (Table 2) whereas in 2020 the range was from 15% (North Central) to 19% (Eastern). Regional percentages of referrals closed ranged from 29% in the Northwest to 45% in the Eastern region in 2021; in 2020 the range was from 34% (North Central) to 43% (Southwest).

Table 2: Transitions and closures as of 3/3/22 for referrals made in 2021

Region	Referrals	Transitioned			Closed		
		#	% (of refs. in each region)	% of total transitions (n=183)	#	% (of refs. in each region)	% of total closures (n=538)
Eastern	134	15	11	8	60	45	11
North Central	487	51	10	28	173	36	32
Northwest	221	30	14	16	65	29	12
South Central	385	57	15	31	155	40	29
Southwest	196	30	15	16	85	43	16
Total	1423	183			538		

About 93 percent of referrals transitioned into one of four HCBS packages in 2021: one of the CT Home Care Program for the Elderly (CHCPE) waivers/plans (46%), the Personal Care Assistance (PCA) waiver (32%), the Mental Health waiver (MHW)/Mental Health State Plan (MHSP) (8%), or the Physical Disability State Plan (PDSP) (7%) (Table 3). Another 4 percent transitioned under the Developmental Disability waiver (DDS-C) and ABI was 1%.

Table 3: Transitions and closures of referrals from 2021 by HCBS package

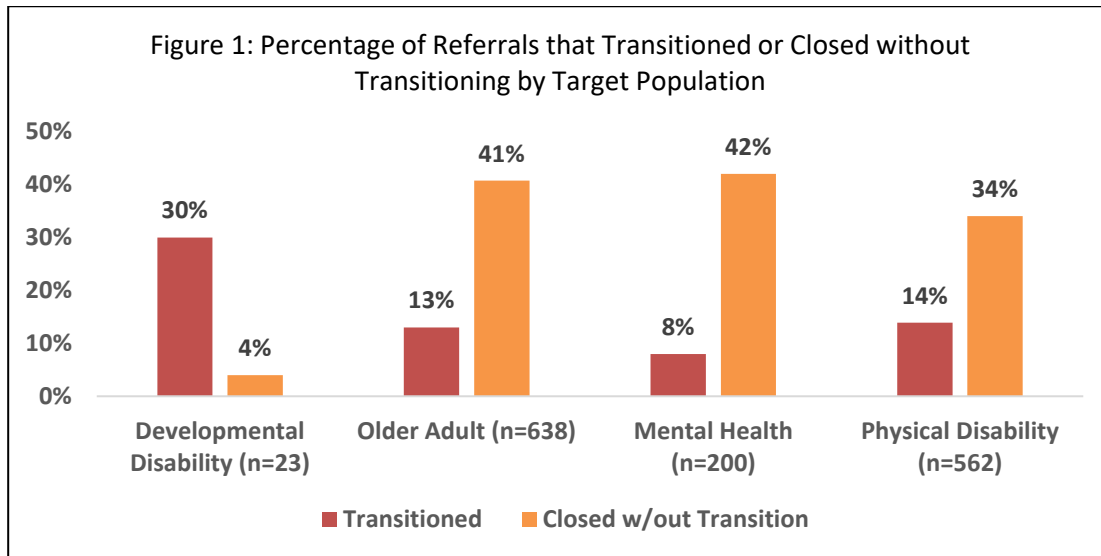
HCBS Package	Transitioned	%	Closed without transition	%
ABI	2	1	34	6
CHCPE	2	1	209	39
CHCPE-AB	52	28	42	8
CHCPE-AFL	3	2	1	0.2
CHCPE-AL	4	2	1	0.2
CHCPE-LI	20	11	7	1
CHCPE-SD	4	2	4	0.7
DDS	0	0	1	0.2
DDS-C	3	2	0	0
DDS-IFS	4	2	0	0
KB	0	0	0	0
MHW	6	3	47	9
MHSP	9	5	37	7
OTHER	2	1	0	0
PCA	1	0.5	106	20
PCA-AB	38	21	31	6
PCA-AFL	1	0.5	0	0
PCA-CFC	19	10	5	0.9
PDCFC	2	1	1	0.2
PDSP	11	6	12	2
Total	183		538	

When analyzed by target population, the greatest percentage of transitions (46%) was for participants who were 65 years of age or older, followed by participants with a physical disability (42%) and those in the mental health target population (8%); together these HCBS packages account for 96 percent of transitions (Table 4). This is similar to 2020 when the highest percentage of transitions (52%) was also for participants who were 65 years of age or older, followed by participants who had a physical disability (33%).

Table 4: Transitions and closures of referrals from 2021 by target population

Target Population	Transitioned	%	Closed without transition	%
Developmental Disability	7	4	1	0.2
Older adults (age 65+)	85	46	264	49
Mental Health	15	8	84	16
Physical Disability (< 65)	76	42	189	35
Total	183		538	

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 8% of the mental health referrals to a high 30% of developmental disability referrals. The percentage of referrals that closed without transitioning varied more widely, from a low of 4% of developmental disability referrals to 42 percent of the mental health referrals. In addition, 34 to 41 percent of physical disability and older adult referrals also closed without transitioning.



As seen in Table 5, 18% of referrals closed in 2021 due to transitioning before the informed consent was signed. This represents a slight decrease from 21% in 2020. In 2021 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 decreased by three percentage points from 2020 (27%) to 2021 (24%). Cases closed due to exceeding physical health needs increased in 2021 (17%) from 2020 (12%).

Table 5: Closures from 2021 referrals by reason compared with 2020

Closure Reason	2021 Cases	2021 %	2020 Cases	2020 %
Transitioned to community before informed consent signed	97	18	112	21
Participant changed mind & would like to remain in the facility	91	17	92	17
COP/Guardian refused participation	32	6	50	9
Exceeds physical health needs	95	17	67	12
Participant would not cooperate with care planning process	129	24	149	27
Other	19	3	16	3
Exceeds mental health needs	29	5	9	2
Participant not aware of referral & does not wish to participate	46	8	42	8
Reinstitutionalized for 90 days or more	3	0.5	8	2
Participant moved out of state	5	0.9	1	0.2
Total	546		546	

Section II: Comparison of Closed Cases by Year, 2009-2021

During 2021, MFP experienced 1,423 referrals, 459 transitions and 913 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 a significant decrease in transitions in 2021 after a noticeable increase in 2020. The number of cases closed has decreased the past two years with 1,425 cases in 2019, 1,087 in 2020, and 913 in 2021.

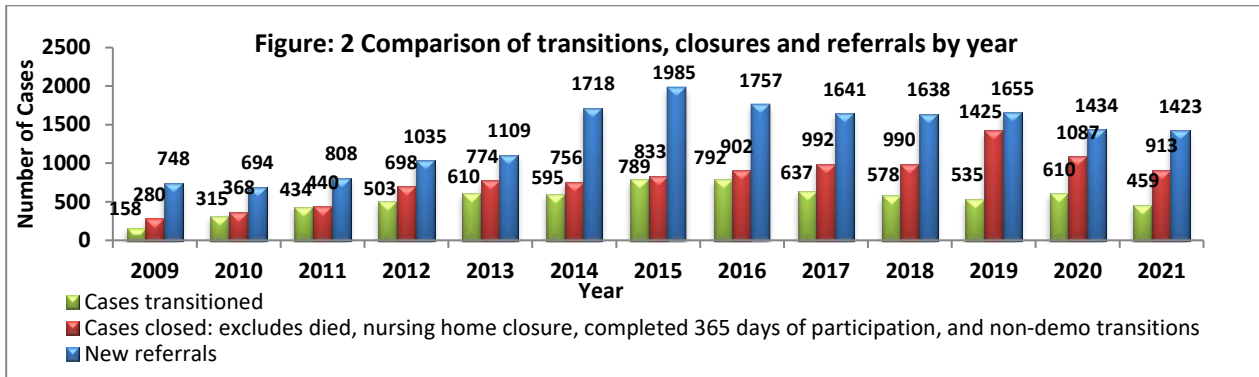
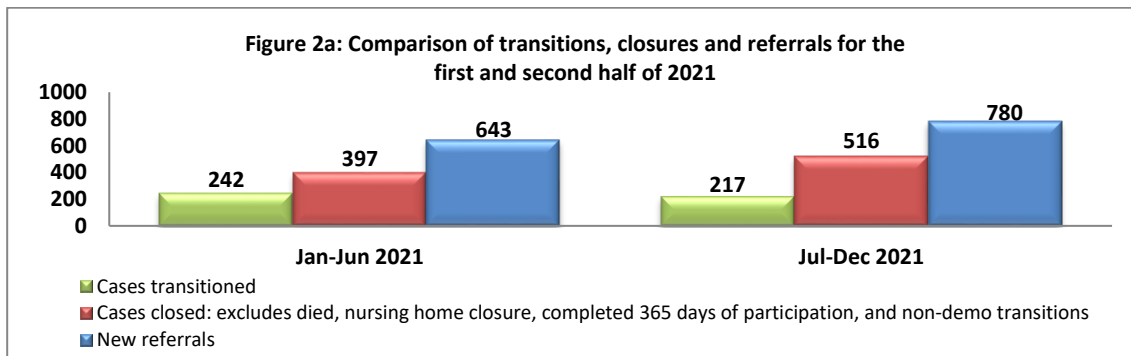


Figure 2a compares transitions, closures and referrals between the first and second half of 2021. It is interesting to note that there were more referrals, fewer closures and fewer transitions in the first half of the year, which is a noticeable difference from 2020 when there were fewer referrals, and more closures and transitions in the first half of the year.



Continuing the trend of prior years, in 2021 the CT MFP program closed relatively more cases than it transitioned (see Figures 3 and 3a). This year, there were 64 closures per 100 referrals, while transitions per 100 referrals decreased from 43 to 32. Dividing the year into two parts shows closures per 100 referrals were similar in both halves of the year, but transitions were greater in the first half of 2021 (38 transitions per 100 referrals), compared to 28 in the second half.

Figure 3: Ratio of closures and transitions per 100 referrals

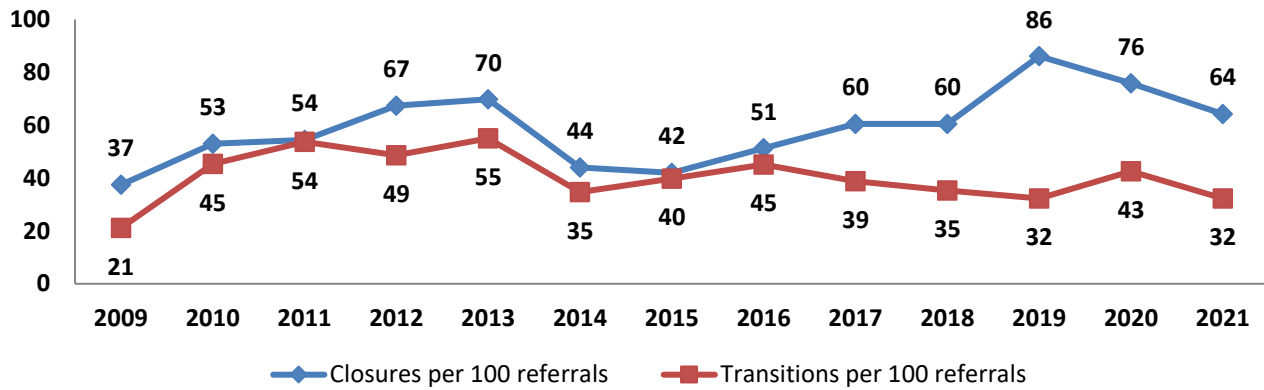
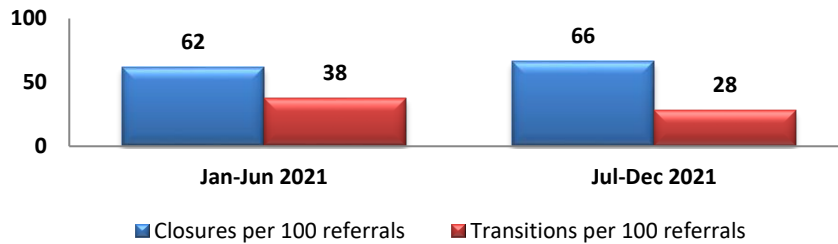
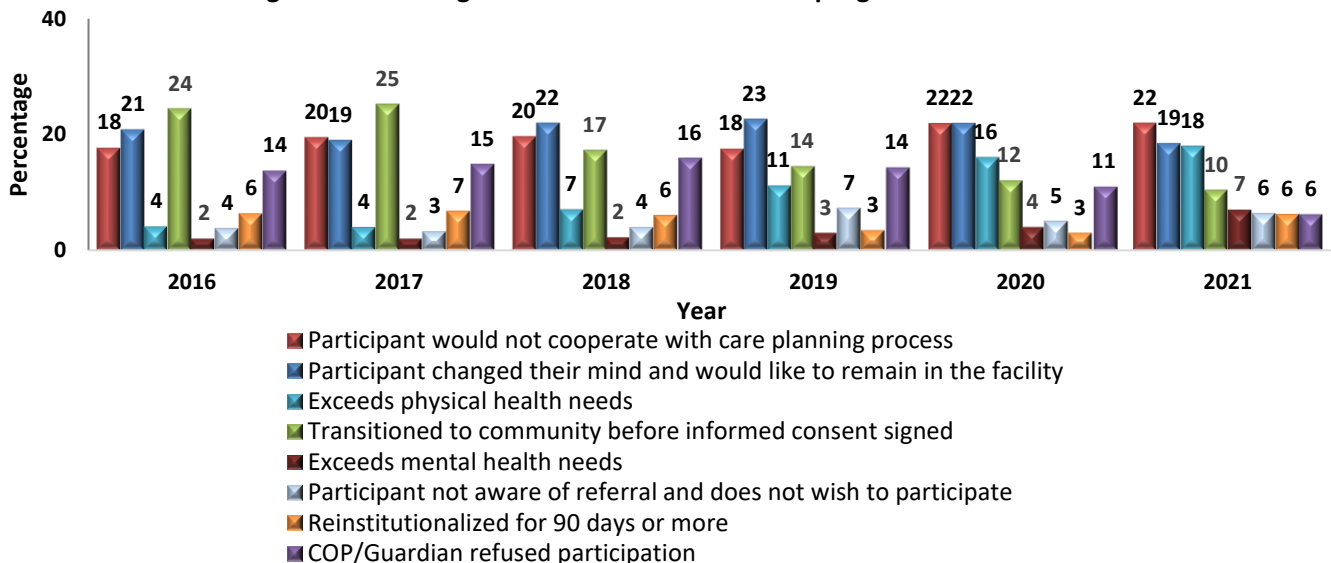


Figure 3a: Ratio of closures and transitions per 100 referrals for the first and second half of 2021



Considering all cases that closed in 2021 regardless of referral year (n=913), the three most frequent reasons cases closed accounted for more than half of closures (see Figure 4). The top reason cases closed in 2021 was “Participant would not cooperate with care planning process,” accounting for 22% of closures. The second most common reason cases closed was due to participant changing their mind and wanting to remain in the facility (19%). Finally, 18% of cases closed because physical health needs exceeded community care plan capacity.

Figure 4: Percentage of cases closed under the top eight reasons of 2021



Section III: Analysis of Cases Closed Between January and December 2021

A total of 1,552 cases were closed during 2021, regardless of the year they were referred to MFP. Cases that closed due to the following four reasons were excluded: died (228), completed 365 days of participation (384), non-demo transition services complete (26), and nursing home closures (1), leaving 913 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 2021

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	201 (22)	67 (16)	134 (27)	1-94	60	34	18-2124	269
Participant changed their mind and would like to remain in the facility	169 (19)	93 (22)	76 (16)	0-103	68	60	9-2152	380
Exceeds physical health needs	164 (18)	84 (20)	80 (16)	3-98	66	51	18-3081	446
Transitioned to community before informed consent signed	95 (10)	49 (12)	46 (9)	0-90	57	31	2-1618	66
COP/Guardian refused participation	57 (6)	24 (6)	33 (7)	19-97	68	58	7-2464	399
Participant not aware of referral and does not wish to participate	58 (6)	27 (6)	31 (6)	21-96	66	66	7-724	98
Exceeds mental health needs	63 (7)	32 (8)	31 (6)	29-94	64	40	20-2419	380
Other	39 (4)	16 (4)	23 (5)	25-95	60	31	0-1190	276
Reinstitutionalized for 90 days or more	57 (6)	25 (6)	32 (7)	32-91	66	54	128-1628	663
Participant moved out of state	10 (1)	6 (1)	4 (0.8)	48-88	62	40	8-811	327
Total	913	423	490	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 2021 (n=201). 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 (269 days).

- *“Transitioned before care plan was approved.”*
- *“Consumer transitioned to RCH without MFP.”*
- *“Refuses to complete T19 process.”*

The next most frequent reason was the participant changed their mind and would like to remain in the facility at 19 percent (n=169). 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. The average length of time from referral to closure was 380 days, with a range of 9 to 2,152 days. This group had an average age of 68 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:

- *“May move to another facility but wishes to remain in snf [skilled nursing facility].”*
- *“Medical concerns and does not want to change prescribed medication regime.”*
- *“Chooses to remain in place until move to Indiana with daughter.”*

Exceeding physical health needs accounted for 18% of closures (n=164). Average age for this group was 66. The average number of days from referral to closure was 446 for cases closed for this reason, the second highest length of time for all cases closed in 2021. Representative quotes from cases closed for this reason include:

- *“Client requires extensive assistance with IADL [instrumental activities of daily living] but has no community support.”*
- *“No BUP for needed live-in. COP/E [conservator of person/estate] will re-refer if appropriate.”*
- *“2 person transfer with Hoyer, no BUP [back up plan] at this time.”*

“Transitioned to community before informed consent signed” was the fourth most common reason cases were closed in 2021, accounting for 95 cases (10%). 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 57, and 31 percent were age 65 or older. The average

length of time from referral to closure was 66 days, which was the shortest length of time for all the closure reasons.

Six percent (n=57) of cases closed in 2021 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 68 and the average number of days from referral to closing was 399. 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:

- *“POA/dtr [power of attorney/daughter] refused participation.”*
- *“COP [conservator of person] no longer wants consumer to leave nursing facility due to declining health.”*

Six percent of referrals were closed for the reason “Participant not aware of referral and does not wish to participate” (n=58). These participants had an average age of 66 with 66% aged 65 years or older. The average number of days from referral to closure was 98 days the second lowest of all the reasons. Some representative quotes include:

- *“He stated he was unaware of the referral and would not be partaking.”*
- *“Consumer and COP [conservator of person] both agree that consumer should remain in SNF [skilled nursing facility] and close MFP referral.”*

Reasons for closing a case due to exceeding mental health needs accounted for 7% of overall closures (n=63). In 2020 this group had the highest average of 660 days between referral and closure but in 2021, this decreased to an average of 380 days with an average age of 64 years. Similar to findings from past years, these participants mainly had diagnoses of depression and anxiety. Other frequent issues were substance use and dementia.

- *“She would not be safe living on her own due to continued refusal of recommended psychotropic medications to treat her psychosis and potentially stabilize her condition”*
- *“No COP/E [conservator of person/estate] is currently in place and per neuro psych eval, consumer needs conservator in place for decision making.”*

“Re-institutionalization for 90 days or more” accounted for 6% of overall closures (n=57). These participants had an average age of 66 with a range from 32 to 91 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.

- *“Son made the decision to keep client LTC [long term care] at this time for the sake of her safety and health.”*
- *“Consumer fell and was hospitalized. Consumer has a left femur fracture and is a 2 person assist”*

Finally, one percent of cases closed in 2021 because the consumer moved out of state (n=10). The average age for participants whose cases closed because they moved out of state was 62 years of age, with 40 percent age 65 or older.

- *“PCA [personal care assistant] took consumer to airport and reported she is moving in with a guy out in Colorado.”*
- *“She reports that client moved with family to North Carolina.”*

Transition Challenges

The distribution of the transition challenges for cases closed in 2021 was similar to the previous year (see Table 7). Services and supports (19%) was the greatest challenge in 2021, as it was in 2020. Physical health (16%) and mental health (16%) were the next most common challenges. Consumer engagement and housing were the next, both at 10%. Other challenges were financial (5%), legal (5%), and waiver (3%).

Table 7: Transition challenges by category for cases closed in 2021 and 2020

Transition Challenges	2021 %	2020 %
Services & Supports	19	19
Physical health	16	17
Mental health	16	16
Engagement	10	13
Housing	10	12
Financial	5	6
Legal	5	6
Waiver	3	3
Involved others	2	3
Facility	2	2
MFP	1	1
Other	0.3	1

In 2021, 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 (30%), lack of transportation (17%), and a lack of an unpaid caregiver (including family or friends) to provide needed care or informal support (16%; 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” (37%).

Conclusion

In 2021 there were 1,423 referrals, 459 transitions and 913 closures (referrals and closures exclude those that closed due to the four excluded reasons; transitions and closures are regardless of referral year). In 2020 MFP experienced 1,434 referrals, 610 transitions, and 1,087 closures. Other than a spike in cases transitioning that occurred in 2020, likely related to the pandemic, there has been an overall steady decrease in transitions from 2016 to 2021.

The top reason for case closure in 2021 was “Participant would not cooperate with care planning process” (22%) which was one of the top reasons in 2020 as well. This year the gap in the ratio of closures per 100 referrals was 64, a decrease from 76 in 2020, but the 2021 transitions per 100 referrals was 32 compared to 43 in 2020.

In 2021, consumers’ cases closed due to participant changing their mind and wanting to remain in the facility had the highest average age (68), compared to 2020 when cases closed due to participant being reinstitutionalized for 90 days or more had the highest average age (70). 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 (57-60) in 2021, the same was true in 2020.

In 2021 the reason “Participant changed their mind and would like to remain in the facility” had the highest percentage of females (22%). There were several cases closed for this reason in 2021 that were related to the participant feeling safer staying in the facility or had plans to move elsewhere, whether a different facility or out of state with family. This year the reason that had the highest percentage of males was “Participant would not cooperate with care planning process” at 27%.

Participant would not cooperate with care planning process had the highest number of closed cases (201) with “Participant changed their mind and would like to remain in the facility” coming in second with 169 cases closed. Lack of cooperation in establishing Medicaid eligibility or Connecticut residency 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 third highest closure reason in 2021 was “Exceeds physical health needs” (18%). A common theme for these cases was a lack of informal support and/or the ability to create a backup plan.

In 2021, 10 percent of cases closed because the participant transitioned to the community before the informed consent was signed compared to 2020 when 12% closed for this reason, which continues the decreasing trend that has been occurring over the last few years. Similar to 2020, 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 five percent, from 11% in 2020 to 6% in 2021. 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.

The highest rate since 2018, six percent of closures in 2021 were due to prolonged reinstitutionalization. Although rates had dropped to 3 percent in 2019 and 2020, this year was twice as much. Effective prevention of reinstitutionalization is still a key priority. In previous years, “Closed due to exceeding mental health needs” was not one of the top seven closure reasons; however, in 2021 it accounted for 7% of cases closed, coming in as the fifth highest reason.

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