

Money Follows the Person Rebalancing Demonstration

Closed Cases Report For 2022

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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 community settings by transitioning 5,425. A total of 7,454 MFP participants had transitioned as of December 31, 2022. 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 2022*. Section II shows a comparison of *cases closed during each of the thirteen years* of the MFP program (2009-2022), and Section III provides specifics on *all cases closed during 2022*, 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 2022 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 7, 2023 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 2022

A total of 1,800 referrals were received during 2022. After excluding referrals that closed due to the following reasons: died (100), 365 days completed (1) and non-demo: transition services complete (1), the total number of referrals to be analyzed from 2022 is 1,698 which is greater than the 1,423 referrals in 2021. As of March 7, 2023, the status of these referrals was distributed as follows:

Table 1: Current status for 2022 referrals compared to 2021

Current Status	2022 Referrals	2022 %	2021* Referrals	2021 %
Closed (w/out transitioning)	732	43	538	38
Recommend Closure Approved (w/out transitioning)	12	1	22	2
Recommend Closure Initiated (w/out transitioning)	8	1	2	<1
Transitioned (total)	182	11	183	13
- Open cases	177	10	174	12
- Closed	4**	<1	8**	1
- Closure approved	0	0	0	0
- Closure initiated	1	0	1	0
In Progress (total)	764	45	678	48
- Application received/screened	0	0	3	<1
- Assigned to Field	56	3	67	5
- Informed Consent Signed	208	12	219	15
- Care Plan Approved	462	27	357	25
- Transition Plan Submitted	16	1	19	1
- Transition Plan Approved	22	13	13	1
Total	1,698		1,423	

* Statuses for referrals in 2021 were as of 3/3/22

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

Of the 1,698 referrals made in 2022, 43% (736) had closed as of 3/7/23 and another 2% (21) were in the closure process (closure recommended, initiated, or approved). There were 182 (11%) referrals from 2022 that transitioned (Table 1). As of March 2023, 45% (752) of referrals from 2022 had

either closed without transition or were in the process of closing without transition. Another 45% (764) were still active in the transition process. These percentages are similar to those in 2021.

Cases referred in 2022 that transitioned (182) or closed (732) by March 7, 2023 were categorized by region, home and community-based services (HCBS) package, and target population (Tables 2, 3, 4). Table 5 shows closures in 2022 compared to 2021 by reason closed.

The regional percentage of referrals transitioned ranged from 9% in North Central to 17% in the Eastern region (Table 2) similar to 2021 when the range was from 10% (North Central) to 15% (South Central and Southwest). Regional percentages of referrals closed ranged from 35% in the Eastern region to 50% in the Southwest in 2022; in 2021 the range was from 29% (Northwest) to 45% (Eastern).

Table 2: Transitions and closures for referrals made in 2022

Region	Referrals	Transitioned			Closed		
		#	% (of refs. in each region)	% of total transitions (n=182)	#	% (of refs. in each region)	% of total closures (n=732)
Eastern	135	23	17	13	47	35	6
North Central	574	54	9	30	238	42	33
Northwest	230	23	10	13	85	37	12
South Central	531	52	10	29	247	47	34
Southwest	228	30	13	17	115	50	16
Total	1698	182			732		

Half of referrals transitioned into the CT Home Care Program for the Elderly (CHCPE) waiver (50%) in 2022 (Table 3). Other transitioned referrals were to the Personal Care Assistance (PCA) waiver (28%), the Mental Health waiver (MHW)/Mental Health State Plan (MHSP) (12%), or the Physical Disability State Plan (PDSP) (6%). Another 3% transitioned under the Developmental Disability waiver (DDS-C), and 1% under ABI.

Table 3: Transitions and closures of referrals from 2022 by HCBS package

HCBS Package	Transitioned	%	Closed without transition	%
ABI	2	1	41	6
CHCPE	3	2	297	41
CHCPE-AB	64	35	34	5
CHCPE-AFL	4	2	2	<1
CHCPE-AL	2	1	0	0
CHCPE-LI	12	7	5	1
CHCPE-SD	6	3	0	0
DDS	0	0	4	1
DDS-C	2	1	0	0

DDS-IFS	3	2	0	0
KB	0	0	1	<1
MHW	4	2	54	7
MHSP	18	10	60	8
OTHER	0	0	0	0
PCA	2	1	163	22
PCA-AB	43	24	37	5
PCA-AFL	0	0	1	<1
PCA-CFC	4	2	7	1
PDCFC	2	1	3	<1
PDSP	11	6	21	3
Total	182		730	

* NOTE: 2 missing HCBS package

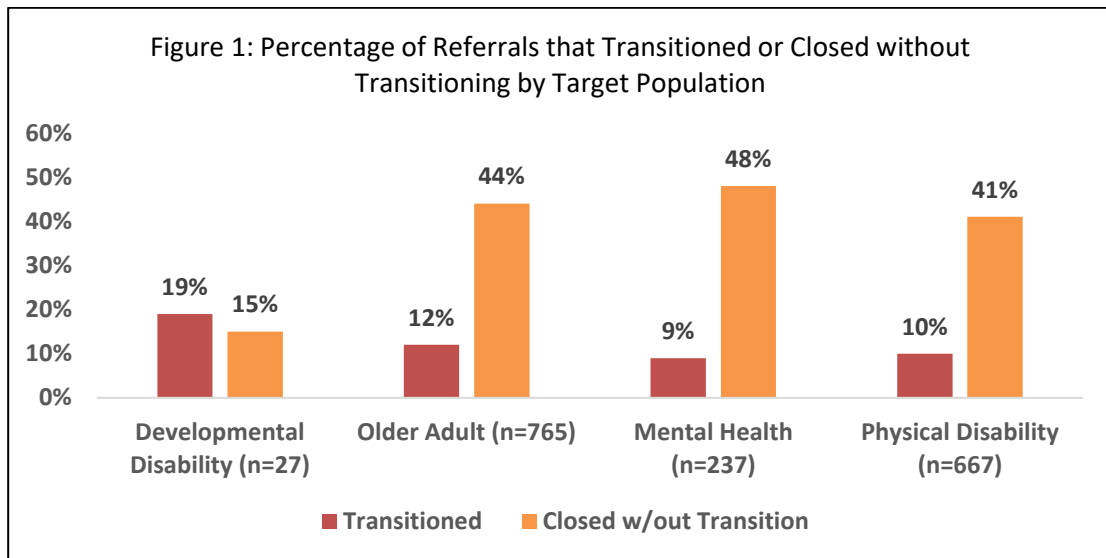
When analyzed by target population, the greatest percentage of transitions (50%) was for participants who were 65 years of age or older, followed by participants with a physical disability (35%) and those in the mental health target population (12%); together these HCBS packages account for 97% of transitions (Table 4). In 2021 there was a similar distribution with the highest percentage of transitions (46%) for participants who were 65 years of age or older, followed by those who had a physical disability (42%).

Table 4: Transitions and closures of referrals from 2022 by target population

Target Population	Transitioned	%	Closed without transition	%
Developmental Disability	5	3	4	1
Older adults (age 65+)	91	50	338	46
Mental Health	22	12	114	16
Physical Disability (< 65)	64	35	274	38
Total	182		730	

* NOTE: 2 missing target population

There were some differences with respect to the percentage of referrals within each target group which transitioned or closed without transition (see Figure 1). The percentage of referrals which transitioned ranged from a low of 9% of mental health referrals to a high 19% of developmental disability referrals. The percentage of referrals that closed without transitioning varied more widely, from a low of 15% of developmental disability referrals to 48% of mental health referrals. In addition, 41 to 44% of physical disability and older adult referrals also closed without transitioning.



As shown in Table 5, 22% of referrals closed in 2022 due to transitioning before the informed consent was signed. This represents a slight increase from 18% in 2021. In 2022 cases closed due to participants changing their mind was 18%, while the percentage of referrals closed because the participant would not cooperate with the care planning increased by four percentage points from 2021 (24%) to 2022 (28%). Cases closed due to exceeding physical health needs decreased in 2022 (13%) from 2021 (17%).

Table 5: Closures from 2022 referrals by reason compared with 2021

Closure Reason	2022 Cases	2022 %	2021 Cases	2021 %
Transitioned to community before informed consent signed	161	22	97	18
Participant changed mind & would like to remain in the facility	134	18	91	17
COP/Guardian refused participation	35	5	32	6
Exceeds physical health needs	92	13	95	17
Participant would not cooperate with care planning process	205	28	129	24
Other	30	4	19	3
Exceeds mental health needs	23	3	29	5
Participant not aware of referral & does not wish to participate	49	7	46	8
Reinstitutionalized for 90 days or more	1	<1	3	<1
Participant moved out of state	6	<1	5	<1
Total	736		546	

Section II: Comparison of Closed Cases by Year, 2009-2022

During 2022, MFP experienced 1,698 referrals, 422 transitions, and 1,178 closures (Figure 2). Referrals and closures exclude those that closed due to the four excluded reasons, and transitions and closures are regardless of referral year. There was another decrease in transitions in 2022, following a significant decrease in 2021. The number of cases closed notably increased in 2022, after decreasing in 2020 and 2021: 1,087 cases in 2020, 913 in 2021, and 1,178 in 2022. The number of referrals increased by almost 20% in 2022, demonstrating ongoing and increasing interest in transitioning to the community through MFP.

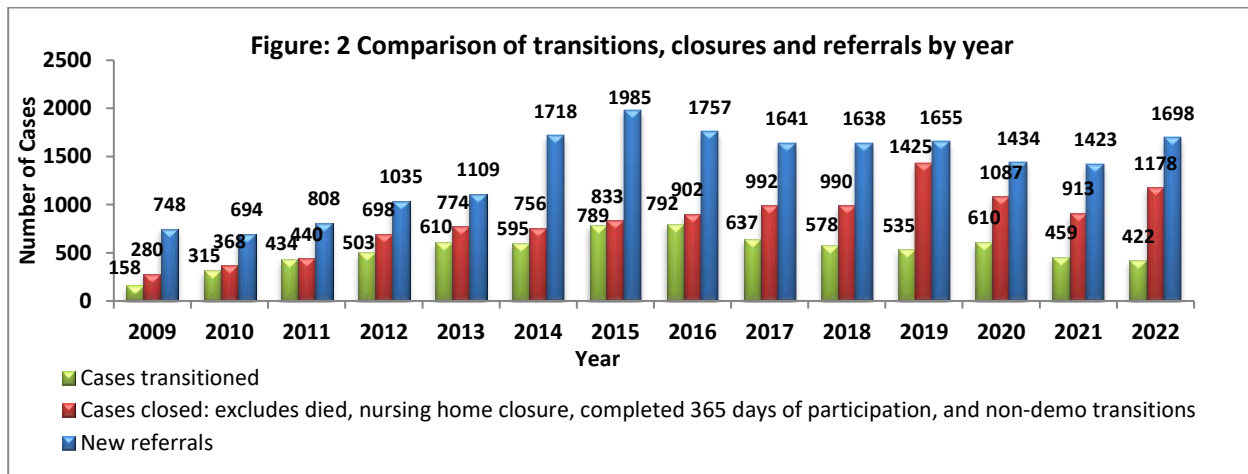
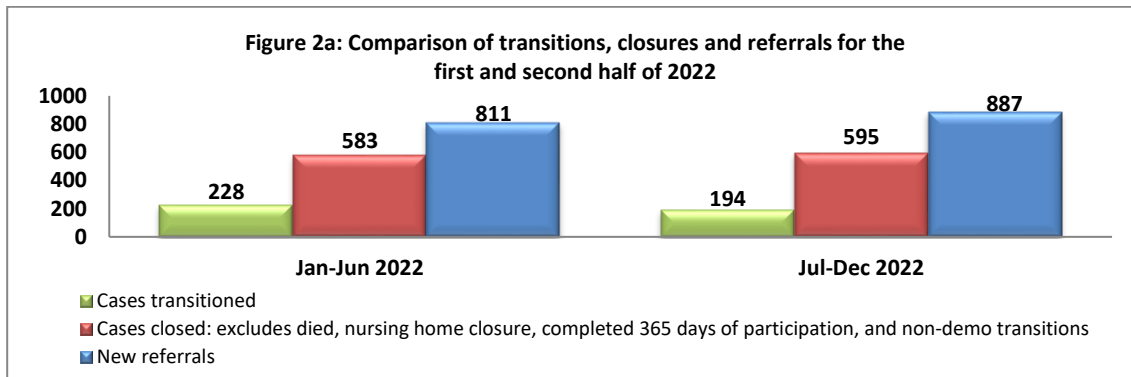
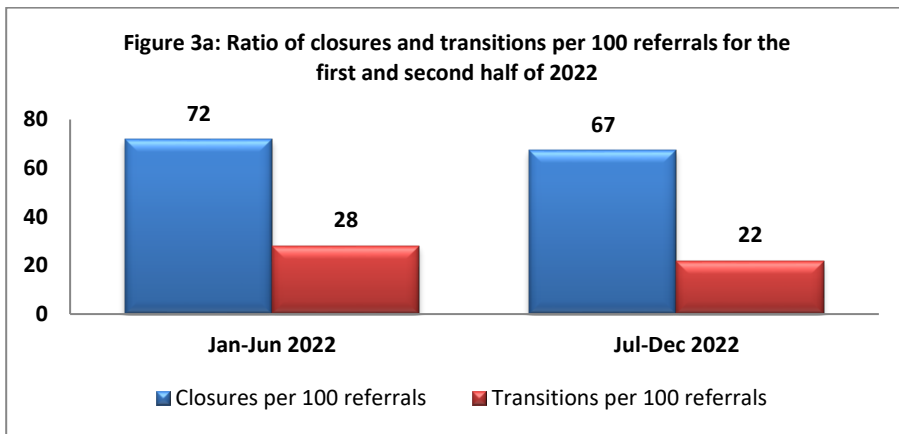
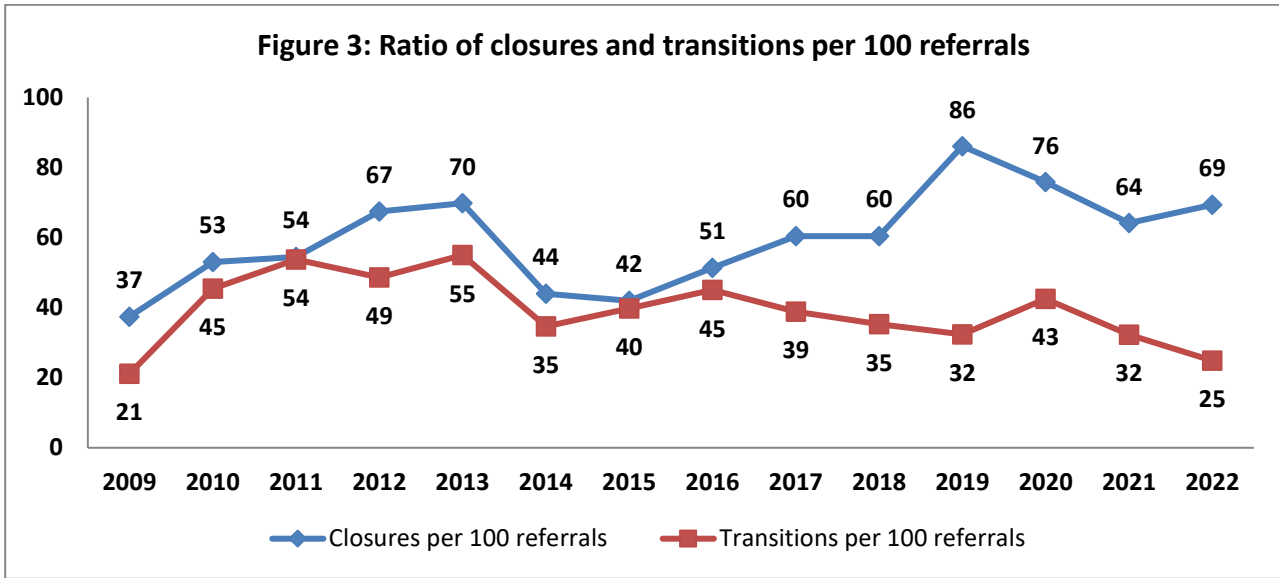


Figure 2a compares transitions, closures and referrals between the first and second half of 2022. It is interesting to note that there were fewer referrals, fewer closures and more transitions in the first half of the year, similar to data trends from 2021.

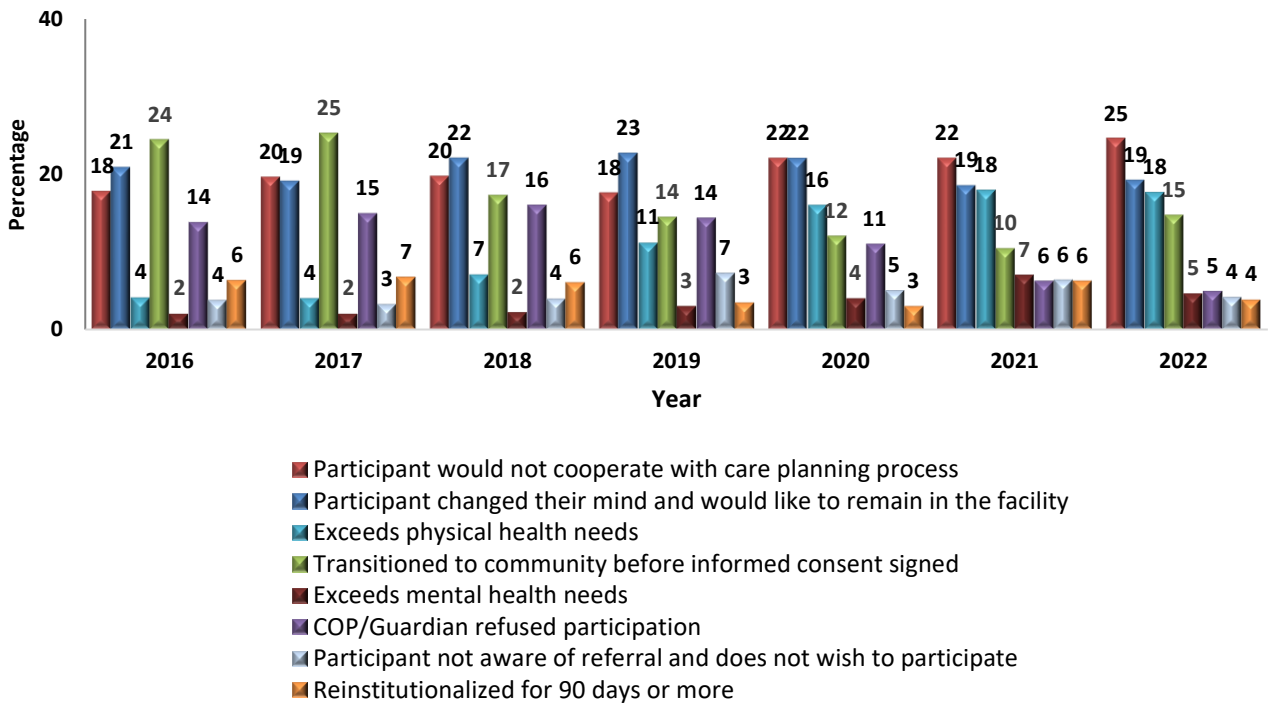


Continuing the trend of prior years, in 2022 the CT MFP program closed more cases than it transitioned (see Figures 3 and 3a). This year there were 69 closures per 100 referrals, while transitions per 100 referrals decreased from 32 to 25, the lowest amount of transitions since 2009. Dividing the year into two parts shows transitions per 100 referrals were similar in both halves of the year, but closures were greater in the first half of 2022 (72 closures per 100 referrals), compared to 67 in the second half.



Considering all cases that closed in 2022 regardless of referral year (n=1,178), the three most frequent reasons cases closed accounted for more than half of closures (see Figure 4). The top reason cases closed in 2022 was “Participant would not cooperate with care planning process,” accounting for 25% 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 2022



Section III: Analysis of Cases Closed Between January and December 2022

A total of 1,770 cases were closed during 2022, regardless of the year they were referred to MFP. Cases that closed due to the following four reasons were excluded: died (238), completed 365 days of participation (337), and non-demo transition services complete (17), leaving 1,178 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 2022

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	289 (25)	119 (22)	170 (27)	1-94	60	34	3-2269	241
Participant changed their mind and would like to remain in the facility	226 (19)	107 (19)	119 (19)	1-99	69	60	10-3039	342
Exceeds physical health needs	208 (18)	108 (20)	100 (16)	1-97	65	51	8-3110	460
Transitioned to community before informed consent signed	173 (15)	78 (14)	95 (15)	0-97	61	39	2-568	48
COP/Guardian refused participation	58 (5)	28 (5)	30 (5)	6-96	68	66	7-1331	287
Participant not aware of referral and does not wish to participate	49 (4)	27 (5)	22 (4)	44-97	70	65	3-504	66
Exceeds mental health needs	54 (5)	22 (4)	32 (5)	34-87	59	37	29-2489	436
Other	63 (5)	29 (5)	34 (5)	11-98	55	25	0-2962	342
Reinstitutionalized for 90 days or more	45 (4)	27 (5)	18 (3)	20-90	66	56	271-2605	718
Participant moved out of state	13 (1)	6 (1)	7 (1)	36-73	54	23	59-1462	533
Total	1178	551	627	X	X	X	X	X

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

As shown in Table 6, the most frequent closure reason, “Participant would not cooperate with the care planning process” accounted for 25% of the closures in 2022 (n=289). 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 many individuals 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 (241 days). Some descriptive case notes include:

- *“Client left the SNF [skilled nursing facility] against medical advice and without MFP knowledge/services.”*
- *“Consumer wanted to discharge without doing lookback.”*

- *“Client went into the ER, refused to go back to a SNF [skilled nursing facility], and was discharged from the hospital to a family member house without MFP after signing consent.”*

The next most frequent reason was the participant changed their mind and would like to remain in the facility at 19% (n=226). Similar to previous years, these cases indicated the main reasons participants changed their mind were because they perceived their physical or mental health needs as significant and felt they would be better met at a facility, as well as feeling safer at the facility. The average length of time from referral to closure was 342 days, with a range of 10 to 3,039 days. This group had an average age of 69 years.

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:

- *“Consumer’s health continues to decline and he doesn’t want his daughter to have to be responsible for being his BUP [back up plan].”*
- *“Consumer is comfortable at SNF [skilled nursing facility] and wishes to remain there at this time.”*
- *“Consumer does not feel that he is safe for a community placement at this time.”*

Exceeding physical health needs accounted for 18% of closures (n=208). Average age for this group was 65. The average number of days from referral to closure was 460 for cases closed for this reason, the third longest length of time for all cases closed in 2022. Representative quotes from cases closed for this reason include:

- *“Client requires total assistance with all ADLs [activities of daily living] except eating, lacks BUP [back up plan] and person to assist with his medications.”*
- *“His plan of care is 23 hours complex nursing and he would need a dedicated BUP [back up plan] but does not have one at this time.”*
- *“Family will not agree to be BUP [back up plan] for Live-in services.”*

“Transitioned to community before informed consent signed” was the fourth most common reason cases were closed in 2022, accounting for 173 cases (15%). 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 61, and 39% were age 65 or older. The average length of time from referral to closure was 48 days, which was the shortest length of time for all the closure reasons.

In 2022, 5% (n=58) of cases closed 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 closure was 287. It should be noted that this reason for closure includes consumers with legally appointed conservators of person, legal guardians, 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:

- *"Consumer has had a decline in status in recent weeks and family is unable to provide round the clock care."*
- *"COP [conservator of person] feels at this time consumer needs 24 hour skilled services and would be better suited in a SNF [skilled nursing facility] type of placement."*
- *"COP [conservator of person] has been unresponsive to MFP team and letter was mailed requesting contact back."*

Reasons for closing a case due to exceeding mental health needs accounted for 5% of overall closures (n=54). This group had an average of 436 days between referral and closure and an average age of 59 years. Similar to findings from past years, these participants mainly had diagnoses of depression and anxiety. Other frequent issues were substance use and dementia.

- *"Client has had 2 incidents of verbal aggressions and 2 physical aggressions. He is at high risk of eloping. At this time, consumer requires a higher level of care and community living does not meet his current needs."*
- *"Consumer is disoriented and unable to comprehend this process. She is now in a locked Dementia unit to provide 24/7 care."*

4% of referrals were closed for the reason "Participant not aware of referral and does not wish to participate" (n=49). These participants had an average age of 70 with 65% aged 65 years or older. The average number of days from referral to closure was 66 days, the second lowest of all the reasons. Some representative quotes include:

- *"Client was not aware of the referral and did not wish to move forward with MFP."*
- *"Consumer stated she would not be needing the program due to family support."*

"Re-institutionalization for 90 days or more" accounted for 4% of overall closures (n=45). These participants had an average age of 66 with a range from 20 to 90 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.

- *“Mom/COP [conservator of person] reported consumer is doing well at SNF [skilled nursing facility] and will remain long term at this time following combative outbursts when in the community.”*
- *“Consumer went through the formal process of applying to go back to SNF [skilled nursing facility] due to his needs being better met in this environment.”*

Finally, 1% of cases closed in 2022 because the consumer moved out of state (n=13). The average age for participants whose cases closed because they moved out of state was 54 years of age, with a significant decrease to only 23% of individuals aged 65 or older compared to 2021 where 40% were aged 65 or older.

- *“Consumer and his sister will be leaving and living in another state.”*
- *“Client moved to Florida but reports she may come back to Connecticut in 2023.”*

Transition Challenges

The distribution of the transition challenges for cases closed in 2022 was similar to the previous year (see Table 7). Services and supports (20%) was the greatest challenge in 2022, as it was in 2021. Physical health (18%) and mental health (17%) were the next most common challenges. Consumer engagement and housing were the next, both at 11%. Other challenges were legal (7%), financial (6%), facility (3%), waiver (2%), and involved others (2%).

Table 7: Transition challenges by category for cases closed in 2022 and 2021

Transition Challenges	2022 %	2021 %
Services & Supports	20	19
Physical health	18	16
Mental health	17	16
Engagement	11	10
Housing	11	10
Legal	7	5
Financial	6	5
Facility	3	3
Waiver	2	2
Involved others	2	2
MFP	1	1
Other	1	0.3

In 2022, 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 (19%), and a lack of an unpaid caregiver (including family or friends) to provide

needed care or informal support (14%; data for challenge subcategories not shown). More than half (58%) 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” (38%).

Conclusion

In 2022 there were 1,698 referrals, 422 transitions and 1178 closures (referrals and closures exclude those that closed due to the four excluded reasons; transitions and closures are regardless of referral year). Compared to 2021 when there were 275 fewer referrals (n=1,423), 37 more transitions (n=459) and 265 fewer closures (n=913). This year the gap in the ratio of closures per 100 referrals was 69, an increase from 64 in 2021, and the 2022 transitions per 100 referrals decreased to 25 compared to 32 in 2021. The top reason for case closure in 2022 was “Participant would not cooperate with care planning process” (25%) which was one of the top reasons in 2021 as well.

In 2022, consumers’ cases closed due to participant not being aware of the referral and not wanting to participate had the highest average age (70), compared to 2021 when cases closed due to participant changing their mind and wanting to remain in the facility had the highest (68). Cases closed due to the participant moving out of state and those with a reason of “Other” had the lowest average age 54 and 55 in 2022. 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 those closed with a reason of “Other” all had the lowest average age (57-60) in 2021.

This year the reason “Participant would not cooperate with care planning process” had the highest number of both males (27%) and females (22%). There were several cases closed for this reason in 2022 that were related to the consumers leaving the facility to move in with a family member or friend without MFP approval or leaving without completing the required paperwork for MFP to determine eligibility.

Participant would not cooperate with care planning process had the highest number of closed cases (289) with “Participant changed their mind and would like to remain in the facility” coming in second with 226 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 2022 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 2022, 15% of cases closed because the participant transitioned to the community before the informed consent was signed, compared to 2021 when 10% closed for this reason. In past years, transitions to the community before informed consent was signed had been steadily decreasing.

Similar to 2021, these cases often did not meet the MFP 90 day length of stay requirement before leaving the facility, with an average of 48 days from referral to closure, or left the facility against medical advice prior to signing an informed consent.

Closures due to the COP or guardian refusing participation represented 5% of all closures in 2022. 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.

A decrease from 6% in 2021 to 4% of closures in 2022 were due to prolonged reinstitutionalization. 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 2022 it accounted for 5% of cases closed, coming in as one of the fifth highest reasons and accounting for more cases closed than those closed due to prolonged reinstitutionalization.

Acronyms and Abbreviations

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

ABI	Acquired Brain Injury Waiver
ADL	Activities of Daily Living
AMA	Against Medical Advice
BUP	Back-up Plan
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