University of Connecticut
Health Center

May 2014

Money Follows the Person Rebalancing Demonstration:

Closed Cases Report 2013

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This project was funded by the Centers for Medicare and Medicaid Services and the Connecticut Department of Social Services, Money Follows the Person Rebalancing Demonstration CFDA 93.779.

Connecticut Money Follows the Person Evaluation
UConn Health Center, Center on Aging

Analysis of MFP cases closed between January 1, 2013 and December 31, 2013

Introduction

Money Follows the Person (MFP) aims to transition residents in institutional facilities to the community. By 2016, Connecticut seeks to transition over 5,000 residents of nursing homes and other institutions to approved community settings. To achieve this goal, it is important to enable the transition of most individuals who express a desire to return to the community. Unfortunately, CT has experienced a relatively high number of cases closed compared to cases transitioned. Therefore, an 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 third report produced from the analysis of closed cases. For the previous reports which analyzed closures during January through June and July through December 2012 please visit: University of Connecticut Center on Aging

Based on the previous closed cases reports, in 2013 Connecticut modified the reasons under which cases could be closed. The number of reasons was reduced from 17 to 14, making a few of the reasons broader to include cases that would have been coded under an eliminated closure reason. For example, the new reason "Participant would not cooperate with care planning process" includes cases that would have previously been closed under: "Withdrawal, participant declines to agree with program requirements" and "withdrawal, participant would not cooperate with care plan development." The final list of closure reasons follows:

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
12. Died
13. Non-demo: transition services complete
14. Completed 365 days of participation

For the purposes of this analysis, cases closed under the last four closure codes were excluded: nursing home 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.

Methods

Numerical data for cases closed, cases transitioned and new referrals were obtained through Microsoft Access queries of MFP program data stored in the My Community Choices web-based tracking system.

First we show the current status of referrals made during 2013, then we compare data from 2009-13, the first five years of the MFP program. The remainder of the report focuses on all cases closed during 2013, regardless of referral year. This report does not present a detailed analysis of each closure reason because the findings for 2013 are similar to 2012. Program changes to address previously identified areas for improvement were implemented at the end of 2013 and the beginning of 2014. The effect of these changes on case closures will be assessed with data from cases that close during 2014.

Current status of referrals made between January and December 2013

A total of 1242 referrals were made during 2013. Excluding referrals that are currently closed due to the following reasons: died (108), completed 365 days of participation (19) and non-demo: transition services complete (6); the number of total referrals from 2013 is 1109. As of May 5, 2014, the current status of these referrals is distributed as follows:

Table 1. Status of referrals made during 2013

Current Status	Cases	%
Closed	348	*31*
Transitioned	336	*30*
Informed Consent Signed	205	*18*
Care Plan Approved	137	*12*
Assigned to Field	34	*3*
Transition Plan Submitted	23	*2*
Recommend Closure Approved	12	*1*
Recommend Closure Initiated	10	*1*
Transition Plan Approved	4	*0*
Total	1109	*100*

Of the 1109 referrals made in 2013, 31% (348) have been closed, 22 (2%) cases have initiated the closing process and another 30% (336) have transitioned. The remaining 37% (403) are still active in the transition process.

Cases referred during 2013 that transitioned or closed by May 5, 2014 were distributed by site, by HCBS package, and by target population as noted in tables 2a, 2b and 3. Closures are classified by reason in Table 4.

Table 2a. Transitions and closures of referrals from 2013 by site.

Agency	Referrals	Transitioned #	Transitioned %	% of total transitions	Closed #	Closed %	% of total closures
AASCC	93	22	24	7	25	27	7
ADMIN	160	110	69	33	37	23	11
CCCI NC	199	60	30	18	62	31	18
CCCI NW	41	4	10	1	7	17	2
CDR	85	16	19	5	34	40	10
DDS	1	1	100	0	--		
DNEC	11	2	18	1	8	73	2
DRCFC	21	4	19	1	10	48	3
IN	52	14	27	4	21	40	6
IU	120	23	19	7	34	28	10
NCAAA	56	8	14	2	17	30	5
SR	62	16	26	5	21	34	6
SWCAA	119	32	27	10	32	27	9
WCAAA	69	24	35	7	32	46	9
none	20	--			8	40	2
Total	1109	336		100	348		100

Note: The "Admin" category includes cases that remain "Track 2" throughout transition and are never assigned to transition coordinators. These are usually the easiest cases to transition and account for the high percentage of transitioned cases under Admin.

Table 2b. Transitions and closures of referrals from 2013 by HCBS package.

HCBS Package	Transitioned	*%*	Closed	*%*
ABI	9	*3*	3	*1*
CHCPE	5	*1*	47	*14*
CHCPE-AL	1	*0*	2	*1*
CHCPE-L1	2	*1*	0	*0*
CHCPE-PCA-AB	46	*14*	7	*2*
CHCPE-PCA-LI	72	*21*	20	*6*
CHCPE-PCA-SD	7	*2*	2	*1*
CHCPE-S	59	*18*	11	*3*
DDS	1	*0*	2	*1*
DDS-C	4	*1*	0	*0*
DDS-IFS	10	*3*	0	*0*
KB	1	*0*	0	*0*
MH	24	*7*	35	*10*
MHSP	5	*1*	4	*1*
PCA	27	*8*	20	*6*
PDSP	62	*18*	13	*4*
None	1	*0*	182	*52*
Total	336	*100*	348	*100*

Table 3. Transitions and closures of referrals from 2013 by target population.

Target Population	Transitioned	%	Closed	%
Developmental Disability	16	5	3	1
Elderly	186	55	203	58
Mental Health	25	7	41	12
Physical Disability	109	32	39	11
None	0	0	62	18
	336	100	348	100

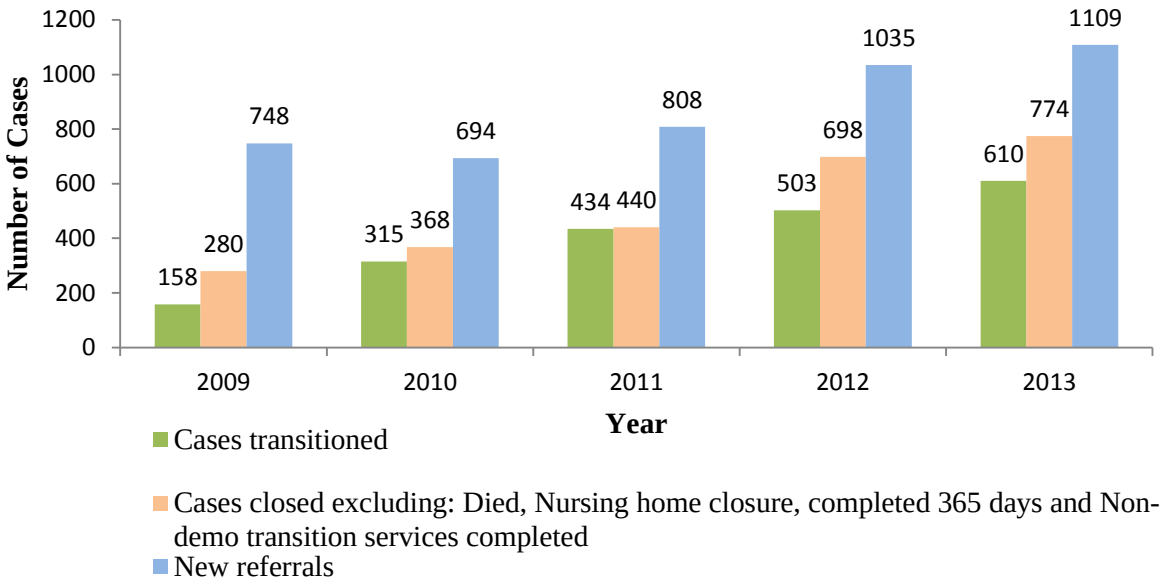
Table 4. Closures of referrals from 2013 by reason.

Closure Reason	Cases	*%*
Participant changed their mind and would like to remain in the facility	114	*33*
COP/Guardian refused participation	71	*20*
Transitioned to community before informed consent signed	41	*12*
Participant would not cooperate with care planning process	37	*11*
Exceeds physical health needs	23	*7*
Reinstitutionalized for 90 days or more	19	*5*
Participant not aware of referral & does not wish to participate	15	*4*
Exceeds mental health needs	14	*4*
Other	8	*2*
Participant moved out of state	6	*2*
Total	348	*100*

Note: The remainder of this report focuses on all 774 closures from 2013 regardless of referral year.

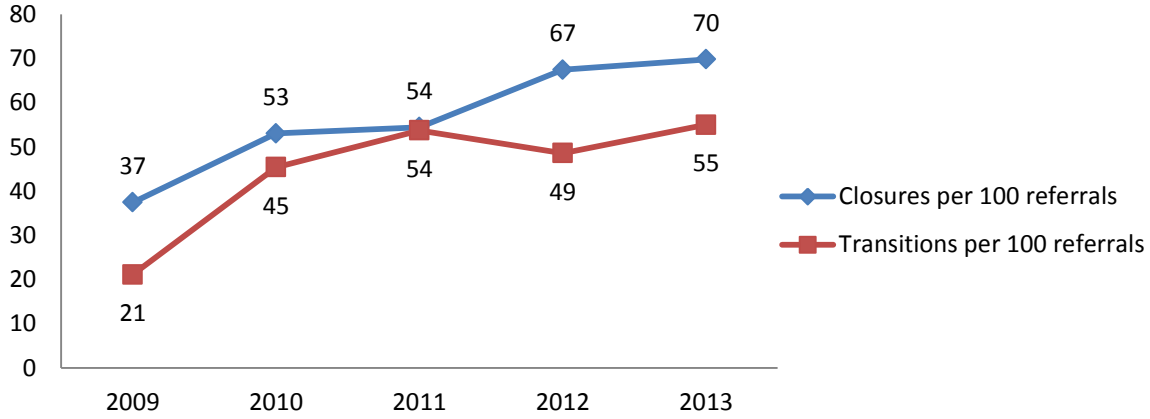
Comparative Data: 2009-2013

Figure 1. Comparison of closures, referrals and transitions per year



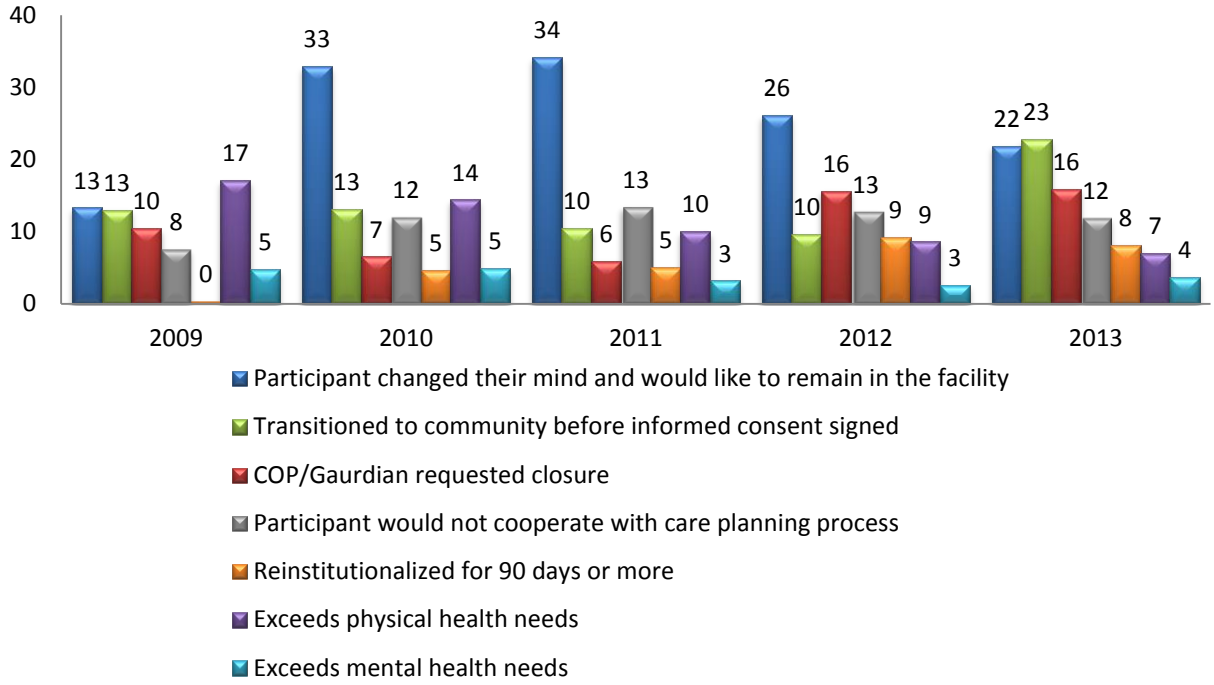
During 2013 MFP experienced 1109 referrals, 610 transitions and 774 closures. Compared to 2012 there was a 7%, 21% and 11% increase in each of these areas, respectively.

Figure 2. Ratio of transitions and closures per 100 referrals.



Considering all 2013 closures regardless of referral year, the most frequent reason cases closed was "consumer transitioned to community before informed consent signed." This reason accounted for 23% of closures during 2013, an increase from 2012 where it only accounted for 10% of closures making it the fourth most common reason for closures during that year. The second highest reason for closing cases during 2013 was "participant changed their mind and would like to remain in the facility," which accounted for 22% of closures. Interestingly, the percentage of cases closing under "consumer exceeds physical health needs" has steadily decreased. In 2009 this category was the top closure reason accounting for 17% of closures that year while in 2013 it was the sixth most common reason accounting for only 7% of closures (*see Figure 3*).

Figure 3. Percentage of cases closed under the top seven reasons for 2013



An in-depth analysis of the top closure reason "transitioned to community before informed consent signed" was very limited due to the lack of information on these cases, however, these consumers were more likely to be younger compared to consumers in the other categories with an average age of 57 years old. On the other hand, consumers who changed their mind and decided to stay in the nursing facility had the highest age average of 74 years old (*see below Table 5*). An in-depth analysis of this category showed the main reasons for participants changing their mind were: acclimating to the facility, the perception by the consumers that their physical or mental health needs were significant and would be better met at a facility, consumers being happy at the facility due to the socialization they experienced and the assumption that transitioning to the community would lead to an increase in isolation.

Cases closed because COP/guardian requested closure accounted for 16% of overall closures in 2013, 123 out of 774. The main reasons COP and guardians cited for their decision was a decline in consumer health from the time of the referral. Additionally, some COP/guardians believed that consumers needed 24 hours of care to ensure their safety in the community and others refused to be part of the back-up plan or to manage PCAs. Many of these consumers have mental health and memory issues and are unable to manage other health issues such as diabetes on their own. Consumers in this category were more likely to be over 65 years old and had an average age of 71 years old.

Exceeding physical health needs accounted for 7% of closures, 54 out of 774; this is a marked decreased from 2009 when this was the number one reason for unsuccessful transitions accounting for 17% of case closures during that year. The main health issues remain uncontrolled diabetes, the need for dialysis multiple times a week, dementia and multiple sclerosis. Reasons for closing a case due to exceeding mental health needs which accounted for

4% of overall closures, 29 out of 774, replicated findings from 2012; mainly, consumers had schizoaffective disorder, depression or bipolar disorder.

Finally, reinstitutionalization for 90 days or more accounted for 8% of overall closures, 63 out of 774. A wide variety of reasons contributed to reinstitutionalizations, including strokes, drug problems, and most frequently falls requiring surgery for a broken hip, shoulder, legs or toes. It is important to note this category remains a significant source of closures that could benefit from a fall prevention intervention. Identifying and mitigating the risk of falls remains an area in need of improvement to prevent reinstitutionalizations that frequently follow injurious falls.

Table 5. Characteristics of consumers whose cases closed in 2013

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
Transitioned to community before informed consent signed	184 (24)	87 (47)	101 (53)	1-96	57	27	1-357	N/A*
Participant changed their mind and would like to remain in the facility	169 (22)	101 (60)	68 (40)	33-101	74	78	11-361	190
COP/Guardian requested closure	123 (16)	75 (63)	48 (37)	6-99	71	66	11-356	174
Participant would not cooperate with care planning process	92 (12)	34 (37)	58 (63)	25-99	69	61	4-350	186
Re-institutionalized for 90 days or more	63 (8)	37 (61)	24 (39)	36-102	68	57	N/A	N/A
Exceeds physical health needs	54 (7)	28 (52)	26 (48)	36-99	63	33	18-352	164
Exceeds mental health needs	29 (4)	17 (59)	12 (41)	37-76	58	24	18-319	153
Other	30 (4)	15 (50)	15 (50)	30-96	68	53	15-340	187
Participant not aware of referral and does not wish to participate	15 (2)	7 (53)	8 (47)	47-94	72	67	11-255	142
Participant moved out of state	15 (2)	8 (47)	7 (53)	44-86	65	40	20-300	170

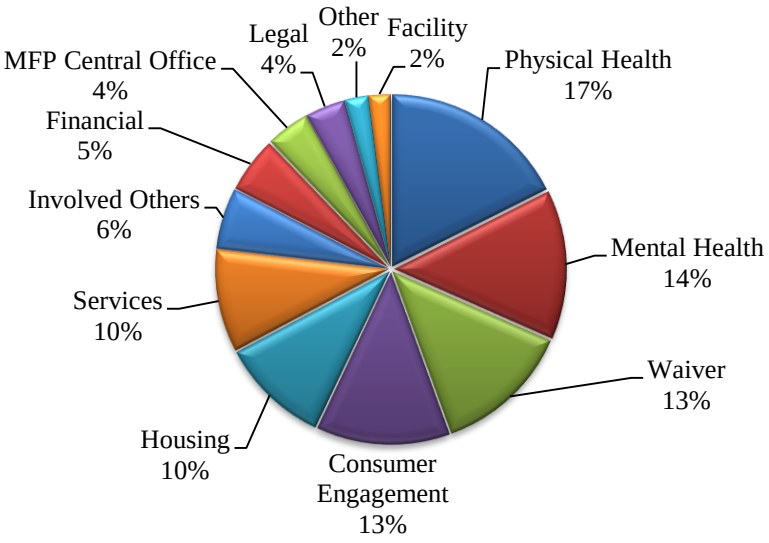
*The average days to closure cannot be accurately calculated for this closure reason due to missing referral dates

Transition Challenges

The distribution of transition challenges reported by consumers during 2013 was almost identical to the distribution of challenges reported in 2012. More specifically, the top four challenges encountered remain the same: 1.) physical health, 2.) mental health, 3.) waiver related issues and 4.) consumer engagement. The specific issues reported within each of these challenges in 2012 were also the same in 2013: inability to manage mental or physical illness in the community

(physical/mental health challenges), waiting for evaluation, application review, or response from waiver agency/contact, or ineligible for or denial of waiver services (waiver related challenges), lack of independent living skills, lack of awareness or unrealistic expectations regarding disability or needed supports, and disengagement or lack/loss of motivation (consumer engagement challenges) (*Figure 4*).

Figure 4. Transition challenges by category: January to December 2013



Conclusion

Many of the 2013 findings were similar to the 2012 closed cases reports. Consumers' characteristics were similar to 2012 consumers, for example, consumers whose cases closed due to changing their mind and deciding to stay in the facility had the highest average age (74) while consumers exceeding mental health needs and transitioning before signing the informed consent had the lowest age average (58 and 57, respectively). One difference to note from previous reports is that more consumers reported feeling happy at the facility and not wanting to move to the community due to fear of isolation. This observation offers an area that could potentially be addressed by informing consumers about community and recreational programs and providing access to participate in such programs, for example, by facilitating transportation.

Other areas that may need to be addressed are services for persons with multiple sclerosis, lowering the incidence of falls in the community, and continuing to problem-solve for care plans over the cost cap. In 2013 at least one consumer was re-institutionalized due to an MS flare up and at least four others were not able to transition to the community because their care plan, which often required 24/7 assistance, was over the cost cap. Identifying and mitigating the risk of falls is critical to prevent reinstitutionalizations that frequently follow falls.

It appears that more people are aware of MFP. Many COPs and guardians had already heard of MFP either through a previous referral or information provided by the nursing home. Similarly, many consumers had previous referrals or knew someone who had transition under MFP. Unlike the previous year where conflict with facility social workers was often reported, during 2013 this difficulty did not seem to be an issue. This change could be due to social

workers being better informed about MFP or to effective relationship building between the transition coordinators and the social workers.

Finally, it is important to note that findings support baseline data from 2012 and that CT MFP has implemented changes to address many of the issues reported previously. Changes include a new process to shorten the time between referral and first contact with consumers, which may reduce the high number of people who transition to the community on their own without the benefit of program services. Other developments include motivational interviewer training for field staff to improve consumer engagement, and competency-based training covering relevant topics from working with caregivers to understanding consumer choice. MFP staff have received these changes positively and the next closed cases report will examine any possible effects on the outcomes for consumers.