CT Money Follows the Person Quarterly Report

Quarter 1, 2016: January 1, 2016 – March 31, 2016

(Based on latest data available at the end of the quarter)

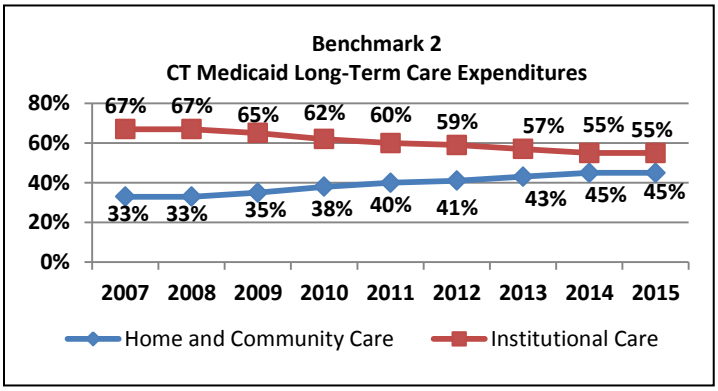
UConn Health, Center on Aging

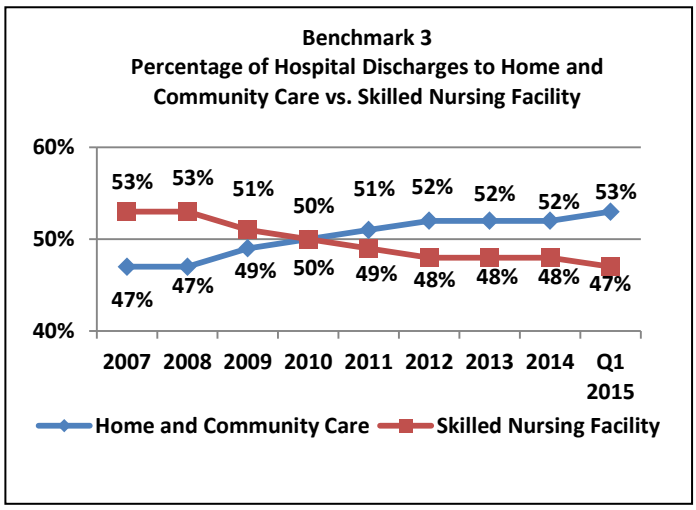
Operating Agency: *CT Department of Social Services* **Funder:** *Centers for Medicare and Medicaid Services*

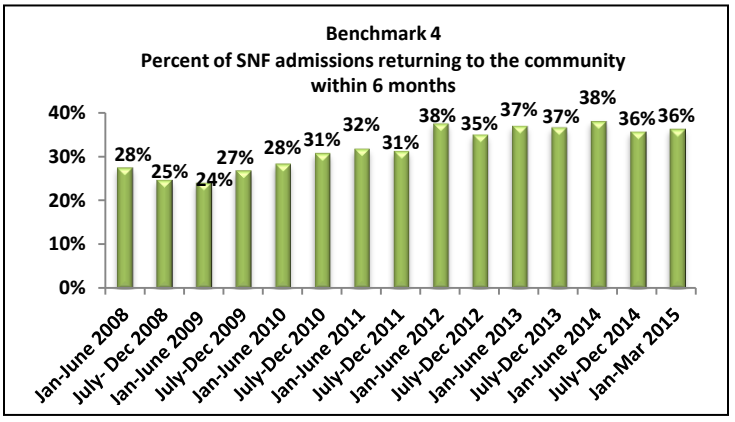
MFP Benchmarks

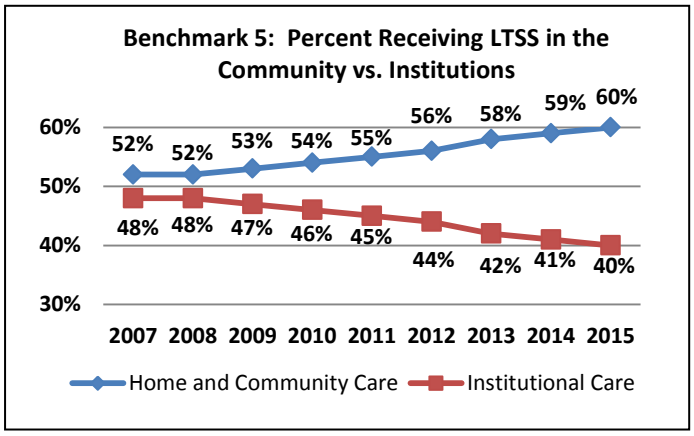
1) Transition 5200 people from qualified institutions to the community
2) Increase dollars to home and community based services
3) Increase hospital discharges to the community rather than to institutions
4) Increase probability of returning to the community during the six months following nursing home admission
5) Increase the percentage of long term care participants living in the community compared to an institution

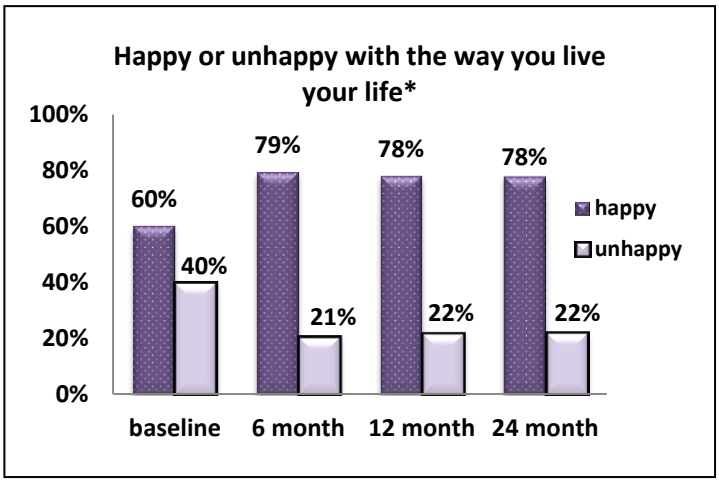
Benchmark 1: The number of demonstration consumers transitioned = 3,368 (non-demonstration transitions = 259)



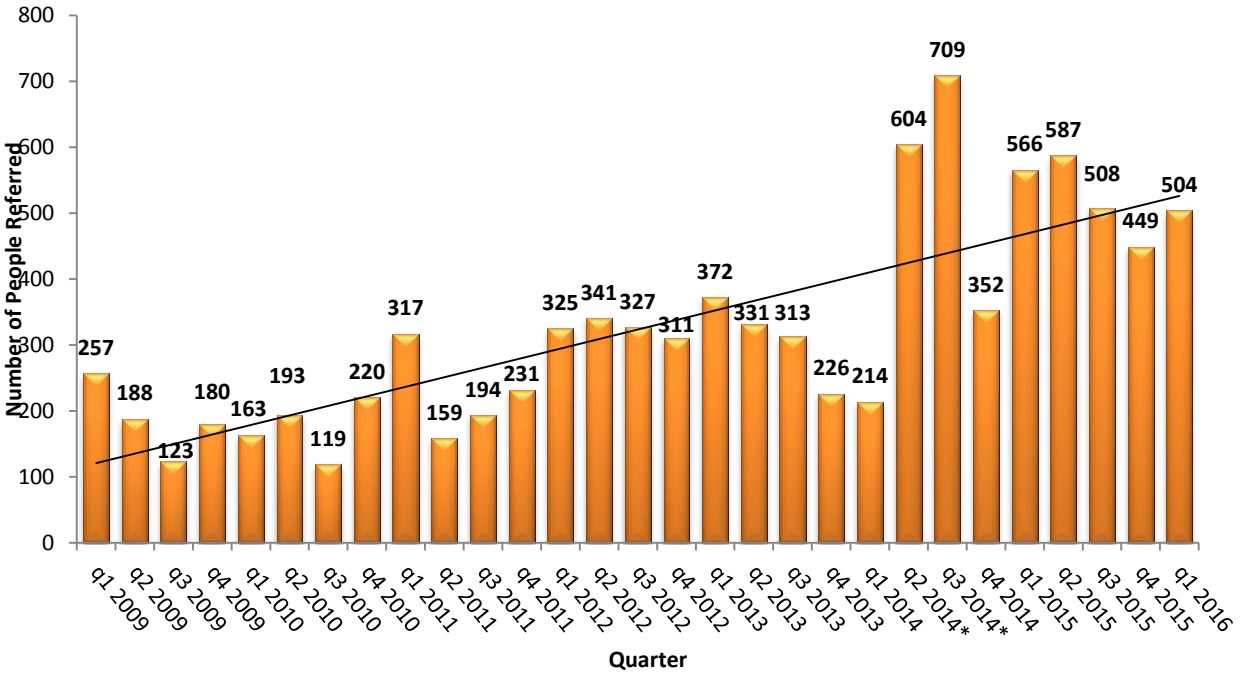






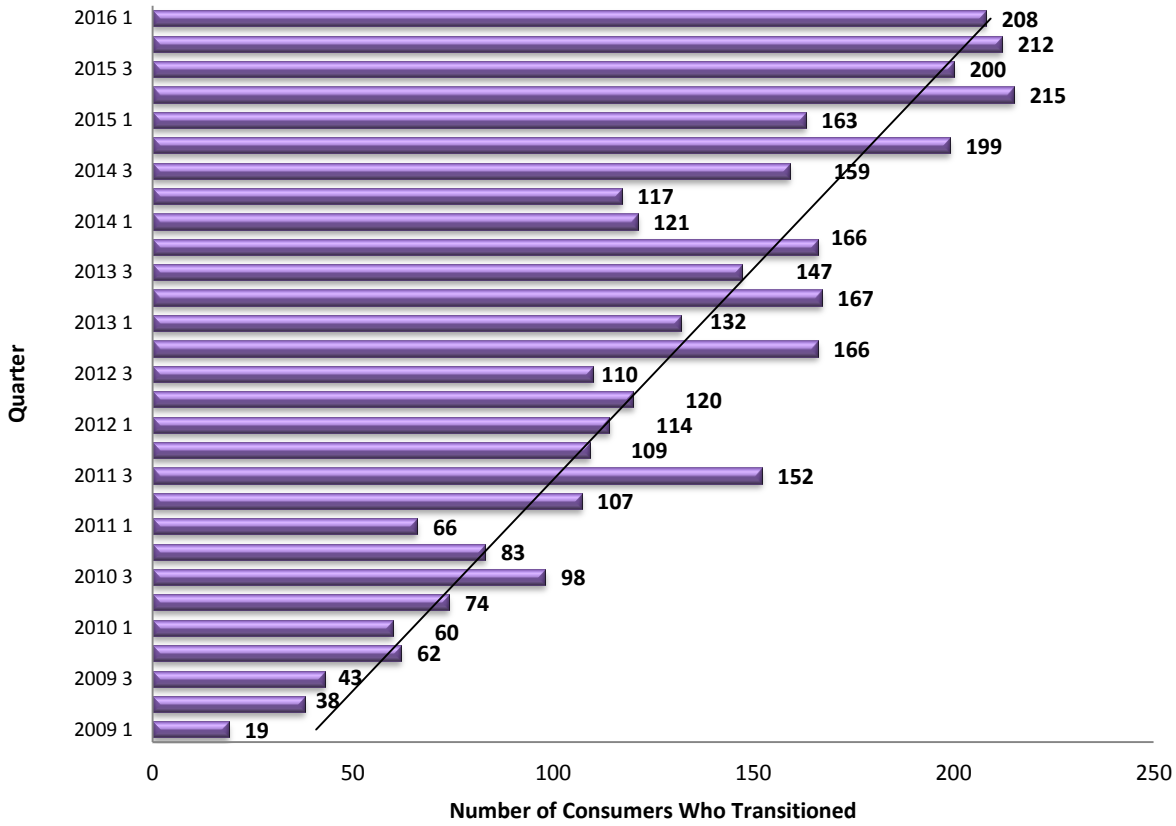


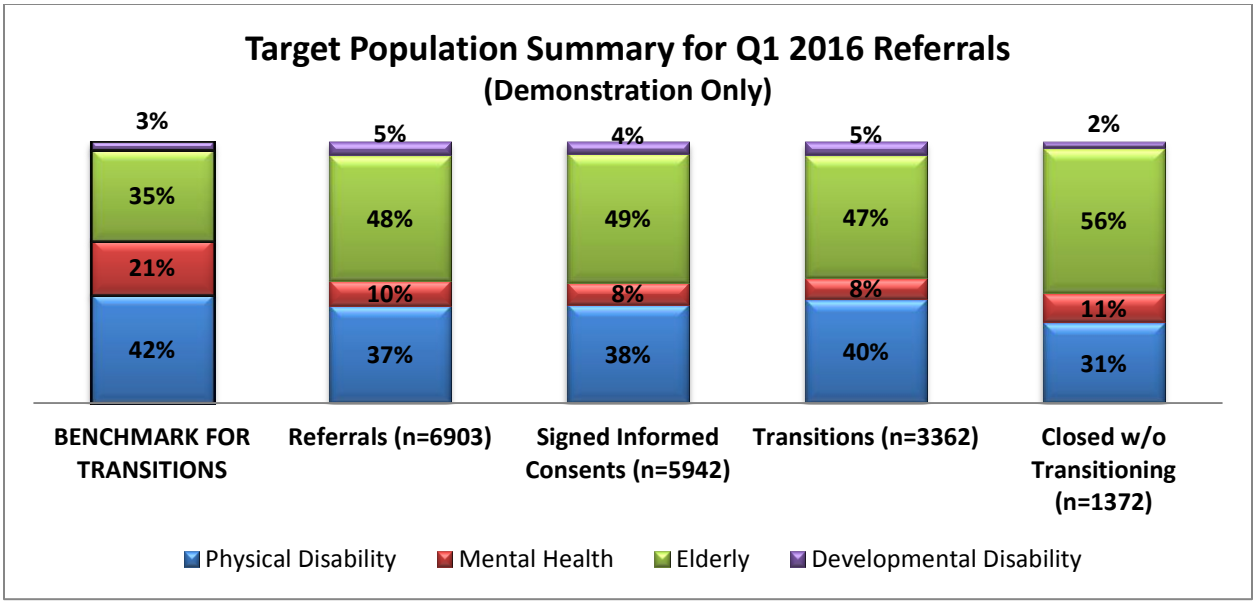
Referrals to Transition Coordinators[t]: Q1 2009 to Q1 2016

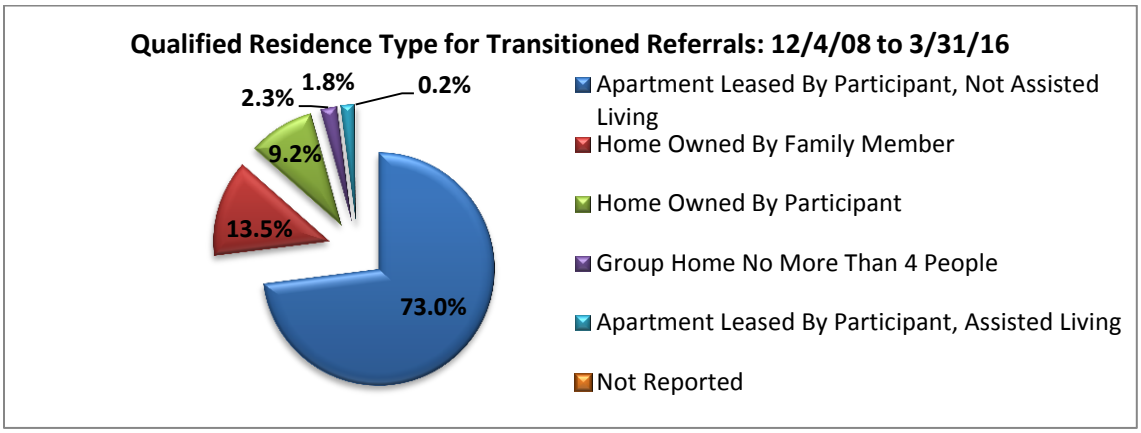


[t]Excludes nursing home closures *Increase in referrals reflects the ongoing adjustment to MFP reorganization

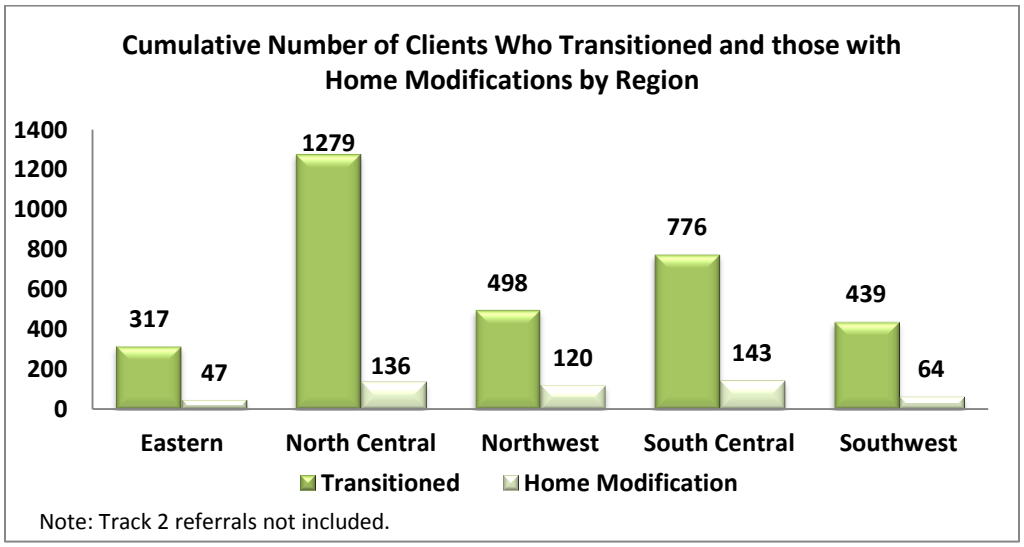
Number of Transitions by Quarter: 12/2008 - 03/31/2016



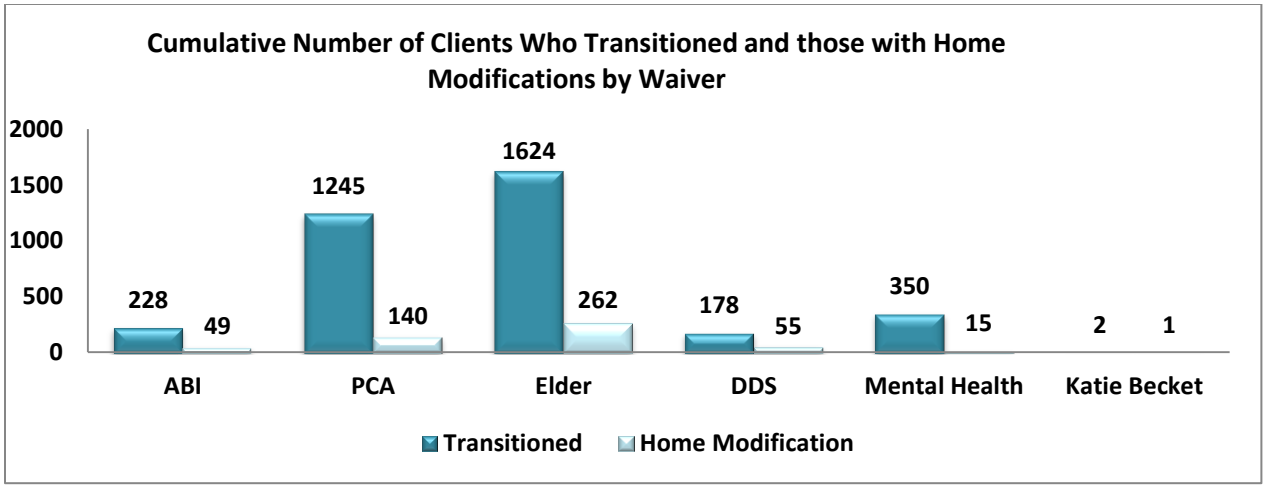


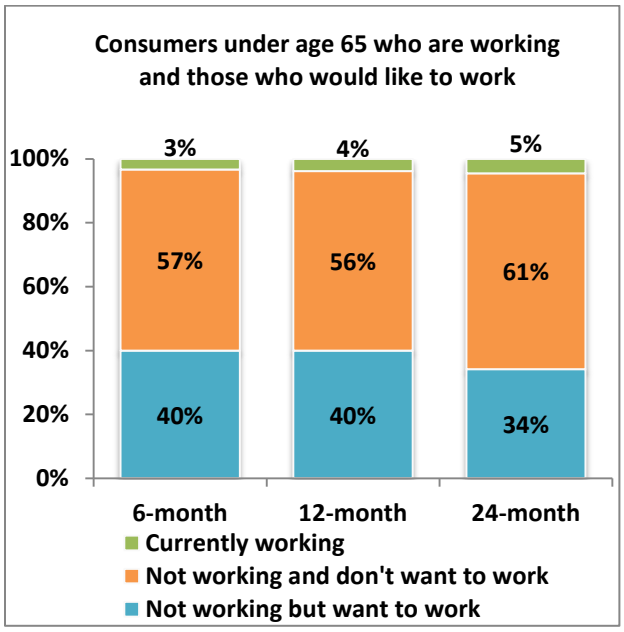


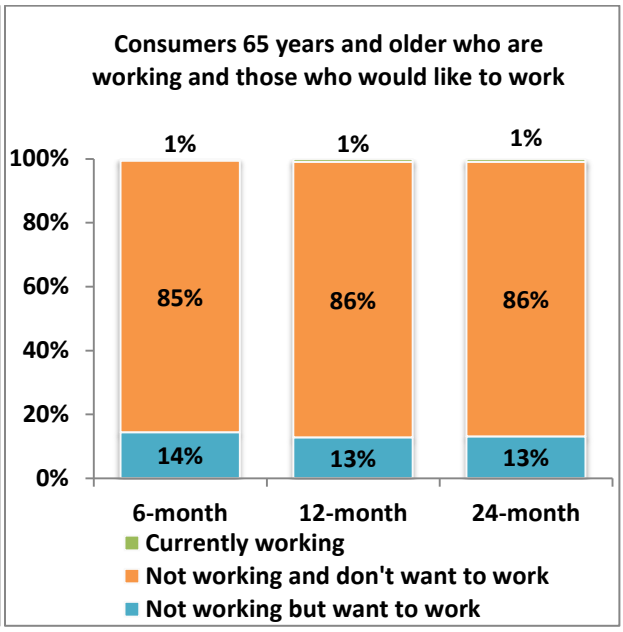
Reinstitutionalization: 13% (343) of participants who transitioned by March 31, 2015 were in an institution 12 months after their transition.

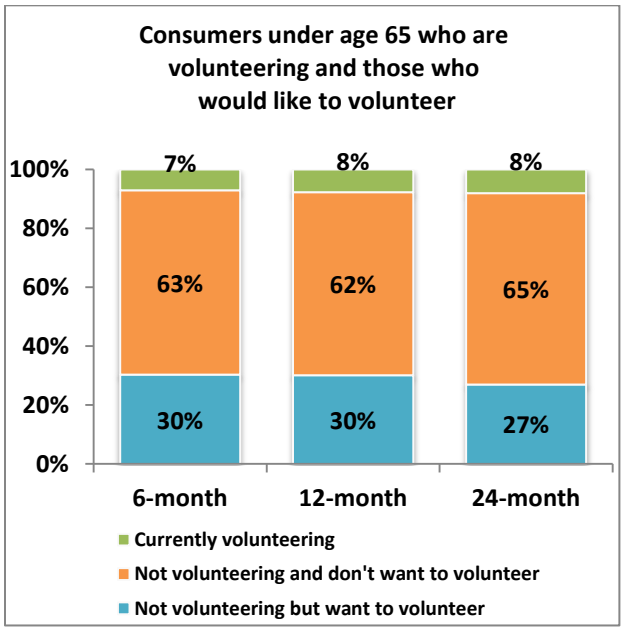


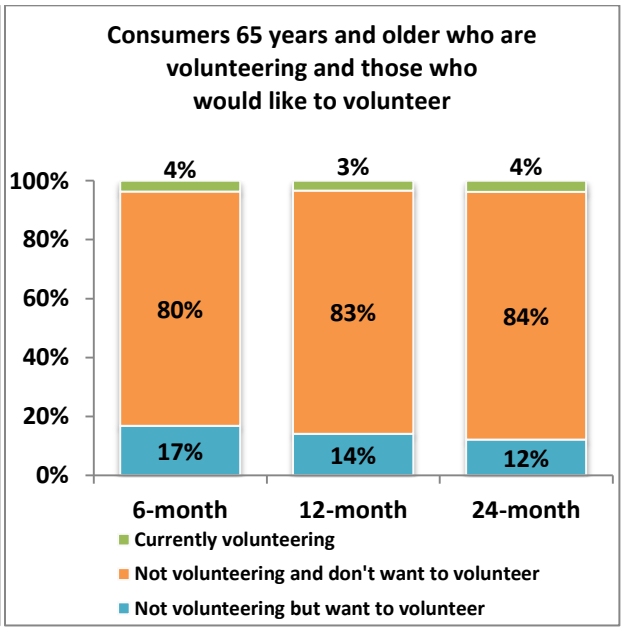
Note: Track 2 referrals not included.


Cumulative Number of Clients Who Transitioned and those with Home Modifications by Waiver
2000
1500
1000
500
0
228
49
1245
140
1624
262
178
55
350
15
2
1
ABI
PCA
Elder
DDS
Mental Health
Katie Becket
Transitioned
Home Modification

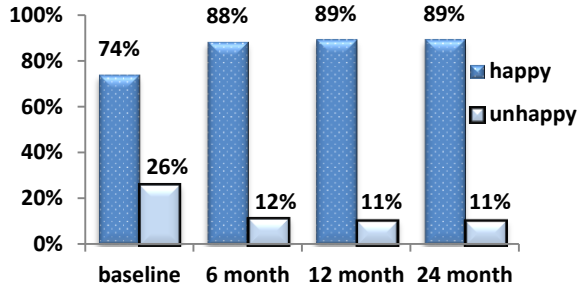

Consumers under age 65 who are working and those who would like to work
100%
80%
60%
40%
20%
0%
3%
4%
5%
57%
56%
61%
40%
40%
34%
6-month
12-month
24-month
Currently working
Not working and don't want to work
Not working but want to work

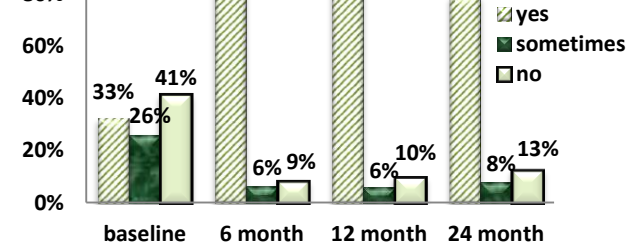

Consumers 65 years and older who are working and those who would like to work
100%
80%
60%
40%
20%
0%
1%
1%
1%
85%
86%
86%
14%
13%
13%
6-month
12-month
24-month
Currently working
Not working and don't want to work
Not working but want to work

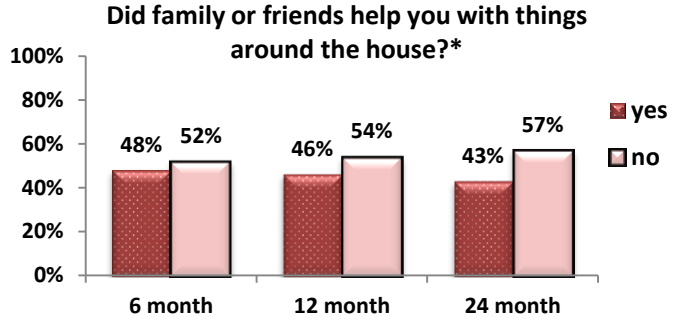

Consumers under age 65 who are volunteering and those who would like to volunteer
100%
80%
60%
40%
20%
0%
7%
8%
8%
63%
62%
65%
30%
30%
27%
6-month
12-month
24-month
Currently volunteering
Not volunteering and don't want to volunteer
Not volunteering but want to volunteer

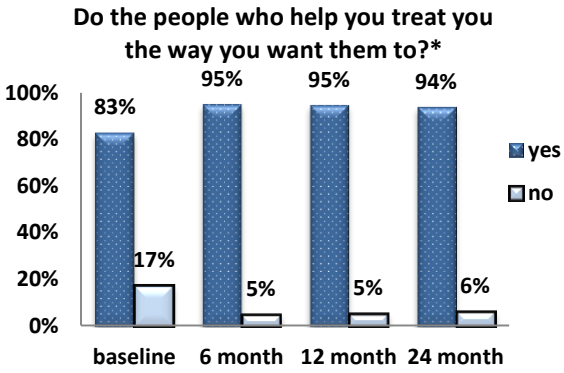

Consumers 65 years and older who are volunteering and those who would like to volunteer
100%
80%
60%
40%
20%
0%
4%
3%
4%
80%
83%
84%
17%
14%
12%
6-month
12-month
24-month
Currently volunteering
Not volunteering and don't want to volunteer
Not volunteering but want to volunteer

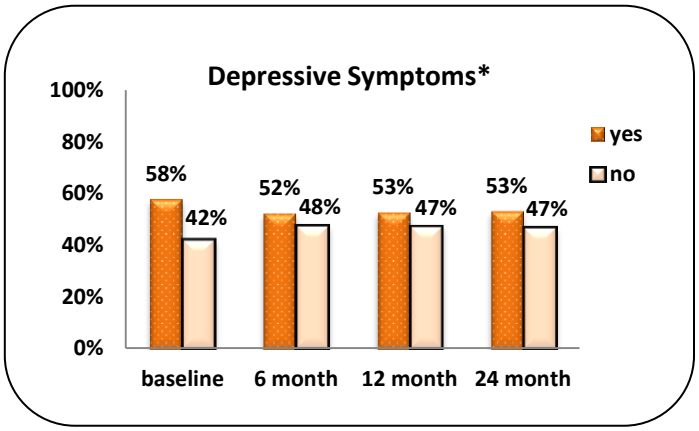
MFP Quality of Life Dashboard As of 03/31/2016

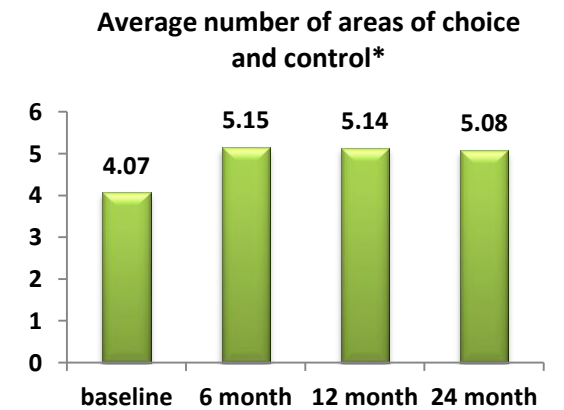


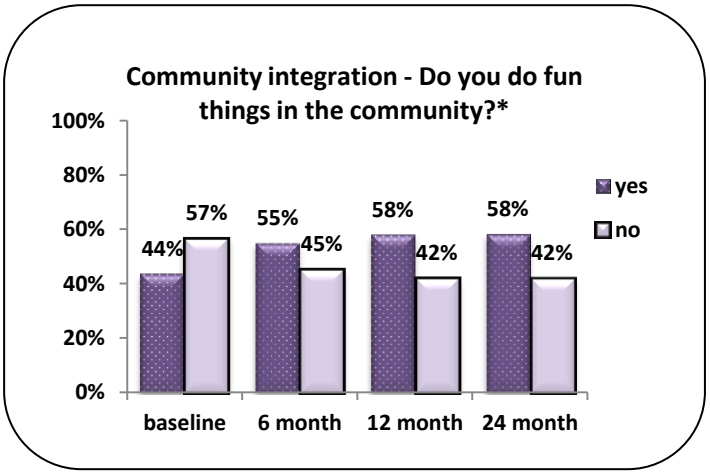












*indicates statistically significant differences

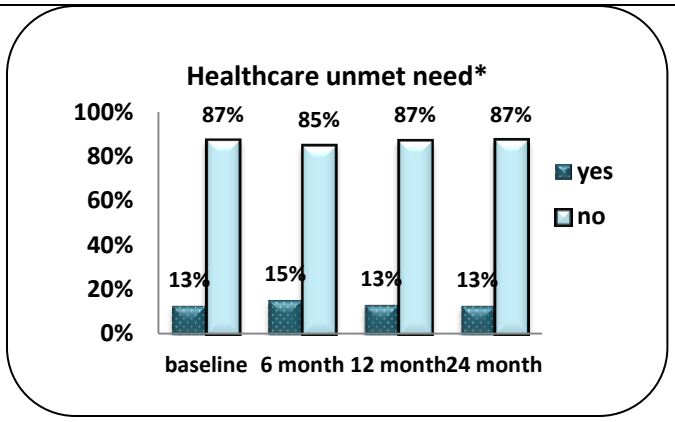
Quality of Life Interviews Completed
(Cumulative data through 03/31/16)

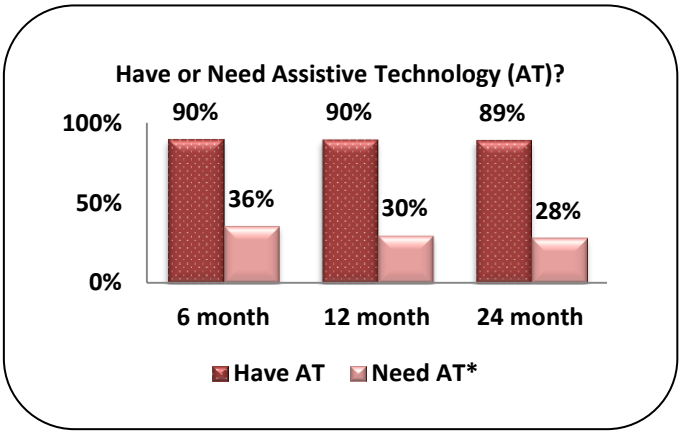
Baseline interviews done prior to transition, n=3,696

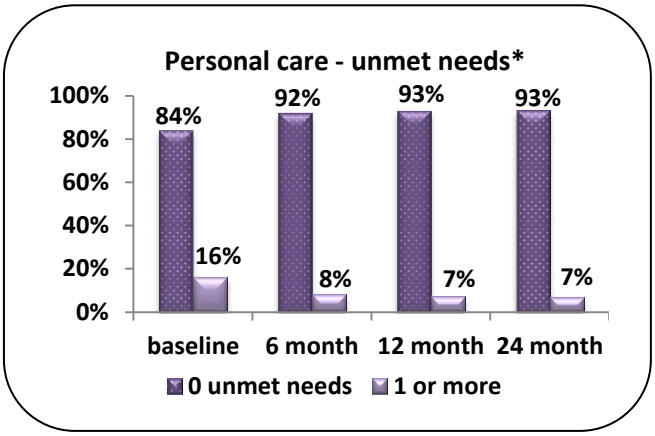
6 month interviews done 6 mos after transition, n=2,699

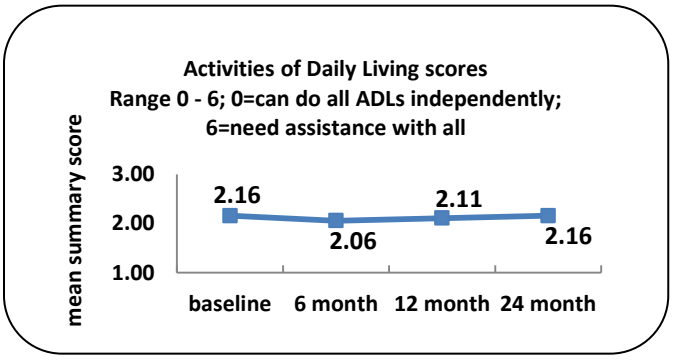
12 month interviews done 12 mos after transition, n=2,285

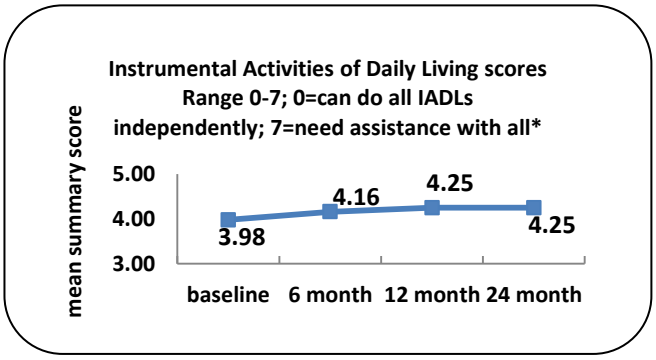
24 month interviews done 24 mos after transition, n=1,551

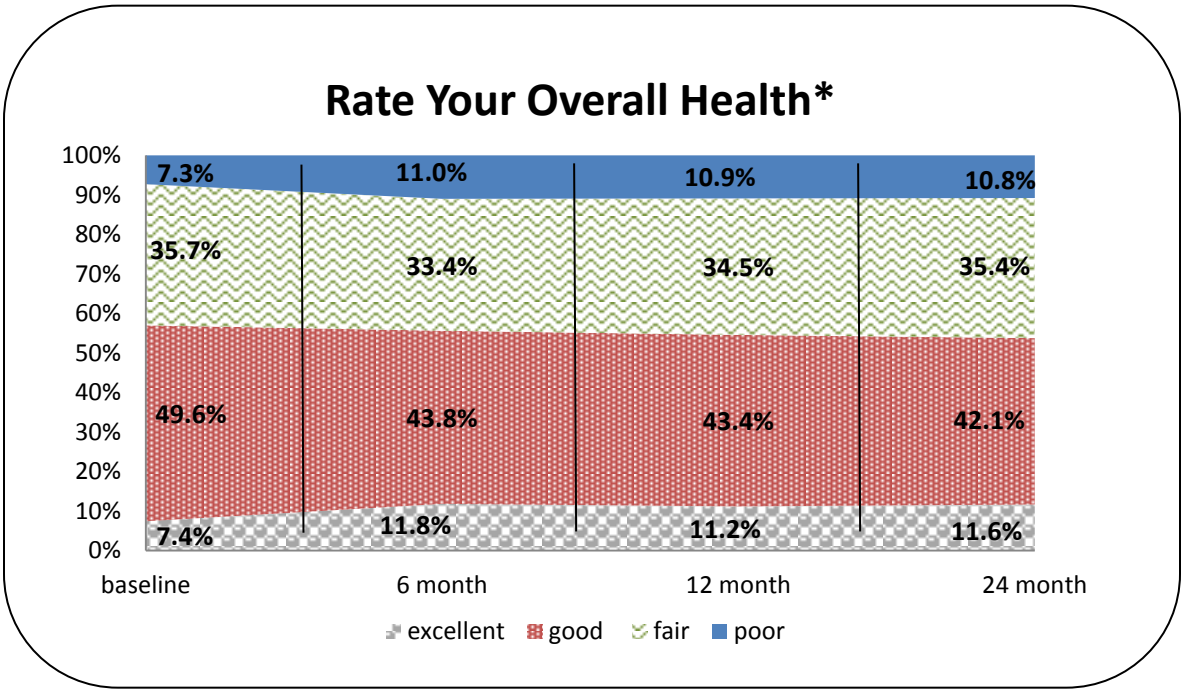


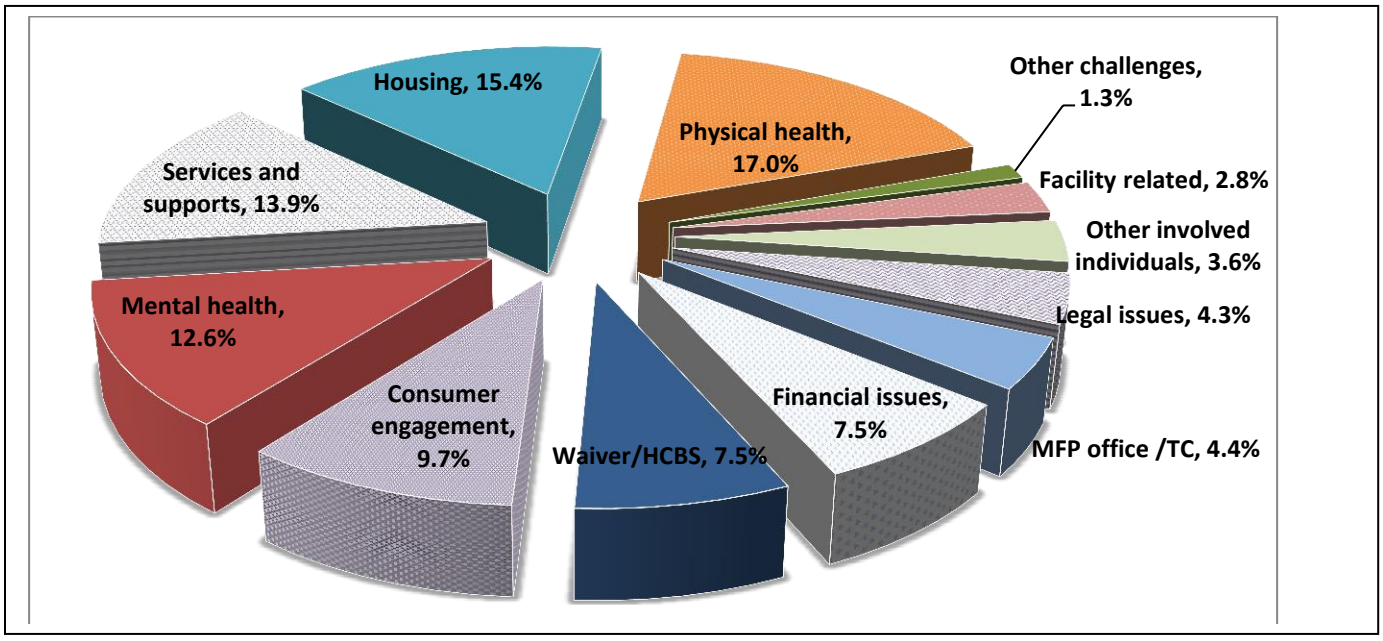












Transition Challenges through 03/31/16

Transition coordinators (TCs) and specialized care managers (SCMs) complete a standardized challenges checklist for each consumer. There were a total of 10,388 MFP referrals to SCM Supervisors. Challenges checklists were completed for 7,021 of these referrals, representing 6,511 consumers. Excluding the referrals which indicated "no challenges," the challenges checklist generated 41,426 separate challenges. Of these, the most frequently chosen challenge was physical health (17.0%), followed by challenges related to housing (15.4%), services and supports (13.9%), mental health (12.6%), and consumer engagement (9.7%).

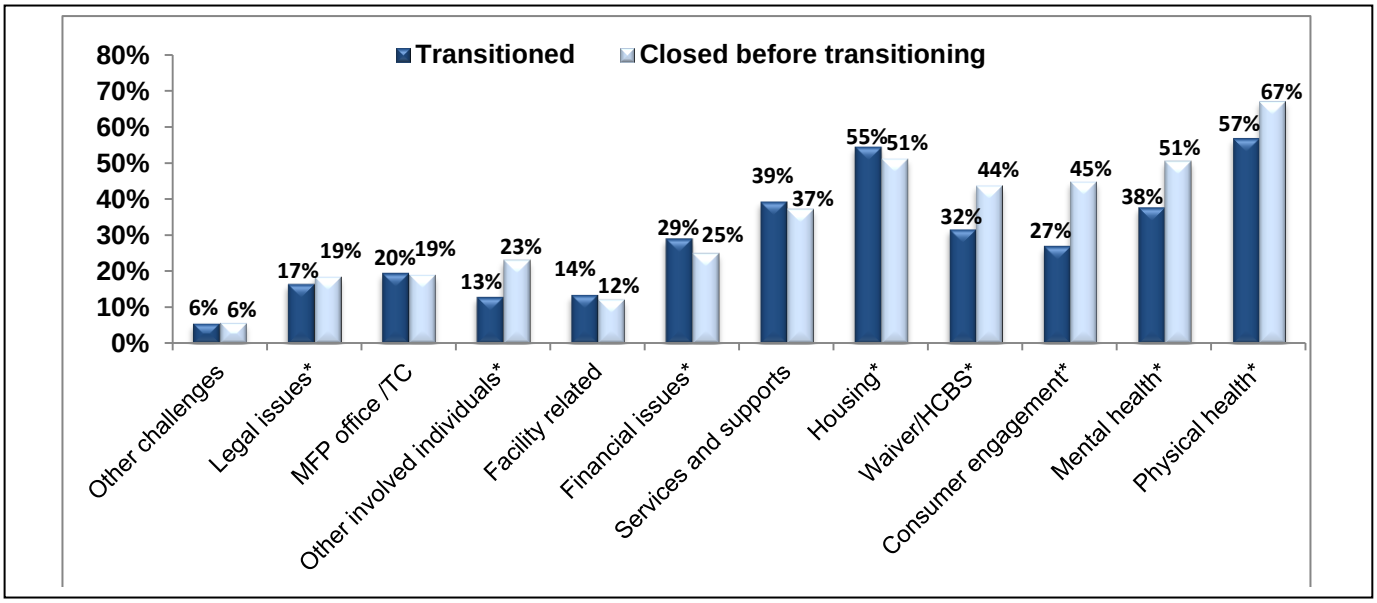
Type of challenge by transition status

The figure below shows the percentage of each group (those who transitioned and those who closed before transitioning) which had each challenge. For example, of the referrals that closed without transitioning, 67 percent had a physical health challenge. Conversely, 57 percent of referrals that did transition had physical health challenges.

Eight of the twelve challenge categories had statistically significant differences between the two groups.

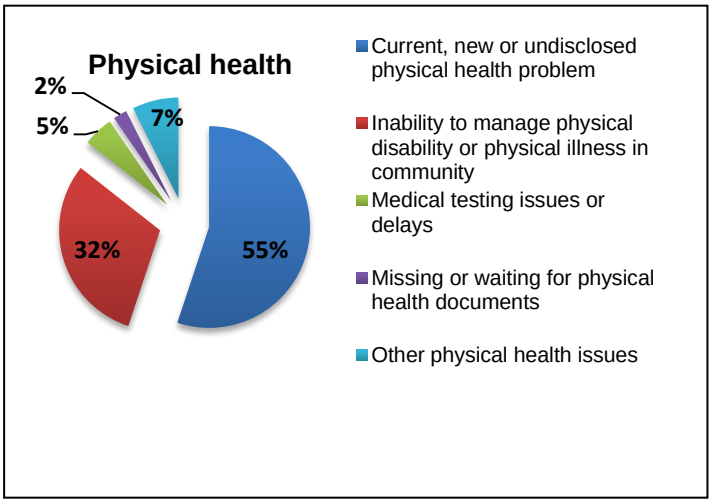
Be sure to check the LINK to the full Transition Challenges report.

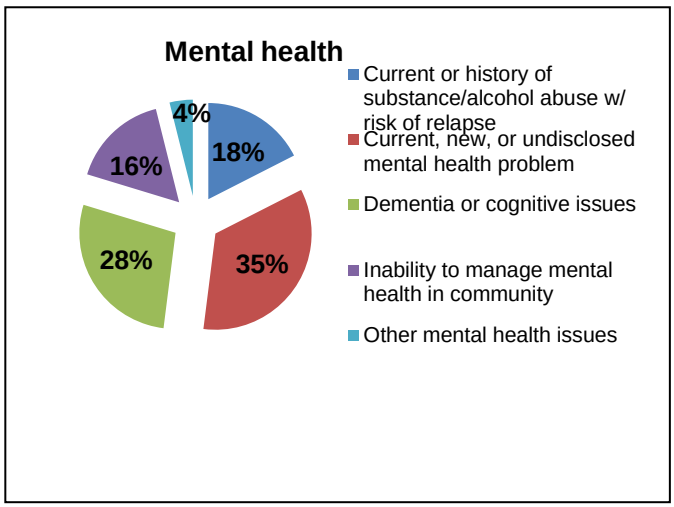
http://uconn-aging.uchc.edu/money_follows_the_person_demonstation_evaluation_reports.html

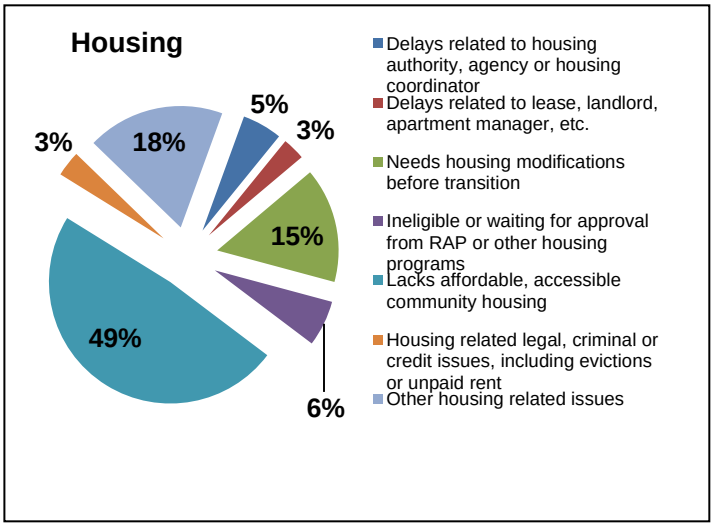


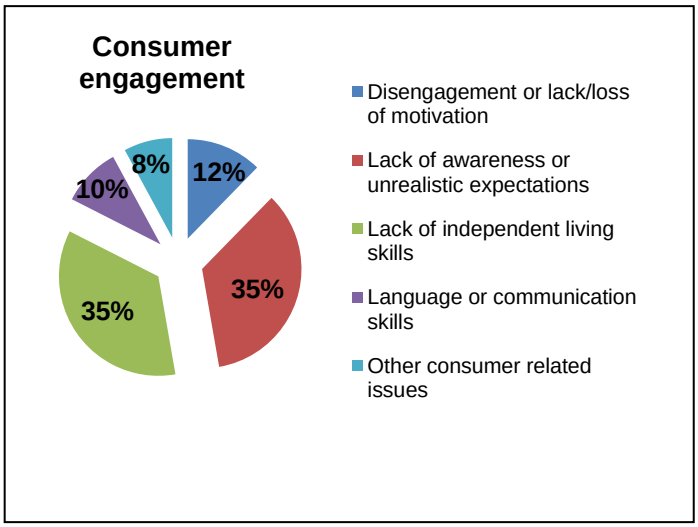
Types of Challenges – through 03/31/2016

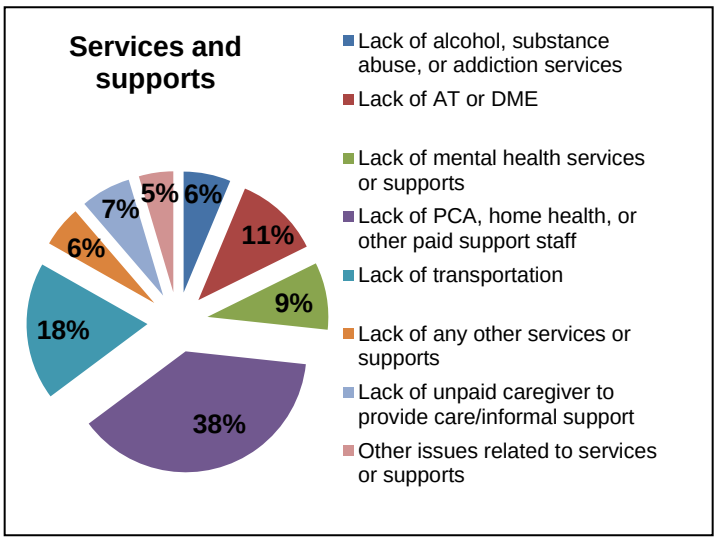
Shown below are the six most common challenge types

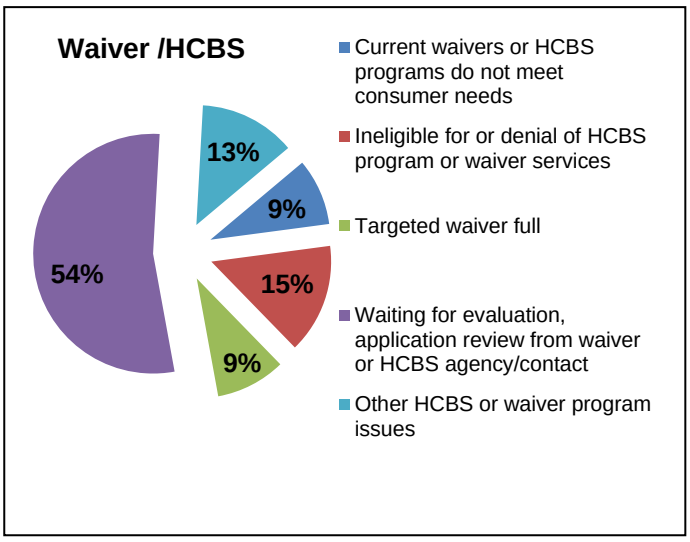






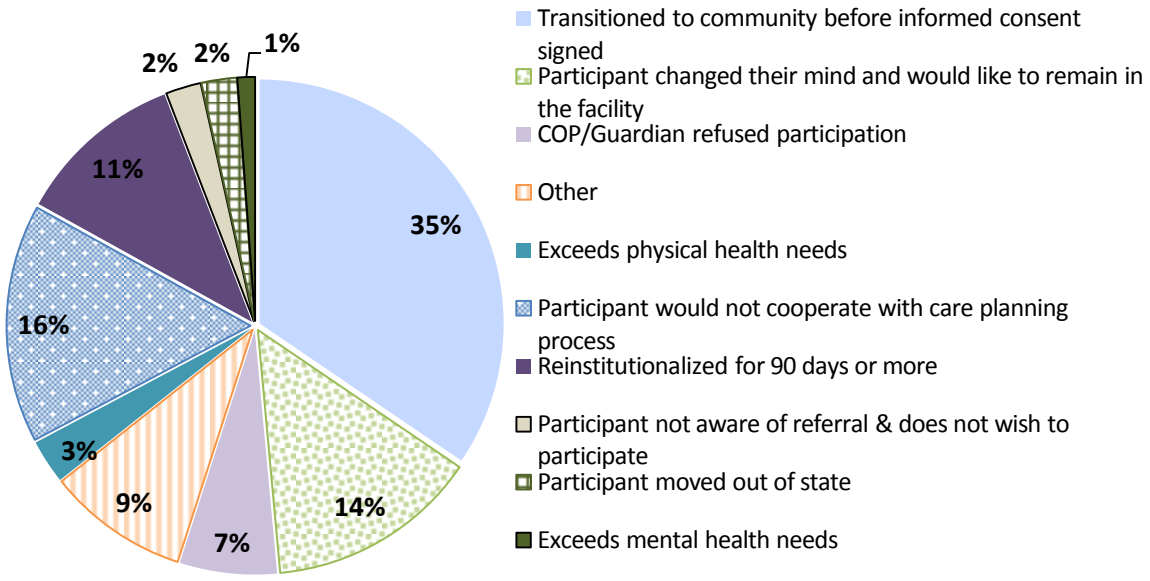




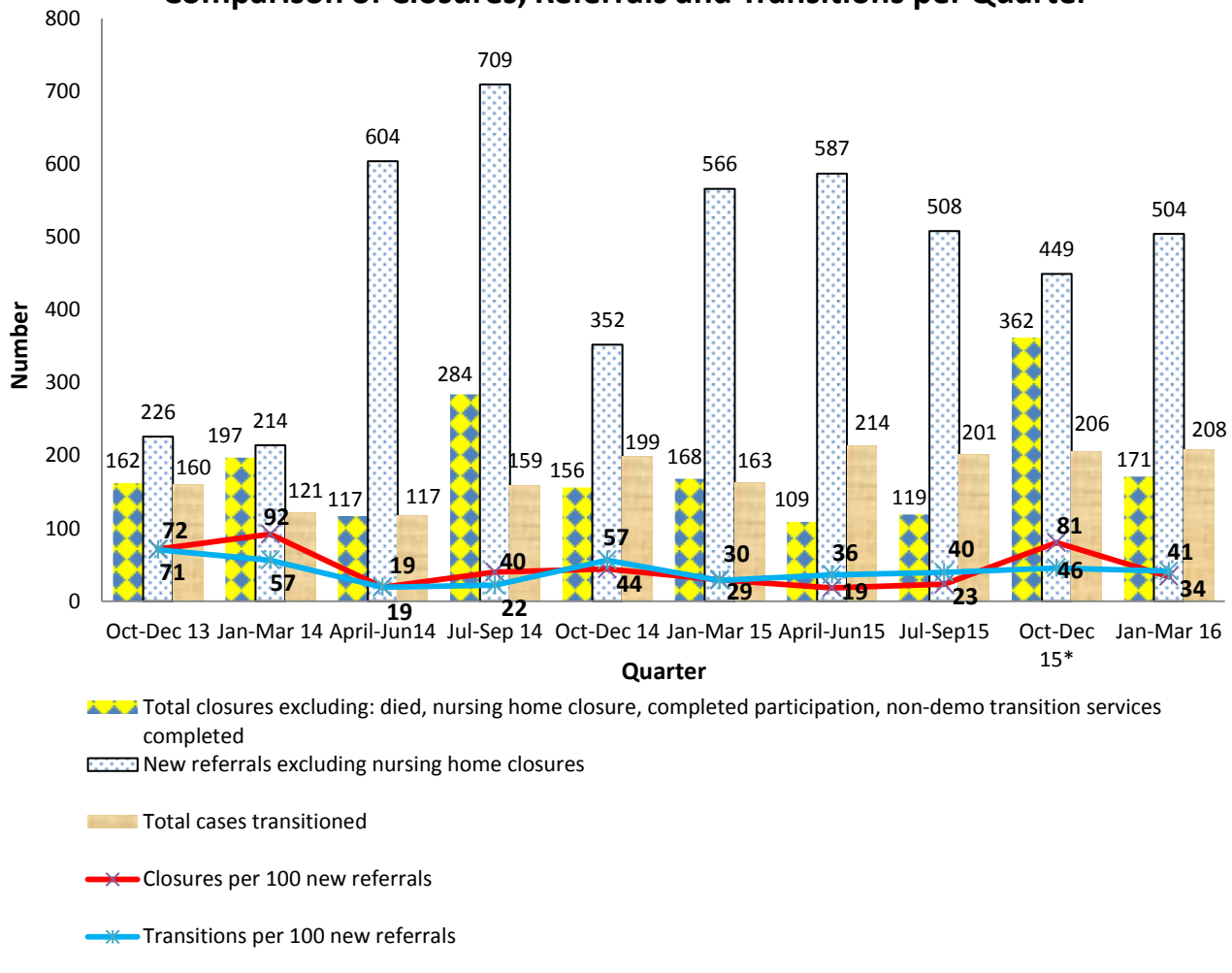


For the full report on transition challenges through 03/31/2016, use the link on page 7 to get to the Center on Aging website.

Percentage of Closed Cases by Closure Reason: January - March 2016



Comparison of Closures, Referrals and Transitions per Quarter



* Note: Total closures this quarter were higher due to clearing the backlog at Central Office.

Meet Donna Thomas

Donna has made great strides in regaining her strength, her mobility and her ability to express herself after her stroke on December 5, 2011. At age 42, Donna had a major stroke, followed by a craniotomy with a very low likelihood of survival. Incredibly, 15 years earlier to the day she had a massive heart attack. At the time, doctors advised her husband, Warren, to take her off life supports. Warren fought it! Through both major events, Warren and Donna have been in this fight together.

Before the stroke, Donna loved cooking, trying out new recipes for her family, planting flowers in her garden or working in the kitchen at a nearby nursing facility. Now, with the help of her aides and husband, she is able to do the meal planning again, trying out new recipes on her family and directing others in the kitchen. Although she is no longer bending and digging in the garden, she is able to repot her house plants. Her hospital bed in the living room allows her to appreciate nature, overlooking the flowers and the bird feeders.

Her co-workers from the nursing facility were there for her during her rehabilitation and her friends come into help her with everyday activities like putting on her make-up. "My friends and family have been incredible! They are o.k. with my new normal." Donna started to "connect the dots" receiving one-on-one therapy. The individualized attention she receives through Money Follows the Person (MFP) in the comfort of her home "was key to figuring things" out on her own. Donna is still improving physical and mentally. "One of my goals a year ago was to walk in the Heart Association Walk, which I did with the help of my aide." Donna continues to fight hard to be as independent as possible. Eighteen months ago Donna was non-expressive and "in a state of not understanding or realizing the damage that had happened to her brain." Donna now speaks annually to Yale medical students, teaching them the power of the human spirit and neuroplasticity. Donna tells people to stick with it. "There is no knocking her down," says Warren. Now she can transfer on her own from the wheelchair to the car. She smiles and enjoys life! She is on Facebook with her two sisters and out of town friends or surfing the internet.

The process of getting into MFP was accelerated due to her husband's strong advocacy. Donna was back home 6 months after she had her stroke with the help of everyone on her team at MFP. Warren knew that the only chance for her happiness was to walk back through the door of their home. "I knew Donna would not recover in an institution." Donna agreed saying, "There is no way. I think I would have died. Being home was

Photo credit: Christine Bailey

the key. I love my family dearly and I just needed to be home with them." The MFP Transition coordinator made sure home modifications and services she would need were ready for her move. This major life event even influenced her daughter's career path. Meghan is currently studying at UCONN to become a neurology physician's assistant.

Warren was clear to say, "It is 100% not easy, but for us there was no other alternative!" They feel strongly that other people with health conditions need to hear about MFP. Now they tell anyone who might be interested. "The government figured out an incredible program!" Donna dreams of starting a foundation to help others like herself.

MFP Demonstration Background

The Money Follows the Person Rebalancing Demonstration, created by Section 6071 of the Deficit Reduction Act (DRA) of 2005 (P.L. 109-171), supports States' efforts to "rebalance" their long-term support systems. The DRA reflects a growing consensus that long-term supports must be transformed from being institutionally-based and provider-driven to person-centered and consumer-controlled. The MFP Rebalancing Demonstration is a part of a comprehensive coordinated strategy to assist States, in collaboration with stakeholders, to make widespread changes to their long-term care support systems.

One of the major objectives of the Money Follows the Person Rebalancing Demonstration is "to increase the use of home and community based, rather than institutional, long-term care services." MFP supports grantee States to do this by offering an enhanced Federal Medical Assistance Percentage (FMAP) on demonstration services for individuals who have transitioned from qualified institutions to qualified residences. In addition to this enhanced match, MFP also offers states the flexibility to provide Supplemental Services that would not ordinarily be covered by the Medicaid program (e.g. home computers, cooking lessons, peer-to-peer mentoring, transportation, additional transition services, etc.) that will assist in successful transitions. States are then expected to reinvest the savings over the cost of institutional services to rebalance their long-term care services for older adults and people with disabilities to a community-based orientation.