CT Money Follows the Person Quarterly Report

Quarter 3, 2016: July 1, 2016 – September 30, 2016

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

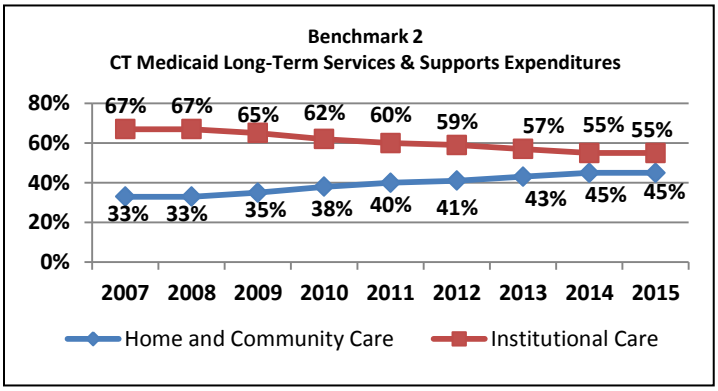
UConn Health, Center on Aging

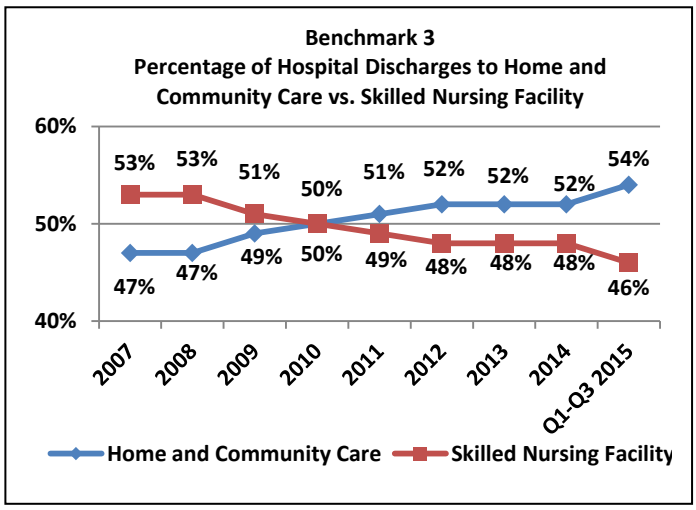
Operating Agency: *CT Department of Social Services* **Funder:** *Centers for Medicare and Medicaid Services*

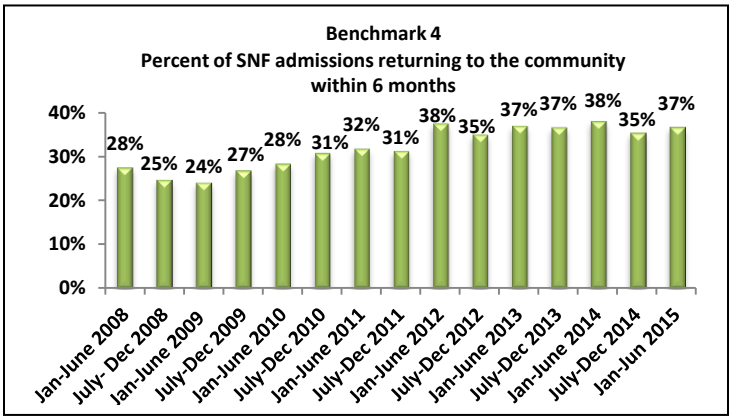
MFP Benchmarks

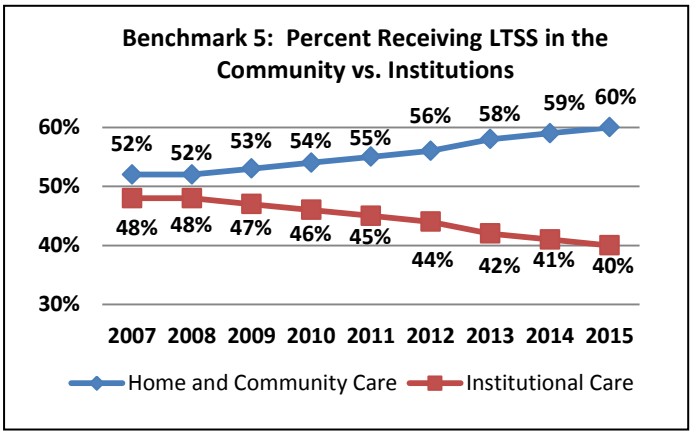
1) **Transition 5200 people from qualified institutions to the community**
2) **Increase dollars to home and community based services**
3) **Increase hospital discharges to the community rather than to institutions**
4) **Increase probability of returning to the community during the six months following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

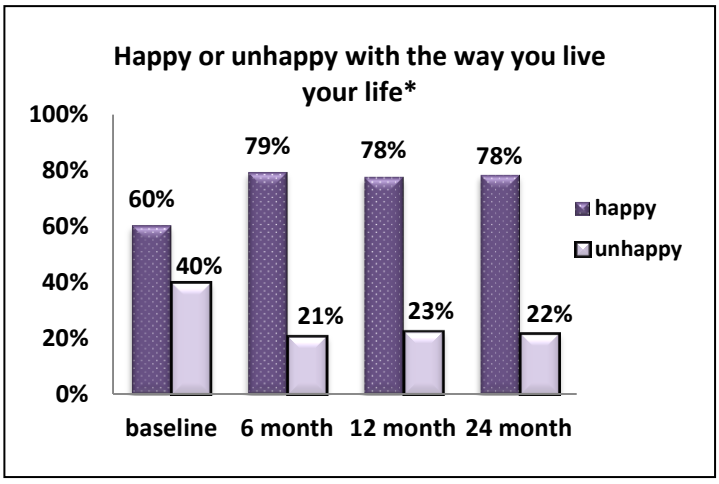
Benchmark 1: The number of demonstration consumers transitioned = 3,742 (non-demonstration transitions = 276)



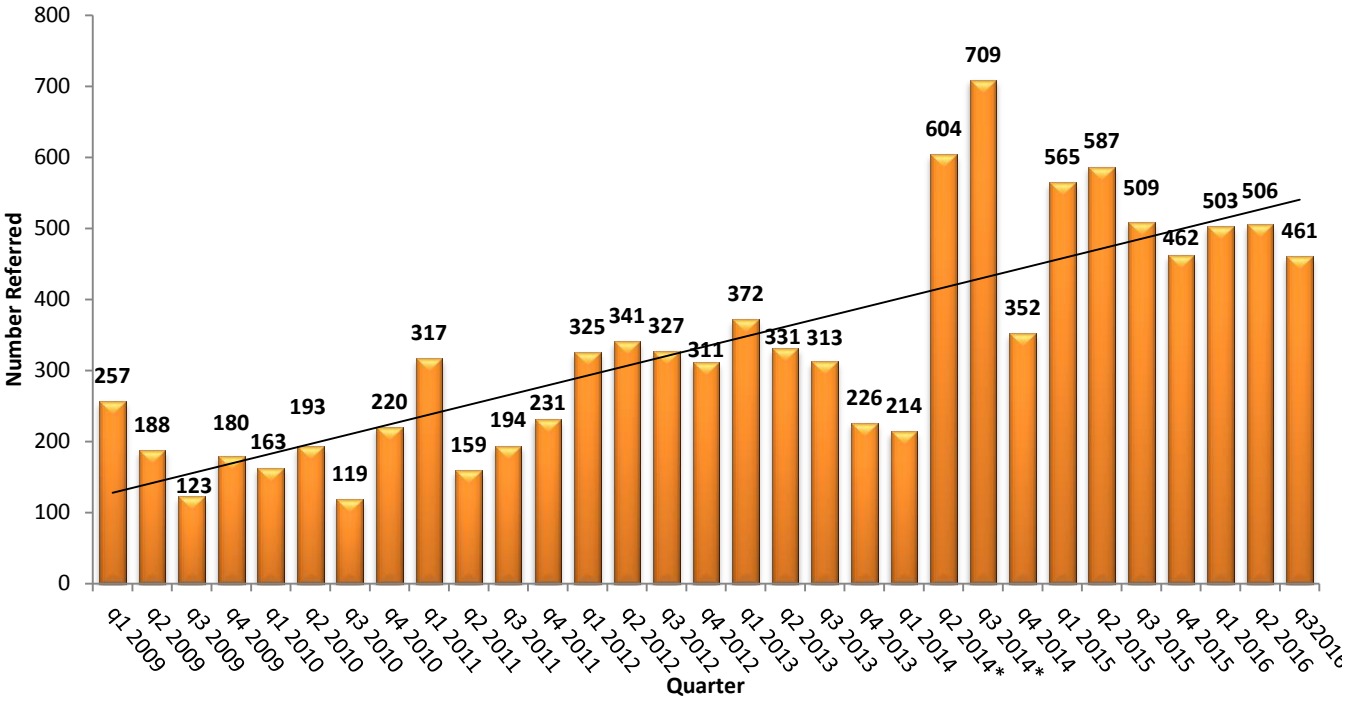






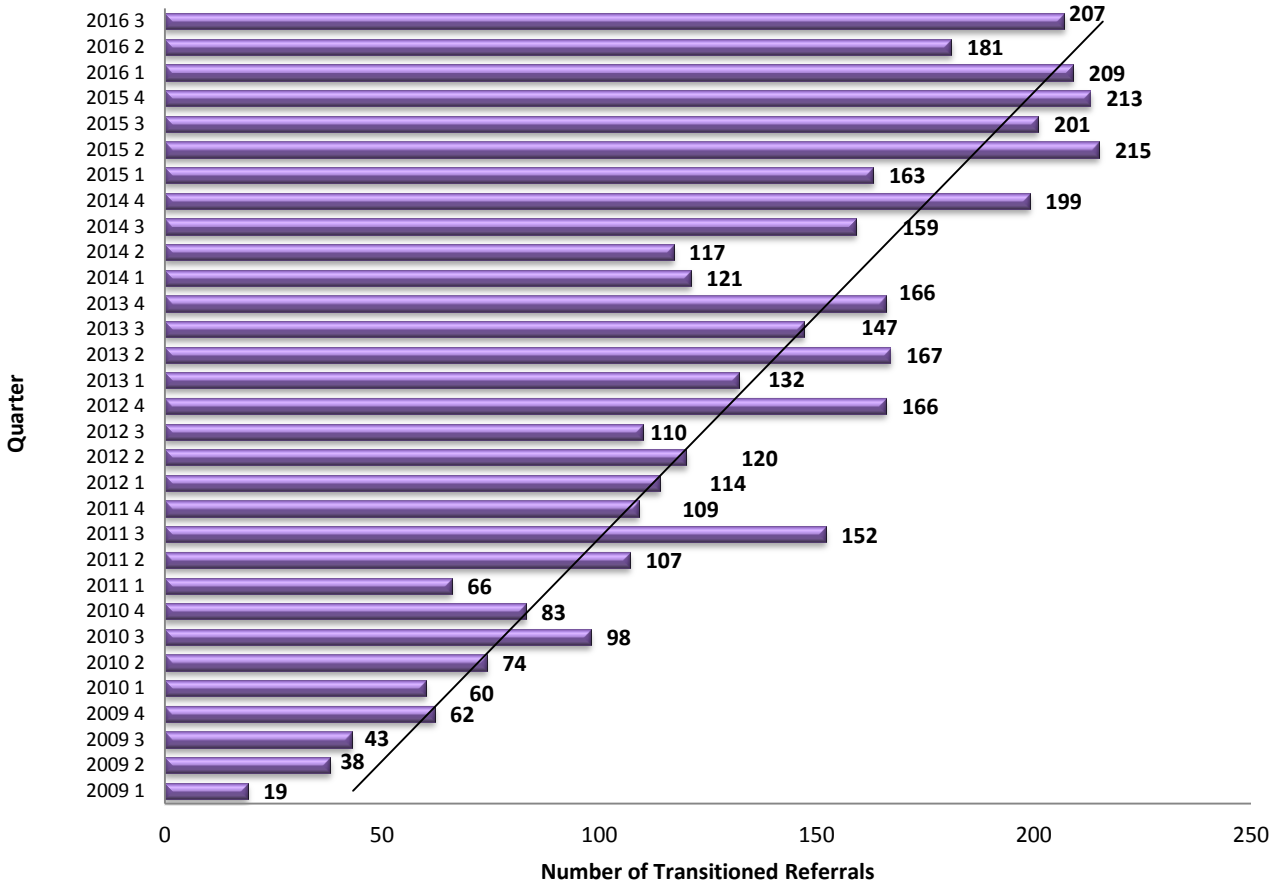


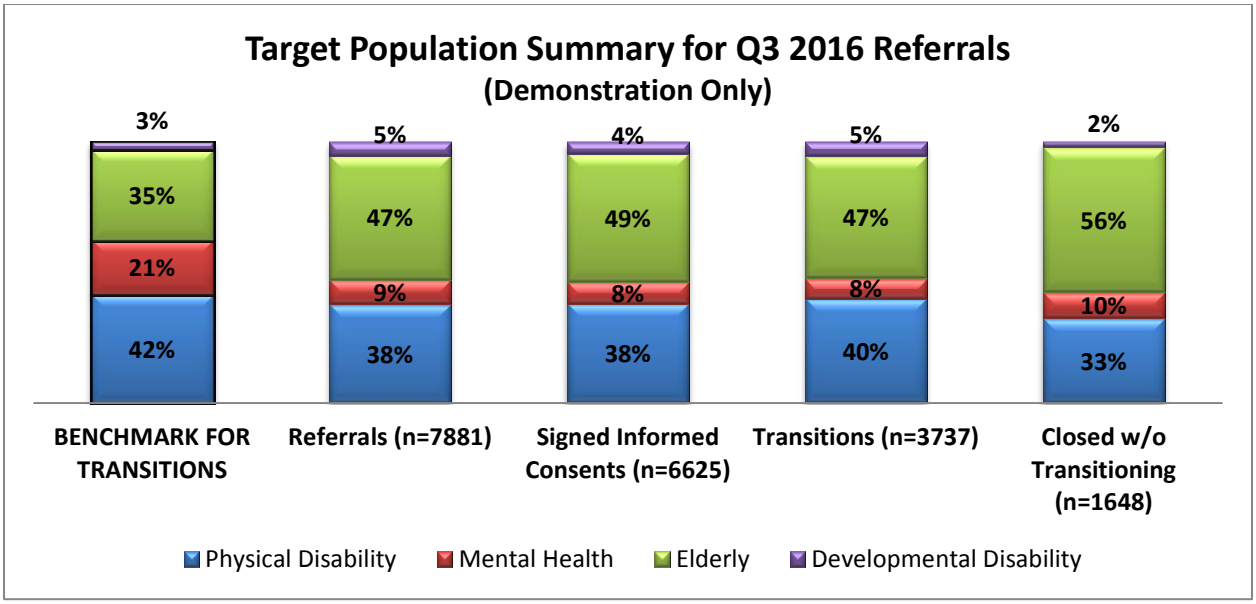
Referrals to Transition Coordinators[t]: Q1 2009 to Q3 2016

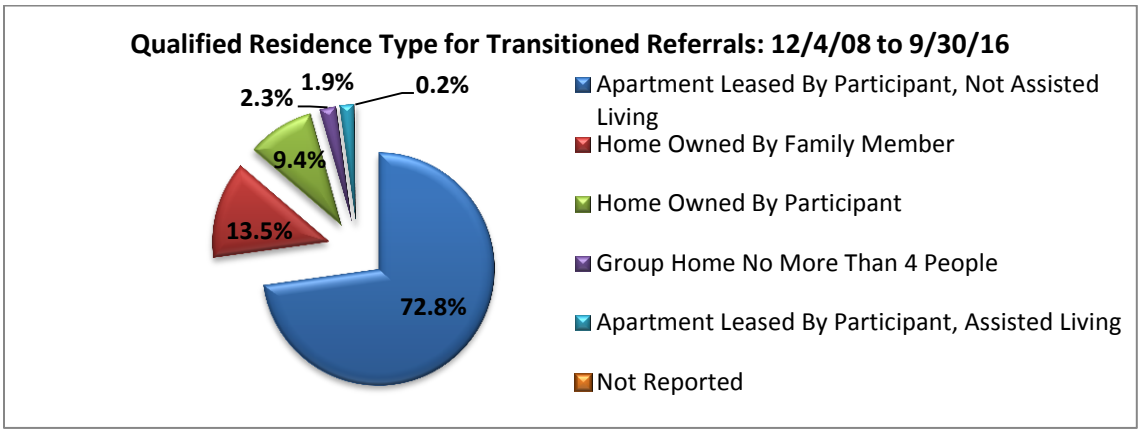


[t]Excludes nursing home closures *Increase in referrals reflects the ongoing adjustment to MFP reorganization

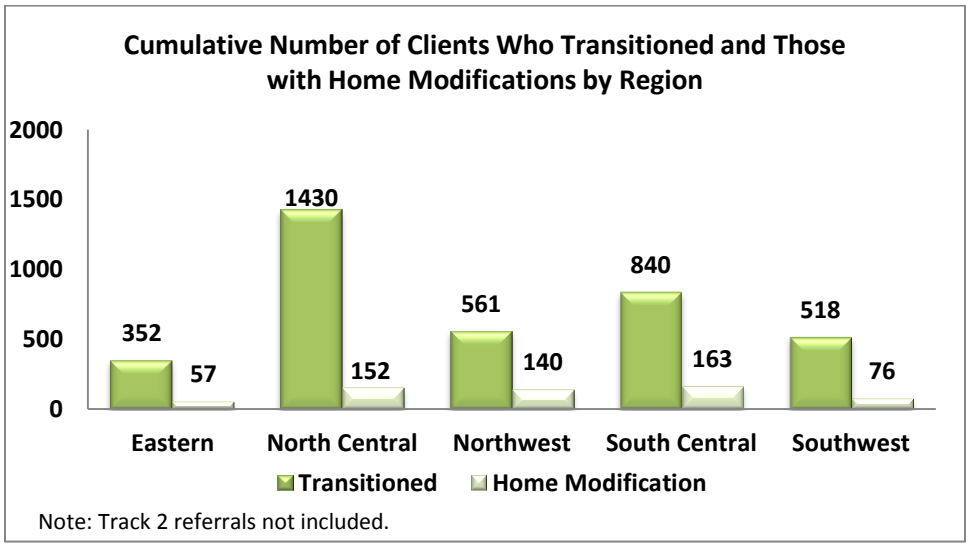
Number of Transitions by Quarter: 12/2008 - 9/30/2016

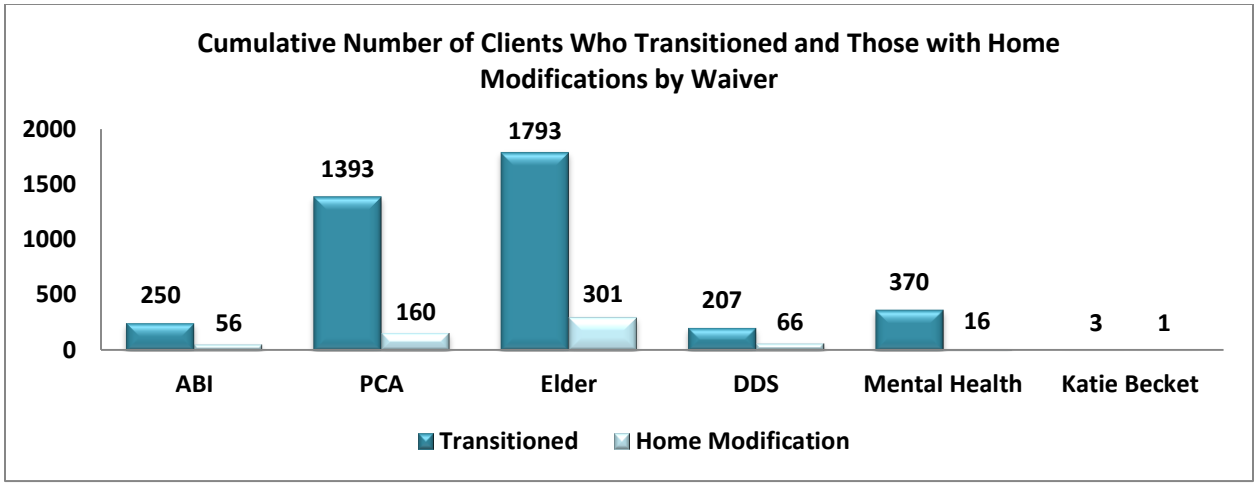


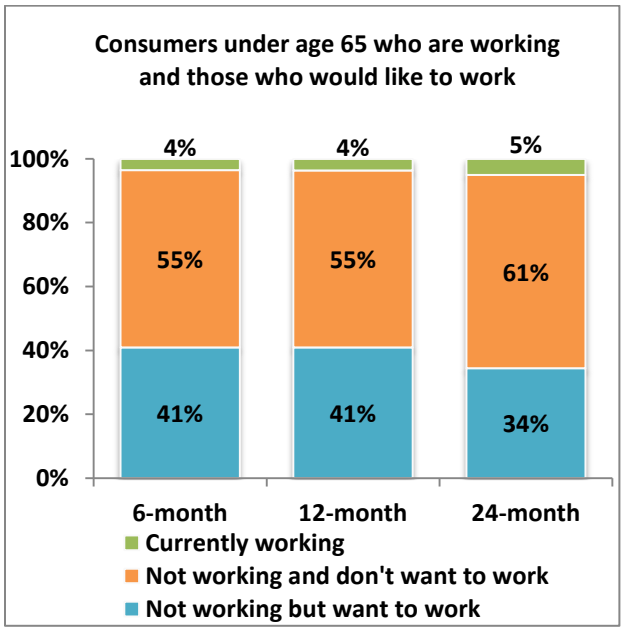


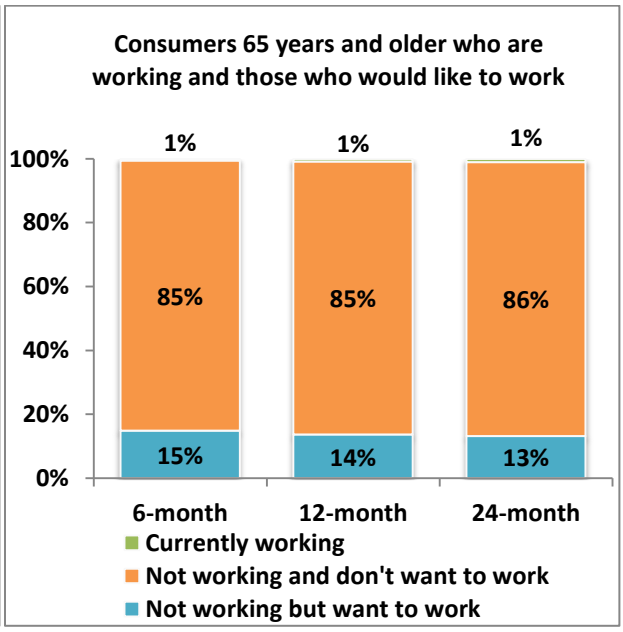


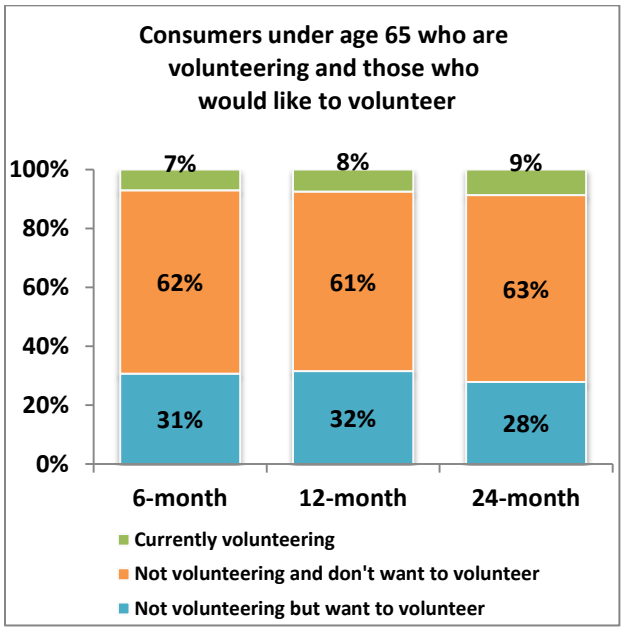
Reinstitutionalization: 13% (389) of participants who transitioned by Sept 30, 2015 were in an institution 12 months after their transition.

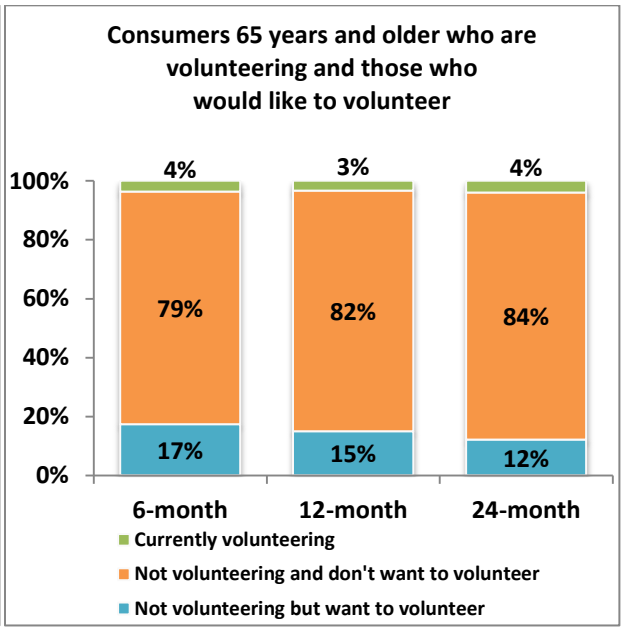



Cumulative Number of Clients Who Transitioned and Those with Home Modifications by Waiver
2000
1500
1000
500
0
250
56
1393
160
1793
301
207
66
370
16
3
1
ABI
PCA
Elder
DDS
Mental Health
Katie Becket
Transitioned
Home Modification

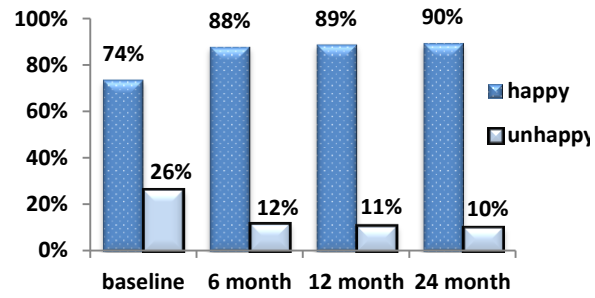

Consumers under age 65 who are working and those who would like to work
100%
80%
60%
40%
20%
0%
4%
4%
5%
55%
55%
61%
41%
41%
34%
6-month
12-month
24-month
Currently working
Not working and don't want to work
Not working but want to work

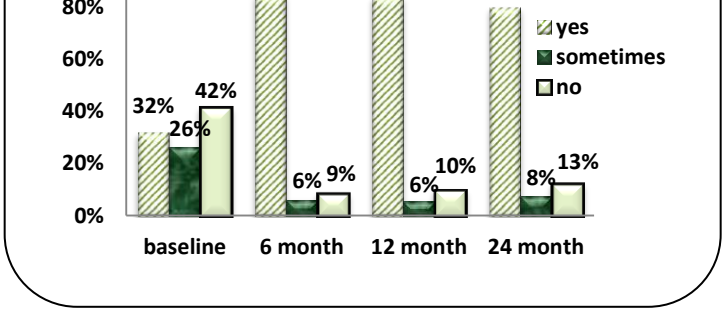

Consumers 65 years and older who are working and those who would like to work
100%
80%
60%
40%
20%
0%
1%
1%
1%
85%
85%
86%
15%
14%
13%
6-month
12-month
24-month
Currently working
Not working and don't want to work
Not working but want to work

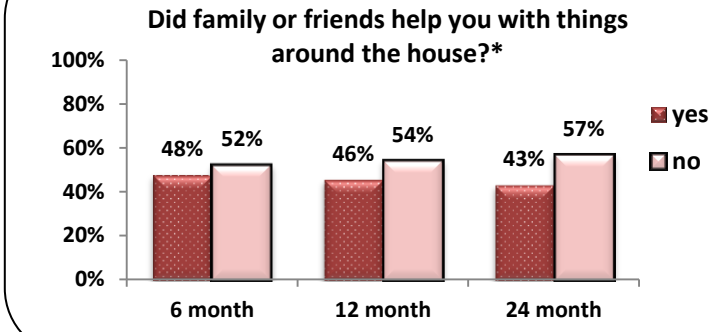

Consumers under age 65 who are volunteering and those who would like to volunteer
100%
80%
60%
40%
20%
0%
7%
8%
9%
62%
61%
63%
31%
32%
28%
6-month
12-month
24-month
Currently volunteering
Not volunteering and don't want to volunteer
Not volunteering but want to volunteer

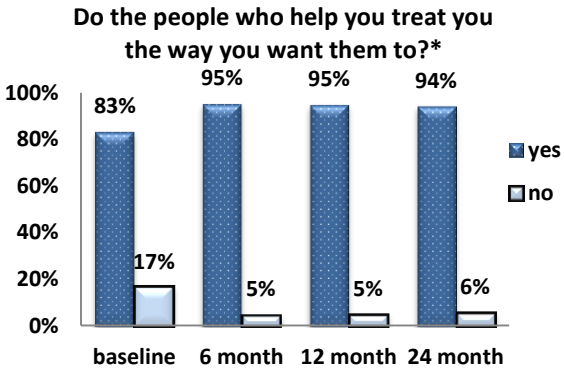

Consumers 65 years and older who are volunteering and those who would like to volunteer
100%
80%
60%
40%
20%
0%
4%
3%
4%
79%
82%
84%
17%
15%
12%
6-month
12-month
24-month
Currently volunteering
Not volunteering and don't want to volunteer
Not volunteering but want to volunteer

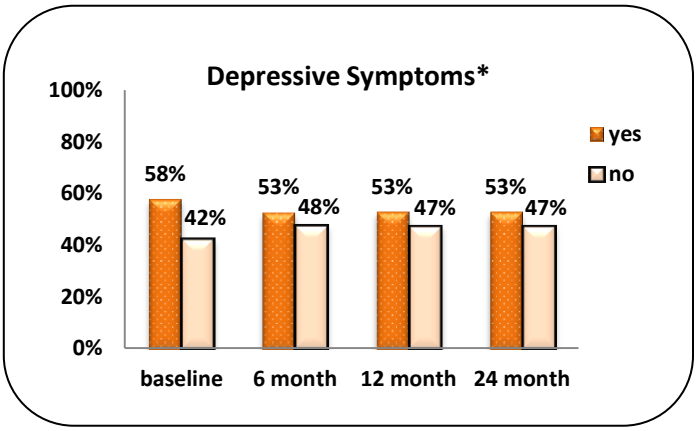
MFP Quality of Life Dashboard As of 09/30/2016

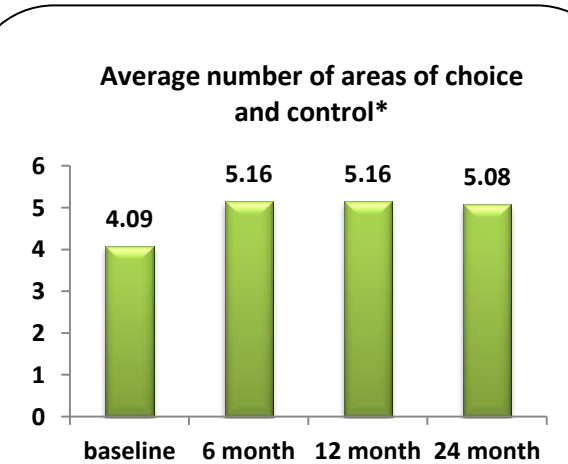


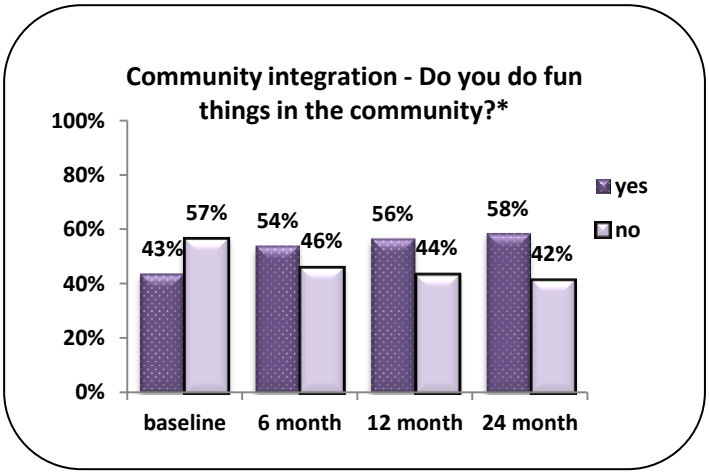












*indicates statistically significant differences

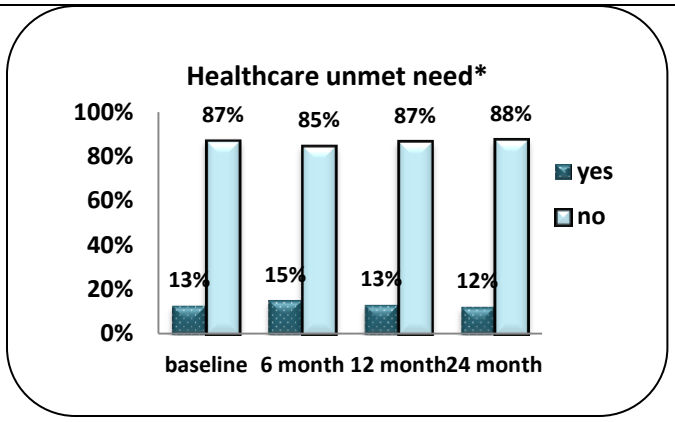
Quality of Life Interviews Completed
(Cumulative data through 09/30/16)

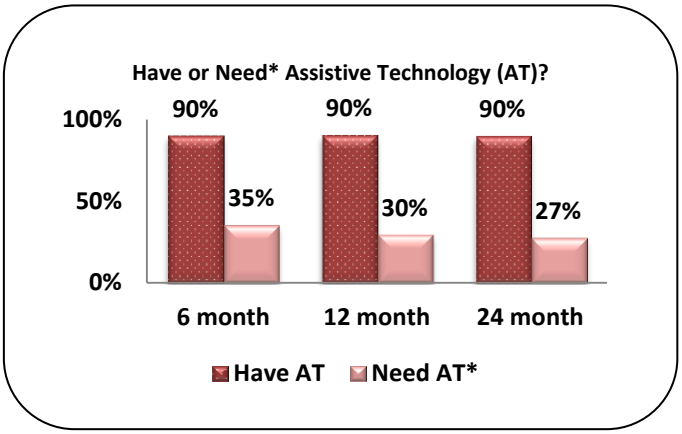
Baseline interviews done prior to transition, n=4,093

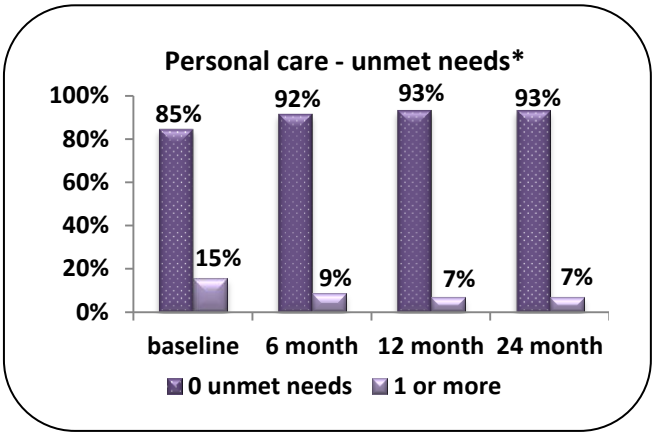
6 month interviews done 6 mos after transition, n=3,049

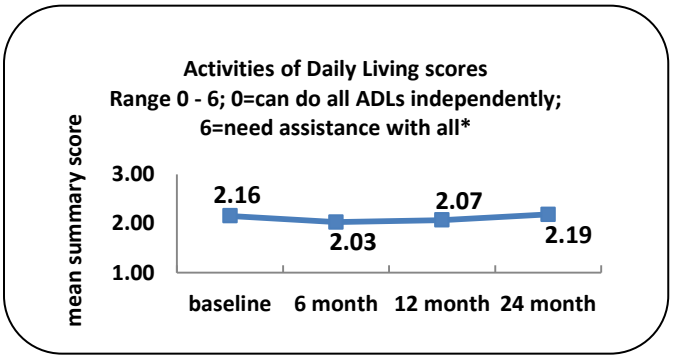
12 month interviews done 12 mos after transition, n=2,635

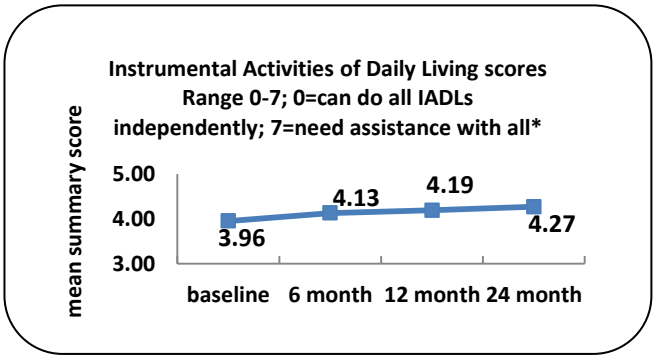
24 month interviews done 24 mos after transition, n=1,768

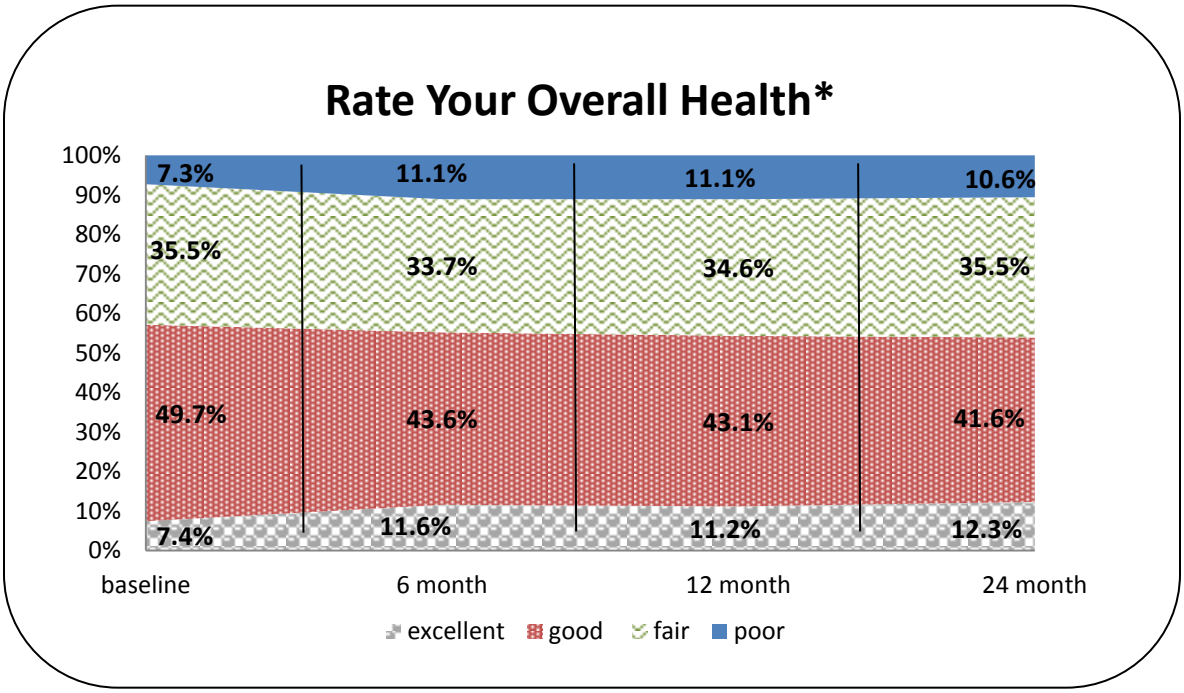


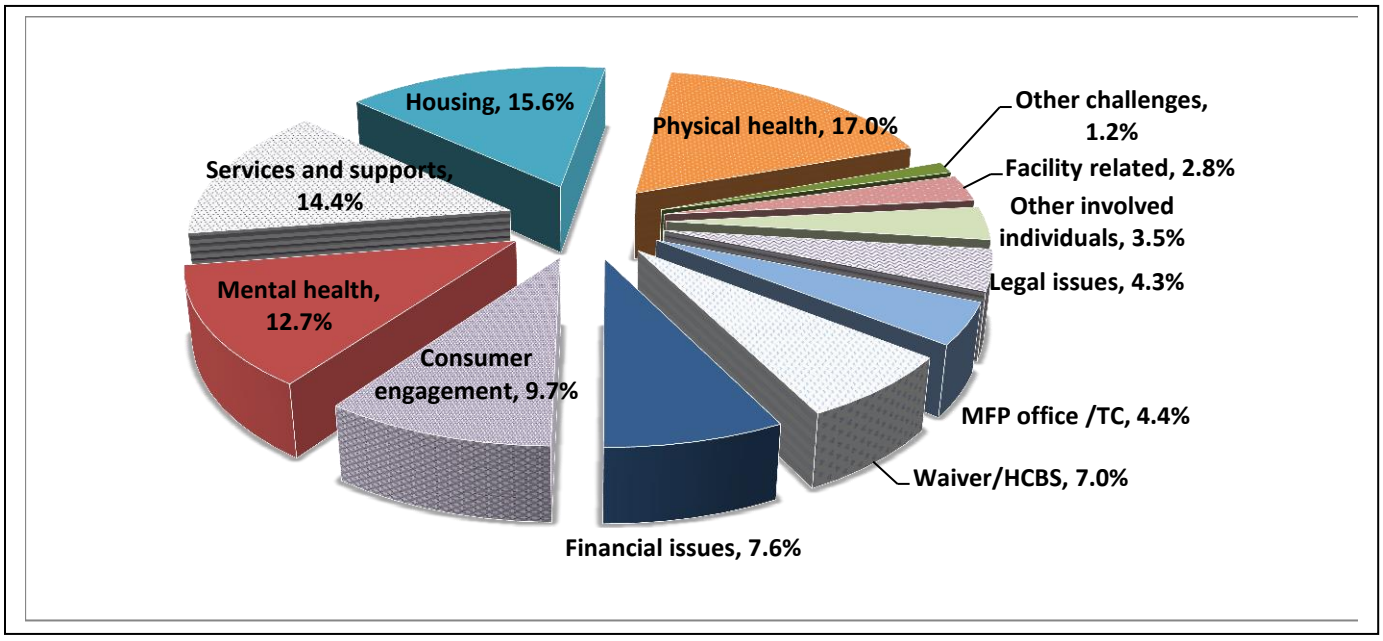












Transition Challenges through 9/30/16

Transition coordinators (TCs) and specialized care managers (SCMs) complete a standardized challenges checklist for each consumer. There were a total of 11,271 MFP referrals to SCM Supervisors. Challenges checklists were completed for 7,717 of these referrals, representing 7,133 consumers. Excluding the referrals which indicated "no challenges," the challenges checklist generated 43,217 separate challenges. Of these, the most frequently chosen challenge was physical health (17.0%), followed by challenges related to housing (15.6%), services and supports (14.4%), mental health (12.7%), and consumer engagement (9.7%).

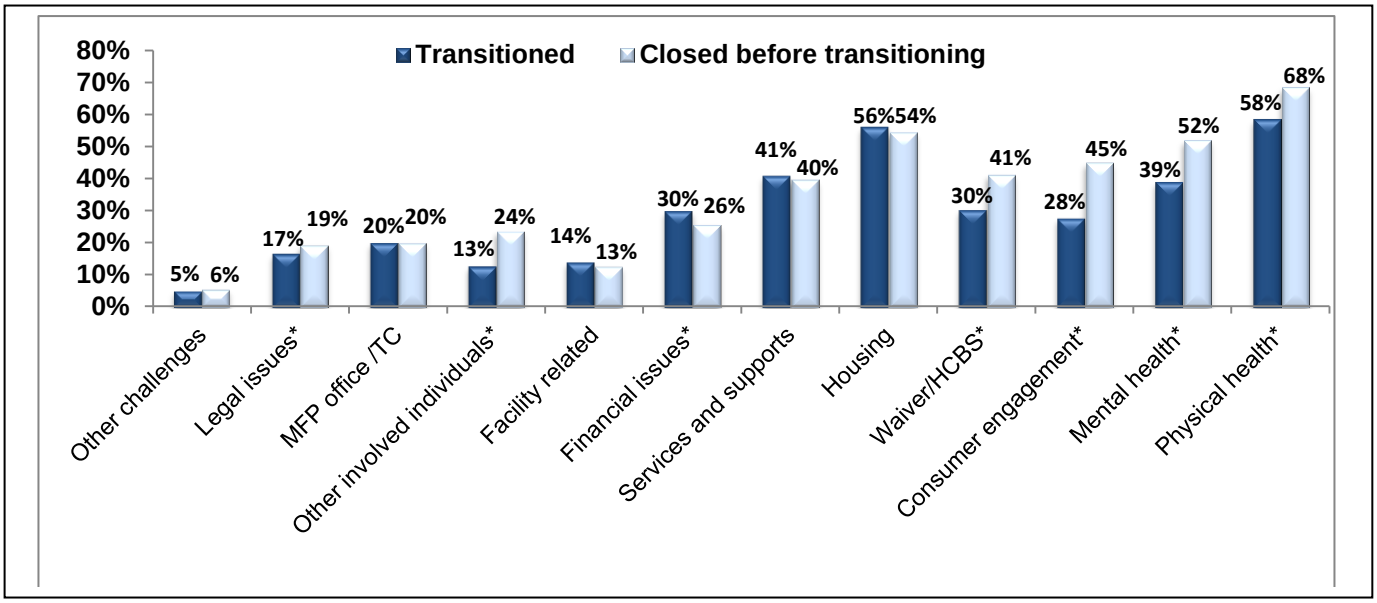
Type of challenge by transition status

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, 68 percent had a physical health challenge. Conversely, 58 percent of referrals that did transition had physical health challenges.

Seven 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.

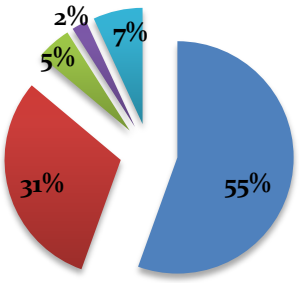
http://uconn-aging.uchc.edu/money_follows_the_person_demonstation_evaluation_reports.html



Types of Challenges – through 9/30/2016

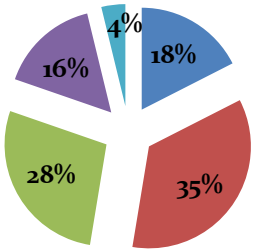
Shown below are the six most common challenge types

Physical health



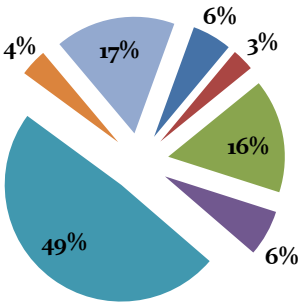
- Current, new or undisclosed physical health problem
- Inability to manage physical disability or physical illness in community
- Medical testing issues or delays
- Missing or waiting for physical health documents
- Other physical health issues

Mental health



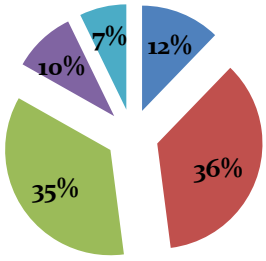
- Current or history of substance/alcohol abuse w/ risk of relapse
- Current, new, or undisclosed mental health problem
- Dementia or cognitive issues
- Inability to manage mental health in community
- Other mental health issues

Housing



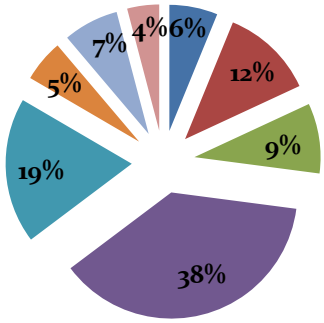
- Delays related to housing authority, agency or housing coordinator
- Delays related to lease, landlord, apartment manager, etc.
- Needs housing modifications before transition
- Ineligible or waiting for approval from RAP or other housing programs
- Lacks affordable, accessible community housing
- Housing related legal, criminal or credit issues, including evictions or unpaid rent
- Other housing related issues

Consumer engagement



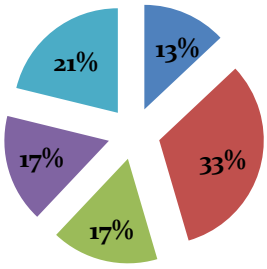
- Disengagement or lack/loss of motivation
- Lack of awareness or unrealistic expectations
- Lack of independent living skills
- Language or communication skills
- Other consumer related issues

Services and supports



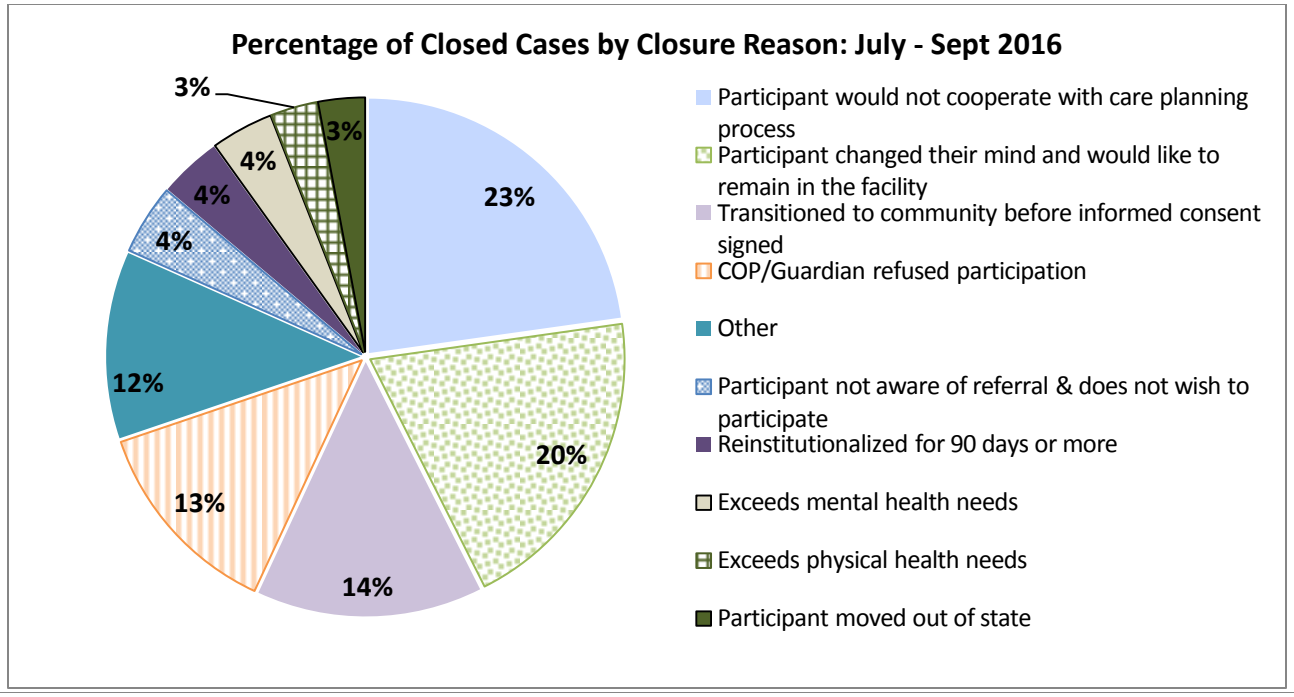
- Lack of alcohol, substance abuse, or addiction services
- Lack of AT or DME
- Lack of mental health services or supports
- Lack of PCA, home health, or other paid support staff
- Lack of transportation
- Lack of any other services or supports
- Lack of unpaid caregiver to provide care/informal support
- Other issues related to services or supports

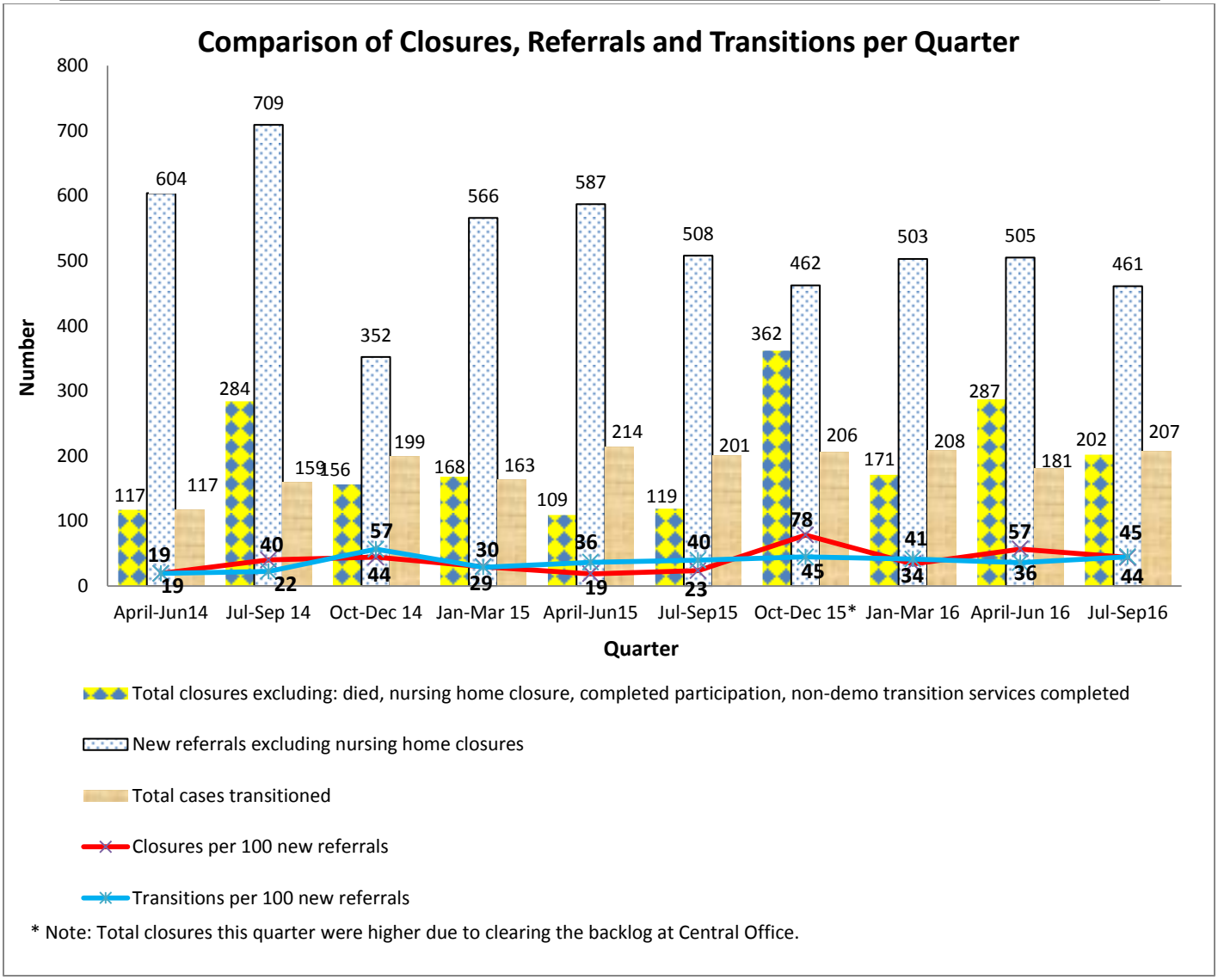
Financial



- Consumer credit or unpaid bills
- Lack of or insufficient financial resources
- SSDI, SSI, SAGA, SSA, VA or other cash benefits
- Medicaid eligibility or insurance issues
- Other financial issues

For the full report on transition challenges through 9/30/2016, use the link on page 7 to get to the Center on Aging website.





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

Meet Francisco Fernandes

Francisco is a person who meets and learns to accept all the challenges that life presents. He was paralyzed after he broke his neck in an accident in 2000. After this accident, Francisco's wife, Jennifer, provided twenty-four hour care for Francisco. Unfortunately, in 2014, Francisco's wife had a major heart attack, which left Francisco without any care. He worked hard trying to care for himself, but after one month without having his wife at home, Francisco tore his rotator cuff. He then needed surgery, which lead to being admitted into a nursing facility.

While Francisco did not want to be in a nursing facility, he had no choice because Jennifer was no longer able to care for him, due to her own health condition. This was hard on both Jennifer and Francisco. During their twenty-four years of being together, they had never been apart for more than four hours. Jennifer slept at the nursing home almost every night during Francisco's stay. While Francisco was grateful for his wife's presence, he wanted to go home. He did not like the atmosphere of the nursing home and felt as though he was "restricted" and becoming "emotionally unhealthy." When he found out about the Money Follows the Person program, he felt "relieved and hopeful."

Francisco states that his transition was smooth, all thanks to his transition coordinator (TC). Francisco said that his TC was "way cool" and had a "good soul." "[He] treated me like a person and made me feel like he had my back." Francisco felt that his TC was always looking out for his "best interest." Francisco also said his TC "went beyond" and always made sure he had what was needed, including "when I asked for Ensure beverage drink to help increase my protein." When returning home for the first time, Francisco said he shed a tear because he was so happy. "I felt I had my life back."

Not only did this program change Francisco's life, but it also changed Jennifer's life. As a caregiver, Jennifer said that Money Follows the Person "gave us our relationship back." She feels less stressed about Francisco's care because they are able to self-direct and are thrilled to be given the power to choose which caregivers they want to hire. Jennifer is relieved knowing that when she steps out the door, Francisco is in good hands. According to Jennifer the services offered have "given us a huge sense of relief."

Francisco and Jennifer are now able to enjoy things like going to the movies, chasing Pokémon, visiting arcades, and even attending Yankee games. Without the program, Francisco knows that he would not have been able to leave the nursing home.

Photo credit: Doreek Charles

Jennifer and Francisco "can't say thank you enough" for the MFP program. They love that they are able to spend every day together, doing what they love to do. Francisco says that this program is "life changing" and wishes everyone knew about it.

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.