CT Money Follows the Person Quarterly Report

Quarter 4, 2016: October 1, 2016 – December 31, 2016

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

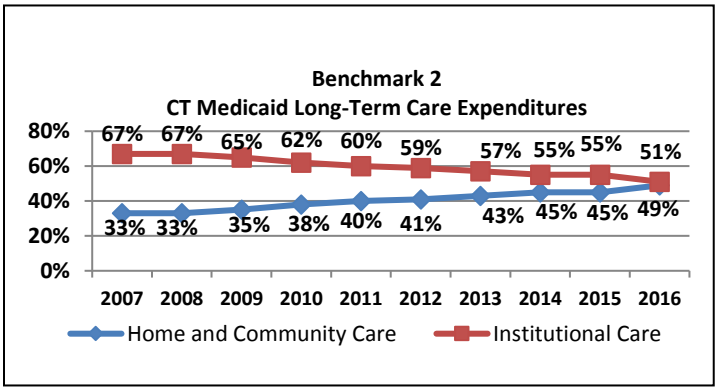
UConn Health, Center on Aging

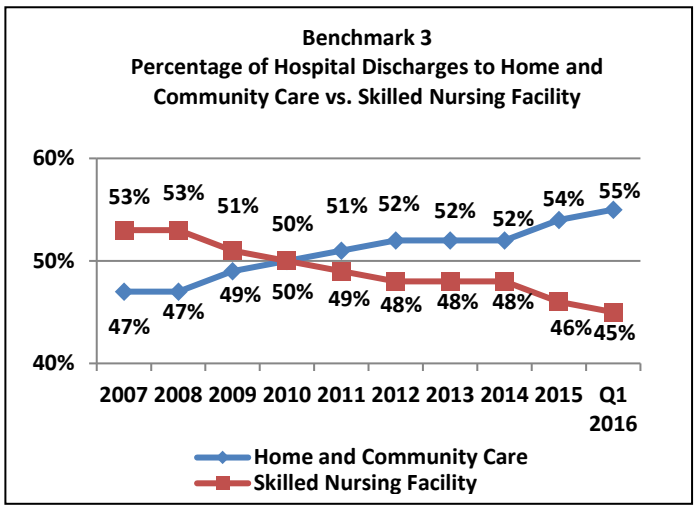
Operating Agency: *CT Department of Social Services* **Funder:** *Centers for Medicare and Medicaid Services*

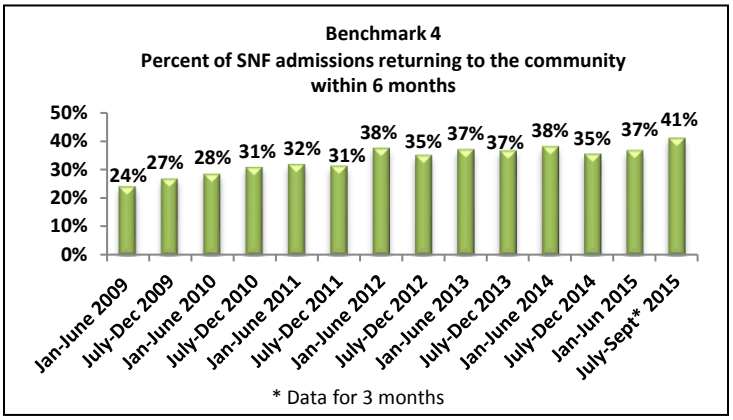
MFP Benchmarks

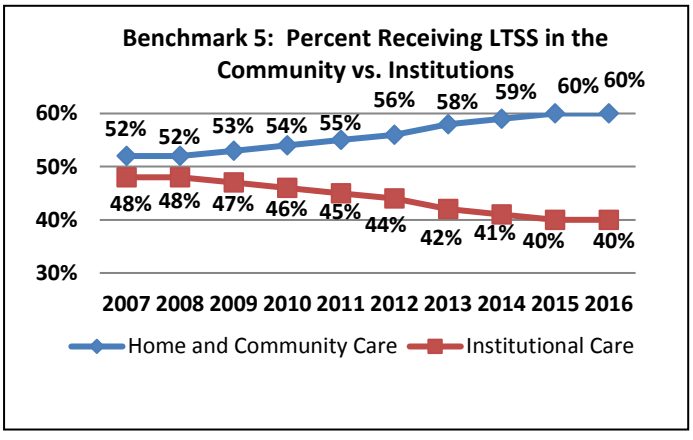
1) Transition 5200 people from qualified institutions to the community
2) Increase dollars to home and community based services
3) Increase hospital discharges to the community rather than to institutions
4) Increase probability of returning to the community during the six months following nursing home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

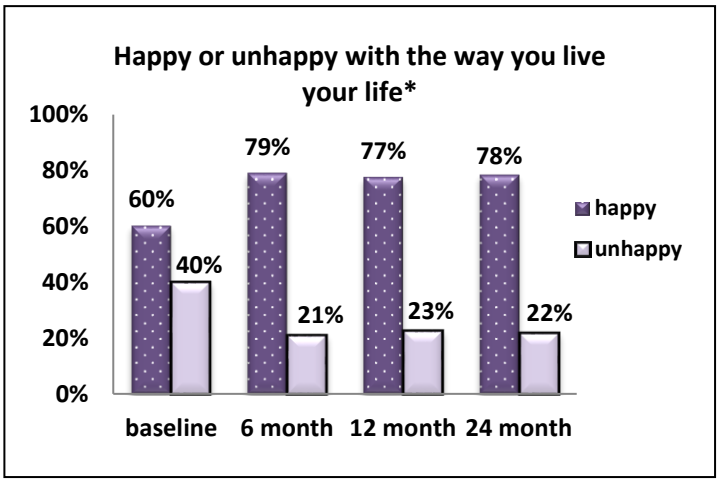
Benchmark 1: The number of demonstration consumers transitioned = 3,927 (non-demonstration transitions = 285)



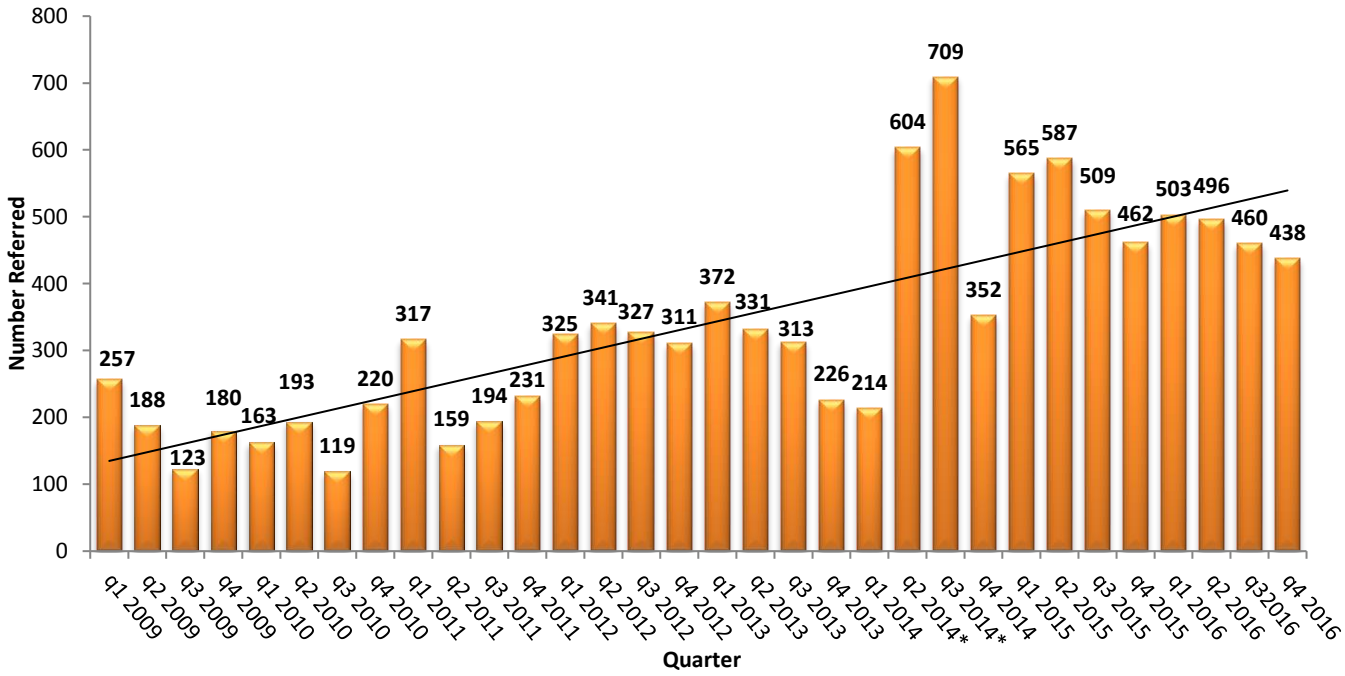








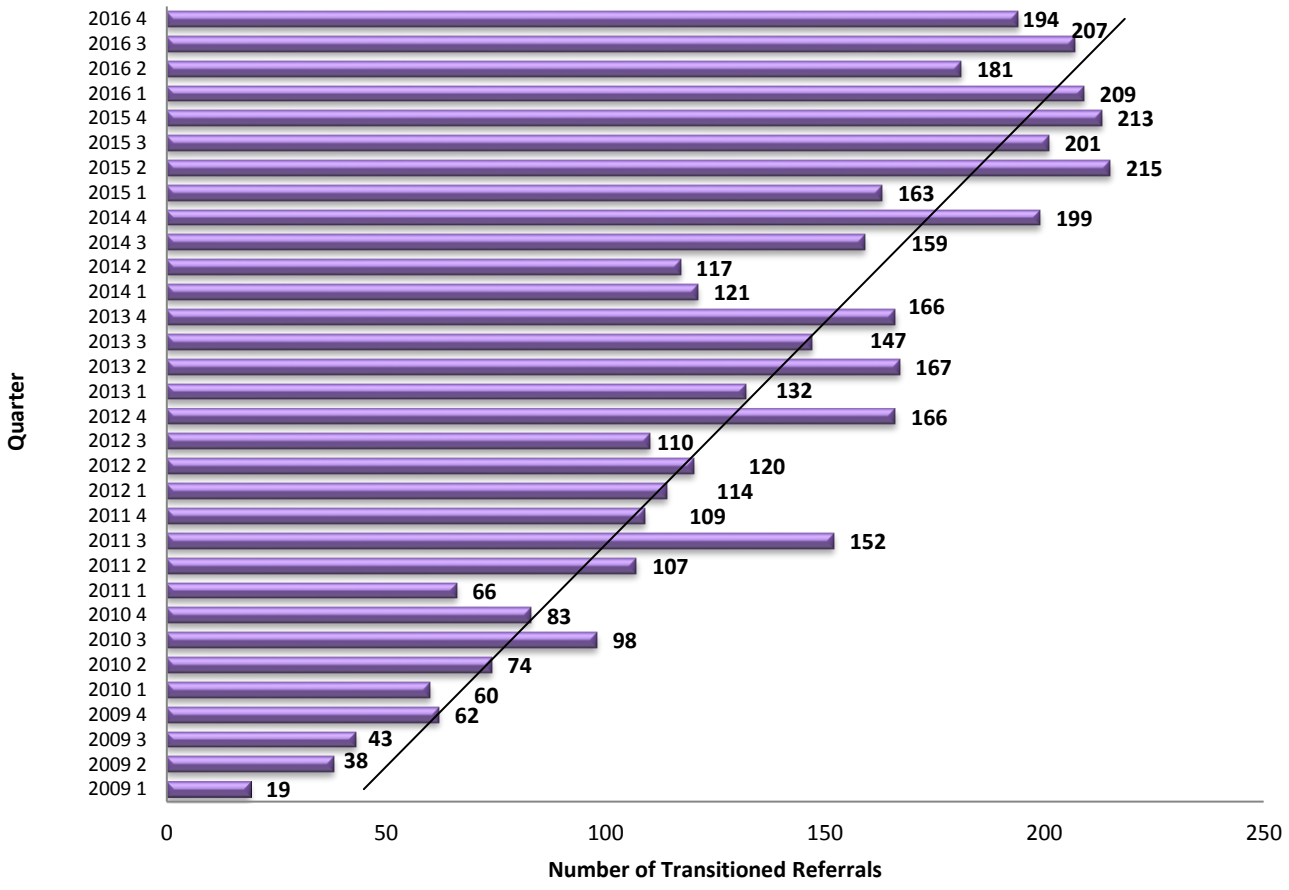
Referrals to Transition Coordinators[t]: Q1 2009 to Q4 2016

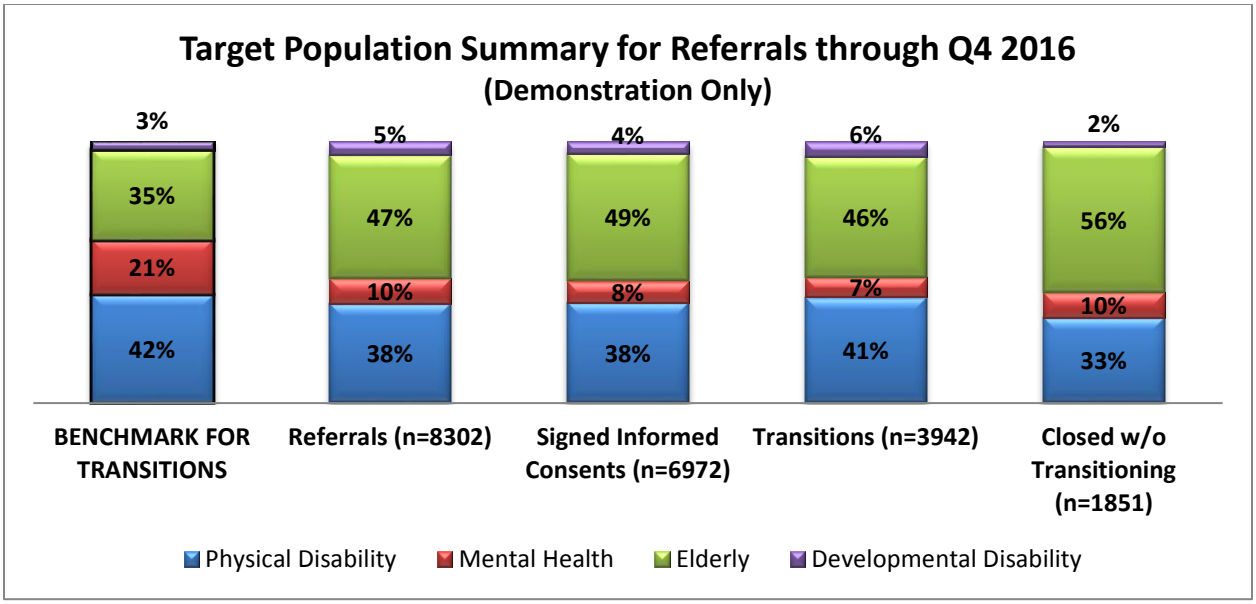


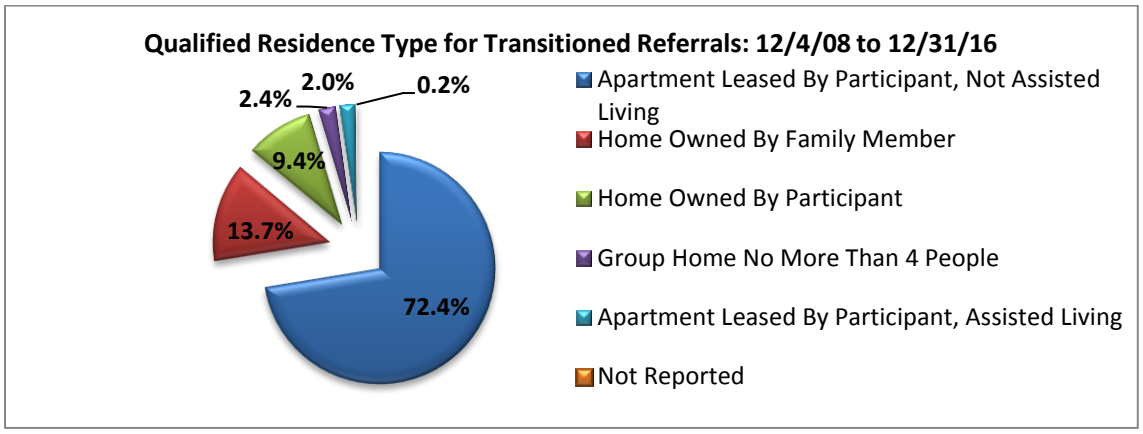
[t]Excludes NH closure and Chelsea/TouchpointsManchester mass referrals 12/23/16 or later

*Increase in referrals reflects the ongoing adjustment to MFP reorganization

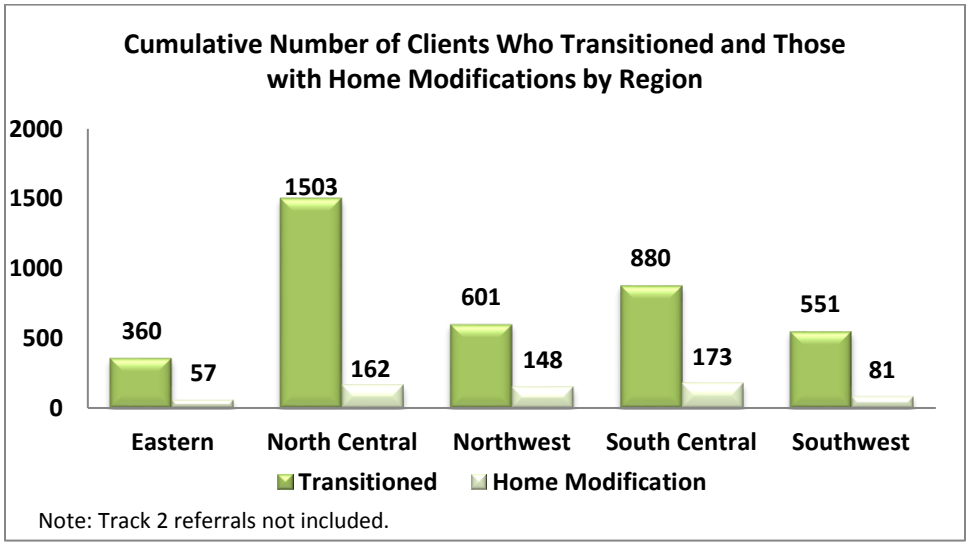
Number of Transitions by Quarter: 12/2008 - 12/31/2016

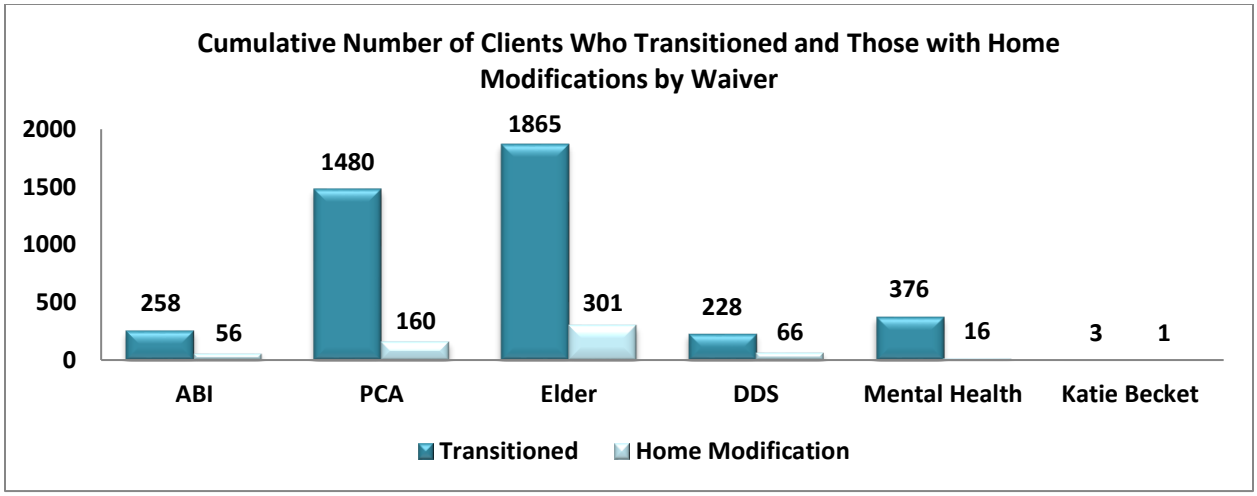


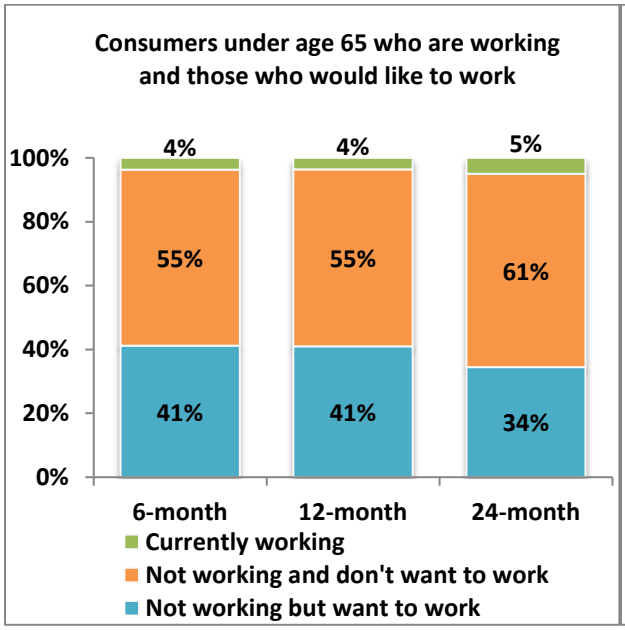


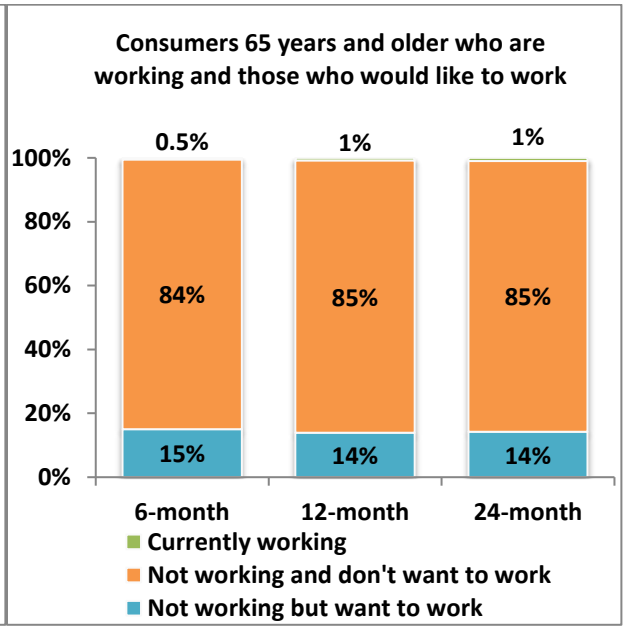


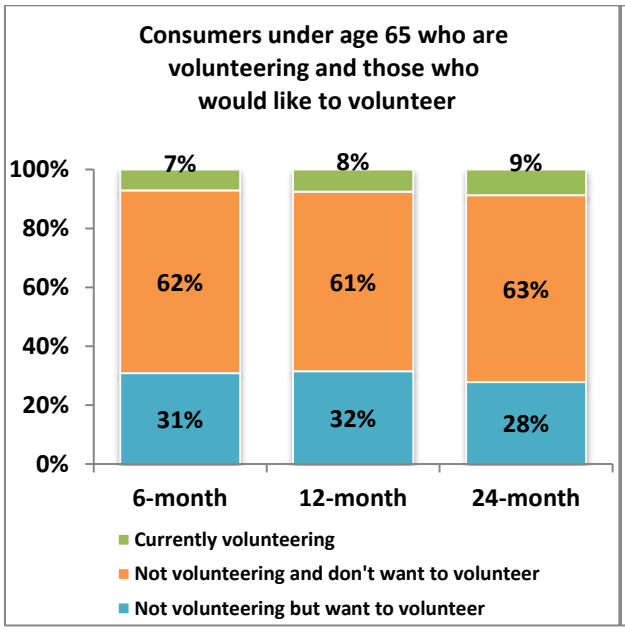
Reinstitutionalization: 13% (417) of participants who transitioned by Dec 31, 2015 were in an institution 12 months after their transition.

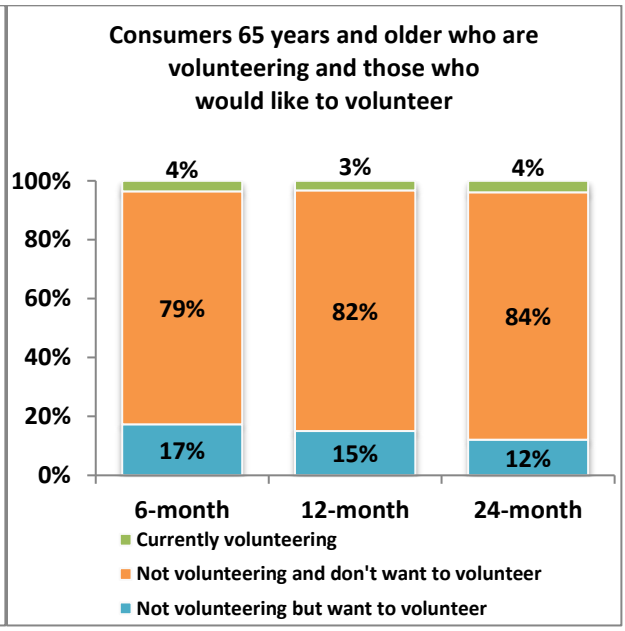



Cumulative Number of Clients Who Transitioned and Those with Home Modifications by Waiver
2000
1500
1000
500
0
258
56
1480
160
1865
301
228
66
376
16
3
1
ABI
PCA
Elder
DDS
Mental Health
Katie Becket
Transitioned
Home Modification

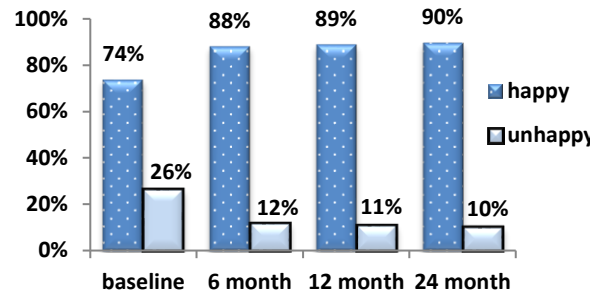

Consumers under age 65 who are working and those who would like to work
100%
80%
60%
40%
20%
0%
4%
4%
5%
55%
55%
61%
41%
41%
34%
6-month
12-month
24-month
Currently working
Not working and don't want to work
Not working but want to work

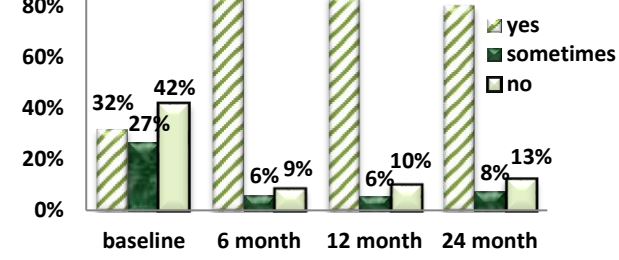

Consumers 65 years and older who are working and those who would like to work
100%
80%
60%
40%
20%
0%
0.5%
1%
1%
84%
85%
85%
15%
14%
14%
6-month
12-month
24-month
Currently working
Not working and don't want to work
Not working but want to work

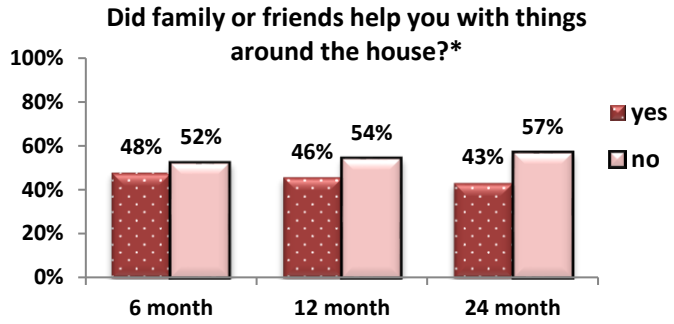

Consumers under age 65 who are volunteering and those who would like to volunteer
100%
80%
60%
40%
20%
0%
7%
8%
9%
62%
61%
63%
31%
32%
28%
6-month
12-month
24-month
Currently volunteering
Not volunteering and don't want to volunteer
Not volunteering but want to volunteer

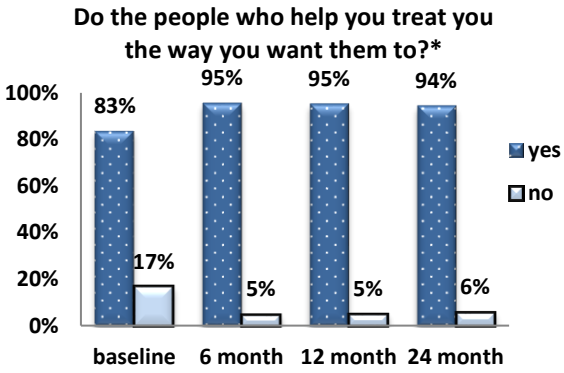

Consumers 65 years and older who are volunteering and those who would like to volunteer
100%
80%
60%
40%
20%
0%
4%
3%
4%
79%
82%
84%
17%
15%
12%
6-month
12-month
24-month
Currently volunteering
Not volunteering and don't want to volunteer
Not volunteering but want to volunteer

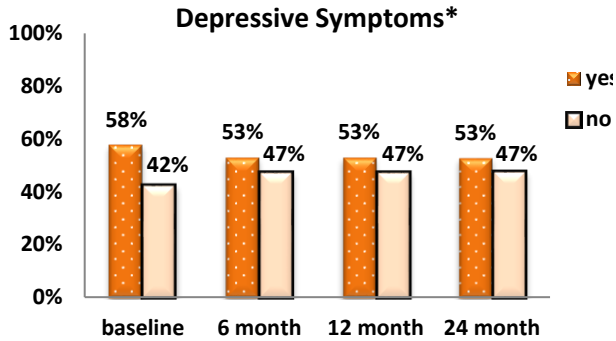
MFP Quality of Life Dashboard As of 12/31/2016

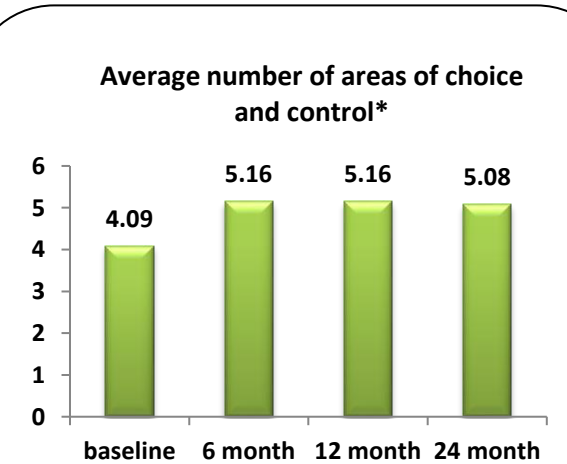


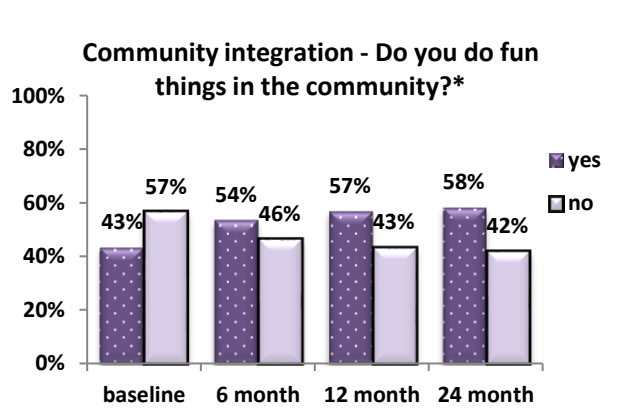












*indicates statistically significant differences

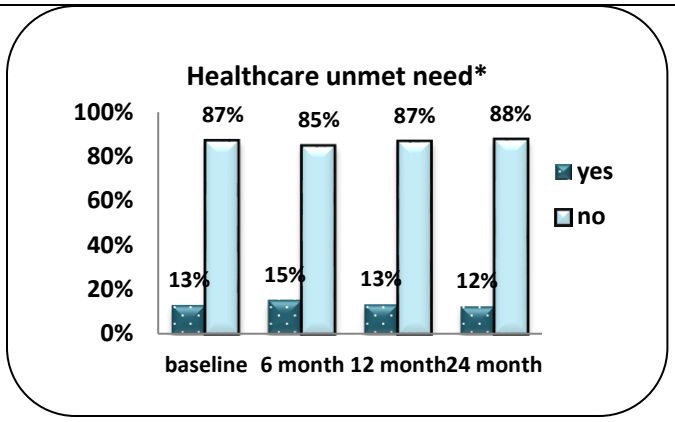
Quality of Life Interviews Completed
(Cumulative data through 12/31/16)

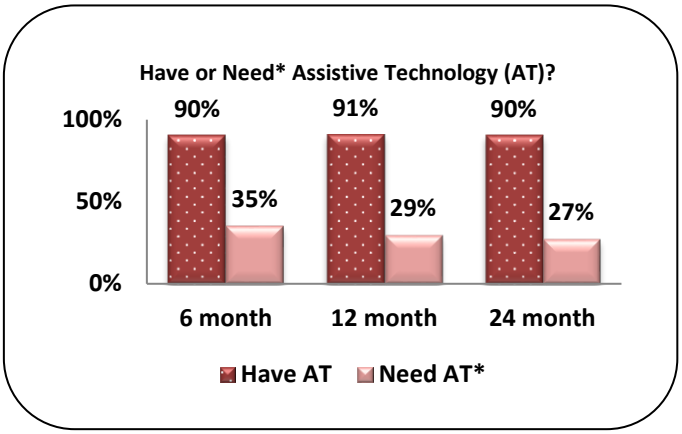
Baseline interviews done prior to transition, n=4,275

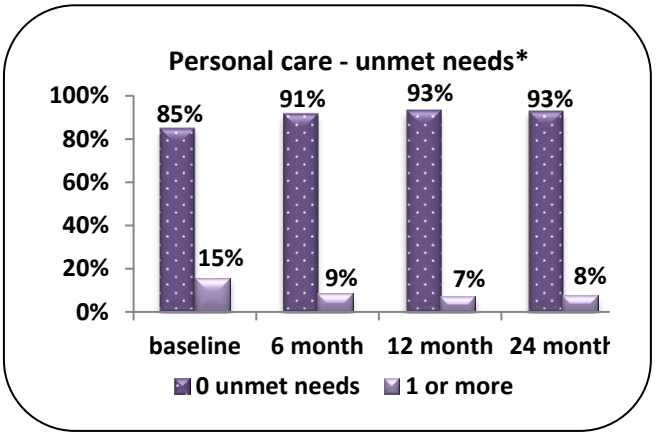
6 month interviews done 6 mos after transition, n=3,090

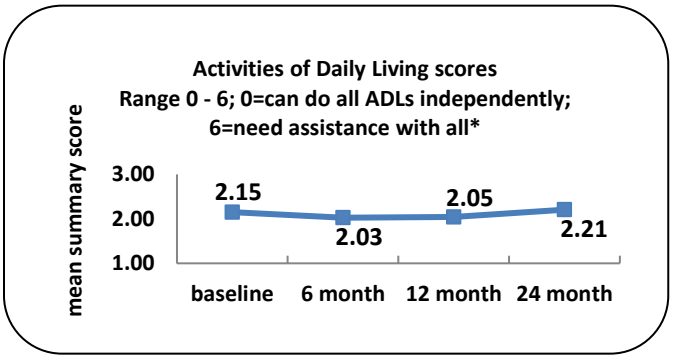
12 month interviews done 12 mos after transition, n=2,790

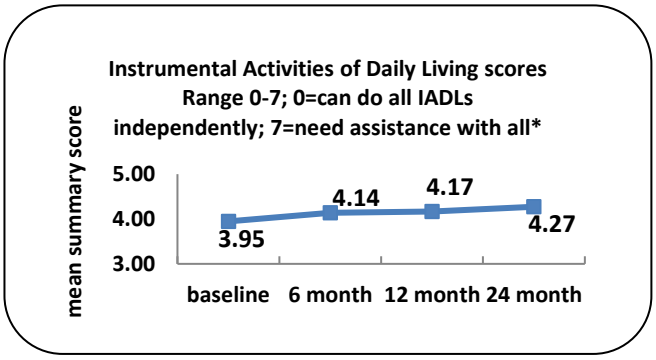
24 month interviews done 24 mos after transition, n=1,879

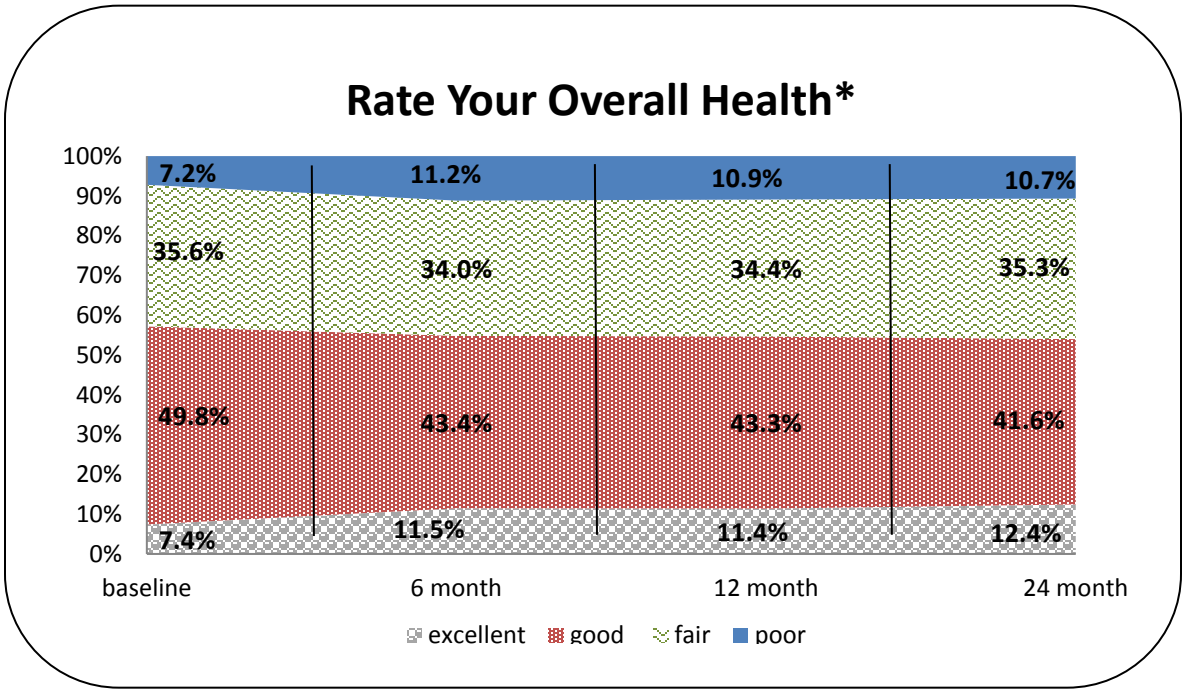


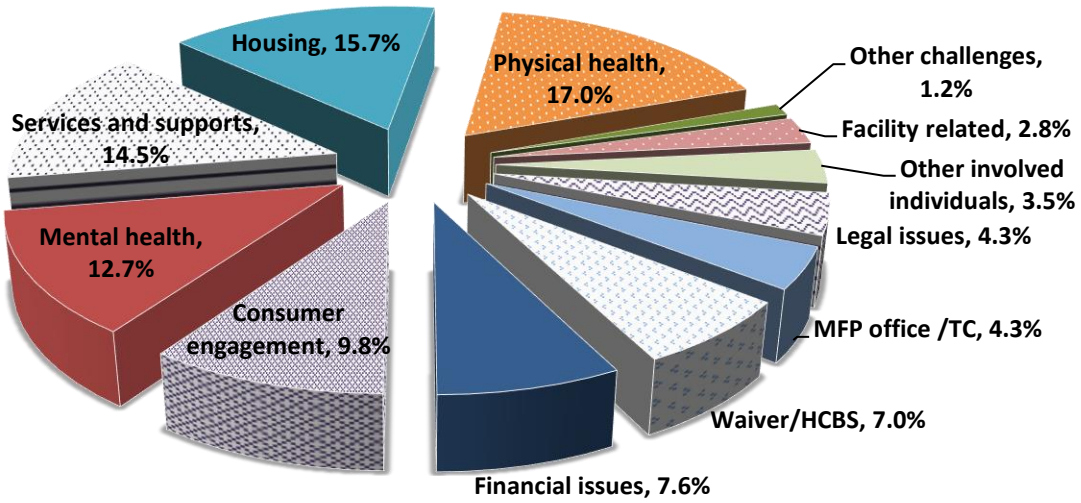












Transition Challenges through 12/31/16

Transition coordinators (TCs) and specialized care managers (SCMs) complete a standardized challenges checklist for each consumer. There were a total of 11,709 MFP referrals to SCM Supervisors. Challenges checklists were completed for 8,036 of these referrals, representing 7,417 consumers. Excluding the referrals which indicated "no challenges," the challenges checklist generated 45,738 separate challenges. Of these, the most frequently chosen challenge was physical health (17.0%), followed by challenges related to housing (15.7%), services and supports (14.5%), mental health (12.7%), and consumer engagement (9.8%).

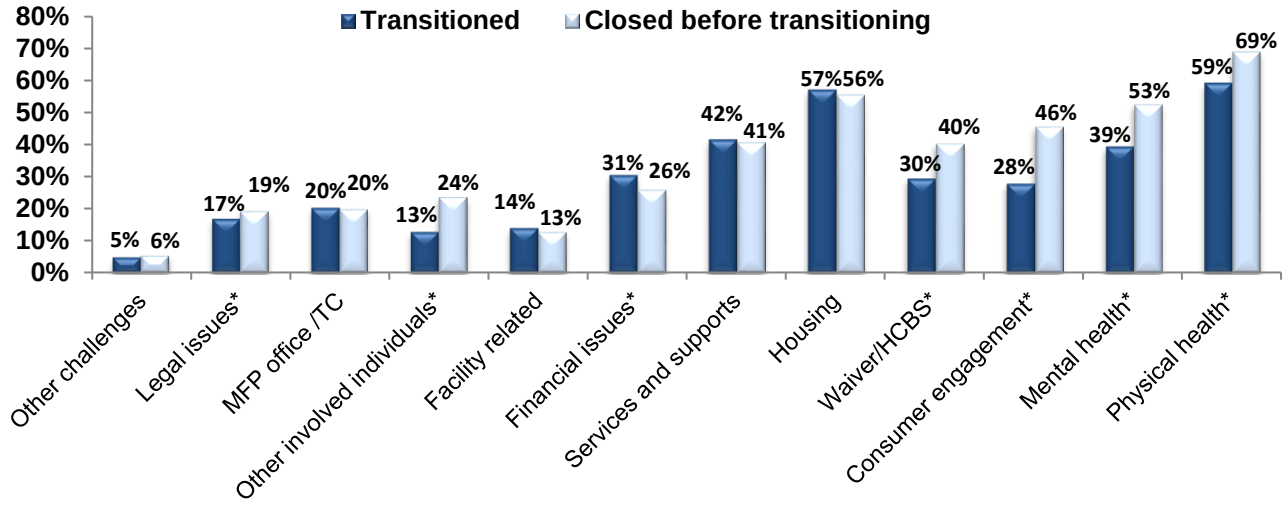
Type of challenge by transition status

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, 69 percent had a physical health challenge. Conversely, 59 percent of referrals that did transition had physical health challenges.

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

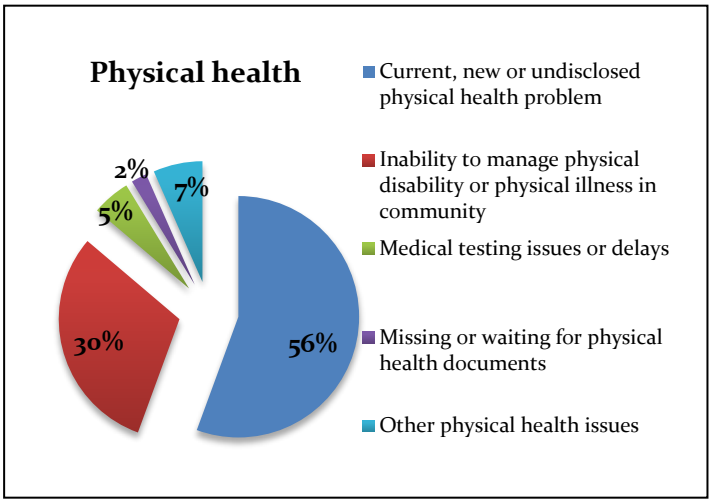
Be sure to check the LINK to the full Transition Challenges report.

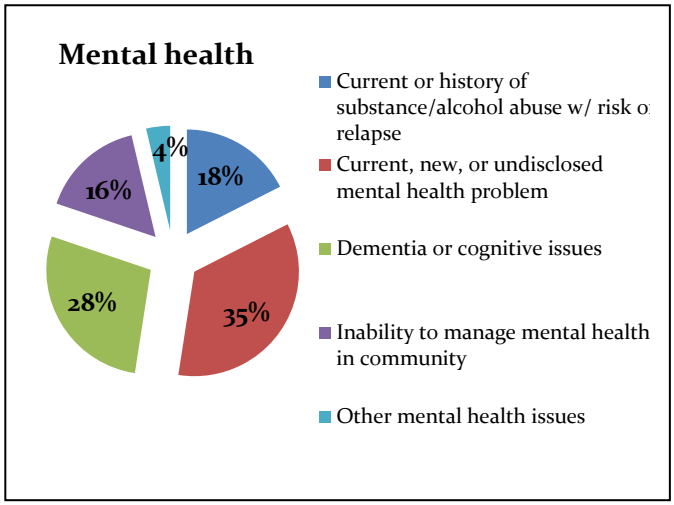
http://uconn-aging.uchc.edu/money_follows_the_person_demonstation_evaluation_reports.html

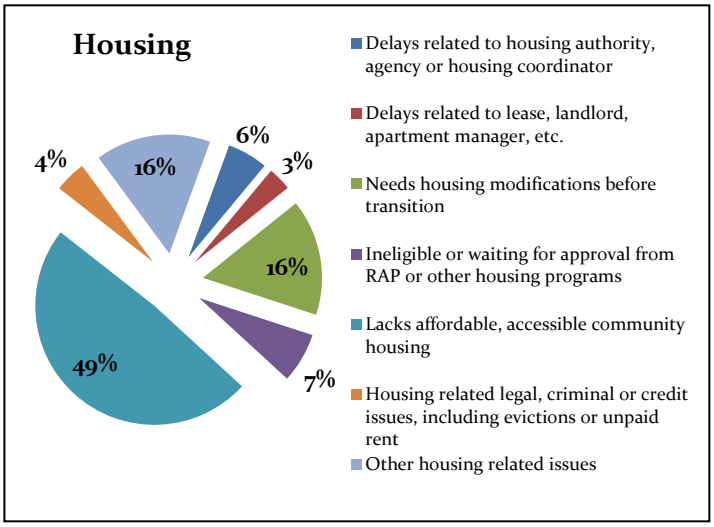


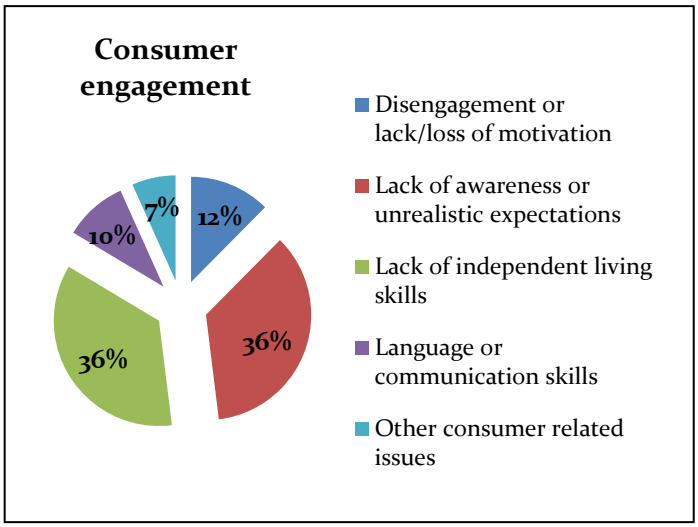
Types of Challenges – through 12/31/2016

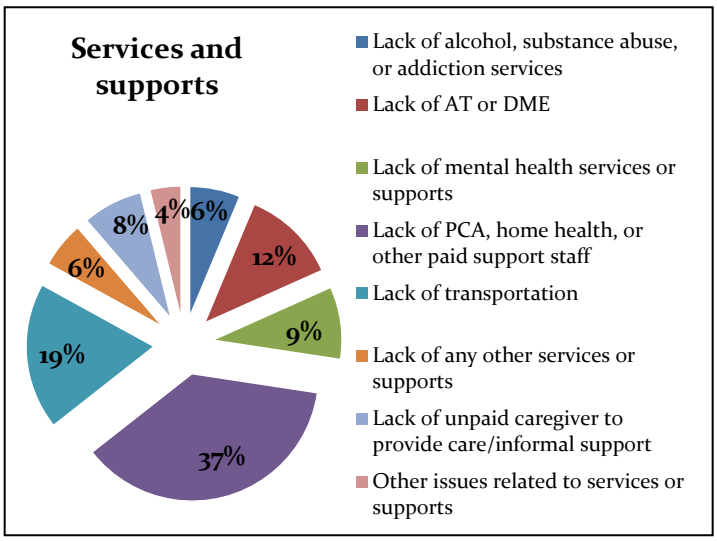
Shown below are the six most common challenge types

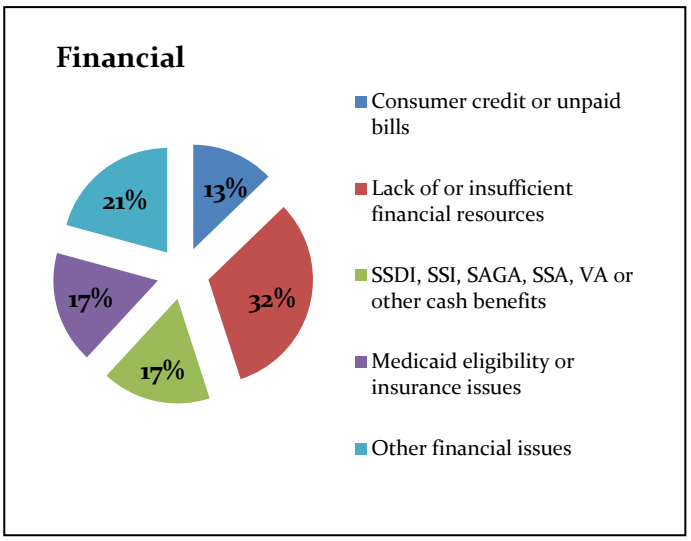






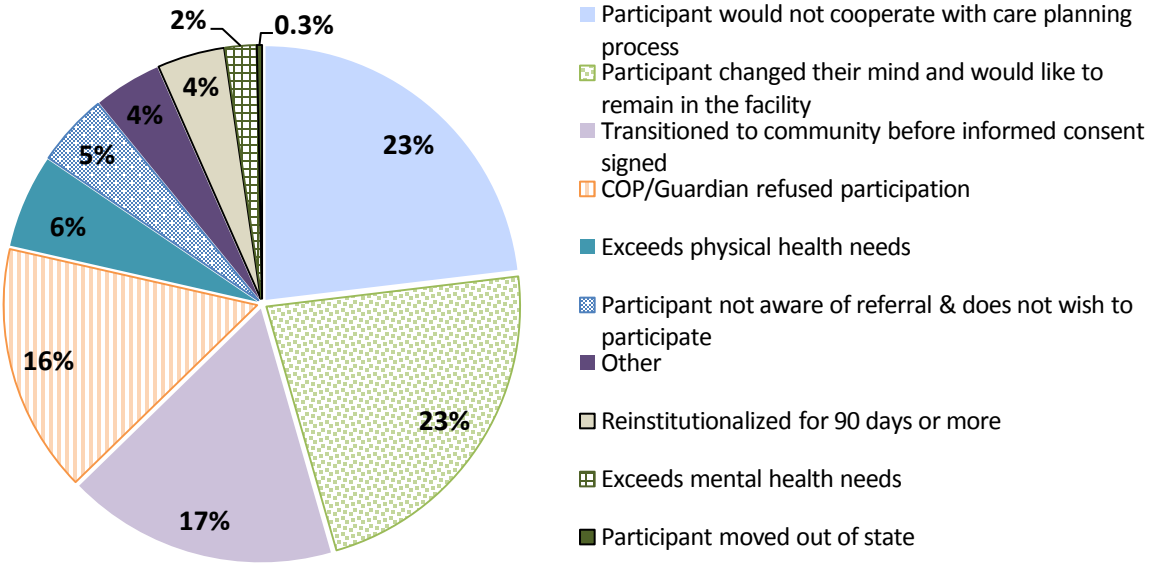






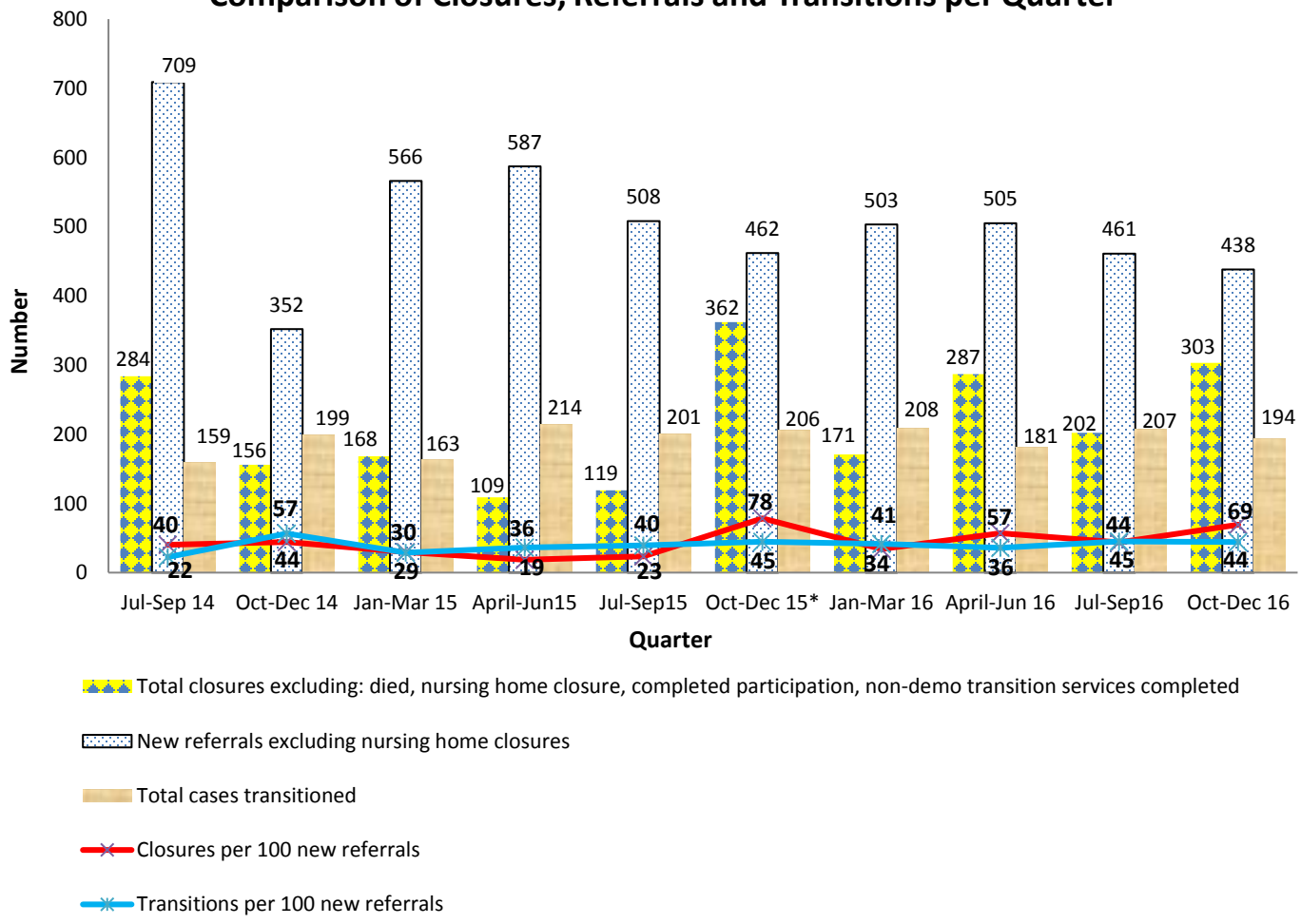
For the full report on transition challenges through 12/31/2016, use the link on page 7 to get to the Center on Aging website.

Percentage of Closed Cases by Closure Reason: Oct- Dec 2016*



* Excludes NH closure and Chelsea/TouchpointsManchester mass referrals 12/23/16 or later

Comparison of Closures, Referrals and Transitions per Quarter



Meet Gregory Johnson

"Godsend"

As a native of New York, Gregory Johnson made a living in real estate. When he came to Connecticut, he had the opportunity to change careers. Greg was required to complete a physical examination for a new job and when he saw the results of the health screening, he was stunned. He had multiple conditions that forced him to go directly to an emergency room. This led to a hospital stay which led to a nursing home admission where Greg stayed for over a year. He reflects, "You get better in places like nursing homes and that is why I went. It took longer than I thought, but I got better. From not walking—all the rehab—to the walker and the wheelchair—to the canes." He had heard other residents were moving out through the Money Follows the Person (MFP) program and when he was approached, he took the chance.

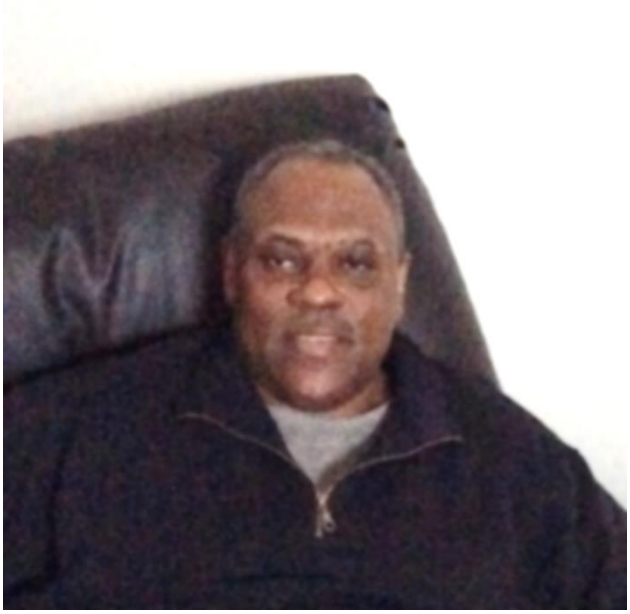


Photo credit: Kaleigh Ligus

Greg recognizes, "It is a wonderful program." Greg worked with a transition coordinator and housing coordinator to find his one bedroom apartment. Greg reflects on these times fondly, "I have been very fortunate [with] the people I had to deal with. The people that I have met in the program have been incredible…I got a lot of help with paperwork. [MFP] took the extra steps."

Greg has strong family ties and appreciates the support system he has. He recalls, "My son said, 'Seeing you in that [hospital] bed, made me feel that we were all vulnerable.'" At one time Greg was afraid his family would have to care for him, but those days are gone. He is active in the community, using mass transportation in his city as a way to do his favorite activities. He shops independently and visits with family and friends. He says, "I'd like to get a bike eventually. I'd like to ride, I don't feel comfortable with that right now. Walking around… I do that and that is enjoyable."

Greg has lived in his apartment for a year and has decided to make another transition. Greg's transition coordinator is helping him find a better apartment setting, one with more personal space and better amenities, like a fully accessible bathroom. He is thankful for the help he has gotten from MFP, especially his workers. He has an optimistic outlook on life, "when your intentions are good […] people come into your life. It's a positive light." He states, "I have been fortunate, it is like a Godsend. My end of the bargain is to do what I am supposed to do, I am responsible."

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.