

CT Money Follows the Person Quarterly Report

Quarter 1, 2013: January 1, 2013 – March 31, 2013

University of Connecticut Health Center

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

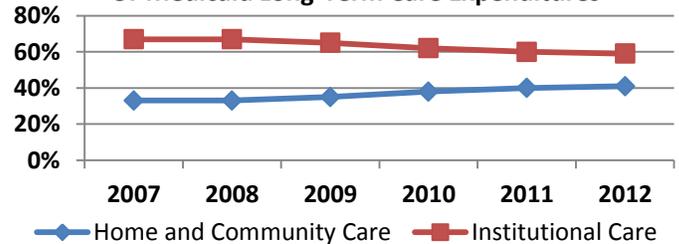
MFP Benchmarks

- 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

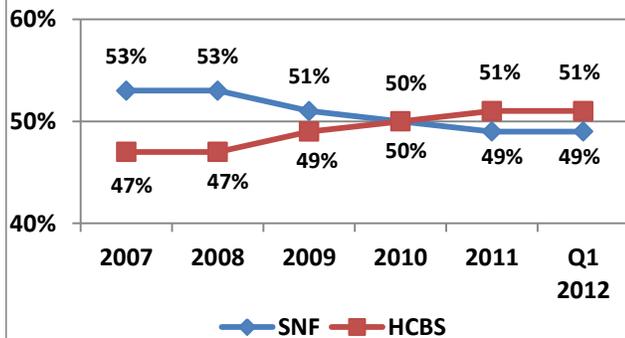
Benchmark 1: The number of demonstration consumers transitioned = 1394 (non-demonstration transitions = 154)

Benchmark 2

CT Medicaid Long-Term Care Expenditures

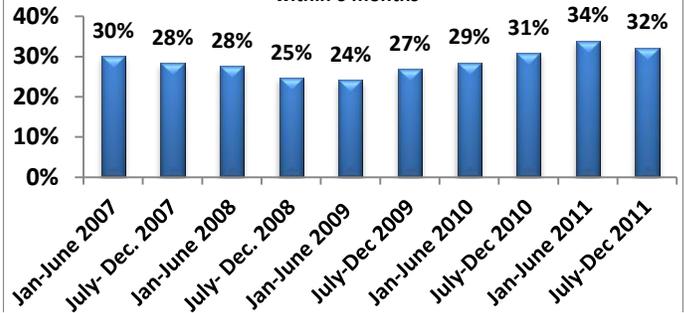


Benchmark 3
Percentage of Hospital Discharges to SNF vs. HCBS

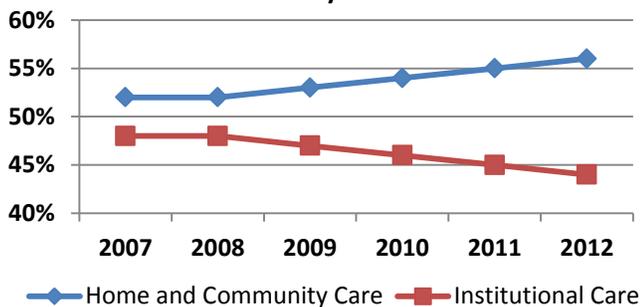


Benchmark 4

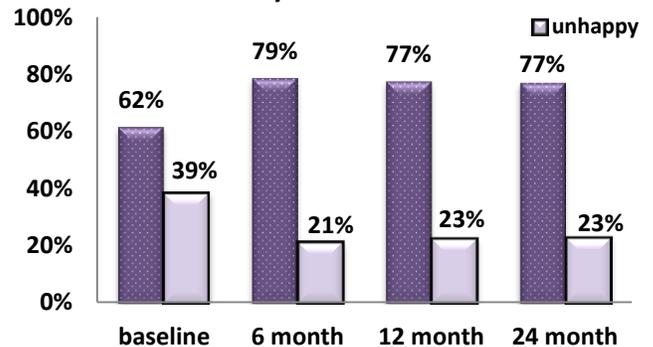
Percent of SNF admissions returning to the community within 6 months



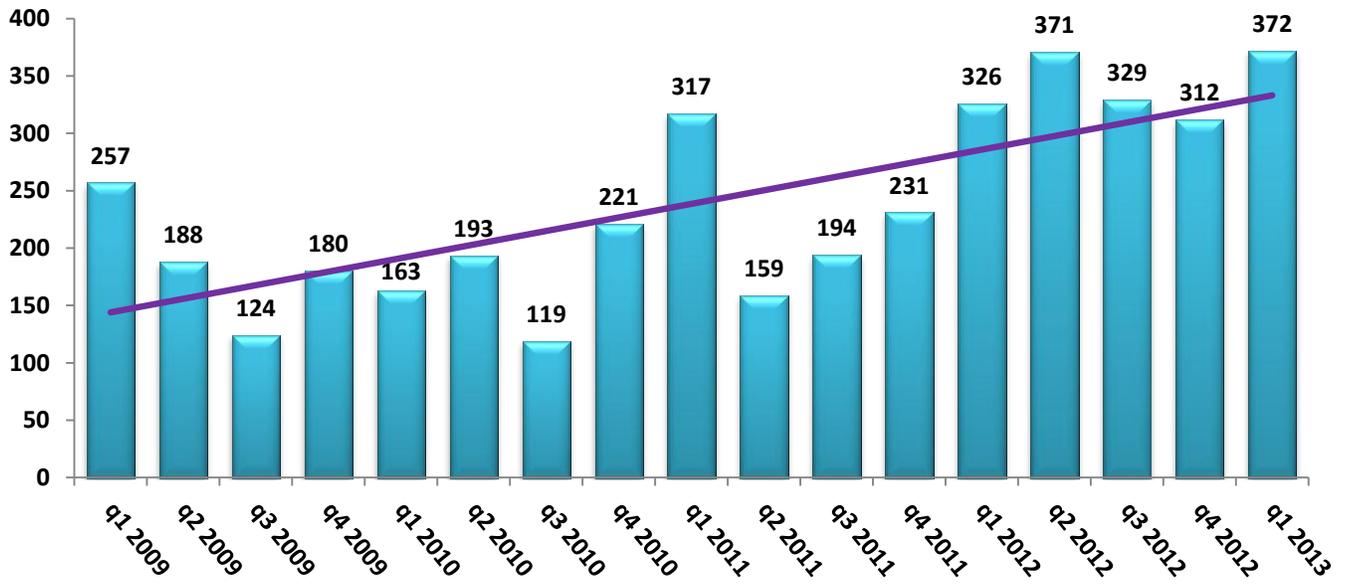
Benchmark 5: Percent Receiving LTSS in the Community vs. Institutions



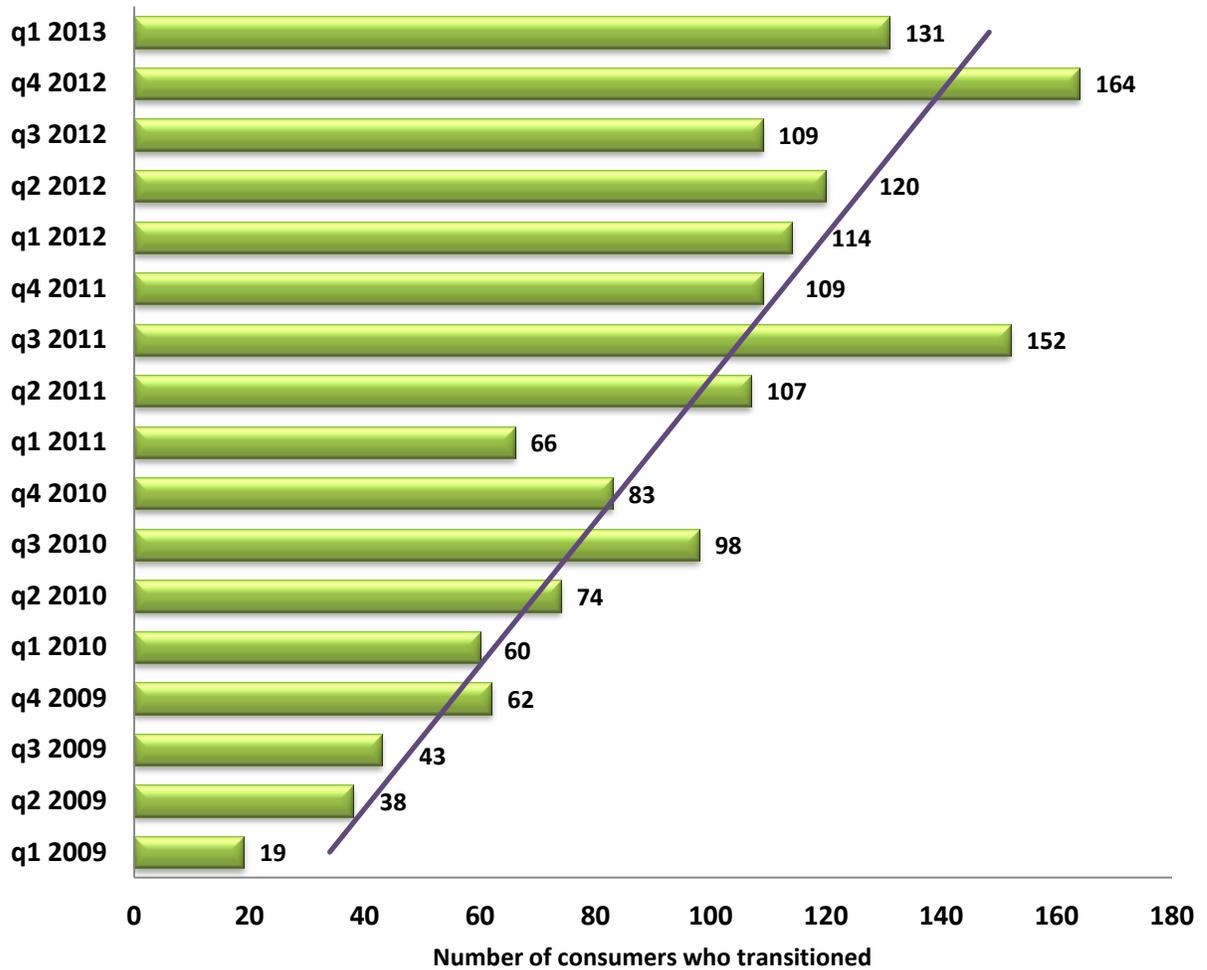
Happy or unhappy with the way you live your life*



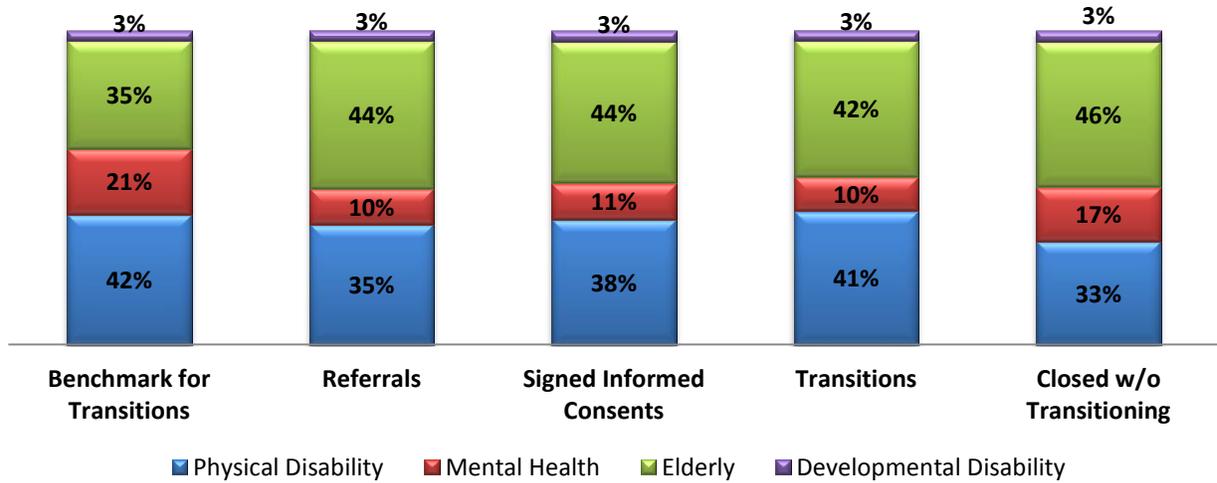
Referrals to Transition Coordinators: 2009 to Q1 2013



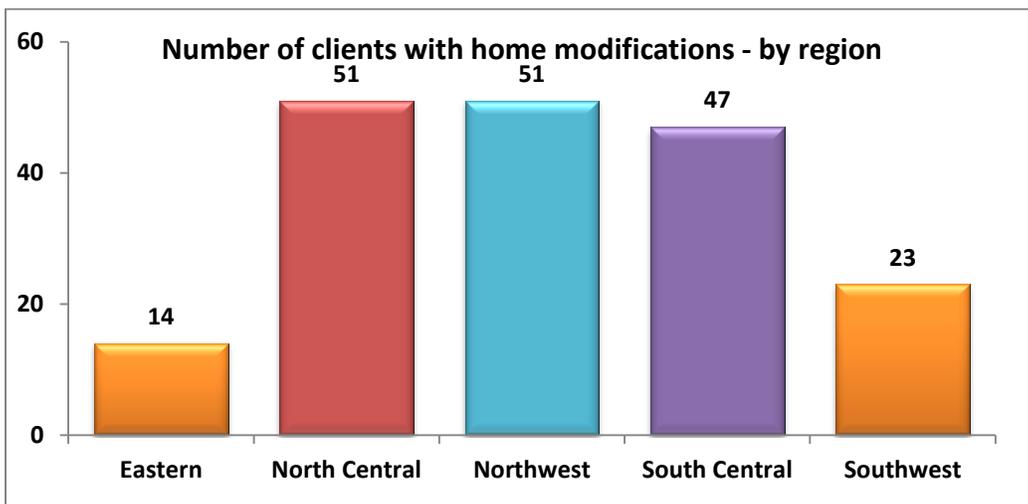
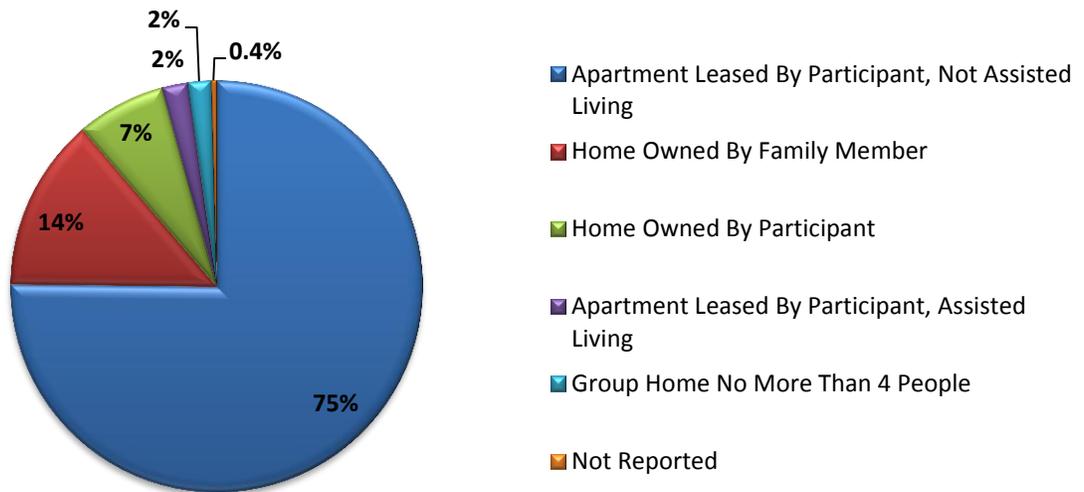
Number of transitions by quarter: 12/2008 - 3/31/2013

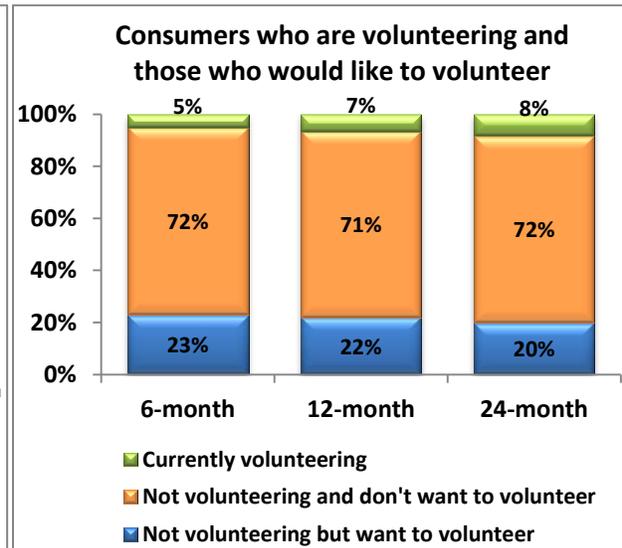
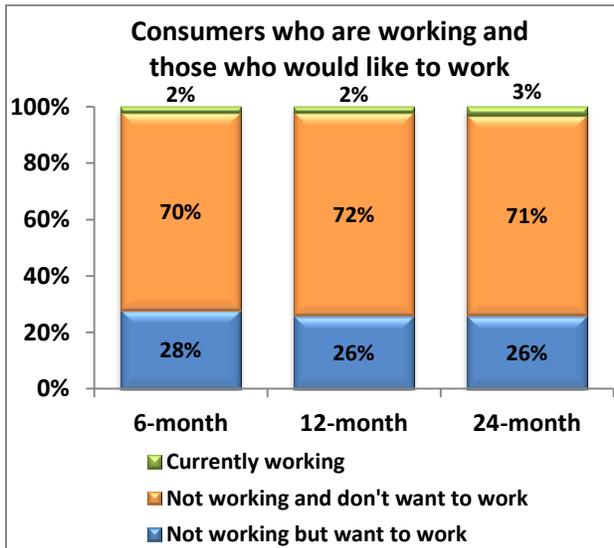
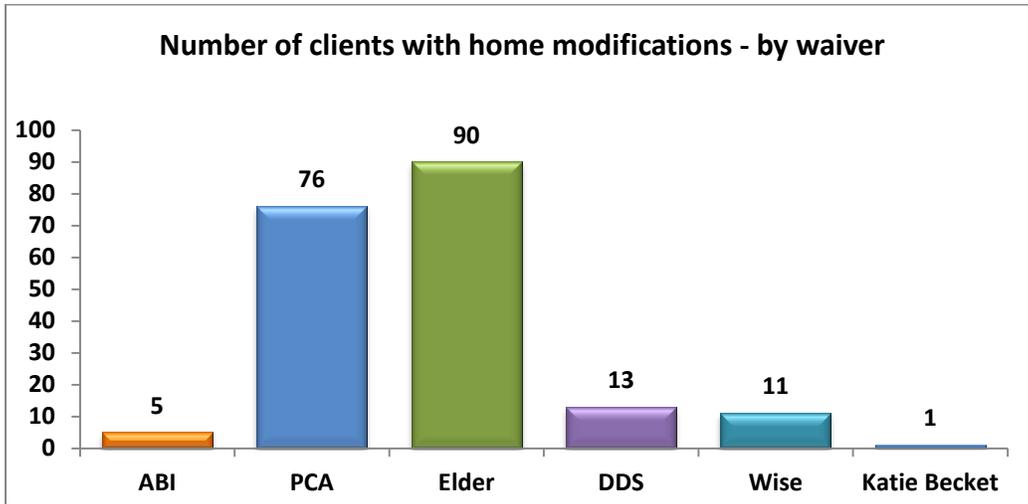


Target Population Summary

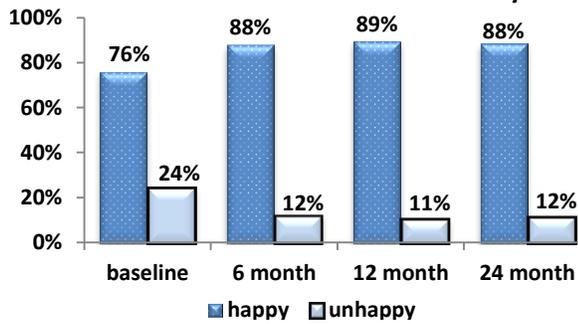


Qualified Residence Type for Transitioned Referrals: 12/4/08-3/31/2013

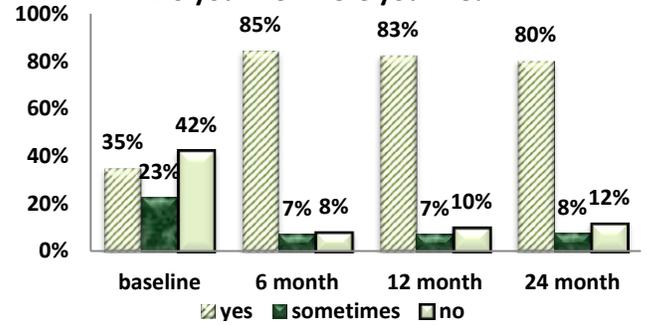




Happy or unhappy with your help around the house or in the community*

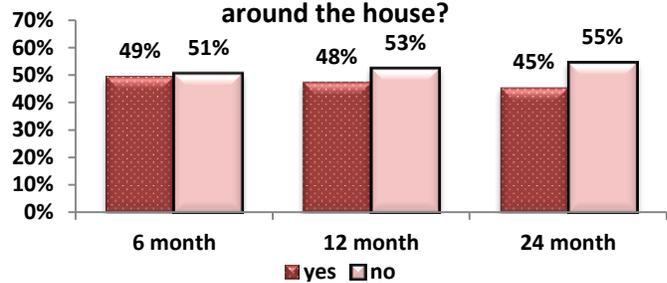


Do you like where you live?*

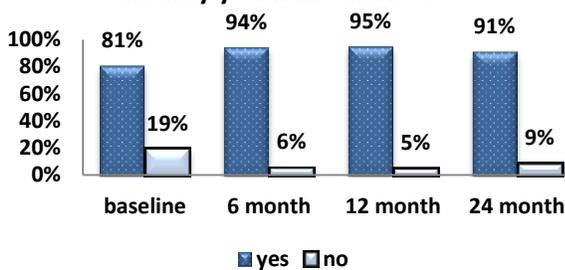


MFP Quality of Life Dashboard As of 3/31/2013

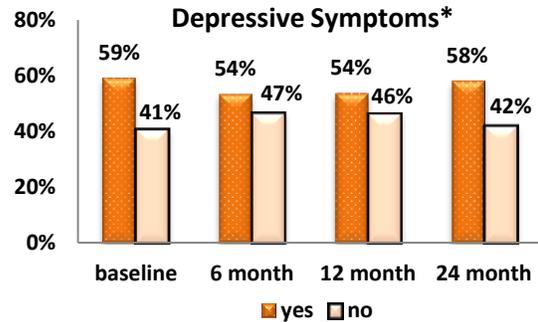
Did family or friends help you with things around the house?



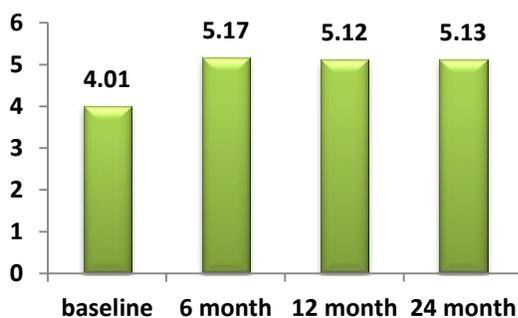
Do the people who help you treat you the way you want them to?*



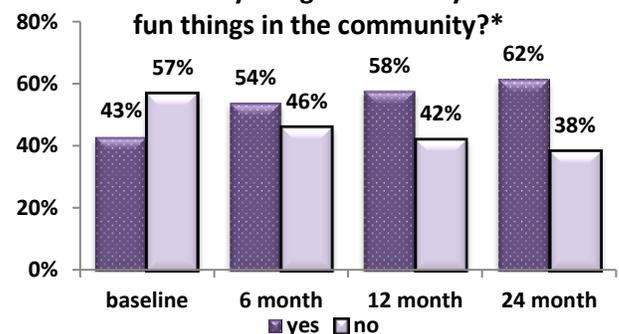
Depressive Symptoms*



Average number of areas of choice and control*



Community integration - Do you do fun things in the community?*



*indicates statistically significant differences

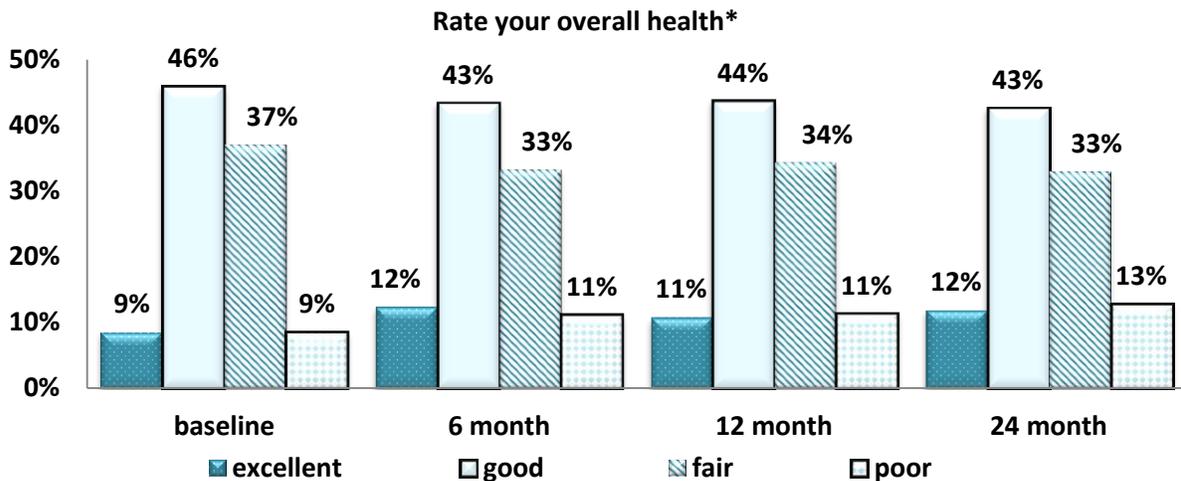
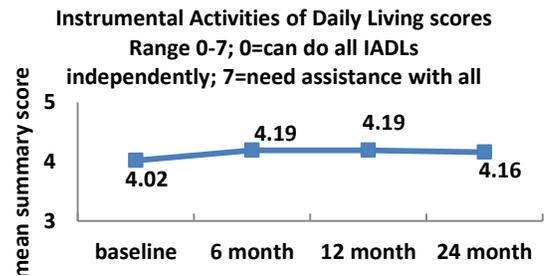
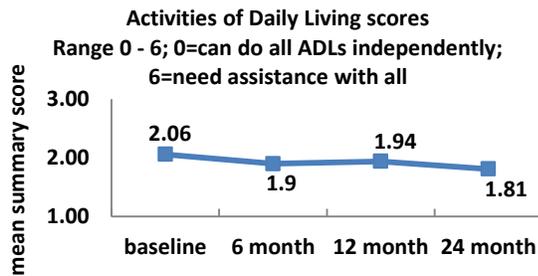
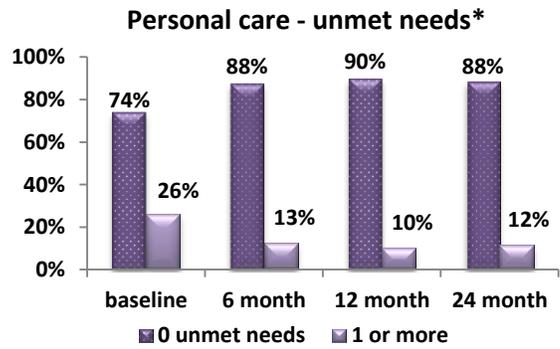
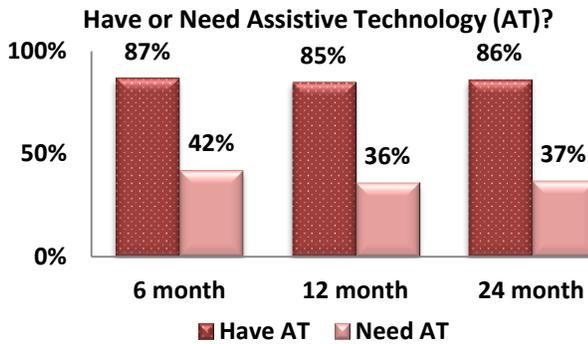
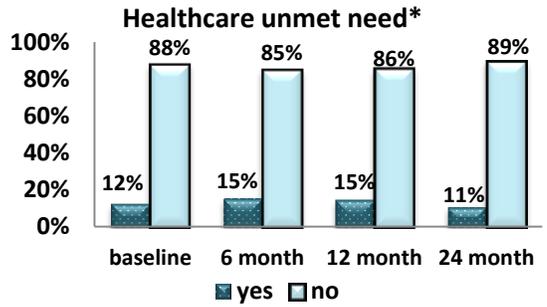
Quality of Life Interviews Completed (Cumulative data through 3/31/13)

Baseline interviews done prior to transition, n=1567

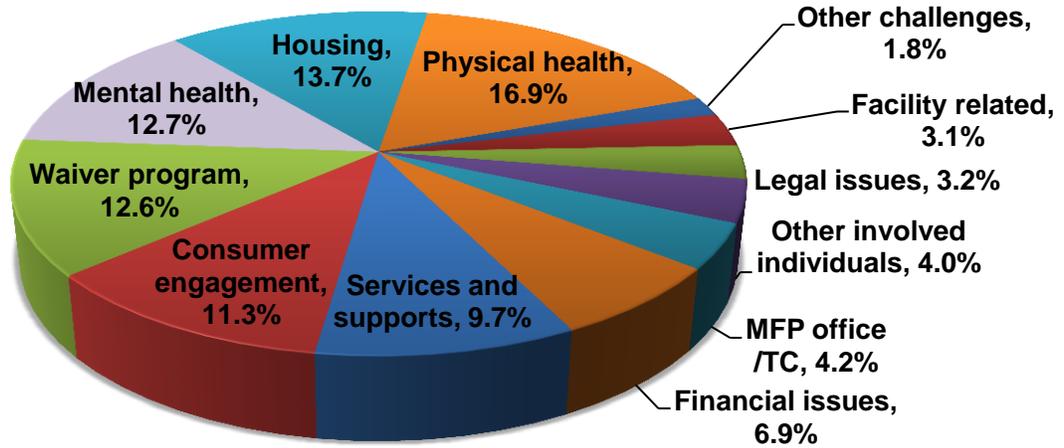
6 month interviews done 6 mos after transition, n=1131

12 month interviews done 12 mos after transition, n=868

24 month interviews done 24 mos after transition, n=436



Transition Challenges by Type



Transition Challenges through 3/31/13

Transition coordinators complete a standardized challenges checklist for each consumer. There were a total of 4764 MFP referrals to TCs. Transition coordinators had completed challenges checklists for 3,154 of these referrals, representing 3,000 consumers. Excluding the referrals which indicated “no challenges,” the challenges checklist generated 15,437 separate challenges. Of these, the most frequently chosen challenge was physical health (16.9%); followed by challenges related to housing (13.7%); mental health (12.7%); waiver program (12.6%) and consumer engagement, awareness, or skills (11.3%).

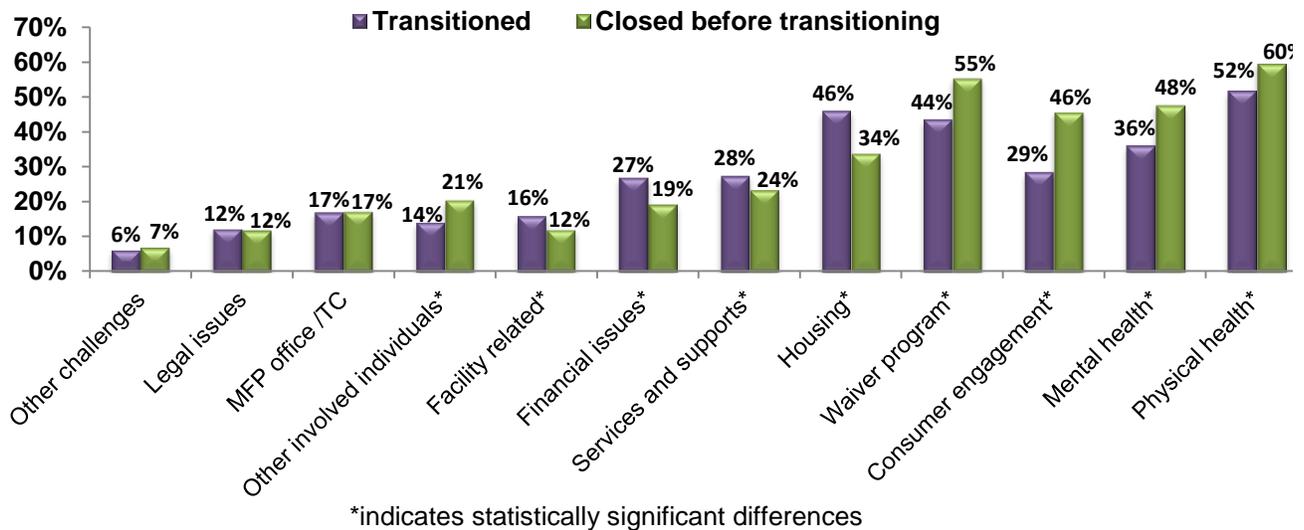
Type of challenge by transition status

The figure below shows the percentage of each group (those who transitioned and those who closed before transitioning) which indicated each challenge. For example, of the referrals which closed without transitioning, 60 percent indicated physical health was a challenge. The challenges and sub-challenges are checked off by the individual transition coordinator who is working with that consumer.

Nine of the twelve listed challenges indicated statistically significant differences between the two groups.

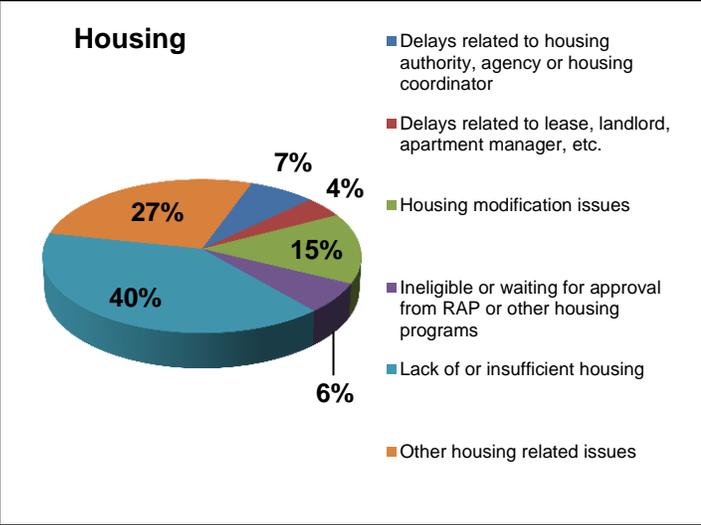
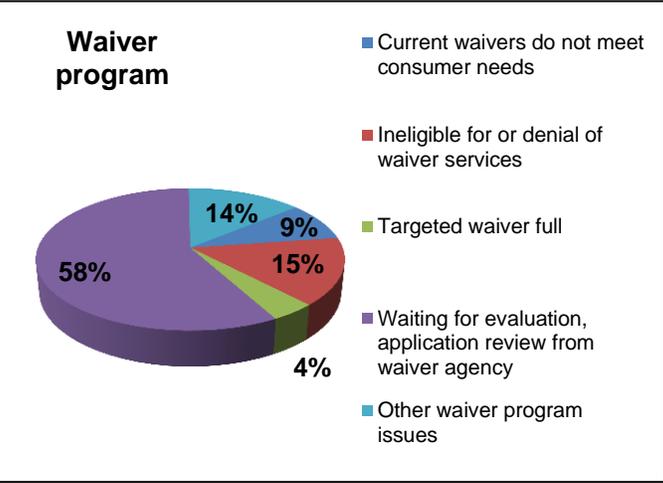
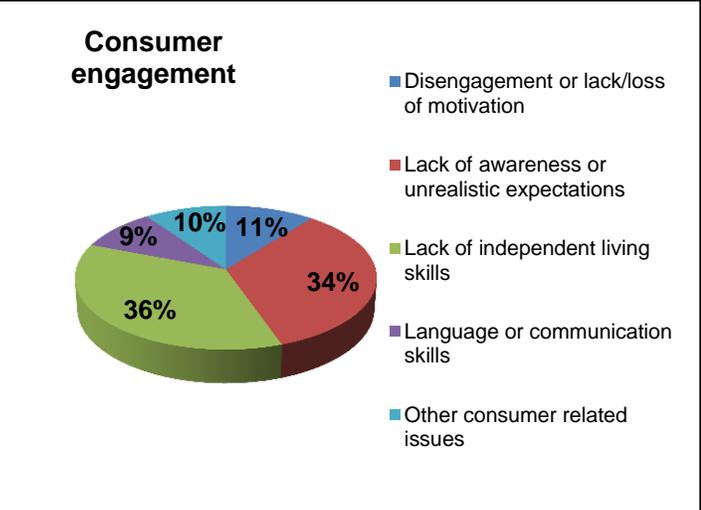
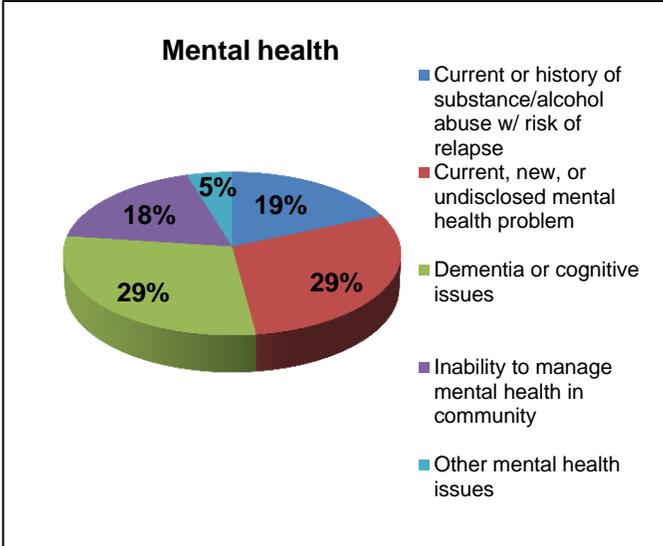
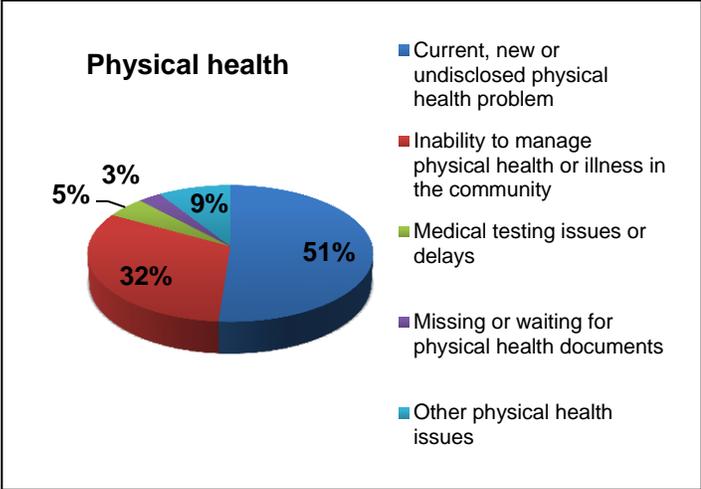
Be sure to check the LINK to the full Transition Challenges report.

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



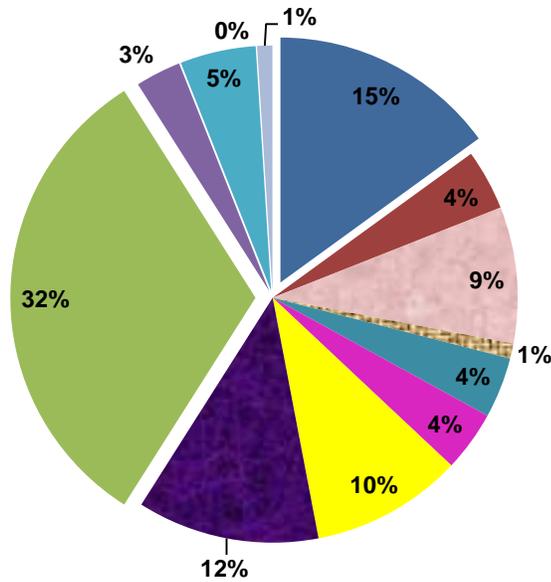
Types of Challenges – through 3/31/2013

Shown below are the five most common challenge types



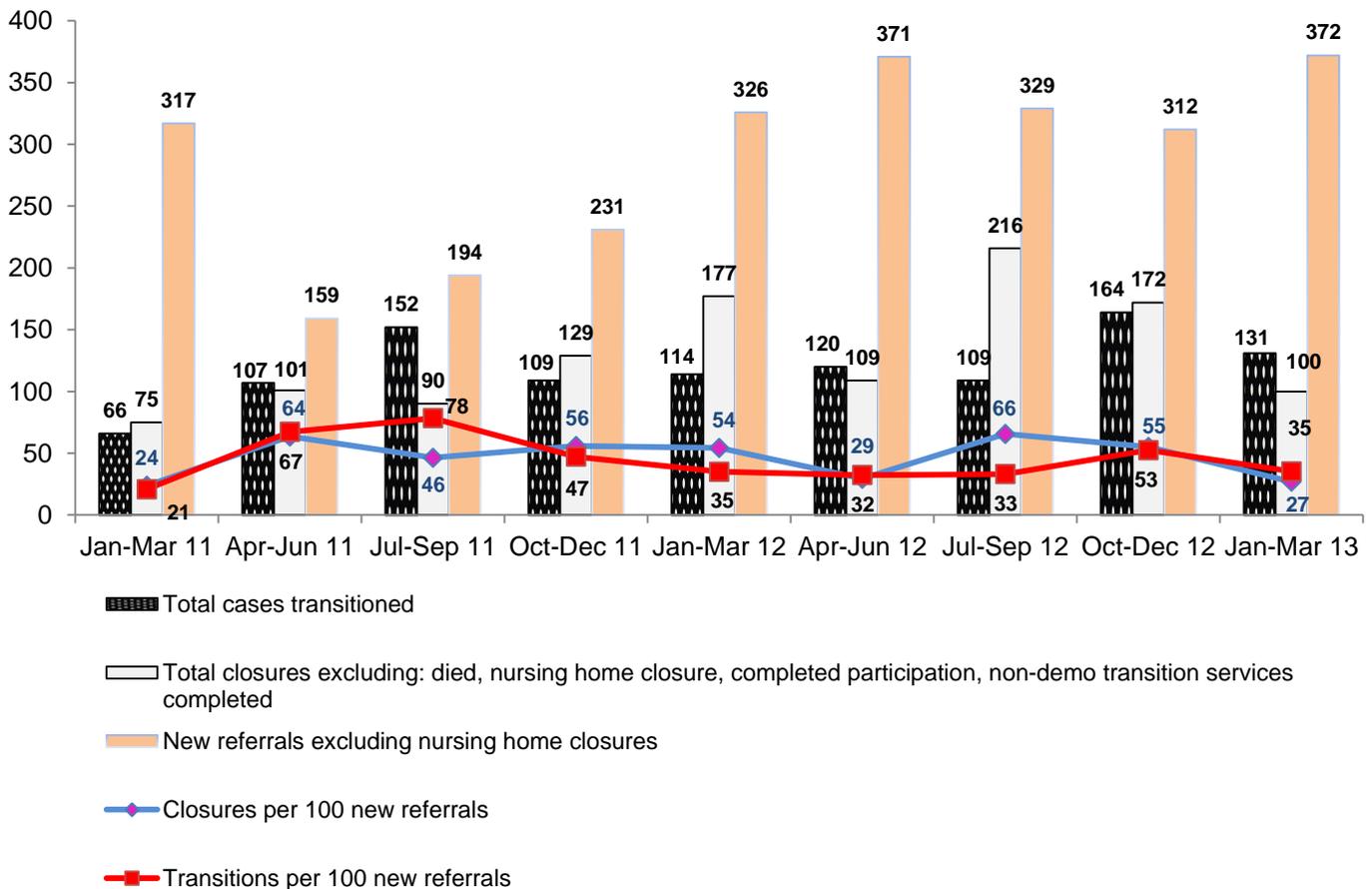
For the full report on transition challenges through 3/31/2013, use the link on page 7 to get to the Center on Aging website.

Percentage of Closed Cases by Closure Reason: January-March 2013



- Closed transitioned to community before informed consent signed
- Closed, exceeds mental health needs
- Closed, exceeds physical health needs
- Hospitalized 90 days with no discharge date
- Left without approved transition plan
- Other (describe below)
- Reinstitutionalized for 90 days or more
- Withdrawal, COP/Gaurdian requested closure
- Withdrawal, participant changed their mind and would like to remain in the facility
- Withdrawal, participant decline to agree with program requirements
- Withdrawal, participant declines assessment
- Withdrawal, participant moved to another state without MFP transitional services
- Withdrawal, participant would not cooperate with care plan development

Comparison of Closures, Referrals and Transitions per Quarter



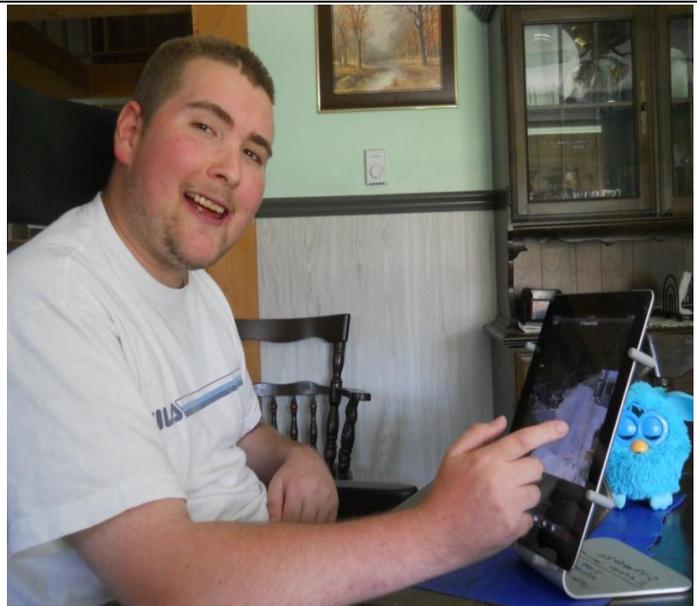
Meet Matthew Crowe

“You Betch Ya”, a “Hi-5” and a big smile! Matthew Crowe’s greeting of a “Hi-5” and a smile reflects his positive attitude toward his healing journey and his accomplishments to date. He has unique understanding of his ABI injury and recovery, from the tragic car accident that left him comatose for four months, to the months of rehabilitation to his continuing work and exercise to keep on improving. He has a bucket list of goals and can see himself having a productive life, going back to work, having his own place, driving again and helping his mother as much as possible. To all of this, he says, “You betcha ya, I can do it!”

With the help of MFP and involved care agencies, specialized equipment, his independent living coach, the support of a network of friends and family and personal diligence, Matthew is in the process of overcoming numerous obstacles to regain his independence. Although he still uses a motorized wheelchair, he is able to move around his home and yard independently, and enjoys giving his toddler nephew a ride. He is currently putting great effort into learning to walk with braces and a walker. He is very proud of his newly renovated accessible bathroom which gives him a measure of personal independence.

Matthew’s desire to engage in life led to several acquisitions. One is an accessible van which allows him to go out, engage socially and follow opportunities, such as advocating for seatbelts, warning everyone to always “buckle up.” He hopes to learn to drive the van himself someday. Another is technology. His iPad and iPhone play a large part in his ongoing communications; and more recently, working with his former employer, his iPad was upgraded enabling him to do security checks on the business property.

With repeated practice and therapy, he is re-learning to use his hands and fingers to write and to get back to his pre-accident love of drawing and art; and is finding a renewed interest in his prized baseball card collection. He is looking forward to summer so he can swim in the family pool, using a specialized floating chair, and, as he says, “I’ll kick my legs like a banshee.” Since he loves the outdoors, he has not given up on his dream of landscaping. To that end, Matthew is working on getting his GED and is currently engaged in the English course, with math coming next. He is not sure when he will finish his degree, but is confident that he will.



Matthew Crowe

Photo credit: Sandi Noel

Matthew’s healing progress has recently been featured in an award winning video produced by William Backus Hospital, Norwich CT. He is thankful for all the help and the people who have brought him this far. “They didn’t think I’d make it, but ‘you betcha’, I showed them all!”

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 the elderly and disabled population to a community based orientation.