Insights from Live Program Data:

How Connecticut’s Web-Based Tracking and Reporting System Improves Money Follows the Person and Community First Choice

Dawn Lambert
Manager, Community Options Strategy Group

Deb Migneault, MSW, Clinical Research Associate
Martha Porter, BA, Clinical Research Associate
Julie Robison, PhD, Professor
Connecticut Medicaid Structure

• Medicaid is administered by the Division of Health Services, Department of Social Services;

• HUSKY Health (Medicaid and CHIP) is a critical source of economic security and well-being to over 780,000 individuals (21% of the population of Connecticut);

• SFY 18 $2.90B (net); $6.85B (gross);

• Medicaid administers and is the primary operator of Long-Term Supports and Services.
Partnering with a University

• **Identify shared philosophies & goals**
  • Enhance quality of life for CT older adults, people with disabilities, their families and professional caregivers
  • Develop and measure person-centered, high quality services & programs

• **Build on strengths of each partner; mutual respect**
  • Accommodate DSS constraints (e.g., hiring staff, reporting, changing program policies, short timelines)
  • Accommodate UConn educational, academic mission (e.g., student research; publications; conferences)

• **Focus on evidence, methodological rigor, neutrality, transparency**
Partnering with a University
Examples of UConn Work on Money Follows the Person and CT’s LTSS Rebalancing Initiatives

✓ Evaluate CT’s 5 MFP benchmarks
✓ Supervise and conduct participant interviews
✓ Process evaluation through key informants
✓ Closed cases analysis
✓ Transition challenges & targeted transition date
✓ Family survey
✓ Ad hoc analyses: DSS & stakeholder requests
✓ Oversee web-based consumer tracking system
✓ Quarterly & annual reports

✓ LTSS Strategic Plan evaluation
✓ No Wrong Door evaluation
✓ Community First Choice evaluation
✓ HCBS CAHPS Survey design and implementation
✓ Universal Assessment development
✓ Present and publish findings

.....and MORE!
Overview of MFP in Connecticut

- 8,955 referrals
- 4,384 transitions
- 23 central office staff, 150 field staff statewide
- 2017 Budget $50M
- 24 Nursing facilities closed
Money Follows the Person Connecticut Benchmarks

Benchmark 1: The number of consumers transitioned = 4,384
As of 3/31/17
Money Follows the Person Connecticut Benchmarks

Benchmark 2:
Percent of CT HCBS and Institutional Care Medicaid Expenditures

CT Medicaid Long-Term Care Expenditures 2007 - 2016

- Home and Community Care
- Institutional Care
**Money Follows the Person Connecticut Benchmarks**

**Benchmark 3:**
Percent of Hospital Discharges to HCBS and Skilled Nursing Facilities

<table>
<thead>
<tr>
<th>Year</th>
<th>Home and Community Care</th>
<th>Skilled Nursing Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>47%</td>
<td>50%</td>
</tr>
<tr>
<td>2008</td>
<td>47%</td>
<td>50%</td>
</tr>
<tr>
<td>2009</td>
<td>49%</td>
<td>50%</td>
</tr>
<tr>
<td>2010</td>
<td>49%</td>
<td>50%</td>
</tr>
<tr>
<td>2011</td>
<td>48%</td>
<td>51%</td>
</tr>
<tr>
<td>2012</td>
<td>48%</td>
<td>52%</td>
</tr>
<tr>
<td>2013</td>
<td>48%</td>
<td>52%</td>
</tr>
<tr>
<td>2014</td>
<td>48%</td>
<td>52%</td>
</tr>
<tr>
<td>2015</td>
<td>46%</td>
<td>54%</td>
</tr>
<tr>
<td>Q1-Q3 2016</td>
<td>46%</td>
<td>54%</td>
</tr>
</tbody>
</table>

**Percentage of Hospital Discharges to Home and Community Care vs. Skilled Nursing Facility**

- **Home and Community Care**
- **Skilled Nursing Facility**
Money Follows the Person
Connecticut Benchmarks

Benchmark 4:
Percent of SNF Admissions Returning to the Community Within 6 Months of Admittance

Percent of SNF admissions returning to the community within 6 months

*Data for 3 months
Benchmark 5:

Percent of Medicaid LTSS Consumers Receiving LTSS in the Community vs. Institutional Settings

Money Follows the Person Connecticut Benchmarks
MFP Web-Based Communication and Tracking Hub

• Automated systems – Online application, transition budget
• Automated notifications aid real-time communication of new consumers, uploaded/approved care plans, critical incidents, etc. to multiple team members
• Uploading documents shared in real time
• Real time progress notes entered by everyone touching the case
• UConn access to the progress notes, participation period and contact information enhances ability to reach consumer for evaluation and recruitment (QoL, caregiver survey, HCBS CAHPS, FASI).

Original MFP (2007) grant funding designed and build web-based communication hub and database

In 2017 over 600 users MFP transition coordinators, housing specialists, central office staff, specialized care managers, fiscal intermediaries, community providers, evaluation staff
MFP Web-Based Communication and Tracking Hub

**Real-time Data**

- Every piece of information entered into the web becomes a data point that the evaluation team can pull and analyze at anytime.
- Nearly constant interaction between data, UConn, and program.
MFP Web-Based Communication and Tracking Hub: Case Assigned
MFP Web-Based Communication and Tracking Hub: Case Progress

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/03/2017</td>
<td>SCM uploaded care plan for personal care for unpaid services, PCA agency letter 944 Test</td>
</tr>
<tr>
<td>02/10/2017</td>
<td>Case Plan</td>
</tr>
<tr>
<td>04/01/2017</td>
<td>Call received from facility SW. Need to reschedule assessment to 2/10/2017 because of flu in building</td>
</tr>
<tr>
<td>03/05/2017</td>
<td>Signed Informed Consent returned on 2/1/2017. Assessment scheduled with SCM and Mary Test for 2/5/2017. Facility Social worker Bill is due.</td>
</tr>
<tr>
<td>03/15/2017</td>
<td>Informed Consent not yet received. SCM left message for Conservator.</td>
</tr>
<tr>
<td>03/29/2017</td>
<td>Called Conservator Marie Jones. Conservator is interested in learning more about community living for Mary Test. SCM will fax Marion Informed Consent document for her to sign.</td>
</tr>
<tr>
<td>04/05/2017</td>
<td>SCM Supervisor assigning to Tact SCM.</td>
</tr>
<tr>
<td>04/02/2017</td>
<td>Screened and assigned referral date.</td>
</tr>
</tbody>
</table>

### Potential Transition Challenges Checklist - Case #1 - 01/05/2017

<table>
<thead>
<tr>
<th>Physical health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current, new, or undisclosed physical health problem or illness</td>
</tr>
<tr>
<td>Medical testing issues or delays</td>
</tr>
<tr>
<td>Inability to manage physical disability or physical illness in community</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mental health or mental illness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current, new, or undisclosed mental health problem or illness</td>
</tr>
<tr>
<td>Current or history of substance/alcohol abuse with risk of relapse</td>
</tr>
<tr>
<td>Dementia or cognitive issues</td>
</tr>
<tr>
<td>Inability to manage mental health/illness in community</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Financial or insurance benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of or insufficient financial resources</td>
</tr>
<tr>
<td>Consumer credit or unpaid bills</td>
</tr>
<tr>
<td>SSDI, SSI, SAGA, SSA, VA, or other cash benefits</td>
</tr>
<tr>
<td>Other financial benefits or issues</td>
</tr>
<tr>
<td>Medicaid eligibility or insurance issues</td>
</tr>
<tr>
<td>Other financial issues</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Consumer engagement, awareness, and skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disengagement or lack of motivation</td>
</tr>
<tr>
<td>Lack of awareness or unrealistic expectations regarding disability or needed supports</td>
</tr>
</tbody>
</table>
Consumer Profile & Transition Budget

Profile

Demographics

Primary Language: English
Uses Communication Device: No
Race: Black or African American
Origin: No
Veteran: No
Level of Education: Master's Degree
Type of Housing Before Institution: Apartment Leased By Participant, Not Assisted Living*
Current Legal Marital Status: Widowed

Diagnoses and Daily Living Needs

Disability Category: Physical
Specific Diagnoses (List):
- Hip Fracture during last 30 days (or since last assessment if less than 30 days)

Bathroom Items
- Toiletries (e.g., soap, toothpaste)
- Towels, washcloths
- Shower curtain, bath rug
- Laundry baskets or bags
- Plunger
- Other/miscellaneous bathroom items

Kitchen Items
- Bowls, plates, cups
- Foil, plastic wrap
- Kitchen towels, dish rack
- Utensils (e.g., can opener, scissors)
- Cookware (e.g., pots, pans, baking dish, kettle)
- Small appliance(s) (e.g., coffee maker, toaster)
- Other/miscellaneous kitchen items

Bedroom Items
- Clock, alarm clock/radio
- Bed sheets, mattress pads
- Blanket(s)
- Pillow(s)
- Lamps/light bulbs/night lights
- Other/miscellaneous bedroom items

Food
- Food supply

Furniture
- Loveseat/chair
- Kitchen table & chairs
- Dresser
- Night stand

Total Budget: $1,994.70

Transition Budget submitted on 03/27/2017 by Michelle Croce.
Approved on 03/27/2017 by AUTO APPROVAL.
MFP Web-Based Communication and Tracking Hub: Care Plan Approved

[Image of the Money Follows the Person (MFP) web interface showing the task list and a circled task labeled 'Approve Care Plan - CO' with the date 03/10/2017, and a screenshot of a document showing the approval of a care plan on 03/10/2017.]
Use of Live Data to Investigate Policy Changes

Example: Administration makes a change to housing policy

🤔 Concern: MFP Project Director has concern that the housing policy change will impact the length of time that a consumer takes to lease an apartment (therefore impacting the length of time it takes to transition from nursing facility to community)
UConn identifies data points from the MFP web-based tracking system that can help determine the impact of the policy change.
Use of Live Data to Investigate Policy Changes

Results:

➢ The number of consumers leasing an apartment within 60 days of Rental Assistance Approval is trending down. Another month of data will give us a better indication about impact of policy change.

➢ UConn completes this analysis monthly and provides results to the Department of Social Services.
Using Data to Inform the Business Case

Building out the business case....

- 70 People Transition per month
- 40% (28) Transition with rental assistance within 60 days
- Data reflects that 1.4 people are delayed in transition as a result of new policy
- The savings per month of the new policy is $75 per person
- The cost of one month delay in transition is $3000 per person
Use of Live Data to **Investigate MFP Processes**

Example: Closed Cased Analysis

Question/Concern:
Consumers not transitioning within 6 months of referral or cases being closed without transition.
Use of Live Data to Investigate MFP Processes

UConn analyzes data from the MFP web-based tracking system to inform MFP process change.

Withdrawing from MFP due to either “Participant changed their mind and would like to remain in the facility” or “COP/guardian requested closure” accounted for over half of the closed referrals in 2013.

Case Notes

- Progress
- CO
- QOL Call
- Housing
- Nurse
- Care Plan
- Misc.
- Include Private

08/17/2017

Consumer has changed her mind and wishes to remain in the facility giving multiple reasons. She feels that she would not be able to control her diabetes, test her blood sugar, and give herself insulin shots on her own. She also has gotten used to living at the facility – after 2 years it feels like home to her. She will also miss the socialization and friendships friends she has here. She also states that, “I am afraid that everything will all go downhill if I move out. I am okay here.”

This Transition Coordinator will request case closure.
Use of Live Data to Investigate MFP Processes

Results: Connecticut’s transition process revised.

- Transition teams created lead by Specialized Care Manager trained in particular waiver populations to assess consumer and create person-centered care plan prior to assignment of Transition or Housing Coordinator.

- Motivational Interviewing training provided to SCMs to better engage the consumer and family members and to support the consumer in his/her own change process and overcome personal barriers to living in the community.
Use of Live Data to Investigate MFP Processes

Ongoing evaluation: UConn completes Closed Case Analysis annually

Analysis of 2016 referrals showed that closures of 2016 referrals due to either ‘Participant changed their mind and would like to remain in the facility’ or ‘COP/guardian requested closure’ decreased from 53% to 24% combined.
Use of Live Data to Build a Business Case (Budgeting)

Budgeting office will always require proof that there is a net savings overall

Example: Transition Analysis

Concern: Noticeable changes in referral and transition patterns. Downward trends have a potential impact on future budgeting.
Use of Live Data to Build a Business Case

Example: Transition Analysis

Number of Transitions from 1/1/15-6/30/17
Use of Live Data to Build a Business Case

Example: Transition Analysis

Based on feedback from Central Office and Field Staff, UConn tested a number of hypotheses as to why there were changes.

- Referrals/Applications
  - Declines in certain populations while increases in others
  - Nursing facility referral patterns changing

- Care Plan Approval Timelines

- Housing Challenges
  - Criminal history
  - New housing policies

- Commencement of Community First Choice
  - Development of care plan
  - Care plan approvals
Use of Live Data to Build a Business Case

# of Care Plans Approved, # of Days from Referral to Care Plan

August 2015: Loss of Two Utilization Review Nurses; One URN Remained

One Utilization Review Nurse hired; Total two URNs
The Business Case

Transitions delayed 100 days due to lack of capacity to approve care plans

Staff cost per transition increases $1,335

Cost to Medicaid increases $10,000 per person due to the 100 day delay (institution costs $100 more than community per day)

Estimate based on historical trends the 30% of the people who are delayed for 100 days will change their minds
Use of Live Data - Takeaways

• All began with a modest investment $5,500 in 2008 to begin building website. Funding has increased since to meet demand. Total investment of $563,000 over 9 years.

• Near constant interaction between data and program leads to a clear data-driven understanding of challenges and opportunities in terms of process, policy, and budgeting.

• Both Governor and CMS allows for flexibility and testing of new ideas/models because they are confident that all decisions are led by data.

• Important to think about what questions you may need answered at the beginning of project so you can design system to collect the data.
  
  Important balance between collecting too much (burdening users) and collecting enough
Use of Live Data - Takeaways

• 3rd party collaboration with a University was a key strategy that allows for data-driven decision making and has led to process improvements and policy changes. These changes have led to overall success of the program.

  All benchmarks are improving

  Number of staff has increased from 30 in 2007 to 173 in 2017
  Number of dollars allocated increased from $3M in 2009 to $50.5M in 2017
  Number of transitions increased from 200 per year to 900 per year

• Engaging stakeholders and users of the system (those who input the data) is important to keep them invested in data collection. Keep them aware of how the data is used and how it impacts them in the end (process, policy and budgeting)