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Missouri Money Follows the Person Demonstration

Semi-Annual Report

July 1 – December 31, 2012

Report Prepared For:

Missouri Money Follows the Person Demonstration
Missouri Department of Social Services
In collaboration with:
The Missouri Department of Mental Health and
the Department of Health and Senior Services

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INTRODUCTION

The federal Money Follows the Person demonstration was authorized by Congress as part of the 2005 Deficit Reduction Act (DRA) and was extended under the Affordable Care Act (ACA). MFP offers states the opportunity to receive enhanced federal matching funds for 12 months for each Medicaid beneficiary who transitions from an institutional setting to back to a community based setting as a MFP participant.

The Center for Medicare and Medicaid Services (CMS) has defined Money Follows the Person (MFP) as "a system of flexible-financing for long-term services and supports that enable available funds to move with the individual to the most appropriate and preferred setting as the individual's needs and preferences change." This approach has two major components. One component is a financial system that allows sufficient Medicaid funds to be spent on home and community-based services. This often involves a redistribution of State funds between the long term institutional care (LTC) and community based state plan and waiver programs. The second component is a nursing facility transition program that identifies consumers in institutions who wish to transition to the community and helps them to do so.

This grant supports State efforts to: a) rebalance LTC support systems so that individuals have a choice where they live and receive services; b) transition individuals from institutions who want to live in the community; and c) promote a strategic approach to implement a system that provides person centered, appropriate, needs based quality of care and quality of life services that ensures the provision of, and improvement of such services in both home and community based settings.

The overall goal of the Money Follows the Person Demonstration (MFP) is to support and assist persons with disabilities or who are aging to make the transition from nursing homes and habilitation centers to quality community settings that can meet their individual support needs and preferences. This project will enhance existing state efforts to reduce the use of institutional, long-term care services and increase the use of home and community based programs.

The purpose of this proposal is to evaluate the effectiveness of the State of Missouri's Money Follows the Person Project, provide information for program improvement and provide information to speak with the state legislature to gain support to sustain and to grow the program. This evaluation process will generate data briefs and reports that can be used to influence key legislative members. These reports can also be used by MFP stakeholders as part of community outreach to attract individuals to participate in the program and return more individuals to the community.

This program evaluation will examine points throughout the transition process from institutions to community settings. These stages include but are not limited to: how the persons in the project are selected as participants; the type funding they will receive; the type residence they will occupy; the support services they will receive; and their satisfaction with these services. Information will be gathered on MFP participants that leave the program to help identify the reasons for their leaving. This information can be used to identify trends and aid in the

development of supports and services to help keep individuals living in community settings. This will become important as individuals with more complicated needs return to the community and aid the MFP Project in reaching their benchmarks for successful community transitions.

The following objectives have been developed to examine and evaluate various aspects of the MFP project. It is intended that these objectives will provide feedback on essential components of the project that are necessary for the project to be successful.

Area 1: Establish practices and policies to screen, identify, and assess persons who are candidates for transitioning into the community through the MFP project.

Objective 1a: Changes in relevant policies and procedures related to screening, identification, assessment, and transition planning.

Objective 1b: Number in each target group who choose to participate and those who actually transition.

Area 2: Development of flexible financing strategies or other budget transfer strategies that allow "money to follow the person".

Objective 2a: Changes in the balance of long term care funding between institutional and home and community based services.

Objective 2b: Increases in the number of persons funded under the Medicaid Waiver program.

Objective 2c: Increases in the amount of funding for supplemental services received by persons in the MFP Project.

Area 3: Availability and accessibility of supportive services for MFP participants. Supportive services include a full array of health services, 'one time' transitions services, adaptive medical equipment, housing and transportation.

Objective 3a: Level of consumer involvement in planning transitions and delivery of services.

Objective 3b: Types of housing selected by participants in MFP.

Objective 3c: Number of MFP participants who self-direct services.

Objective 3d: Number of individuals who were unable to transition due to lack of housing.

Objective 3e: Types and amounts of transition services, including demonstration and supplemental services, used by MFP participants.

Objective 3f: Why individuals interested in participating in MFP were unable to transition.

Area 4: Performance of a cost analysis on support service costs for individuals participating in the MFP Project.

Objective 4a: Medicaid costs prior to participation in MFP.
Objective 4b: Medicaid costs following transition and participating in MFP.

Area 5: Development of policies and practices to improve quality management systems to monitor services and supports provided to participants in the MFP Project.

Objective 5a: Level of satisfaction with home and community based services including living arrangements.
Objective 5b: Changes in quality of life.

Area 6: Persons eligible to participate in MFP and who decline or those persons enrolled in MFP and who cease participation in MFP will be evaluated to determine the reasons for their decisions. Individuals who die while participating in MFP will also have their cause of death examined.

Objective 6a: Rates of re-institutionalization of MFP participants and reasons cited.
Objective 6b: Frequency and reason for deaths.

EVALUATION OVERVIEW

This semi-annual report for the evaluation of the Missouri Money Follows the Person Demonstration covers the 6-month period from July 2012 through December 2012. The evaluation activities described in this report align with the (a) evaluation plan that was submitted to the Centers for Medicare and Medicaid Service (CMS) and (b) the required semi-annual reporting format.

Evaluation Plan

The evaluation plan was developed in collaboration between Tom McVeigh, Robert Doljanac and the MO MFP project staff. During the planning phase, project work teams developed a strategic plan including specific activities and relevant data sources. The evaluation plan was designed to complement the strategic plan such to inform implementation process and outcomes. Overall, the evaluation plan details, by grant objective, the evaluation processes, measures, and data sources.

Given the integrated nature of the data comprising the evaluation of the Missouri Money Follows the Person Demonstration, implementation of the evaluation plan has involved collaboration across many partners within the Departments of Mental Health, Social Services and Health and Senior Services.

The evaluation plan includes both a process and outcome evaluation. The purpose of the process evaluation is to:

- Determine the perceptions of the stakeholders about the planning and implementation of the projects,
- Determine the extent to which the implementation of the grant follows proposed protocols,
- Document changes to grant processes and reasons for changes, and
- Record participation from various stakeholders in grant activities and decision-making.

The outcome evaluation involves:

- Integrating existing data sources contributing to the understanding of the effects of the grant processes on the quality of life for people with disabilities,
- Examining the usefulness of current data systems, and
- Measuring stakeholder perspectives of outcomes and document their personal experiences.

Evaluation Methodology

Table 1. Outcomes and data elements for measuring progress toward Area 1.

	Area #1: The MFP Project will establish practices and policies to screen, identify, and assess persons who are candidates for transitioning into the community through the MFP Project				
	Outcome	Data Elements for Measure	Information / Data Source(s)	Entity / Agency providing data	Frequency of Data Collection
a.	Changes in policies & procedures relevant to persons in each target group	Related policies and procedures	Interviews and Dept. Policy Reports	Dept. of Mental Health DD & CPS Dept. of Health and Senior Services	Semi-Annual
b.	Number in each target group who choose to participate and those who actually transition	• Numbers identified • Numbers who transition • Reasons for non-transition	Annual reviews, referrals, and interviews	Dept. of Mental Health DD & CPS Dept. of Health and Senior Services	Semi-Annual

Table 2. Outcomes and data elements for measuring progress toward Area 2.

	Area #2: Development of flexible financing strategies or other budget transfer strategies that allow "money to follow the person".				
	Outcome	Data Elements for Measure	Information / Data Source(s)	Entity / Agency providing data	Frequency of Data Collection
a.	Changes in the balance of long term care funding between institutional and home and community based services	• Long term care funding • Institutional funding	State budget reports	Dept. of Mental Health Dept. of Health and Senior Services	Semi-Annual
b.	Increases in the number of persons funded under the Medicaid waiver program	Number of persons receiving Medicaid waiver funding	State data reports	Dept. of Mental Health, Dept. of Health and Senior Services	Semi-Annual
c.	Increases in the amount of funding for demonstration services received by persons in the MFP Project	Supplemental services funding	State budget reports	Dept. of Health and Senior Services	Semi-Annual

Table 3. Outcomes and data elements for measuring progress toward Area 3.

	Area #3: Availability and accessibility of supportive services for MFP Project Participants				
	Outcome	Data Elements for Measure	Information / Data Source(s)	Entity / Agency providing data	Frequency of Data Collection
a.	Level of involvement of consumers in the MFP Project in transition planning and delivery of services for each target group	Individual responses to survey/interview questions	Quality of Life Survey (QLS)	CMS	Semi-Annual
b.	Types of housing selected by MFP participants for each target group	Type housing selected and received	MFP Data Files	Department of Mental Health Department of Health and Senior Services	Semi-Annual
	• Apt. or Unit with an individual lease				
	• Community Based Residential Setting				
	• Home Owned or Leased by Individual or Family				
c.	Number of MFP participants who self-direct services for each target group	Number of persons self-directing services	MFP Data Files	Department of Mental Health Department of Health and Senior Services	Semi-Annual
d.	The number of individuals who were unable to transition due to lack of accessible / affordable housing	Number of individuals who were unable to transition due to housing	DSS / MFP Data Files	MFP Project Staff	Semi-Annual
e.	Types and amount of transition services, including supplemental services	Transition Services	MFP Data Files	Department of Mental Health Department of Health and Senior Services	Semi-Annual
f.	Why individuals interested in participating in MFP were unable to transition into the community	Number of individuals who were unable to transition into the community and reasons why	MFP Data Files	MFP Project Staff	Semi-Annual

Table 4. Outcomes and data elements for measuring progress toward Area 4.

	Area #4: Performance of a cost analysis on support service costs for individuals participating in the MFP Project				
	Outcome	Data Elements for Measure	Information / Data Source(s)	Entity / Agency providing data	Frequency of Data Collection
a.	Cost of Medicaid services prior to participation in MFP	Total support service costs billed 12 mo. prior to participating in MFP	Individual Medicaid billing invoices	Mo Health Net	Semi-Annual
b.	Cost of Medicaid services after transitioning and participating in MFP	Total support service costs billed 12 mo. after participating in MFP	Individual Medicaid billing invoices	Mo Health Net	Semi-Annual

Table 5. Outcomes and data elements for measuring progress toward Area 5.

	Area #5: Development of policies and practices to improve quality management systems to monitor services and supports provided to participants in the MFP Project				
	Outcome	Data Elements for Measure	Information / Data Source(s)	Entity / Agency providing data	Frequency of Data Collection
a.	Level of satisfaction with home and community based services including living arrangements	Individual responses to survey/interview questions	MFP participants completing QLS	CMS	Semi-Annual
b.	Changes in quality of life	Individual responses to survey/interview questions	MFP Participants completing QLS	CMS	Semi-Annual

Table 6. Outcomes and data elements for measuring progress toward Area 6.

	Area #6: Persons eligible to participate in MFP and who decline or cease participation will be evaluated to determine the reasons for their decisions. Individuals who die while participating in MFP will have their cause of death examined to help identify areas for program improvement.				
	Outcome	Data Elements for Measure	Information / Data Source(s)	Entity / Agency providing data	Frequency of Data Collection
a.	Rates of re-institutionalization	• Persons returning • Reasons for return	Records and interviews MFP data files	The Departments of Mental Health, Social Services and Health and Senior Services	Semi-Annual
b.	Frequency and reason for deaths	• Number of persons dying • Reasons for death	MFP data files	The Departments of Mental Health and Health and Senior Services	Semi-Annual

EVALUATION RESULTS

The Evaluation Results section provides a description of the Money Follows the Person Demonstration activities and progress made with regard for each goal and objective. For each area goal, the objectives, outcomes, strategies or activities, and data measures are stated. This is followed by a discussion of the progress made during July through December 2012. For some data measures, baseline data was available. In this circumstance, progress over time is compared. When baseline data is not available, the discussion is limited to progress made during this reporting period, which may serve for comparison in upcoming years.

Area 1: Establish practices and policies to screen, identify, and assess persons who are candidates for transitioning into the community through the MFP project.

The rationale for this goal is to examine state policies and procedures for changes that will affect individuals who express a desire to leave an institutional living setting and return to the community. This goal is intended to help determine if the state has made permanent changes in their system to ensure that persons have access to a transparent process for returning to their communities.

Objective 1a: Changes in relevant State policies and procedures related to screening, identification, assessment, and transition planning.

The Missouri Money Follows the Person Demonstration Project has targeted three groups of persons to be involved in the program: persons with developmental disabilities including those with developmental disabilities and mental illness, persons with a physical disability, and the elderly. As a result of these target populations, the state agencies involved in providing services to these groups will be surveyed. For those persons with an intellectual or developmental disability (DD) it will be the Department of Mental Health – Division of Developmental Disabilities (DDD) and for the elderly (aged 63 and older) and persons with physical disabilities under the age of 63 (PD), the Department of Health and Senior Services (DHSS) – Division of Senior and Disability Services (DSDS).

For this reporting period, representatives from the Department of Mental Health – Division of Developmental Disabilities reported no new or pending legislative initiatives that would affect the MFP Program. The DMH has developed state-wide re-structured positions on transitions that focused on Employment Coordinators, Family Support Coordinators, and Community Living Coordinators. The DSS applied in partnership with DMH and DHSS to CMS for a Balancing Incentives Program and was approved in June 2012 to begin in July 2012. This program makes Missouri eligible for an enhanced federal match rate of 2% for all non-institutional long term supports and services (LTSS). This will create structural changes to the LTSS system: No Wrong Door / Single Point Entry System, conflict-free case management and a core standardized assessment instrument.

The Division of Developmental Disabilities continues to have a major focus on guardianship outreach in regard to transition for the DD target group. It has proven difficult to obtain guardianship consent for this population. To help address this problem, the division has developed and implemented a series of approaches. This includes the sharing of transition success stories on video and in parent organization meetings, meeting one-on-one with peers, and providing video tapes on community housing options. The stakeholder group is also addressing this issue of consentwith guardians.

For the time period covered by this report, the Department of Health and Senior Services continues to use their HCBS Web Tool or Inter RAI HC which is intended to enhance the client assessment process and HCBS authorization. The Inter RAI HC focuses on a person's functioning and quality of life by assessing needs, strengths, and preferences. Upon completion, the Inter RAI HC will calculate the participant's nursing facility level of care for eligibility purposes. This is also intended to provide a continuity of care across settings and promote a person centered evaluation. In conjunction to the HCBS Web Tool, DHSS has implemented a data base system, the Case Compass which focuses on gathering pertinent information on critical incidents / abuse, neglect and exploitation involving their clients which includes MFP participants.

During the time period covered by this report, the DHSS awarded contracts to 24 Centers for Independent Living (CILS) and Area Agencies on Aging to provide Options Counseling and Transition Coordination services. With the implementation of the contracts, procedures were modified as issues were identified. The DSDS also created permanent positions for staff to conduct Level of Care Assessments.

DHSS also reported a significant change in MFP eligibility for their target populations. Nursing home level of care screening was now accepted when determining MFP eligibility. Participants still need to meet LOC as determined by DSDS when HCBS will be needed in the community as this involves an assessment of the individual's current needs.

Objective 1b: Number of eligible MFP participants who choose to participate in relation to those who actually transition.

In order to be eligible to participate in MFP, an individual must have resided in a habilitation center or nursing facility for at least 90 days; received MO HealthNet benefits in the care facility for one day; and transition to a home that is leased or owned by the participant or participant's family or move to residential housing with no more than four individuals living in the house. For the period covered in this report, a total of 342 persons were assessed to determine eligibility for participation in MFP. Again, for the period covered in this report, 126 persons were identified as being eligible for MFP and transitioned into the community.

During this reporting period, a MFP website for nursing homes to enter MDS Section Q referrals came on-line. This was accompanied by a webinar training session for nursing home on how to best make referrals using this website. These changes have resulted in an increase in Section Q

referrals across the state. For this reporting period, 143 persons were referred to MO MFP through Section Q and 24 of these individuals were then enrolled in the MFP program and transitioned to the community. As more individuals move out of nursing facilities due to MFP, people are becoming aware of the program and the Missouri MFP Project continues to receive more self-referrals regarding the program and possible eligibility. MFP is also receiving more contacts from family members regarding the program and what it might do for their family members. The use of the MFP website and brochures will continue to be used for outreach.

Table 7.

MFP Assessment and Transition Status: July to December 2012

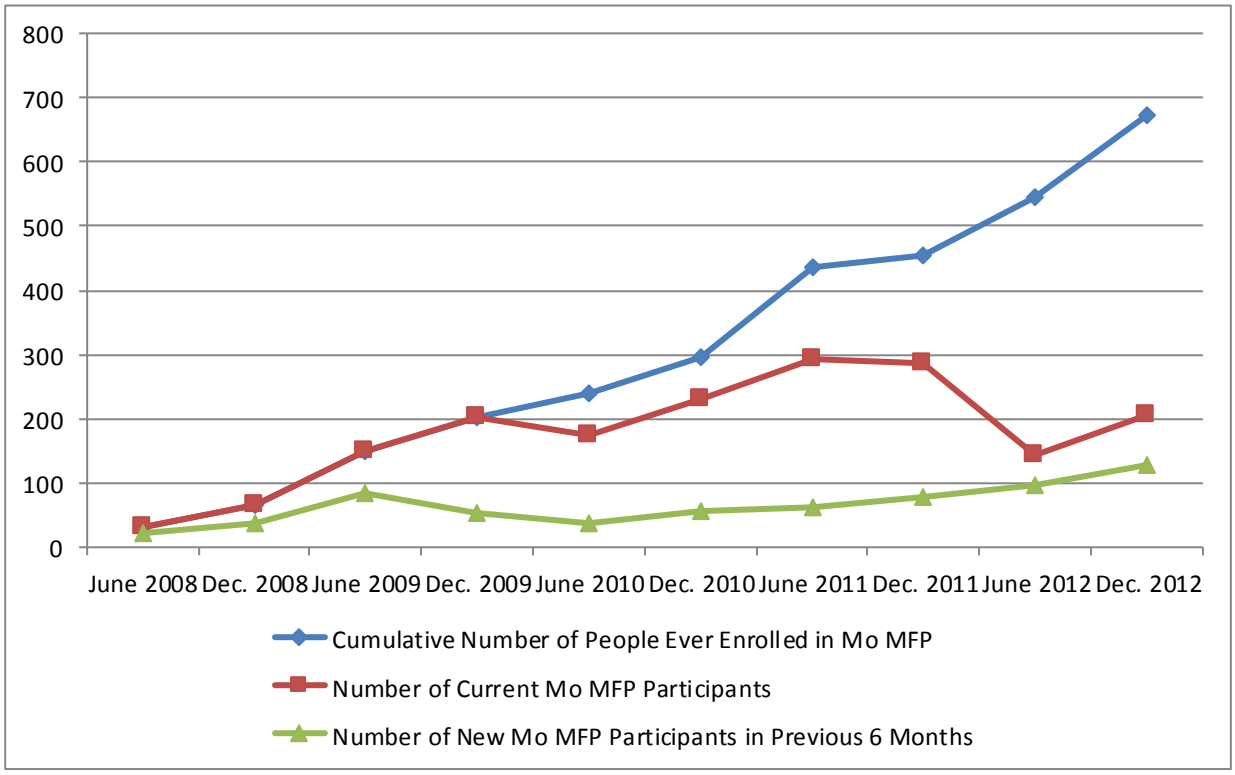
	Elderly	DD	PD	DD /MI
Number of institutionalized residents assessed to determine eligibility for MFP during this reporting period	138	31	167	6
Number of eligible institution residents who transitioned during this reporting period	43	25	52	6
Cumulative number of eligible institutionalized residents who transitioned due to MFP	149	237	258	28

Available data indicate that the numbers of persons who have been assessed for MFP eligibility and who have left institutions for community living settings during this reporting period appears to be on target to achieve the 2012 goal of 173 transitions. The implementation of the Section Q website accompanied by training for nursing home staff appears to have helped the MO MFP project in achieving transition goals. The addition of staff for the MO MFP Project also appears to have helped achieve desired transition levels year.

By the end of December 2012, 672 individuals had enrolled in the MO MFP project and transitioned to the community. Figure 1 shows the progress the MO MFP project has made in the state of Missouri in returning individuals to the community.

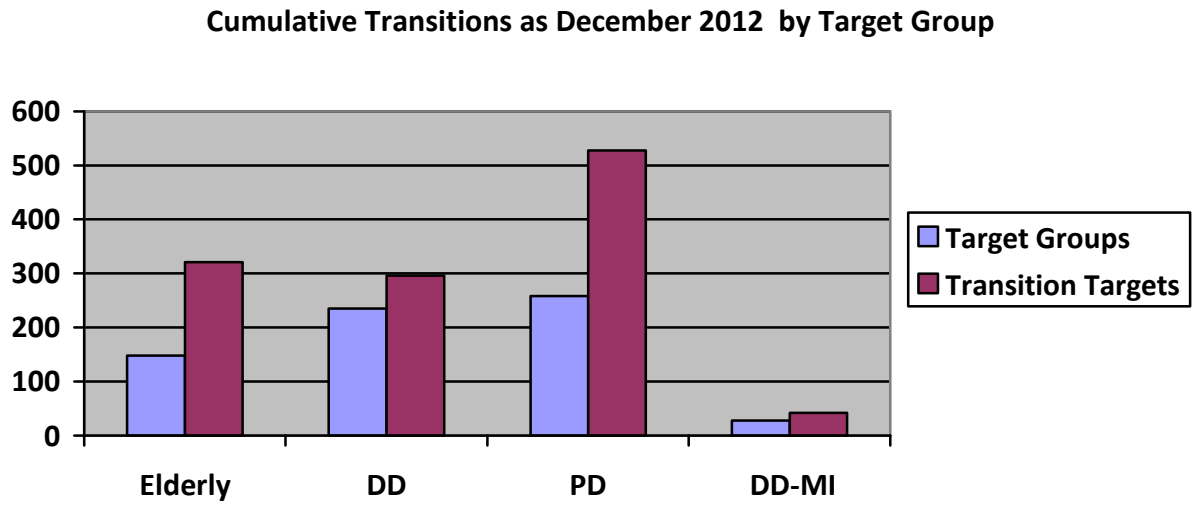
Figure 1.

Cumulative MFP Enrollees, Current MFP Participants, and New MFP Enrollees July 2012 to December 2012.



For this reporting period, the majority of persons enrolling in the MFP program and returning to the community was in the physically disabled target group (n=52) and closely followed by those in the elderly target groups (n=43). Rates for persons in the DD transition target group also showed an improvement for this reporting period with 25 persons returning to the community through the MO MFP project and six persons in the DD/MI also returned to the community through MO MFP. Figure 2 shows the cumulative community transitions broken down by target group with the project target goals for each group.

Figure 2.



Area 2: Development of flexible financing strategies or other budget transfer strategies that allow "money to follow the person".

The rationale for this goal was to examine state policies and approaches to ensuring that funding is provided for persons who transition back into the community. This is intended to help ensure that persons can obtain needed support services to fully participate in their community.

Objective 2a: Changes in the balance of long term care funding between institutional and home and community based services.

The DHSS reported that during this reporting period, there were no changes in state policies or procedures relevant to budgeting and financing for the elderly or PD in the MO MFP program. During the period covered in this report, the MO DDD submitted a waiver amendment to the CMS to expand the coverage of MO Comprehensive. This amendment was approved by CMS and expands waiver capacity from 8,275 to 8,441 slots. No changes were reported in state practices or policies that would affect the transitioning of money from LTC institutions to community programs.

Table 8a.

Qualified Total Medicaid HCBS Expenditures

Year	Target Level Spending	Percent Annual Growth Projected	Total Spending for the Calendar Year	Percent of Target Level Reached
2008	$867,401,313	4	$848,348,408	97.80%
2009	$902,095,157	4	$950,207,636	105.33%
2010	$938,176,756	4	$1,032,654,952	110.07%
2011	$975,701,618	4	$1,032,114,154	105.78%
2012	$1,014,727,475	4	$1,164,955,196	114.80%

The State of Missouri continues to anticipate a four percent increase in total Medicaid HCBS expenditures for each year of the demonstration program. For this reporting period, the State of Missouri continues to make increases in the amount of expenditures for total HCBS Medicaid expenditures (federal and state funds) for all Medicaid recipients. This includes, but is not limited to MFP participants (See Table 8a).

An example of the State of Missouri's commitment to changing the balance in long term funding can be observed in annual funding levels reported by the Missouri Division of Developmental Disabilities for LTC expenditures spent on HCBS support and services for persons with DD (See Table 8b). The State of Missouri anticipates a two percent increase in total Medicaid HCBS expenditures for persons with DD for each year of the demonstration program due to awareness of available services in response to implementation of the MFP demonstration. For this reporting period, the State of Missouri is behind the annual target goal for this period.

Table 8b.

Annual Proportion of LTC Expenditures for Persons with DD Spent on HCBS Expenditures Through the DD Waiver as of this Reporting Period

Year	Annual Target Level Spending	First Spending Period	Second Spending Period
2008	75.0	73.0	73.0
2009	77.0	79.0	78.0
2010	79.0	85.0	77.0
2011	81.0	82.0	82.0
2012	83.0	63.0	73.0

Objective 2b: Increases in the number of persons funded under the Medicaid waiver program.

For this reporting period, the state of Missouri made no programmatic or policy changes to increase the availability of home and community based services during the one year MFP transition period. No changes were made to increase home and community based services following the one year transition period for MFP. The Missouri Comprehensive Waiver amendment was submitted to increase the number of waiver slots for individuals with DD. This request is pending approval as of this reporting period. No additional waiver slots were sought for the elderly population as there is no waiting list for this target group.

For this reporting period, the MO Department of Mental Health submitted to CMS a waiver amendment for the MO Comprehensive Waiver to expand capacity and increase slots from 8,275 to 8,441. This amendment was approved and took effect on July 1, 2012.

The state of Missouri did apply for and received approval for a Prevention Waiver called "Partnership for Hope" for individuals with a developmental disability. This waiver is a partnership between the Division of Developmental Disabilities and 74 County Boards. This waiver will be used to serve individuals who can be supported with an annual cost cap of $12,000 or less. It is intended that this waiver will help reduce the state's waiver waiting list and help prevent future out of home placements. The state also submitted a waiver amendment for this program and received approval to add an additional county to the program. This brings a

total of 96 counties into the program and as of the end of July 2012 has provided services to nearly 1,500 persons.

The MO Departments of Social Services, Health and Senior Services and Mental Health developed a plan to remove adult day health care service (ADHC) from the Medicaid State Plan and offer this service through a HCBS waiver. The state requested federal authorization for this move and is awaiting approval for this change.

Objective 2c: Increases in the amount of funding for demonstration transition services received by persons in the MFP Project.

For this reporting period, the amount of funding for demonstration transition services is reported to have increased as the number of individuals served has increased. Funding for demonstration transition services is set at a fixed amount ($2,400 per person) from the Federal Government through the MFP Project. As the number of persons served through MFP continues to increase, there is a corresponding increase in the total amount of funding in this area.

Many individuals in the Elderly and Physically Disabled target groups have complex health and safety needs that require 24 hour services or a more substantial amount of support services than is allowed by the state. As a consequence, some individuals that might be interested in MFP are disallowed due to these financial restraints. HCBS waivers continue to remain under the Nursing Facility Cost Cap. MO MFP participants in the DD and DD/MI target groups are not eligible for these funds because transition funds already exist in the current waiver.

Area 3: Availability and accessibility of supplemental services for MFP participants. Demonstration services include a full array of health services, 'one time' transitions services, adaptive medical equipment, housing and transportation.

The purpose of this goal was to examine the availability and accessibility of demonstration services in the community. The achievement of this goal is necessary to ensure that persons who leave an institutional setting have access to the services and supports needed to live and thrive in the community to the fullest extent possible. Well trained community support services will also be needed to help prevent the need for persons to return to an institutional setting for health or safety issues.

Objective 3a: Level of consumer involvement in planning transitions and delivery of services for each target group.

Consumer involvement at both the individual and family level has been and continues to be a strong and consistent theme throughout the planning and implementation of this demonstration program. The Missouri MFP Project works closely with other state agencies, commissions, and state advisory groups to address issues related to the transformation of the long-term care system. The State of Missouri MFP Project continues to operate its outreach activities through a grass-roots model. Consumers and their families continue to provide input through various groups that meet across the state. Consumers and families are asked to provide feedback on MFP processes, progress and any other concerns and generate recommendations. The MFP Stakeholder Committee formed an Outreach and Marketing Subcommittee to discuss and develop possible outreach strategies and other approaches to help move the MFP program forward. Missouri has requested financing from the MFP grant to recruit and fund families and self-advocates in order that they may better attend and participate in the MFP stakeholder meetings.

The MFP stakeholders group continues to work with their respective communities throughout the state to spread information regarding the MFP program. Non-consumers aid in the outreach process by providing information to their respective communities about MFP. They also help identify barriers and problems they see in the transition process and help generate possible solutions. The MFP website and program brochures continue to be used to supplement in-person outreach activities.

Table 9.

	Provided input on MFP policies or procedures	Helped to promote or market MFP program	Involved in housing development	Involved in Quality of Care assurance	Attended MFP Advisory meetings
Consumers	X	X			X
Families					
Advocacy Organizations	X	X		X	X
HCBS Providers	X				X
Institutional Providers					
Labor/Worker Association(s)	X				X
Public Housing Agency(s)			X		
Other State Agencies	X	X	X	X	X
Non-Profit Housing Assoc.	X		X		X

Objective 3b: Types of housing selected by MFP participants in each target group.

The availability of affordable and accessible housing for MFP participants continues to be problematic across the state. To help address the housing barriers with transitions, MFP has partnered with the Missouri Housing Development Commission (MHDC) which is the housing finance agency for the state. The MHDC has partnered with the Department of Social Services, the DMH, the DHSS and the Department of Corrections to develop a Memorandum of Understanding (MOU) to address housing issues across the disabled populations. The state has applied for the Project Rental Assistance 811 funding under HUD and is awaiting response from HUD on award announcements. Regional staff continues to seek housing and works with area public housing authorities for creative ways to address housing problems across the state. Contractors with the DSDS in two regions have begun to meet with local housing authorities to help address this problem.

Wait lists for housing vouchers remain closed the majority of time. When vouchers become available, the short time period of availability does not allow for individuals who wish to transition to apply. In many cases, these individuals have not yet been identified. Missouri maintains around 96 pending transitions at all times. In many cases, it is because affordable housing is not available in a timely manner. The MO MFP Director and others will continue to

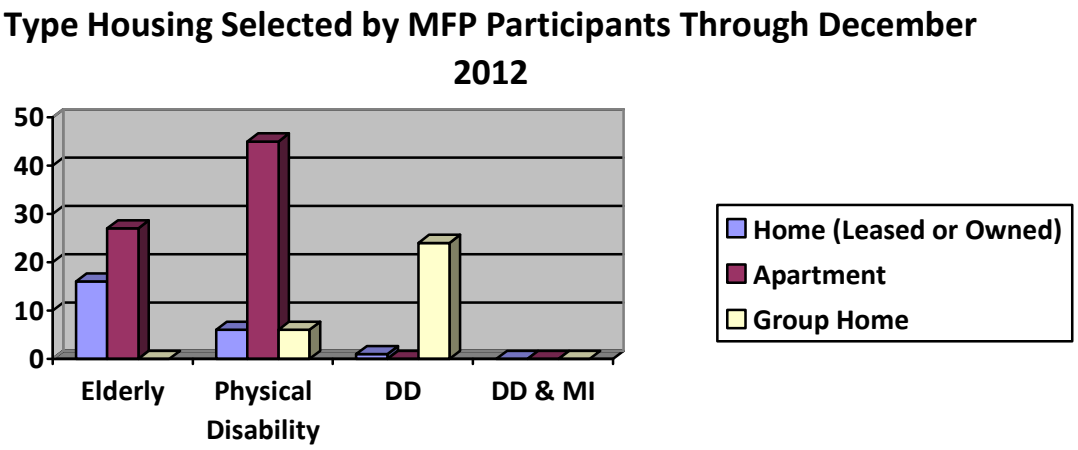
work with public housing authorities to apply for vouchers when made available through future NOFAs.

Table 10.

Type Housing Chosen by Current MFP Participants Through December 2012

	Elderly	Physical Disability	DD	DD & MI
Home (owned or leased)	16	6	1	0
Apartment (individual lease)	27	45	0	0
Group Home (4 or fewer individuals)	0	6	24	0

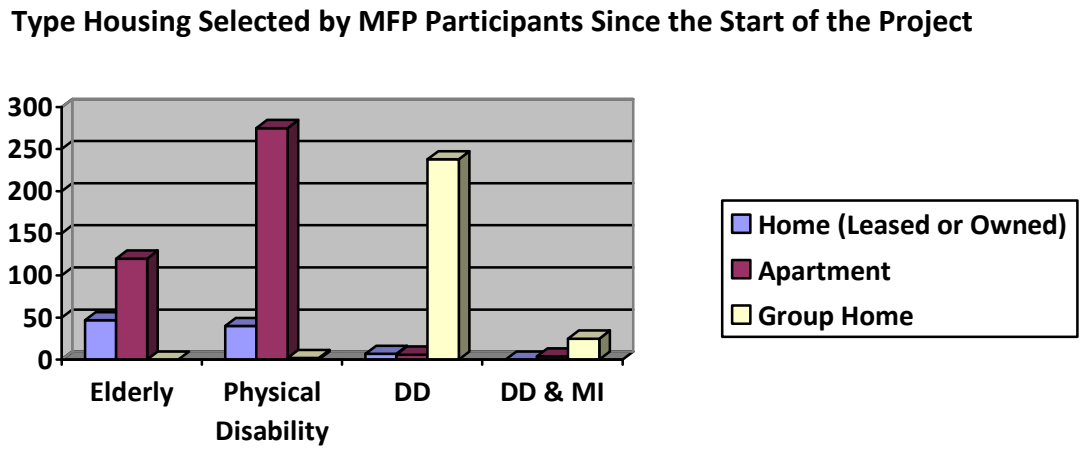
Figure 3a.



As of this reporting period (See Table 10 and Figure 3a), the majority of persons in the elderly or physical disability target groups making the transition to the community using the MFP Project have chosen to live in either apartments or individual home settings. Group home living situations of four or fewer individuals were primarily selected by individuals experiencing DD or a dual diagnosis of DD and MI.

The types of housing selected by participants in the MO MFP project since the start of the program can be seen in Figure 3b.

Figure 3b.



Objective 3c: Number of MFP participants who choose to self-direct.

As of this reporting period, a total of 68 (See Table 11) persons are currently self-directing their support services upon returning to the community. The largest number of persons (44) who elected this option was in the PD target group. They were followed by individuals in the elderly target group (23). For this reporting period, 41 persons in the PD target group and 21 in the elderly target group elected to hire and supervise their own personal assistants. In the area of finance, 43 individuals in the PD group and 22 elderly chose to manage their own budgets.

Table 11.

Number of Current MFP Participants in a Self-Direction Program: January to June 2012

	Elderly	Physical Disability	DD	DD & MI
Number MFP participants enrolled in self-direction	23	44	1	0
Used self-direction to:				
Hire or supervise own personal assistants	21	41	0	0
Manage own allowance or service budget	22	43	0	0

During this reporting period, three persons in the non-elderly, physical disability target group elected to opt out of the self-direction program.

Objective 3d: The number of individuals who were unable to transition due to lack of accessible / affordable housing.

For this reporting period, there were 25 reported instances where an individual was unable to transition into the community either because they could not find affordable, accessible housing, or chose a type of housing that did not meet the definition of a MFP qualified residence. To help address the housing barriers with transitions, MFP has partnered with the Missouri Housing Development Commission (MHDC) which is the housing finance agency for the state. The MHDC has partnered with the Department of Social Services, the DMH, the DHSS and the Department of Corrections to develop a Memorandum of Understanding (MOU) to address housing issues across the disabled populations. This application, if approved, would provide funding for 250 MFP participants. The state has applied for the Project Rental Assistance funding sent out in the HUD notification of funding and is awaiting response from HUD on award announcements. Regional staff continues to seek housing and works with area public housing authorities for creative ways to address housing problems across the state. Contractors

with the DSDS in two regions have begun to meet with local housing authorities to help address this problem.

Wait lists for housing vouchers remain closed the majority of time. When vouchers become available, the short time period of availability often does not allow for individuals who wish to transition to apply. In many cases, these individuals have not yet been identified to notify them of available housing. Other times, it is because affordable housing is not available in a timely manner. The MFP Director and others will continue to work with public housing authorities to apply for vouchers made available through future NOFAs.

Objective 3e: Types and amounts of transition services, including demonstration and supplemental services, used by MFP participants.

The Department of Health and Senior Services (DHSS) has used and anticipates continuing to use funds on one-time expenses as a result of consumers transitioning into the community. DHSS funds are utilized to reimburse contractors for Transition Coordination Services. Contractors are eligible to receive $1,350 at the time of transition; $675 if the individual remains in the community for 6 months; and $675 if the individual remains in the community for a total of 12 months. MFP funds are also utilized to reimburse contractors for Options Counseling services at a rate of $300 per session, per resident, per year.

A maximum of $2,400 for demonstration services is allotted for each MFP participant in the elderly or non-elderly physically disabled target groups who transitions from a nursing facility to the community. For this reporting period, the DHSS authorized $220,800 on demonstration services for 92 individuals making the transition into the community. Of this amount, $89,607.48 was requested and used by 49 persons. The breakdown of DHSS authorized demonstration service expenditures can be seen below in Table 12.

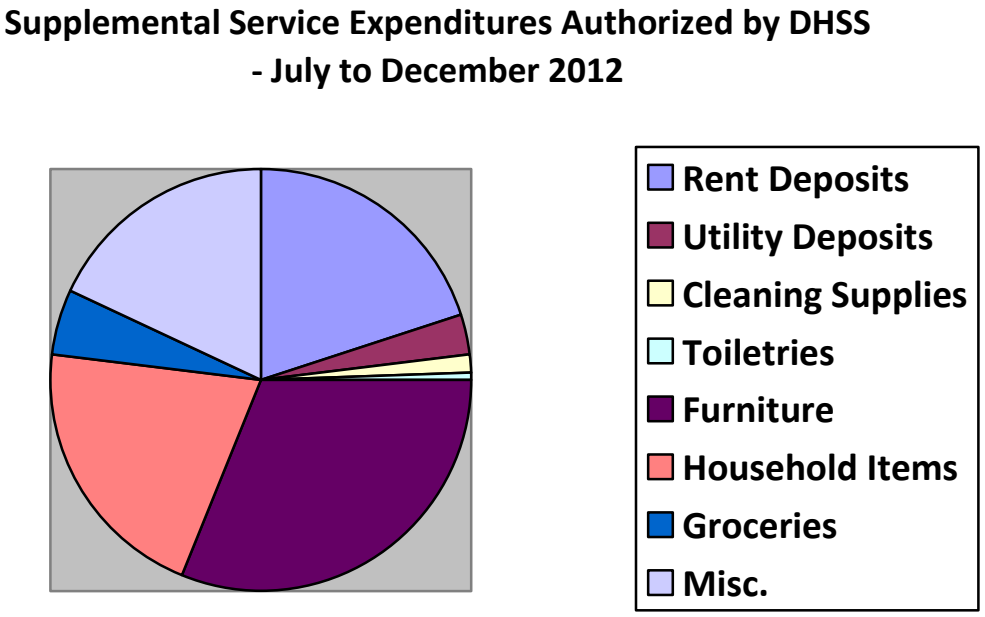
Table 12

Demonstration Service Expenditures Authorized by DHSS – July to December 2012

	Amount	Percent
Rent Deposits	$17,804.81	20%
Utility Deposits	$2,295.90	3%
Cleaning Supplies	$1,400.29	1.5%
Toiletries	$735.23	.5%
Furniture	$27,680.36	31%
Household Items	$18,519.24	21%
Groceries	$4,810.37	5%
Miscellaneous (including medical equipment)	$16,286.93	18%
Accessible Vehicle	0	0
Total	$89,607.48	100%

As can be seen in Figure 4, the majority of demonstration service expenditures authorized by the Missouri DHSS for this reporting period was used to purchase furniture, household items, pay for rent deposits, and other items needed to help establish a viable living setting back in the community. These demonstration service expenditures continue to play an important role in helping individuals return to the community. These expenditures were used by 52% of MFP participants eligible for these supplemental service expenditures and who transitioned during this reporting period.

Figure 4.


Supplemental Service Expenditures Authorized by DHSS
- July to December 2012
Rent Deposits
Utility Deposits
Cleaning Supplies
Toiletries
Furniture
Household Items
Groceries
Misc.

Objective 3f: Why individuals interested in participating in MFP were unable to transition to the community.

Table 13.

Reasons Persons Could Not be Transitioned Using the MFP Program - July to December 2012

	12-10	6-11	12-11	6-12	12-12
Individual transitioned to the community but did not enroll on MFP	1	0	0	0	0
Individuals physical health, mental health or other service needs were greater than what could be accommodated in the community or through the state's current waiver programs	20	8	71	76	141
Individual could not find affordable, accessible housing or chose a type of residence that does not meet the definition of MFP qualified residence	1	0	19	19	25
Individual changed mind about transitioning, did not cooperate in the planning process, had unrealistic expectations or preferred to remain in the institution	9	4	44	58	92
Individual's family member or guardian refused to grant permission or would not provide back-up support	3	2	15	15	24
Other including: Cannot ensure health safety and welfare, self harm, declined participation, spend down too great, left before application completed, not enough income	25	23	38	39	63

For this reporting period, a total of 345 persons were unable to transition into the community from long term care facilities by using the Missouri MFP Program. For the Elderly and

Physically Disabled – Non-Elderly, the reasons for not transitioning were most often due to health and safety concerns in the community. Other denials were due to the individual requiring 24 hour oversight since Missouri's current state and waiver programs do not provide for this level of paid support. Other reasons were due to a lack of housing and past criminal action or abuse issues.

Area 4: Performance of a cost analysis on support service costs for individuals participating in the MFP Project.

Another major intent of the MFP program is to demonstrate that disabled and elderly persons can live in their communities with proper support and that this support would cost Medicaid less that it currently spends for institutional care. The purpose of this goal was to examine the financial costs of having individuals live and receive supports in their community. These expenses would be compared against the costs of similar services and supports in a long term care living facility. It is intended that this information might help form state policy regarding supporting individuals to reside in their home communities as opposed to living in an institutional setting.

Objective 4a: Medicaid costs prior to participation in MFP.

The data needed for this objective will be obtained from several different data sets maintained by various state agencies in Missouri. At the time of this report, the process and methodology was still being developed to obtain this information. As a result, the analyses needed to address this objective cannot be performed.

Objective 4b: Medicaid costs following transition.

The data needed for this objective will be obtained from several different data sets maintained by various state agencies in Missouri. At the time of this report, the process and methodology was still being developed to obtain this information. As a result, the analyses needed to address this objective cannot be performed.

Area 5: Development of policies and practices to improve quality management systems to monitor services and supports provided to participants in the MFP Project.

One of the intentions of the MFP Rebalancing Demonstration Grant was to create a system of changes in state policy and practices that would extend beyond the duration of the grant. The purpose of this goal is to examine the state of Missouri's ability to create a system of policies and practices that would ensure that support services delivered to consumers were of a consistent quality that addressed their needs and helped ensure their ability to fully participate in their communities.

During this reporting period, project staff at DSS, DHSS and DMH continued to work on intra / inter-departmental communication and coordination to provide opportunities to improve service delivery to consumers. At DSS and DHSS, staff worked closely to complete a new contract for options counseling, transition coordination and to establish mechanisms to track and monitor contracted services. At DMH, the state Quality Enhancement Team (QET) continues to meet monthly with Regional and State Operated Facility QE leadership members to review quality management systems. The state QET meets on a quarterly basis with MO HealthNet (the state Medicaid administrative agency) to review the assurances set forth by CMS for the 5 Division of DD Waivers. This information is shared with the Division Director and the Division of DD Management Team. The state QET has provided training to Behavior Resource Teams regarding available data and reports to assist with support planning.

Another component of the state of Missouri's intent to improve the delivery of quality services was the creation and implementation of web-based data collection systems. During this reporting period, the state of Missouri MFP project continued to use its Web System to collect MFP data. Enhancements to the system allow the MO MFP project to address issues as they are identified for example edits were put in place to eliminate duplicate referrals and referrals to multiple providers.

For the Aged and Physically Disabled target groups, the DHSS/DSDS continues to use its HCBS Cyber Access Web Tool. This tool contains the Inter RAI HC to help guide comprehensive care and service planning in community-based settings. It focuses on the person's functioning and quality of life by assessing individual needs, strengths and preferences. Another tracking tool is the MO Case Compass that is to be used by DSDS to monitor adult protective service investigations and the follow-up required for protective services. This system also addresses participant complaints as they relate to service delivery and health and welfare issues. The DHSS maintains data spreadsheets in the DHSS / DSDS central offices regarding transition and options counseling services.

The DMH has linked the Health Identification and Planning System (HIPS) directly into CIMOR, the DMH information management system. This will allow notification directly from the data system to service providers to improve follow-up as identified from nursing reviews. This will eliminate the paper system and create the ability to examine a person's health needs

over time. The Division of Developmental Disabilities has implemented a standardized web-based tool for reviewing quarterly and monthly data on service delivery and supports to analyze event data and develop intervention measures and system improvement strategies when indicated. One component of this web tool consists of the Action Planning and Tracking System (APTS). This program tracks trends and needs for quality improvement and individualized remediation.

During this reporting period, the DMH and the DHSS/DSDS have taken steps to meet with participants and related service providers to share information and monitor support needs. The DHSS awarded contracts to Centers for Independent Living (CILS) and Area Agencies on Aging (AAA) to provide transition coordination services. As part of this transition coordination, contractors are required to monitor MFP participants during the first year of transition. These contractors must meet face-to-face with participants; twice for the first three months of transition and monthly for the next nine months. The information gathered in these meetings will be shared with DHSS/DSDS. As part of this Continuous Quality Improvement process, DSDS and contracted staff that work with MFP persons attend monthly meetings to discuss relevant issues involving the delivery of services and supports. Quality meetings were held with the CEOs of provider agencies; DSDS central office staff and the five DSDS regional coordinators address contract implementation issues, barriers to delivery of services and identify best practices.

During this reporting period, DSDS implemented quality monitoring protocols that would apply to MFP participants during their one year transition period. DSDS also began a process to review transition cases that have been pending for longer than 6 months to identify barriers to transition. Another process was started to examine and review cases of MFP participants who were required to be re-institutionalized to identify what "lessons were learned" from these cases and what changes could be made to prevent future instances.

The DMH began enhanced quality monitoring protocols for the first year of transition. Here quality related outcomes using identified benchmarks or persons at risk for poor outcomes will be monitored for effectiveness. Critical Incidents and outcomes will be monitored with information on these incidents entered into the Event Management Tracking system (EMT). Individualized Service Plans will be reviewed and findings entered into the Action Plan Tracking System. The State Quality Enhancement Leadership Team has implemented a standardized tool for reviewing quarterly data for regional and state operated QE staff as well as for monthly event data. This process is designed to assist with the identification of themes and trends for overall quality improvement strategies that focus on service delivery and supports. Medical / health needs continue to be reviewed on a monthly basis by community registered nurses.

The state of Missouri continues to implement the use of the National Core Indicators survey across the state which will provide additional information on individuals with DD receiving services and supports. One key piece of information that will be obtained from this survey is the rate of direct support staff turnover. Maintaining a low rate of staff turnover has been identified as one of the key components in providing quality care to persons with disabilities. The state also continues to use the Support Intensity Scale (SIS) and the Safe Advocates and Families for Excellence (SAFE) and utilization reviews.

Objective 5a: Level of satisfaction with home and community based services including living arrangements.

Baseline Findings

The MFP Quality of Life Survey (QLS) will be used to help measure consumer level of satisfaction with HCBS and living arrangements. The training of QLS administrators continues to take place and a system has been developed to ensure the ability to administer the survey throughout the state. The QLS continues to be administered to participants and the results sent to CMS. For this reporting period, 126 persons transitioned into the community as a result of MFP and were administered a baseline QLS.

For this reporting period, data from the QLS was obtained for a cumulative total of 672 persons on the Baseline Phase of transitioning into the community using MFP. Prior to transitioning to the community, 90.6% of these participants reported that they were living in long-term institutional settings and 9.4% were in other living arrangements. Only 47.3% of those living in an institutional setting reported that they liked where they lived. This compared to those living in an alternative setting where over 76% reported liking their living setting. 67.3% of persons living in group settings reported that they did not help select their current living setting. Similar results were indicated by those persons living in alternative settings where 72.6% reported that they also did not help select their current housing.

Approximately 16% of those living in an institutional setting reported that they did not feel safe where they lived. Of these, roughly 36% indicated that they felt this way most of the time. In other areas related to personal safety, of those who responded, over 4% of persons living in institutional settings reported that they had been physically hurt by care providers. Over 19% of institutional residents indicated that they had been yelled at or verbally abused. In addition, over 31% reported that they had money or personal items taken from them without permission.

Overall for those individuals about to transition into the community, 76% reported being happy with the help they currently received in their pre-transition living setting but only 64% indicated that they were happy with the way they were living their life. It should be noted that nearly 26% of those living in group living settings reported being unhappy with their services and 38% of persons living in these settings indicated being unhappy with how they were living their life.

Prior to transitioning, approximately 81% of MFP participants reported that they were treated with respect by their service providers. 80% said that their helpers listened carefully to their requests. Over 72% of pre-transition MFP participants indicated that they required assistance to perform their ADL behaviors. Nearly 21%% of respondents who required assistance indicated that they went without a shower or bath when they needed one and approximately 53% of these occurred because there was no one to help them. Over 11% of participants reported that they were unable to use the bathroom when needed and 39% of this group indicated that this was due to a lack of assistance.

One Year Post-Transition Findings

For this reporting period, available cumulative data from the QLS was obtained from 279 persons participating in MFP who had transitioned into the community and had been living in the community for 12 months. One year following a return to their communities, 94% of persons living in a group home setting and 92% if those in a non-group home setting reported that they liked where they were living. 52% of those in group homes and 68% of individuals living in a non-group setting reported that they helped select their current home.

At the first follow-up interview that occurred after 12 months of community residence, approximately only 5% of respondents indicated that they did not feel safe where they lived. Of these, only 4 persons reported that they felt this way most of the time. At the time of the 12 month follow-up interview, one person indicated that they had been physically hurt by their current care providers and seven individuals reported that they had been yelled at or verbally abused. Seven consumers also reported that they had either money or personal items taken without their permission.

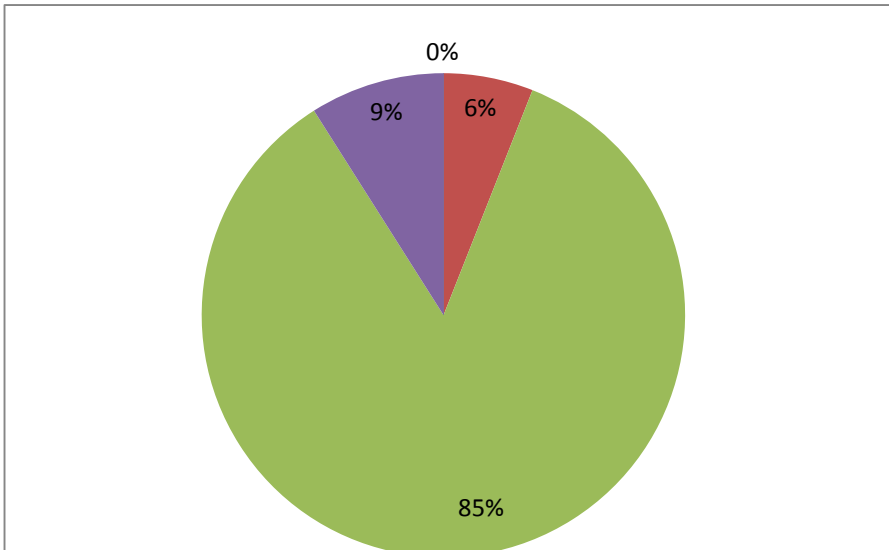
One year after returning to their community, 93% of MFP participants reported being happy with the help they receive around their living setting. Nearly 90% stated that they were happy with the way they were living their life. At this first follow-up interview, over 96% of MFP participants stated that they were treated with respect by their service providers. Eight persons reported that they were not being treated the way they wished most of the time. Nearly 75% of participants stated that they required assistance to perform their ADL behaviors and 96% reported that these aid providers were paid to provide assistance. It was reported that 46% of MFP participants had the opportunity to pick their support staff. For respondents that required assistance, 15 persons (5%) indicated that they went without a shower or bath when they needed one, but only five persons stated that this was because no one was there to help them. Eight persons (3%) reported that they were unable to use the bathroom when needed but only one individual indicated that this was due a lack of available staff assistance.

During their first 12 months of living in the community, 86% of MFP participants reported that they were able to see family and friends when they wished. Participants also indicated that they were able to get to places they needed to go to like work, shopping and doctor appointments 95% of the time. These rates occurred even though 74% of these individuals needed help to go out.

Of those now living in the community for one year, over 25% indicated that they were working for pay. As Figure 5 shows, participants with DD represented the greatest proportion of paid workers (85%).

Figure 5.

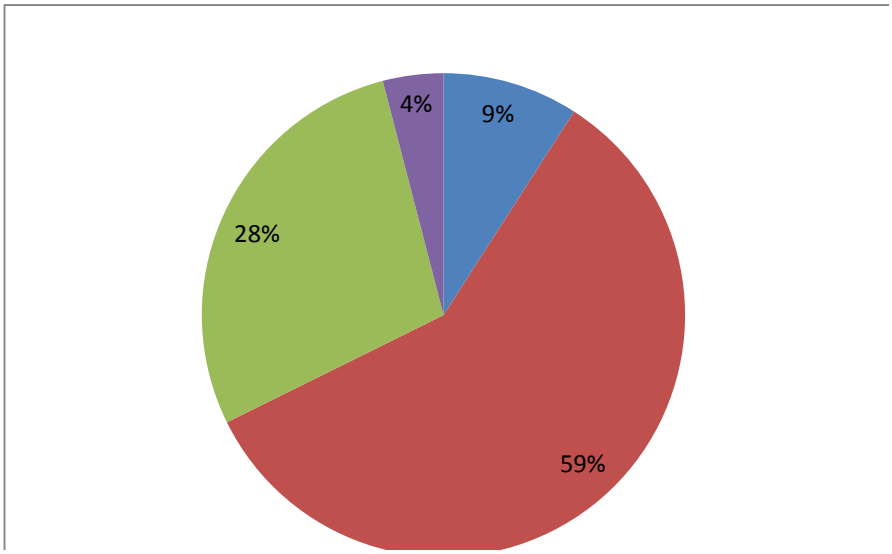
MFP Participants Who Worked for Pay After One Year of Community Living
July to December 2012



Of those MFP participants who were not working for pay 35% indicated that they would like to find paying employment. A breakdown by target groups for individuals desiring paid employment can be seen in Figure 6 located below. As can be seen in Figure 6, participants with PD represented the greatest proportion not engaged in paid employment but willing to work for pay (59%). In addition to individuals who were working or desiring paid employment, 18 persons (7%) reported that they were doing volunteer work without getting paid and another 63 persons (29%) indicated that they would be willing to perform volunteer work without being paid.

Figure 6.

MFP Participants Who Desired to Work for Pay After One Year of Community Living
July to December 2012



Two Year Post-Transition Findings

For this reporting period, available data from the QLS was obtained from 167 persons participating in the MO MFP project that had transitioned into the community and were living in the community for 24 months. After returning and living in their communities for 2 years, 81% of persons living in a group home setting and over 92% of those living in a non-group home setting indicated that they liked their current living arrangement. Nearly 44% of those in group homes and over 58% of those not in a group home setting indicated that they had helped select their living setting.

At the second follow-up interview that occurred after 24 months of community residence, only 4% of respondents indicated that they did not feel safe where they lived. Of these, 33% reported that they felt this way most of the time. At the time of the follow-up interview, one person indicated that they had been physically hurt by their current care providers and 11 individuals reported that they had been yelled at or verbally abused. In addition, seven consumers reported that they had either money or personal items taken without their permission.

Two years after returning to their communities, 92% of MFP participants reported being happy with the help they receive around their living setting. In addition, 86% stated that they happy with the way they were living their life. At this second follow-up interview, 95% of MFP

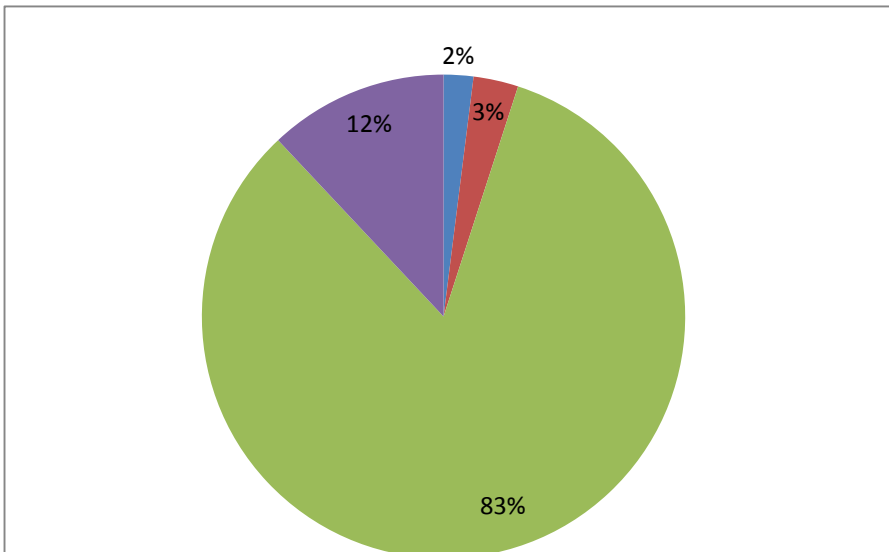
participants stated that they were treated with respect by their service providers. 95% of respondents indicated that their support staff listened carefully to their requests. 79% of participants stated that they required assistance to perform their ADL behaviors and 39% had the opportunity to pick their support staff to assist them in these areas. For respondents that required assistance, 6 persons indicated that they went without a shower or bath when they needed one, but only two persons stated that this was because no one was there to help them. Six persons reported that they were unable to use the bathroom when needed but only one individual indicated that this was due a lack of staff assistance.

After living in the community for 24 months, 94% of MFP participants reported that they were able to go to places they needed to be and 88% indicated that they were able to do this most of the time. This rate occurred even though 78% of these individuals needed help to go out.

Of those now living in the community for two years, over 26% indicated that they were working for pay. As Figure 7 shows, participants with DD represented the greatest proportion of paid workers (83%).

Figure 7.

MFP Participants Who Worked for Pay After Two Years of Community Living
July to December 2012

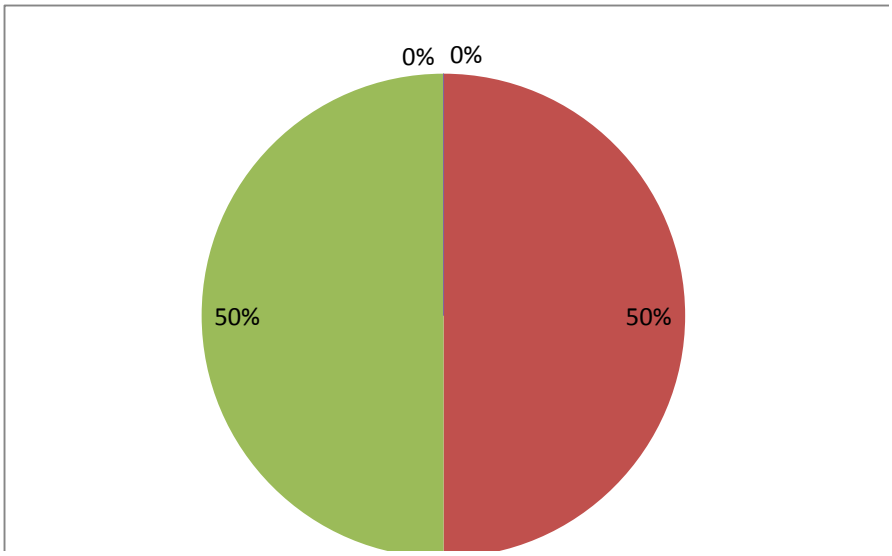


Of those MFP participants who were not working for pay over 27% indicated that they would like to find paid employment. A breakdown by target groups for individuals desiring paid employment can be seen in Figure 8 located below. As can be seen in Figure 8, 50% of participants with PD or DD who were not engaged in paid employment were willing to work for pay. In addition to individuals who were working or desiring paid employment, 13 persons (9%)

reported that they were doing volunteer work without getting paid and another 23 persons (19%) indicated that they would be willing to perform volunteer work without being paid.

Figure 8.

MFP Participants Who Desired to Work for Pay After Two Years of Community Living July to December 2012



Objective 5b: Changes in quality of life.

Concern over quality of life in institutional settings has been a driving force in LTC policy for some time. The MFP program is based on the premise that many institutionalized Medicaid recipients prefer to live in the community and are able to do so with appropriate support. One of the main assumptions of the MFP program is that community based care would improve participants Quality of Life (QoL). As a result the monitoring of Quality of Life is a critical aspect of the evaluation of the MFP project.

The MFP Quality of Life Survey (QoLS) will be used to help examine changes in consumer quality of life as the result of participation in MFP. This survey is intended to be administered prior to a consumer leaving their institutional setting and again in 12 and 24 months after returning to the community. The QoLS is designed to be administered to consumers and the results sent to CMS. For this reporting period, a cumulative total of 785 persons were eligible for the baseline QoLS, 279 participants in the MFP project were eligible for and administered the 12 month quality of life follow-up survey and 167 individuals were administered the 24 month follow-up QLS .

The QoLS is intended to collect information on participants in the following domains: 1. Satisfaction with living arrangement; 2. Unmet need for personal care; 3. Respect and dignity; 4. Choice and control; 5. Community integration and inclusion; 6. Overall satisfaction with life, and 7. Psychosocial health status. Results for each domain will be measured by the summative counts of similar items that constitute the domain.

An examination of the reported changes in domain scores for MFP participants after approximately one year of living in the community indicated that improvements were reported across all summary domains. See Table 14.

Table 14.

Percent of Participants Who Reported Improvements in Quality of Life Domains After One Year of Community Living

Domain	Number	Percent
Living Arrangement	187	67%
Personal Care	38	14%
Respect / Dignity	51	22%
Choice and Control	198	71%
Community Integration and Inclusion	128	46%
Satisfaction	86	33%
Mood & Health Concerns	84	31%

An analysis of these summary domain change scores from baseline to the first year follow-up indicated that significant changes were reported for MFP participants on: Living Arrangement, Personal Care Needs, Respect and Dignity, Choice and Control, Community Integration and Satisfaction. Mood & Health Concerns was the only domain where MFP participants did not report significant improvement from Baseline assessment to the 12 month follow-up report.

In examining the changes in measured summary domains across time, a more complicated picture begins to emerge. A visual description of the changes in domains across target groups and over time can be found in the following series of Figures 7 - 13.

Figure 9.

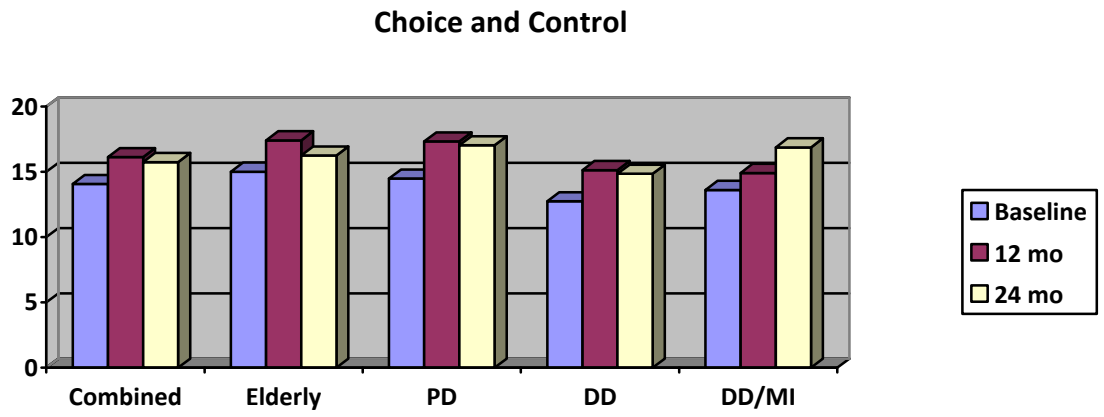


Figure 10.

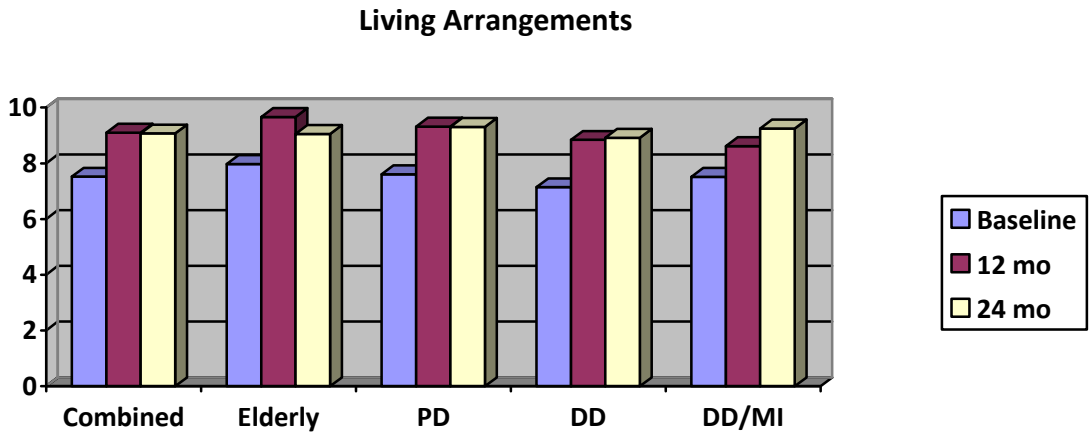


Figure 11.

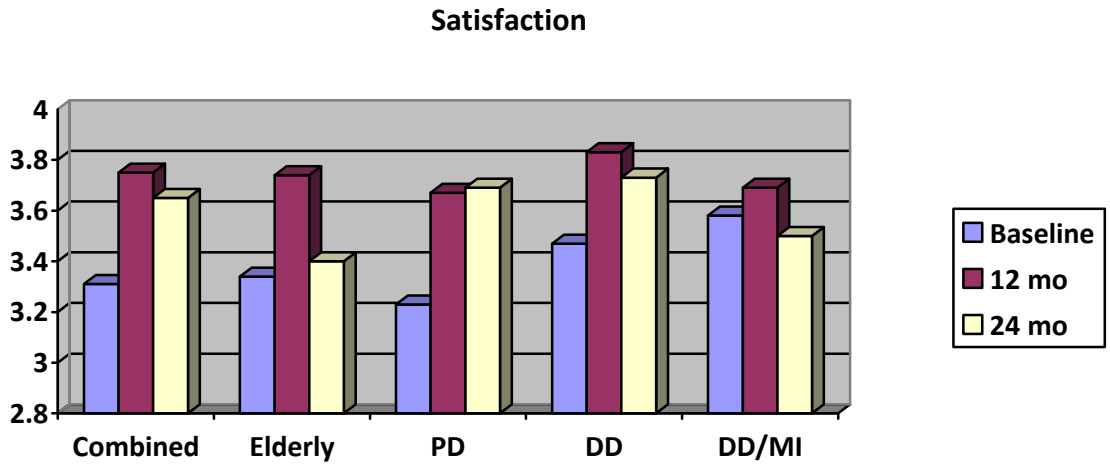


Figure 12.

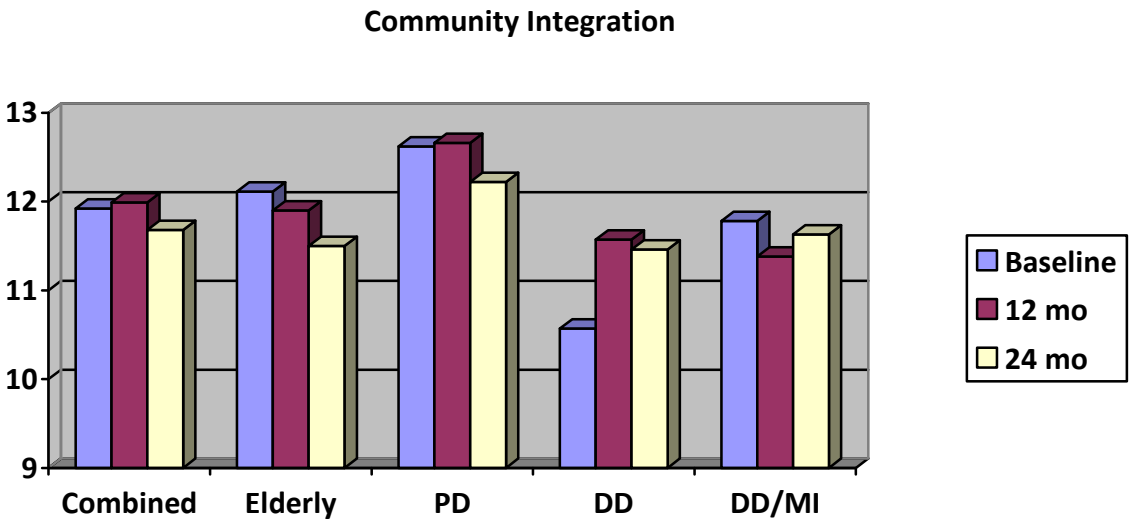


Figure 13.

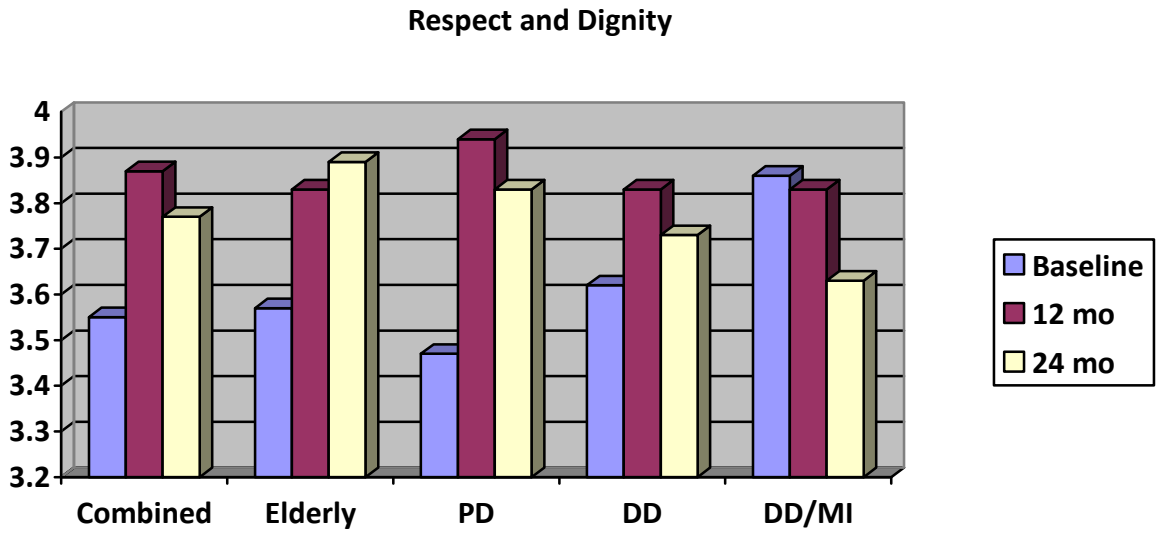


Figure 14.

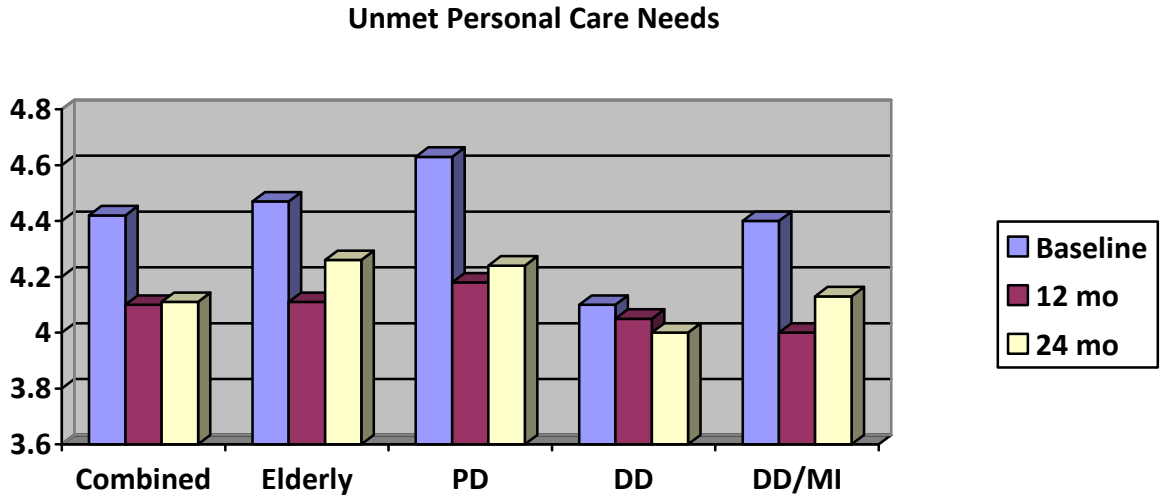
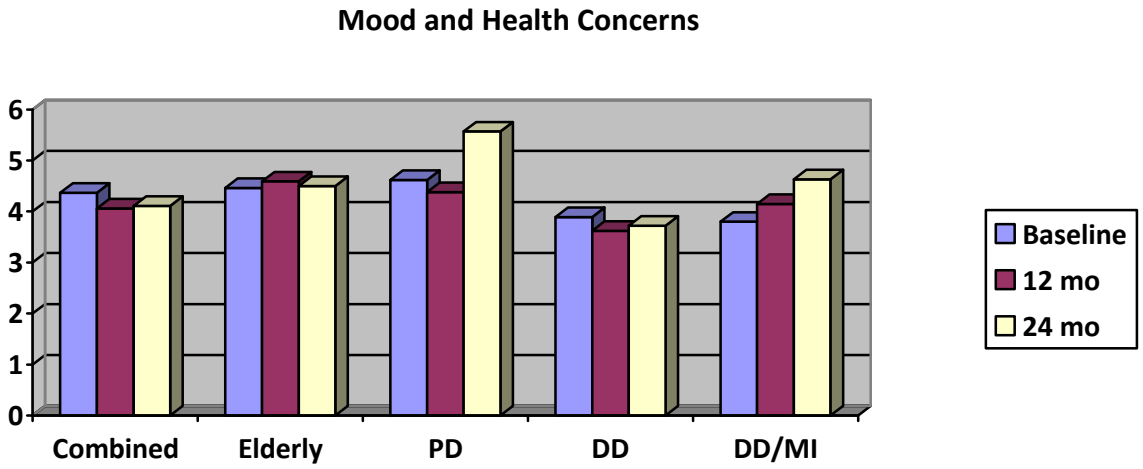


Figure 15.



An analysis of the significance of changes in domains across target groups and over time can be found in the following table (See Table 15). When considering all participants in the MO MFP Project, significant improvements from Baseline to first year follow-up surveys were found for six of the measured domains. The only reported exception being for the Mood and Health domain. Results on the Quality of Life domains from Baseline to the two year follow-up survey found continued significant improvements for all MO MFP participants across measured domains. However at the two year follow-up there was a drop in the area of Community Integration where participants no longer reported significant differences in community activities from their baseline measures to the two year reports. Again, no significant differences were found for the Mood and Health domain.

Different patterns are noted when examining MO MFP participants in their respective target groups. For the Elderly, significant changes from Baseline to the one year follow-up were found for the domains of Living Arrangements, Choice and Control, Personal Care and Community Integration. For the two year measurement, long term significant differences were reported form Living Arrangements and Personal Care.

In the non-elderly, Physically Disabled target group, significant improvements from Baseline to one year of community living were reported for the domains of Life Satisfaction, Living Arrangements, Choice and Control, Respect and Dignity and Personal Care. All of these quality of life improvements were again found on the two year follow-up measure. No changes in Mood and Health were reported on either the one or two year assessments.

Those individuals in the Intellectual and Developmental Disability target group reported significant improvements in Life Satisfaction, Living Arrangements, Choice and Control and Community Integration at the one year follow-up assessment. These improvements were found again on the two year follow-up survey.

Persons in the comorbid DD / MI target group reported significant QoL improvements from Baseline to the one year assessment on the domains of Living Arrangements and Choice and Control. These improvements were maintained on the two year follow-up.

Table 15.

Significant Differences Between Assessments: Quality of Life Measures by Target Group

	All Participants	Elderly	PD	DD	DD/MI
Life Satisfaction					
Baseline vs 12 mo	***	NS	***	***	NS
Baseline vs 24 mo	**	NS	*	**	NS
Living Arrangement					
Baseline vs 12 mo	***	***	***	***	*
Baseline vs 24 mo	***	*	***	***	*
Choice and Control					
Baseline vs 12 mo	***	***	***	***	*
Baseline vs 24 mo	***	NS	***	***	**
Respect and Dignity					
Baseline vs 12 mo	***	NS	***	NS	NS
Baseline vs 24 mo	*	NS	*	NS	NS
Personal Care					
Baseline vs 12 mo	***	***	***	NS	NS
Baseline vs 24 mo	**	*	**	NS	NS
Community Integration					
Baseline vs 12 mo	**	*	NS	***	NS
Baseline vs 24 mo	NS	NS	NS	***	NS
Mood and Health					
Baseline vs 12 mo	NS	NS	NS	NS	NS
Baseline vs 24 mo	NS	NS	NS	NS	NS

* p < .05
** p < .01
*** p < .001
NS = Not Significant

Area 6: Persons eligible to participate in MFP and who decline or those persons enrolled in MFP and who cease participation in MFP will be evaluated to determine the reasons for their decisions. Individuals who die while participating in MFP will also have their cause of death examined.

Objective 6a: Rates of re-institutionalization of MFP participants and reasons cited.

Of the individuals currently enrolled in the MO MFP project, a total of 61 persons were re-institutionalized from July 2012 to December 2012. 52 MFP participants required a re-institutionalization of 30 days or less: 30 were physically disabled but non-elderly, 13 were elderly, 8 were in the DD target group and one was in the DD/MI group. For this reporting period, three persons with a PD and one participant in the elderly group were required to be re-institutionalized for more than 30 days. One elderly, two PD and two persons in the DD target groups had a length of stay as yet unknown. The majority of persons, who chose or had to return to an institutionalized setting, either did so for health related issues that did not allow them to remain in the community or because they had Medicaid spend-down issues.

Objective 6b: Frequency of deaths of MFP participants and reasons cited.

For the time period covered by this evaluation, there were no reported deaths for persons participating in the Missouri MFP program. Using the newly developed and implemented web-based data system the reasons for participant deaths will now be captured and reported in the future. Previously the MO MFP project was unable to capture the reason for participant deaths.

Missouri Money Follows the Person Demonstration
Semi-Annual Evaluation Report – July to December 2012
Summary

The Missouri Money Follows the Person Demonstration (MFP) has continued to make progress for this reporting period in meeting its stated goals. By the end of December 2012, the project was on target to achieve projected rates of individuals transitioning to the community. The DDD continues to work on approaches to obtain guardianship consent to transition their population. The DHSS continues to use their web tool to help identify potential MFP participants and provide continuity of care upon transition. DHSS has also worked to create and maintain option counseling transition coordinator services to help assist in transitions.

The state of Missouri continues to show a monetary shift in funding from institutions to HCBS for this reporting period. A continuing area of concern and a primary impediment to community transitions is housing. Affordable housing continues to be difficult to obtain and local housing agencies have been reluctant to dedicate any housing slots specifically for MFP participants. To help address this shortfall, the state MFP Director will continue to work with housing agencies to develop housing approaches that will benefit MFP participants.

During this reporting period, 68 MFP participants choose to self-direct their support services with the majority in the non-elderly physical disability target group (N=44). Available data indicated that three persons in the non-elderly physical disabled target group dis-enrolled from the self-direction option of the MO MFP program.

Data from the QoLS indicate that the transition from a long term care institution to the community is associated with improved overall satisfaction with life and that participants are satisfied with their community living arrangements. The MFP QoLS which is used to help examine reported changes in consumer quality of life as a result of participation in MFP and returning to the community indicated significant positive changes in consumer choice and control over participant lives at the one and two year follow-up surveys. These positive findings need be tempered with some reported difficulties in the area of community integration for those in the Elderly and Physically Disabled groups. Persons in these groups reported difficulties in fully integrating into their communities on a social level. Differences were also found between the MFP target groups on other QoLS domains and will be monitored for suggestions on possible improvements for the program.

There have been 61 persons in the MO MFP program that needed to be re-institutionalized during this reporting period. The majority (N=52) were for less than 30 days. The majority of persons, who chose to be re-institutionalized, either did so for health related issues that did not allow them to remain in the community or for deterioration in cognitive functioning.

In summary, for the time period covered in this report, the Project continues to be making progress in meeting the goals stated in the MO MFP Demonstration Project proposal.