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Missouri Money Follows the Person Demonstration

Semi-Annual Report

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Report Prepared For:

Missouri Money Follows the Person Demonstration
Missouri Department of Social Services
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The Missouri Department of Mental Health and
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INTRODUCTION

The federal Money Follows the Person (MFP) 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 covered Home and Community Based Services (HCBS) for 12 months for each Medicaid beneficiary who transitions from an institutional setting to back to a community based setting as a Money Follows the Person (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 state 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 inform key legislative members and others. 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 of funding they will receive; the type of 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 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 January 2014 through June 2014. 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 aged. The state agencies involved in providing services to these groups will be surveyed based on the populations they serve. Persons with an intellectual or developmental disability (DD) will be served by the Department of Mental Health (DMH) – Division of Developmental Disabilities (DDD). The aged (aged 63 and older) and persons with physical disabilities under the age of 63 (PD) will be served by 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 and re-structured staff positions related to transitions that included Employment Coordinators, Family Support Coordinators, and Community Living Coordinators in each of the Developmental Disabilities Regional Offices. The Community Living Coordinators are tasked with providing assistance in locating living situations for individuals interested in transitioning into the community. Each Regional Office will have a Self-Advocacy Specialist who is to work with families and others on self-awareness and diversity issues. The office will also have a Self-Directed Support Coordinator whose role will be to provide guidance, help and support to persons self-directing their services. The DMH

will also provide one time transition expenses to qualified individuals. These expenses are intended to help with start-up costs for such supports as Behavior Analysis and other expenses such as assistive technology and job support.

The Division of Developmental Disabilities continues to have a major focus on guardianship outreach in regard to transition for the DD and DD/MI target groups. 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 videos or DVDs on community housing options. The MO MFP stakeholder group also addresses this issue with guardians across all target populations. The division has also made efforts to provide technical assistance and training for DMH's Community Living Coordinators and Service Coordinators in order for them to better understand the process for transitioning people with DD out of nursing homes.

For the time period covered by this report, the Department of Health and Senior Services continued to use their HCBS Web Tool or Inter Home Care Assessment (Inter RAI HC) which is intended to enhance the client assessment process and HCBS authorization. This tool underwent system enhancements to improve performance. These enhancements were scheduled for implementation in March of 2014. 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 calculates the participant's nursing facility level of care for eligibility purposes. This assessment is also intended to help 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. The Division of Senior and Disability Services replaced their third party assessors with HCBS call center and assessment teams. These teams were tasked with processing new requests for Medicaid supported community services. They were also to conduct pre-screening assessments and evaluate requested changes in individual plans.

The MOCOR (Missouri Community Options and Resources) partners (Missouri Departments of Health & Senior Services, Mental Health and Social Services) continue to operate a website and a toll free phone number. The site enables users to assess, learn and search for long-term support information and services throughout Missouri. Beginning in 2014, Community Options Counseling can be provided to individuals with an active discharge plan as long as they have resided in a nursing facility for 90 consecutive days minus Medicare paid days for the purposes of short-term rehabilitation services. A transition plan template was developed through the CQI process and this plan became a contractual requirement beginning in 2014. This transition plan must be completed prior to a transition for each MFP participant.

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 of non-Medicare funded rehabilitation; 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. From January 2014 to June 2014, a total of 241 persons were assessed to determine eligibility for participation in MFP. Again, for the period covered in this report, 66 persons were identified as being eligible for MFP and transitioned into the community.

The MO MFP has created a website for nursing home staff to enter MDS Section Q referrals on-line. This was accompanied by a webinar training session for nursing home personnel on how to best make referrals using this website. The MO DSS developed and sent out a Provider Bulletin to nursing homes on MDS Section Q to remind nursing homes on the requirement for them to administer the MDS questionnaire to residents how to make an online Section Q referral. A slight increase in referrals from facilities which had not previously submitted Section Q referrals was reported for this period. For January to June 2014, 178 persons were referred to MO MFP through Section Q and 16 of these individuals were then enrolled in the MFP program and transitioned to the community. It is expected that individuals identified through Section Q during this time period will likely show as enrolled in the program next reporting period, as actual transitions can take months to occur. 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. MO 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 MO MFP website and brochures will continue to be used for outreach. Training and outreach programs will continue with nursing home staff on the process to report "Yes" responses to Section Q.

Table 1.

MO MFP

Assessment and Transition Status: January to June 2014

	Aged	DD	PD	DD /MI
Number of institutionalized residents assessed to determine eligibility for MFP during this reporting period	78	16	144	3
Number of eligible institution residents who transitioned during this reporting period	16	9	39	2
Cumulative number of eligible institutionalized residents who transitioned due to MFP	198	271	392	32

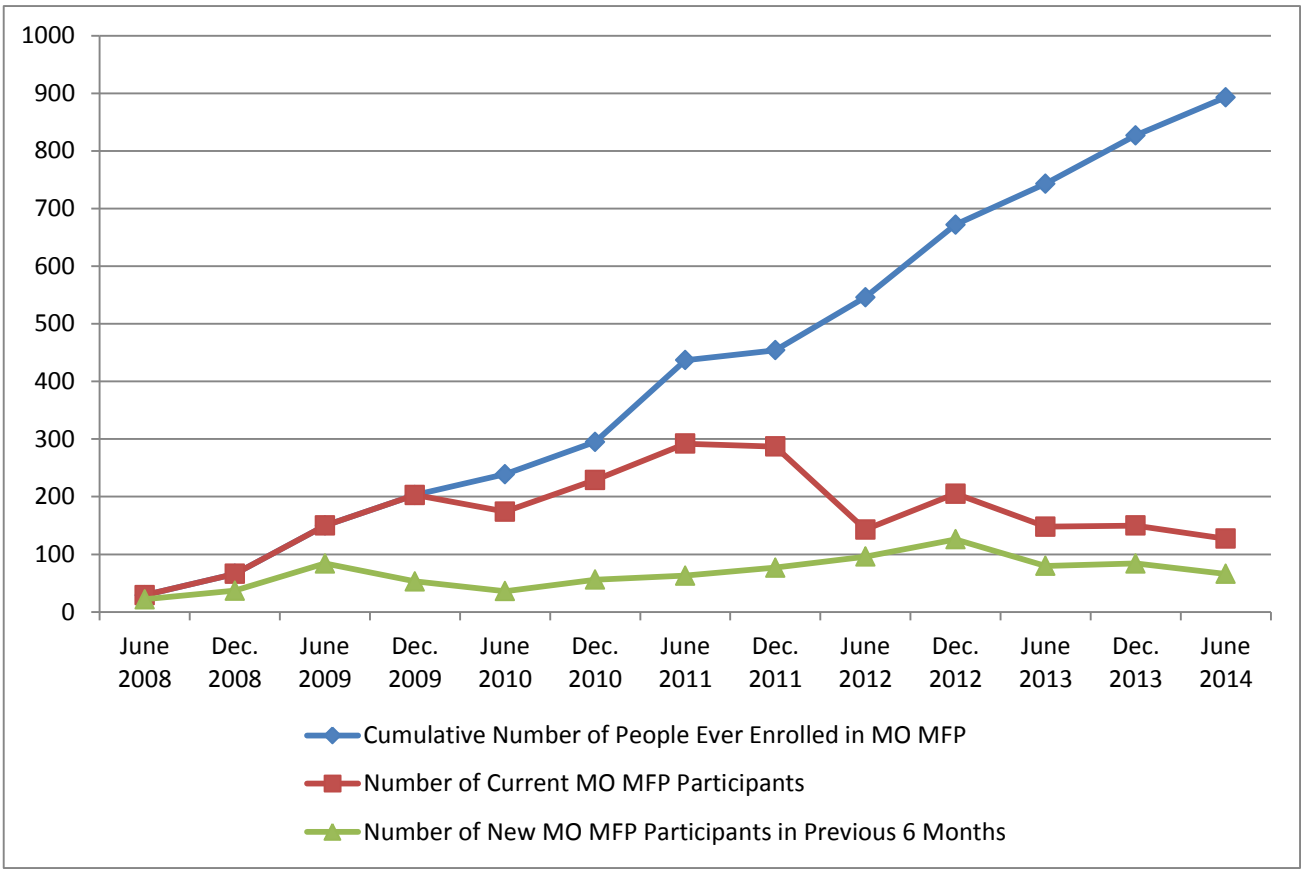
The 66 MO MFP transitions that were reported for this time period are slightly below expectations but are within range to allow the MO MFP project to achieve the 2014 target goal of 172 transitions. Difficulties in achieving the transition goals for individual target groups are still evident. Shortfalls in transitions are still found for the aged, those with a PD and those in the DD target groups.

The implementation of the Section Q website accompanied by training for nursing home staff on the implementation of Section Q was hoped to aid the MO MFP project in achieving transition goals. At the time of this report, a slight increase in referrals from nursing homes that had not made prior referrals was noted. MO MFP staff will continue with outreach efforts to nursing homes and other institutions in an effort to reach transition goals.

Despite these issues, by the end of June 2014, a total of 893 individuals had enrolled in the MO MFP project and returned to live in the community. Figure 1 shows the cumulative progress the MO MFP project has made in the state of Missouri in returning individuals to the community.

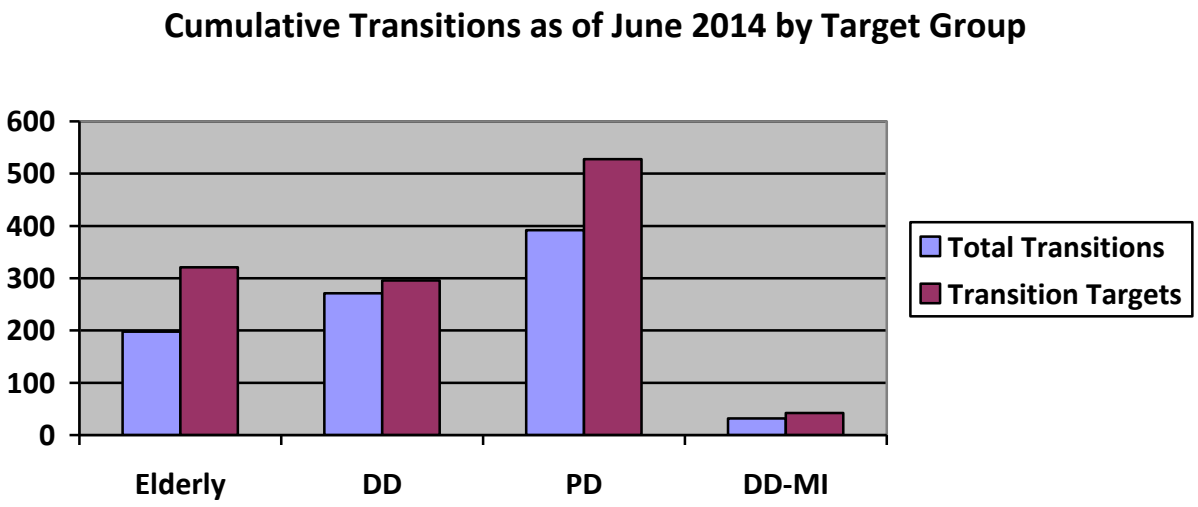
Figure 1.

Cumulative MFP Enrollees, Current MFP Participants, and New MFP Enrollees Through June 2014



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=39). 16 aged returned to the community for this reporting period, 9 persons with a DD and 2 in the DD-MI also made this transition. With the exception of the DD-MI target group, the transition rates for the remaining target groups were below expectations and suggest that there might be a problem in meeting the state's annual transition goal. Rates for persons in the aged transition target group showed some improvement for this time period but continue to be below annual target expectations. Referrals that resulted from Section Q have also shown a slight gain and will continue to be monitored by the MO MFP project staff to identify problem areas and help develop processes to improve the referral rate. Figure 2 shows the cumulative community transitions broken down by target group with the project target goals for each group. Transition goals are set by the state.

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 when individuals leave long term care institutions, they 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 aged or the PD enrolled in the MO MFP program. The DHSS continues to offer an Adult Day Care Waiver and as a service to the Aged and Disabled Waiver. During the period covered in this report, the MO DDD submitted a waiver amendment to the CMS to expand the coverage of Missouri Comprehensive Waiver. The approval of a waiver amendment by CMS now allows the MO DDD to provide 8,500 slots under the MO Comprehensive Waiver. The Community Support Waiver now provides 1,575 slots. No changes were reported in state practices or policies that would affect the transitioning of money from LTC institutions to community programs.

Table 2a.

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%
2013	$1,055,314,366	4	$1,273,658,732	120.69%
2014	$1,097,524,733	4		

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 continued 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 2a).

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 2b). 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 reached the target goal and is only slightly short of the annual target goal.

Table 2b.

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
2013	85.0	84.0	85.0
2014	87.0	86.0	

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

During this reporting period, the DHSS continued to offer an Adult Day Care Waiver as a service to the Aged and Disabled Waiver. The approval of a waiver amendment by CMS allows the MO DDD to provide 8,500 slots under the MO Comprehensive Waiver. The Community Support Waiver now provides 1,575 slots and has an increase in the annual cost limit.

The state of Missouri applied 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 99 counties in MO. 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. As of early 2014, the MO DDD has enrolled 2,800 individuals in this waiver program.

For the Fiscal Year 2015 Budget, the MO governor has proposed an increase in $3 million dollars to expand the Partnership in Hope. If approved, this funding increase will allow the program to grow and include more than 3,800 participants by the end of Fiscal Year 2015.

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 HCBS waiver. The state received federal authorization for this change and these services are now provided under the Adult Day Health Care Services (ADHC) waiver. Individuals who are authorized for day care services under the waiver are now billed in 15 minute units instead of half / full day authorizations. These organized programs consist of therapeutic, rehabilitative and social activities provided outside the home, for a period of less than twenty-four (24) hours, to persons with functional impairments of at least a nursing facility level of care. ADHC is funded through MO HealthNet with the Department of Social Services, MO HealthNet Division (MHD) and Social Services Block Grant (SSBG) with the Department of Health and Senior Services.

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 of up to ($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 Aged 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. However, with the right unpaid supports, some of these individuals have transitioned through MO MFP and have been successful. HCBS waivers continue to remain under the Nursing Facility Cost Cap. Individuals with DD are not eligible for funding for these demonstration services 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 through the MFP stakeholder group. 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 fund travel expenses for families and self-advocates in order that they may better attend and participate in the MFP stakeholder meetings.

Consumers are active participants in the MO MFP Stakeholder Quarterly Meetings. They offer personal input on the transition process and the challenges they experience on a daily basis. Consumer involvement has been beneficial in providing feedback on experiences while living in an institutional setting and then transitioning back to the community. There are currently eight self-advocates on the MFP Stakeholders list. Approximately two to three attend each meeting. The MO MFP Project has found it a challenge for all eight to participate at each meeting. It is the projects goal to increase this level of participation.

The MFP stakeholders group continues to work with their respective communities throughout the state to spread information regarding the MFP program. A MFP participant is currently leading the MO MFP Stakeholders Marketing group. Non-consumers aid in the outreach process by providing information to their respective communities about MFP. Both consumers and non-consumers 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 3.

	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	X
HCBS Providers	X			X	X
Institutional Providers	X				X
Labor/Worker Association(s)					
Public Housing Agency(s)			X		
Other State Agencies	X	X		X	X
Non-Profit Housing Assoc.	X				X

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

For the reporting period of July to December 2014 (See Table 4 and Figure 3a), the majority of persons in the aged or physical disability target groups making the transition to the community using the MO MFP Project have chosen to live in either apartments or individual home settings. Group home living situations of four or fewer individuals continue to be selected primarily by individuals experiencing DD.

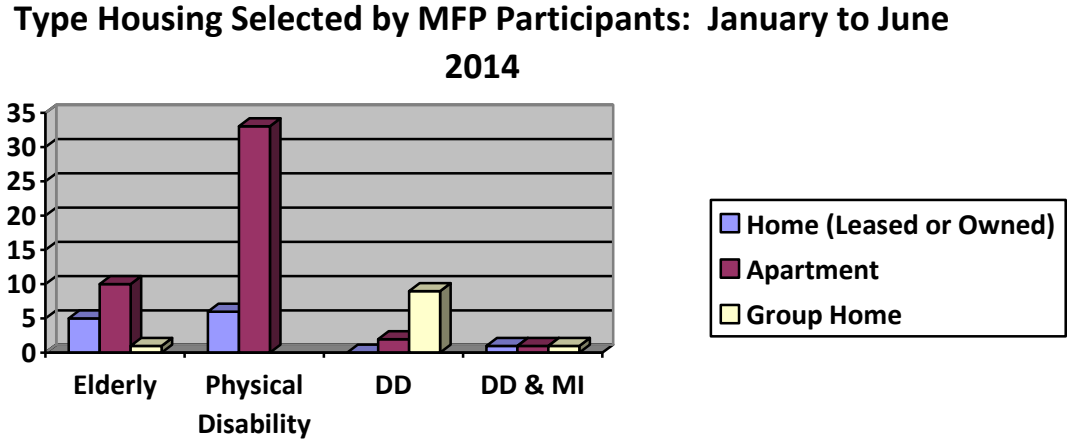
Table 4.

Type Housing Chosen by MFP Participants Who Transitioned between January to June 2014

	Aged	Physical Disability	DD	DD & MI
Home (owned or leased)	5	6		1
Apartment (individual lease)	10	33	2	1
Group Home (4 or fewer individuals)	1		9	1

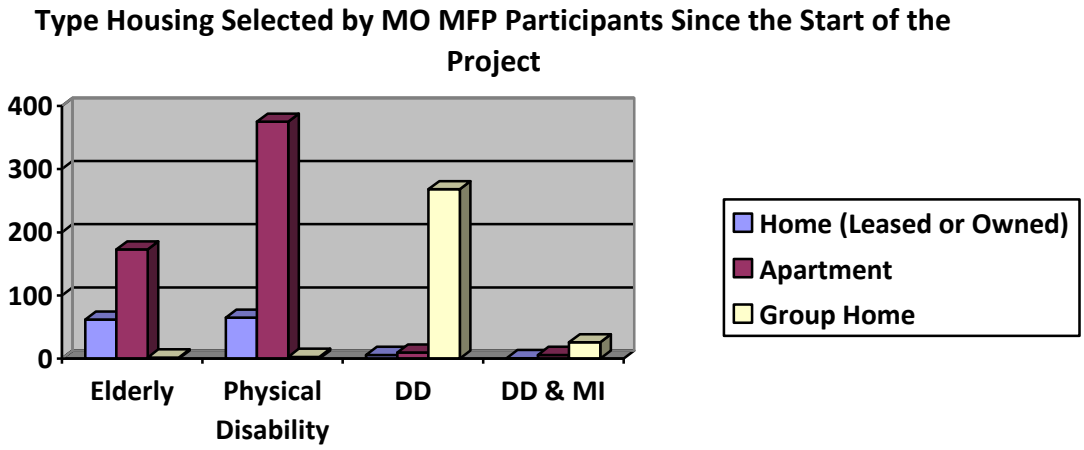
For this reporting period (See Table 4 and Figure 3a), the majority of persons in the aged or physical disability target groups making the transition to the community using the MO MFP Project have chosen to live in either apartments or individual home settings. Group home living situations of four or fewer individuals were primarily selected by individuals experiencing DD.

Figure 3a.



Since the start of the MO MFP program through the end of June 2014, close to 57% of program participants had transitioned to apartments, 30% moved to a group home of four or fewer persons, and 13% returned to a home owned or leased by the participant or a family member. The types of housing selected by participants in the targeted groups of the MO MFP project since the start of the MO MFP project can be seen in Figure 3b.

Figure 3b.



Aged MO MFP participants most commonly moved to an apartment setting (73%). The non-aged with physical disabilities were more likely to also move to an apartment setting (85%). Those with an intellectual disability predominantly moved to small group homes (DD = 94% and DD/MI = 79%).

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

As of this reporting period, a total of 22 (See Table 5) persons are currently self-directing their support services upon returning to the community. The largest number of persons (20) who elected this option was in the PD target group. They were followed by individuals in the aged target group (2). For this reporting period, 20 persons in the PD target group and 2 in the aged target group elected to hire and supervise their own personal assistants. In the area of finance, again 20 individuals in the PD group and 2 aged chose to manage their own budgets.

Table 5.

Number of Current MFP Participants in a Self-Direction Program: January to June 2014

	Aged	Physical Disability	DD	DD & MI
Number MFP participants enrolled in self-direction	2	20	0	0
Used self-direction to:				
Hire or supervise own personal assistants	2	20	0	0
Manage own allowance or service budget	2	20	0	0

During this reporting period, no participants in a self-direction program elected to opt out of their program.

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

The availability of affordable and accessible housing for MFP participants continues to be problematic across the state in particular for aged and physically disabled individuals residing in nursing facilities who wish to return to the community. Problems are especially noted for rural areas were fewer affordable rental units are available. 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 DSS, the DMH, the DHSS and the Department of Corrections to develop a Memorandum of Understanding (MOU) to address housing issues across the disabled populations. MO MFP partnered with the MHDC and the state's housing finance agency to submit a proposal for the Section 811 PRA NOFA. This proposal was submitted April 4, 2014. If the state proposal is accepted, it would impact the ability to move some of the over 160 individuals who have been approved for MO MFP from pending status. MO MFP plans to continue working with MHDC to find ways to eliminate the barriers to affordable, accessible housing for the MO MFP population

The MO MFP project has worked with the MHDC to help pass a statewide Discharge Policy to reduce homelessness. These guidelines include discharge planning, collaboration, information systems and tracking, and an integration of community resources. Regional staff continues to seek housing and works with area public housing authorities for creative ways to address housing problems across the state. Two Centers for Independent Living (CIL) have purchased several older buildings and are in the process of renovating them and ensuring they will be disabled-accessible. They will then rent these homes to people who transition out of nursing facilities. The Disabled Citizens Alliance for Independence (DCAI), a contracted Center for Independent Living serving five Missouri counties, completed work of a 20-unit apartment complex in rural Missouri in April 2014. All twenty units in this complex are wheelchair accessible.

The MO MFP Committee on Barriers to Housing, which consists of members from DMH, DHSS, the MO MFP Stakeholder Group, and CILs, met in May 2013. From this meeting, it was decided that a letter would be sent out to all Public Housing Authorities (PHA) statewide requesting names of all board members and a schedule of open monthly meetings in order to meet and communicate with them on MFP needs.

Wait lists for housing vouchers remain closed the majority of time. When vouchers become available, the short time period of availability does not allow time for individuals who wish to transition to be notified and to apply. In many cases, these individuals have not yet been identified. Missouri maintains around 96 pending transitions at all times. For this reporting period, there were 142 MO MFP candidates who are "in the pipeline" to enroll in the program. In many cases, 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.

The MO MFP Project has set an annual target goal to keep the number of MFP eligible individuals who are unable to transition because they were unable to obtain affordable/accessible housing below an annual rate of three percent. For this reporting period, there were 57 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.

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

MO MFP 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.

The DHSS Division of Senior and Disability Services has used and anticipates using funds on one-time expenses as a result of consumers transitioning into the community. A maximum of $2,400 for such demonstration services is allotted for each MFP participant in the aged or

physically disabled target groups who transitions from a nursing facility to the community. The DHSS authorized $165,000 on demonstration services for 53 individuals making the transition into the community. Of this amount, $114,459.51 was requested and used. The breakdown of DHSS authorized demonstration service expenditures can be seen below in Table 6.

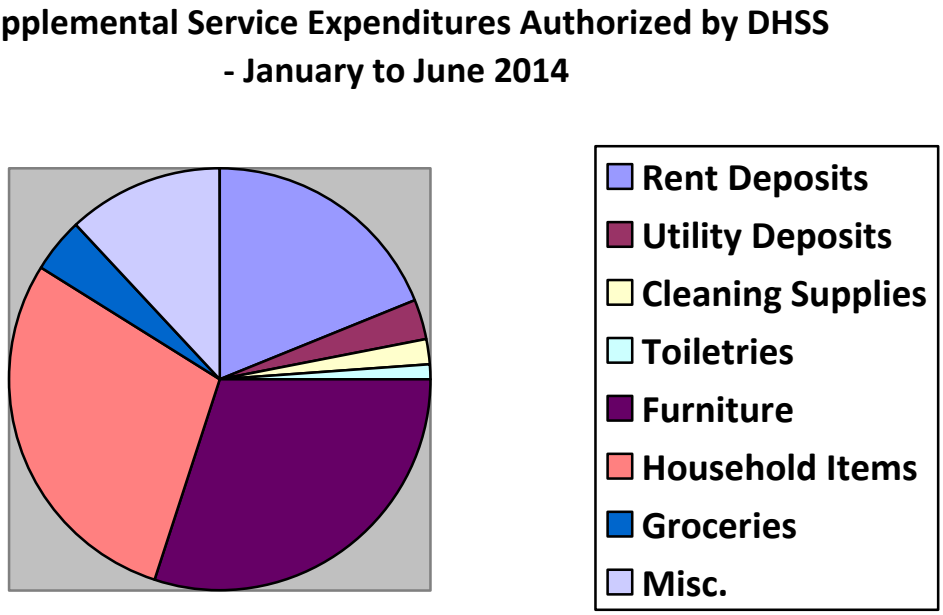
Table 6.

Supplemental Service Expenditures Authorized by DHSS – January to June 2014

	Amount	Percent
Rent Deposits	$21,995.28	19%
Utility Deposits	$3,383.68	3%
Cleaning Supplies	$1,797.44	2%
Toiletries	$1,364.07	1%
Furniture	$34,349.16	30%
Household Items	$32,790.88	29%
Groceries	$4,684.62	4%
Miscellaneous (including medical equipment)	$14,094.38	12%
Accessible Vehicle	0	0%
Total	$114,459.51	

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 in the community. These demonstration service expenditures continue to play an important role in helping individuals return to the community.

Figure 4.



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

By the end of this June 2014, a total of 668 eligible persons were unable to transition into the community from long term care facilities by using the Missouri MFP Program. The reasons given for this inability to return to a community living setting can be found in Table 7. For the aged and physically disabled, the reasons for not transitioning were most often due to health and safety concerns in the community. Other denials for program participation 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, a lack of housing and past criminal action or abuse issues that affected housing options.

Table 7.

Reasons Persons Could Not be Transitioned Using the MFP Program
For the January to June 2014 Evaluation Reporting Period

	12-10	6-11	12-11	6-12	12-12	6-13	12-13	6-14
Individual transitioned to the community but did not enroll on MFP	1	0	0	0	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	170	205	255
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	34	41	57
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	123	145	176
Individual's family member or guardian refused to grant permission or would not provide back-up support	3	2	15	15	24	29	31	38
Other including: high-spend down						97	124	142

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

Another major intent of the MO MFP program is to demonstrate that disabled and aged persons can live in their communities with proper support and that this support would cost Medicaid less than 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 systematic 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 DSDS, DHSS and DMH continued to work on intra/inter-departmental communication and coordination to provide opportunities to improve service delivery to consumers. DSDS continued to strive for consistency and best practice in the delivery of transition coordination services state-wide through the Continuous Quality Improvement (CQI) process. Active MFP participants have attended some of the CQI meetings to share their personal experiences about the process. 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 the MO HealthNet Division (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 Tool to collect MFP data.

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. In an effort to support the use of the HCBS Web Tool within Cyber Access, DSDS has developed a specific internet location to consolidate Web Tool information. In the future, this site will contain future Web Tool provider resources and information. Another tracking tool is the MO Case Compass that is used by DSDS to monitor adult protective service investigations and the follow-up required for protective services. The DHSS maintains data spreadsheets in the DHSS/DSDS central offices regarding transition and options counseling services.

The DMH has implemented the web tool called the Action Planning and Tracking System. This program tracks trends and needs for quality improvement and individualized remediation in areas such as health, safety, tights, services and money in addition to the Missouri Quality Outcomes

(MQO). 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.

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 continue to meet, as part of the CQI process, face-to-face with participants; twice for the first three months of transition and monthly for the next nine months. As part of this Continuous Quality Improvement (CQI) 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.

A risk assessment form was created by DHSS to identify and address health, safety and welfare issues early in the transition process to mitigate risk. This assessment form was shared throughout the state with all agencies providing transition coordination services. During this reporting period, DSDS continued to use quality monitoring protocols that would apply to MFP participants during their one year transition period. DSS has created two new systems to allow DSDS to monitor performance with regards to the following measures: 1) The percentage of individuals who transition within 6 months of the Options Counseling Session, and 2) The percentage of individuals who are involved with an abuse/neglect/exploitation report within 90 days of transition. DSDS continues to monitor cases which have been pending transition six months or longer. Regional CQI teams are monitoring the MDS Section Q referrals to improve outreach to those nursing homes which have not submitted a referral. In addition, the state level CQI team adopted a satisfaction survey which all DSDS contractors are expected to utilize to measure satisfaction with Options Counseling and Transition Coordination Services. A monthly contact form was distributed statewide which provides a template for the documentation to the monthly visits. Some regional CQI teams have implemented monthly support groups for MO MFP participants.

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. Ongoing review and enhancements continue for the electronic system that has been developed for the Regional Community Living Coordinators to review monthly reportable events specific to individuals currently enrolled in the MO MFP program. 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. Community Living Coordinators are now able to directly enter data on reportable incidents directly into the MO MFP database. This is the first full reporting period that this function has been available. Medical / health needs continue to be reviewed on a monthly basis by community registered nurses. Ongoing Technical Assistance support has been provided to MO MFP staff regarding accessing data through CIMOR.

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 (QoLS) will be used to help measure consumer level of satisfaction with HCBS and living arrangements. The training of QoLS administrators continues to take place as needed and a system has been developed to ensure the ability to administer the survey throughout the state. The QoLS continues to be administered to participants and the results sent to CMS. Between January and June 2014, 66 persons transitioned into the community as a result of MFP and were administered a baseline QoLS.

By the end of this reporting period, data from the QoLS was obtained for a cumulative total of 1,037 persons on the Baseline Phase of transitioning into the community using MFP. Prior to transitioning to the community, 90% of these participants reported that they were living in long-term institutional settings and 10% were in other living arrangements. Only 50% of those living in an institutional setting reported that they liked where they lived. This compared to those living in an alternative setting where nearly 76% reported liking their living setting. 66% 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 68% reported that they also did not help select their current housing.

Approximately 15% of those living in an institutional setting reported that they did not feel safe where they lived. Of these, 34% indicated that they felt this way most of the time. In other areas related to personal safety, of those who responded, 5% of persons living in institutional settings reported that they had been physically hurt by care providers. Over 18% of institutional residents indicated that they had been yelled at or verbally abused. In addition, close to 28% 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 63% indicated that they were happy with the way they were living their life. It should be noted that 24% of

those living in group living settings reported being unhappy with their support services and 37% of persons living in group settings indicated being unhappy with how they were living their life.

Prior to transitioning, approximately 82% of MFP participants reported that they were treated with respect by their service providers. 81% said that their helpers listened carefully to their requests. 72% of pre-transition MFP participants indicated that they required assistance to perform their ADL behaviors. Approximately 19% 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. Nearly 11% of participants reported that they were unable to use the bathroom when needed and close to 41% of this group indicated that this was due to a lack of assistance.

One Year Post-Transition Findings

For this reporting period, cumulative data from the QoLS was obtained from 505 persons participating in MO 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, 92% of persons living in a group home setting and 89% if those in a non-group home setting reported that they liked where they were living. 47% of those in group homes and 69% 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, only 6% of respondents indicated that they did not feel safe where they lived. Of these, only 12 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 12 individuals reported that they had been yelled at or verbally abused. 12 (3%) consumers also reported that they had either money or personal items taken without their permission.

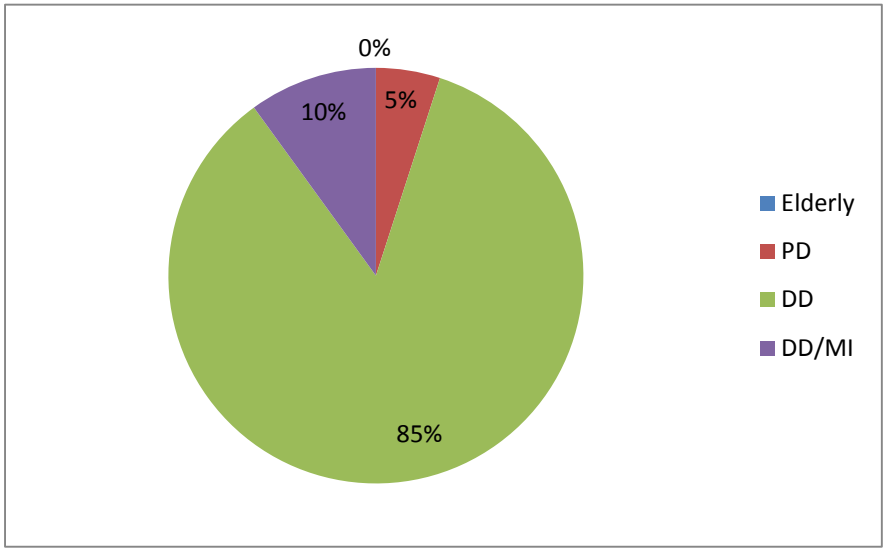
One year after returning to their community, over 90% of MFP participants reported being happy with the help they receive around their living setting and 89% stated that they were happy with the way they were living their life. At this first follow-up interview, 96% of MFP participants stated that they were treated with respect by their service providers. 12 persons reported that they were not being treated the way they wished most of the time. Close to 75% of participants stated that they required assistance to perform their ADL behaviors and nearly 94% reported that these aid providers were paid to provide assistance. It was reported that 40% of MFP participants had the opportunity to pick their support staff. For respondents that required assistance, 26 persons (5%) indicated that they went without a shower or bath when they needed one, but only 12 persons stated that this was because no one was there to help them. 14 persons (3%) reported that they were unable to use the bathroom when needed but only two individuals indicated that this was due a lack of available staff assistance.

During their first 12 months of living in the community, over 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 over 94% of the time. These rates occurred even though 71% of these individuals needed help to go out into the community.

One question asked on the QoLS at the one year assessment is "Are you working for pay right now?" Of those now living in the community for one year, 20% (N=97) indicated that they were working for pay. In this group, 5 persons had a PD, 82 were in the DD group and 10 had a co-morbid DD/MI disability. As Figure 5 shows, participants with DD represented the greatest proportion of paid workers (90%).

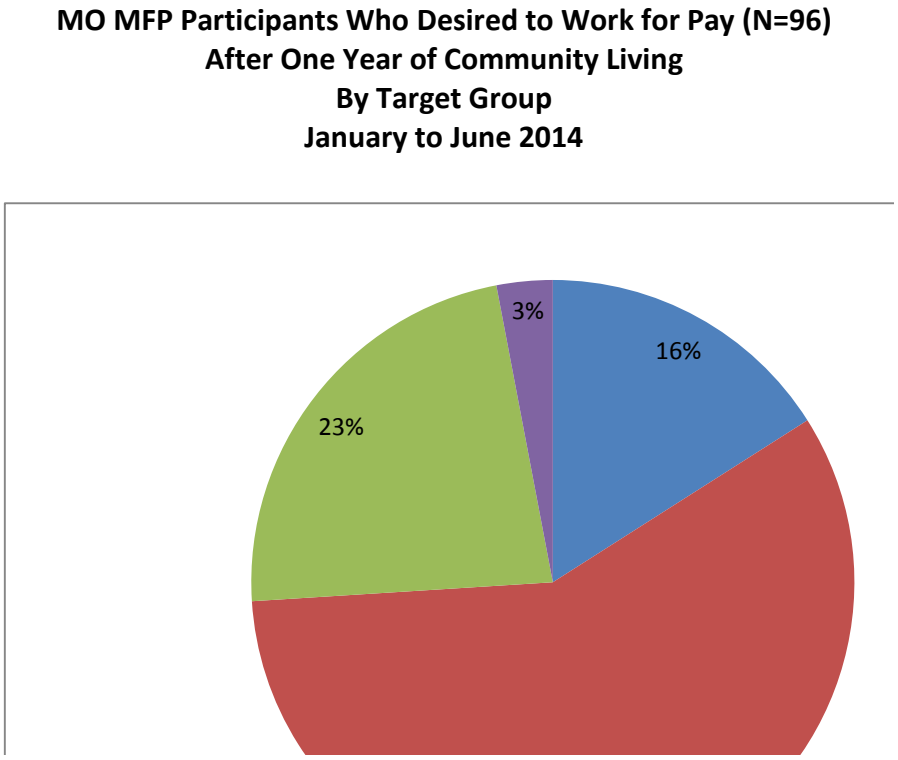
Figure 5.

MO MFP Participants Who Worked for Pay (N=97)
After One Year of Community Living
By Target Group
January to June 2014



Of those MFP participants who were not working for pay 29% (N=96) indicated that they would like to find paid 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 (58%). In addition to individuals who were working or desiring paid employment, 29 persons (6%) reported that they were doing volunteer work without getting paid and another 102 persons (26%) indicated that they would be willing to perform volunteer work without being paid.

Figure 6.



Two Year Post-Transition Findings

For this reporting period, data from the QoLS was obtained from 304 persons participating in the MO MFP project that had transitioned into the community and were living in the community for 24 months. Of these MO MFP participants 70% were living in non-group home settings such as apartments. After returning and living in their communities for 2 years, 83% of persons living in a group home setting and 93% of those living in a non-group home setting indicated that they liked their current living arrangement. Close to 41% of those in group homes and 59% 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, less than 5% of respondents indicated that they did not feel safe where they lived. Of these, only 3 persons reported that they felt this way most of the time. At the time of the two year follow-up interview, three persons 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, 9 consumers reported that they had either money or personal items taken without their permission.

Two years after returning to their communities, 93% of MFP participants reported being happy with the help they receive around their living setting and 88% stated that they happy with the

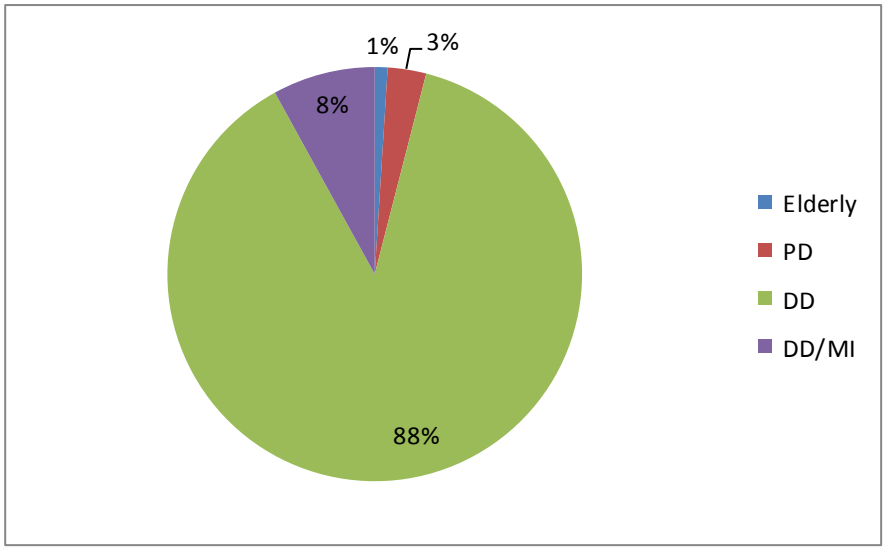
way they were living their life. At this second follow-up interview, 96% of MFP participants stated that they were treated with respect by their service providers. 96% of respondents indicated that their support staff listened carefully to their requests. 79% of participants stated that they required 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, 9 persons indicated that they went without a shower or bath when they needed one, but only 5 persons stated that this was because no one was there to help them. 10 persons reported that they were unable to use the bathroom when needed but only two individuals indicated that this was due a lack of staff assistance.

After living in the community for 24 months, 85% of MO MFP respondents indicated that there were able to see friends and family when they wanted to see them. Close to 93% of MFP participants reported that they were able to go to the places they needed to and 86% 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.

One question asked on the QoLS on the second year follow-up is "Are you working for pay right now?" Of those now living in the community for two years, 26% (N=73) indicated that they were working for pay. In this group, 64 were in the DD group, 6 had a DD/MI, 2 were in the PD group and one in the aged group. As Figure 7 shows, participants with DD represented the greatest proportion of paid workers (88%).

Figure 7.

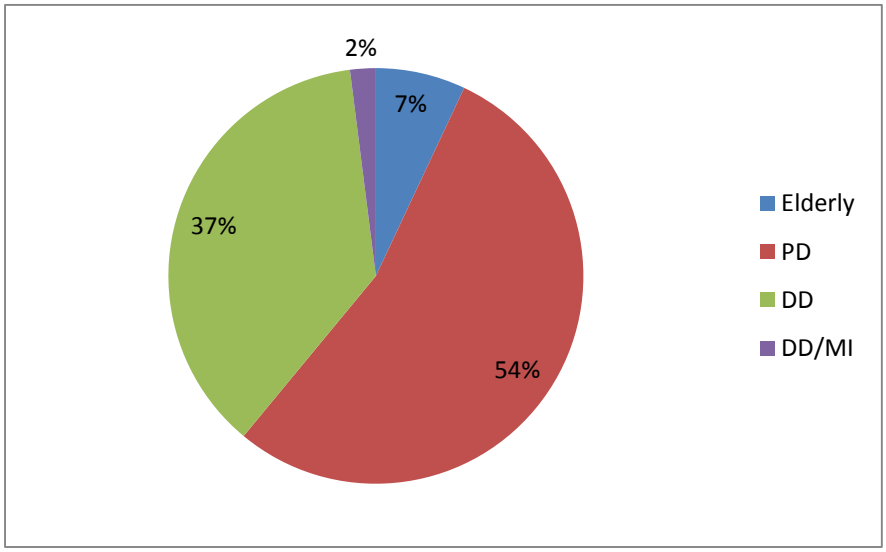
MO MFP Participants Who Worked for Pay (N=73)
After Two Years of Community Living
By Target Group
January to June 2014



Of those MFP participants who were not working for pay, 25% (N=42) 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, 54% of participants with PD and 37% of persons with 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, 23 persons (8%) reported that they were doing volunteer work without getting paid and another 43 persons (20%) indicated that if opportunities were found, they would be willing to perform volunteer work without being paid.

Figure 8.

MO MFP Participants Who Desired to Work for Pay (N=42)
After Two Years of Community Living
By Target Group
January to June 2014



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 QoL 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 QLS is designed to be administered to consumers and the results sent to CMS. For this reporting period, a cumulative total of 1,037 persons were eligible for the baseline QoLS, 505 participants in the MFP project were eligible for and administered the 12 month QoLS and 304 individuals were administered the 24 month follow-up QoLS .

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. Mood and Health Concerns. 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 8.

Table 8.

Percent of Participants Who Reported Improvements in Quality of Life Domains

	Baseline to First Year Follow-Up		Baseline to Second Year Follow-Up	
Domain	Number	Percent	Number	Percent
Living Arrangement	327	66%	181	60%
Personal Care	53	11%	37	13%
Respect / Dignity	88	23%	54	23%
Choice and Control	345	70%	203	67%
Community Integration & Inclusion	225	45%	135	45%
Satisfaction	147	32%	87	31%
Mood & Health Concerns	151	32%	92	32%

In examining the changes in measured summary domains across target groups and 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 9 - 15.

Figure 9.

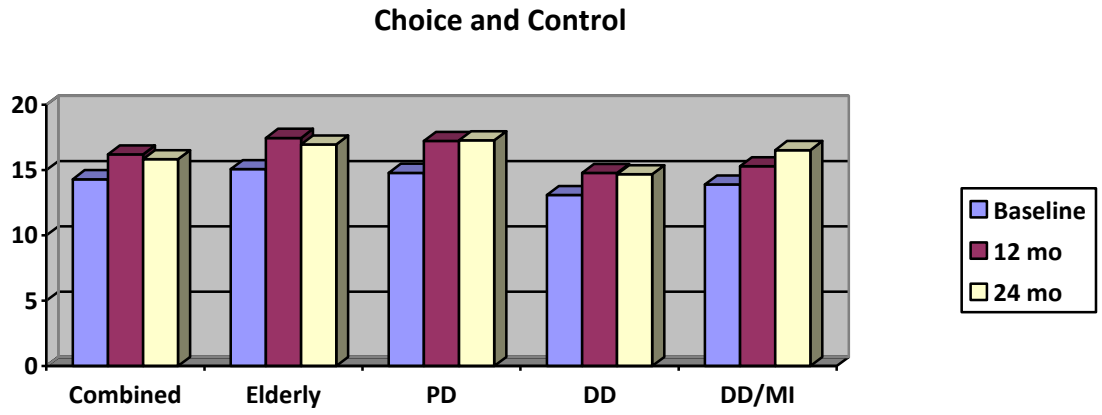


Figure 10.

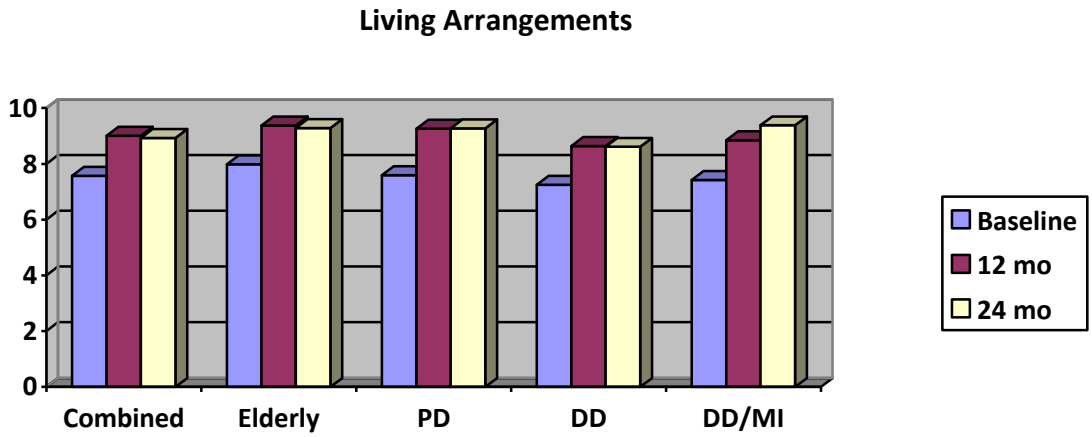


Figure 11.

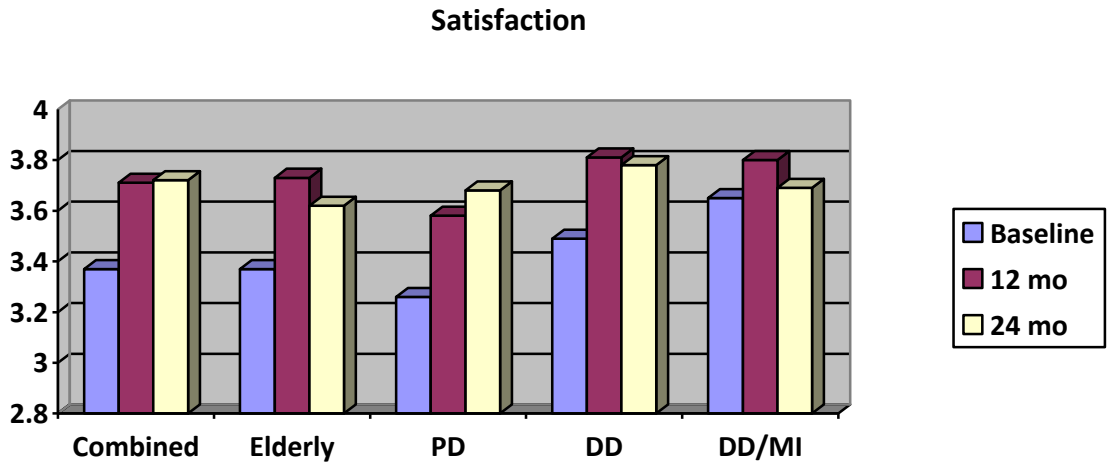


Figure 12.

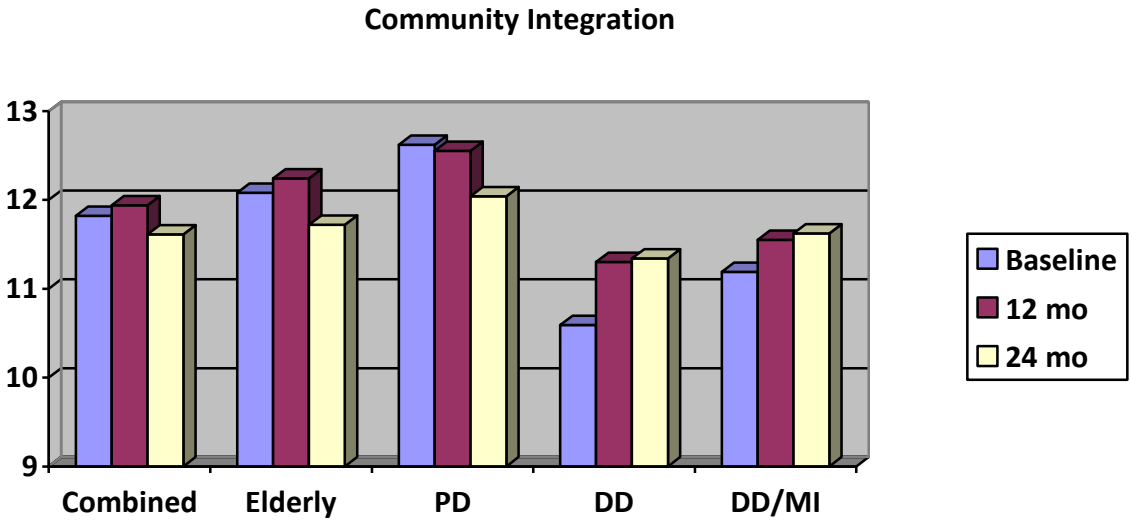


Figure 13.

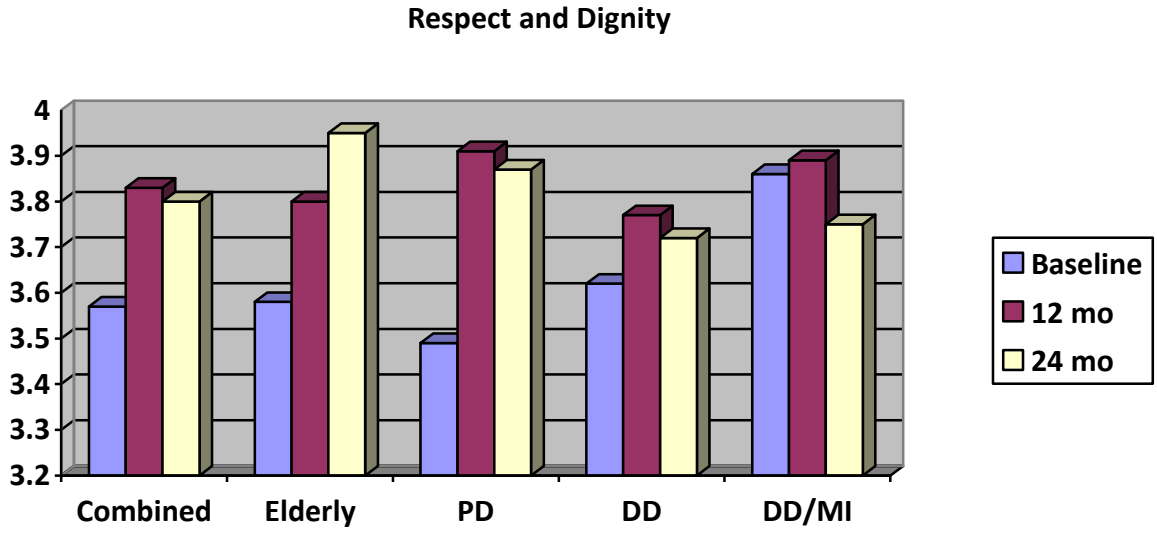


Figure 14.

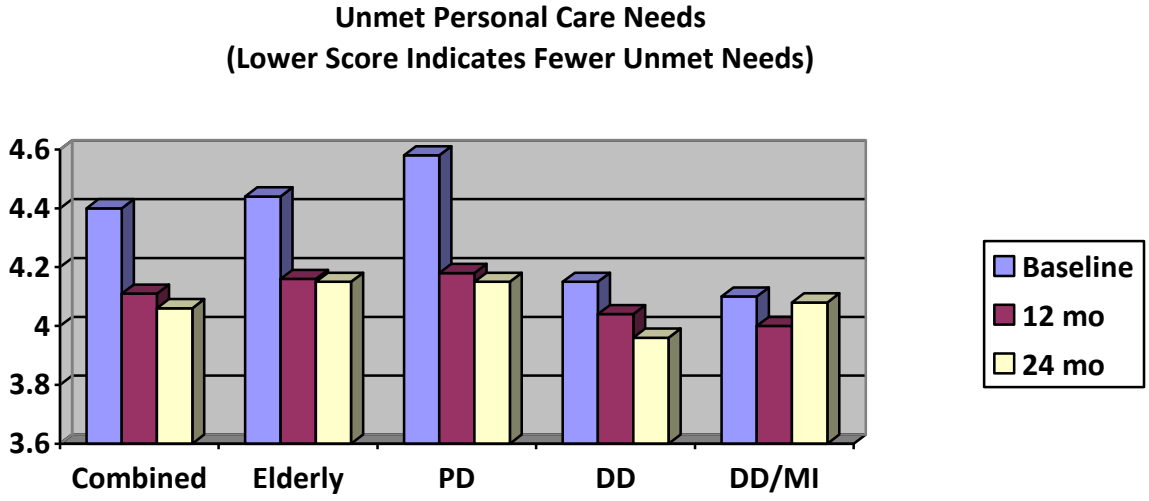
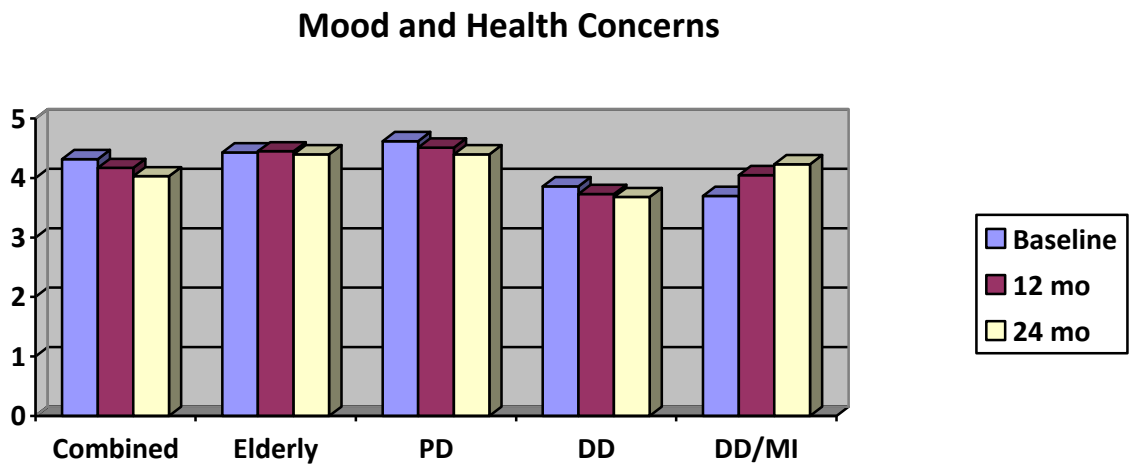


Figure 15.



A summary of the significance for changes in domain scores across target groups and over time can be found in the following table (See Table 9). An analysis of the change in domain scores from baseline to the first year follow-up indicated that significant improvements in QoL were reported for all MO MFP participants on: Living Arrangement, Personal Care Needs, Respect and Dignity, Choice and Control, Community Integration & Inclusion 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.

Different patterns of change in QoL are noted when examining MO MFP participants in their respective target group. At the 12 month follow-up, significant improvements in the domain of *life satisfaction* were reported for all target groups except those persons in the co-morbid DD/MI group. When surveyed at the 2 year follow-up, significant improvements in *life satisfaction* were maintained for those in the physically disabled and DD groups. Non-significant improvements in *life satisfaction* from the baseline measure to the 2 year follow-up were reported for those in the aged and co-morbid DD/MI groups.

For the domain of *living arrangements,* all target groups reported significant improvements at both the one and two year follow-up assessments. A similar pattern of improvement was found for the domain of *choice and control* across all target groups for the 12 and 24 month follow-up surveys.

Individuals in the physically disabled and the DD target groups were the only groups that reported a significant increase in being treated with *respect and dignity* at the one year follow-up At the two year assessment, only those in the physically disabled groups continued to report a significant improvement from the start of the program in being treated with *respect and dignity*. Interestingly, at the 24 month assessment, persons in the aged group now reported a significant improvement in their being treated with *respect and dignity* from the baseline period.

At the one year assessment, persons in the aged and physically disabled groups reported significant improvements in meeting *personal care needs* when compared to the baseline measure. No significant improvement in *personal care needs* from the baseline assessment was reported by those in the DD and the co-morbid DD/MI groups. Only those in the physically disabled group continued to indicate an improvement in having their *personal care needs* met at the 24 month survey.

For the domain of *community integration*, only those individuals in the DD target group reported a significant improvement at the one year follow-up. This pattern of improvement was found again at the two year assessment.

No significant improvements across target groups were reported in the area of *mood and health concerns* at either the one or two year assessments. This failure to find significant improvements in this domain was true for all four target groups involved in the MO MFP program.

Table 9.

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
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	***	***	***	***	***
Respect and Dignity					
Baseline vs 12 mo	***	NS	***	*	NS
Baseline vs 24 mo	**	**	***	NS	NS
Personal Care					
Baseline vs 12 mo	***	***	***	NS	NS
Baseline vs 24 mo	***	**	***	*	NS
Community Integration					
Baseline vs 12 mo	**	NS	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 11 persons were re-institutionalized from January to June 2014. Of these, 10 MFP participants required a re-institutionalization of 30 days or less: 6 were physically disabled but non-aged target group, 1 was aged and 3 were in the DD group. For this reporting period one individual in the physically disabled but non-aged group required a re-institutionalization greater than 30 days with 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 issuess.

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

From January to June 2014, there were seven reported deaths for individuals participating in the MO MFP program. Two persons died from cardiac issues and the remaining five had no listed cause of death. Of the seven deaths, three persons were in the aged and physically disabled target groups. The remaining person was in the DD group.

Missouri Money Follows the Person
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Summary

For this reporting period, the Missouri Money Follows the Person: My Life, My Way, My Community MO (MFP) has continued to encounter problems in making community transitions. The number of transitions reported for this time period is behind the optimal number that would allow the MO MFP to achieve the 2014 target goal. Available data suggest that the target groups with the greatest shortfall in returning to the community are those in the DD and PD groups. The implementation of the Section Q website accompanied by training for nursing home staff on the administration of Section Q was hoped to aid the MO MFP project in achieving transition goals. The transition results for this reporting period suggest that this training approach is working and will show improvements for the next reporting period.

The DDD continues to work on approaches to obtain guardianship consent to better transition their population into the community. The DHSS continues to provide continuity of care upon transition for their target groups. 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 shift in monetary funding from institutions to HCBS for this reporting period. One continuing area of concern and a primary impediment to community transitions is that of 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, 22 MFP participants choose to self-direct their support services with the majority in the non-aged, physical disability target group (N=20). Available data indicated that no participants dis-enrolled from the self-direction option of the Mo MFP program for this time period.

There have been 11 persons in the MO MFP program that needed to be re-institutionalized during this reporting period. Most (N=10) were for less than 30 days. 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, for deterioration in cognitive functioning or to meet spend down requirements.

The results from the one and two year Quality of Life Surveys suggest that the MO MFP program has mostly achieved the goal of returning qualified individuals to the community and improving the quality of life for these participants. MO MFP participants have reported significant improvements in their living arrangements, life satisfaction, and choice and control over their lives that have been sustained over a two year time period.

Some of the domains measured by the QoLS have shown mixed results that have varied over time and across target groups. Persons leaving long term care facilities such as those in the aged and physically disabled groups have reported significant improvements in their personal care

upon returning to the community at both the one and two year follow-up assessments. Individuals in the DD and DD/MI groups failed to report such changes at either the one or two year assessment.

In the area of being treated with respect and dignity, persons in the PD group reported the strongest and most consistent improvement at both the one and two year assessments. Those in the aged group reported significant improvement from the baseline measure only on the second year survey. Persons in the DD group reported improvement on the 12 month survey but not on the 24 month follow-up. No changes in this domain were found for those in the DD/MI group.

The only individuals that reported a significant improvement in community integration were those in the DD group. Here they reported an improvement that was maintained over the two year time period. The failure of the other groups to show gains in this domain should more closely examined. Differences might be due to access to a more organized system or process that is not currently available to those in the other target groups and this might warrant a closer examination of how others are being integrated into their communities.

APPENDIX A

EVALUATION OVERVIEW

This semi-annual report for the evaluation of the Missouri Money Follows the Person Demonstration (MO MFP) covers the 6-month period from January 2013 through June 2013. 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 the 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 (DMH), Social Services (DSS) and Health and Senior Services (DHSS).

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 10.

	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 & 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 • Reason for non-transition	Annual reviews, referrals, and interviews	Dept. of Mental Health & CPS Dept. of Health and Senior Services	Semi-Annual

Table 11.

	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	Demonstration services funding	State budget reports	Dept. of Mental Health, Dept. of Health and Senior Services	Semi-Annual

Table 12.

	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 demonstration 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 13.

	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 HealthNet	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 HealthNet	Semi-Annual

Table 14.

	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 QoLS	CMS	Semi-Annual
b.	Changes in quality of life	Individual responses to survey/interview questions	MFP Participants completing QoLS	CMS	Semi-Annual

Table 15.

	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