

## *Insights from Live Program Data:*

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



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# Connecticut Medicaid Structure

- **Medicaid is administered by the Division of Health Services, Department of Social Services;**
- **HUSKY Health (Medicaid and CHIP) is a critical source of economic security and well-being to over 780,000 individuals (21% of the population of Connecticut);**
- **SFY 18 \$2.90B (net); \$6.85B (gross);**
- **Medicaid administers and is the primary operator of Long-Term Supports and Services.**

# Partnering with a University

- **Identify shared philosophies & goals**
  - Enhance quality of life for CT older adults, people with disabilities, their families and professional caregivers
  - Develop and measure person-centered, high quality services & programs
- **Build on strengths of each partner; mutual respect**
  - Accommodate DSS constraints (e.g., hiring staff, reporting, changing program policies, short timelines)
  - Accommodate UConn educational, academic mission (e.g., student research; publications; conferences)
- **Focus on evidence, methodological rigor, neutrality, transparency**

# Partnering with a University

## Examples of UConn Work on Money Follows the Person and CT's LTSS Rebalancing Initiatives

- ✓ Evaluate CT's 5 MFP benchmarks
- ✓ Supervise and conduct participant interviews
- ✓ Process evaluation through key informants
- ✓ Closed cases analysis
- ✓ Transition challenges & targeted transition date
- ✓ Family survey
- ✓ Ad hoc analyses: DSS & stakeholder requests
- ✓ Oversee web-based consumer tracking system
- ✓ Quarterly & annual reports
- ✓ LTSS Strategic Plan evaluation
- ✓ No Wrong Door evaluation
- ✓ Community First Choice evaluation
- ✓ HCBS CAHPS Survey design and implementation
- ✓ Universal Assessment development
- ✓ Present and publish findings

.....and MORE!

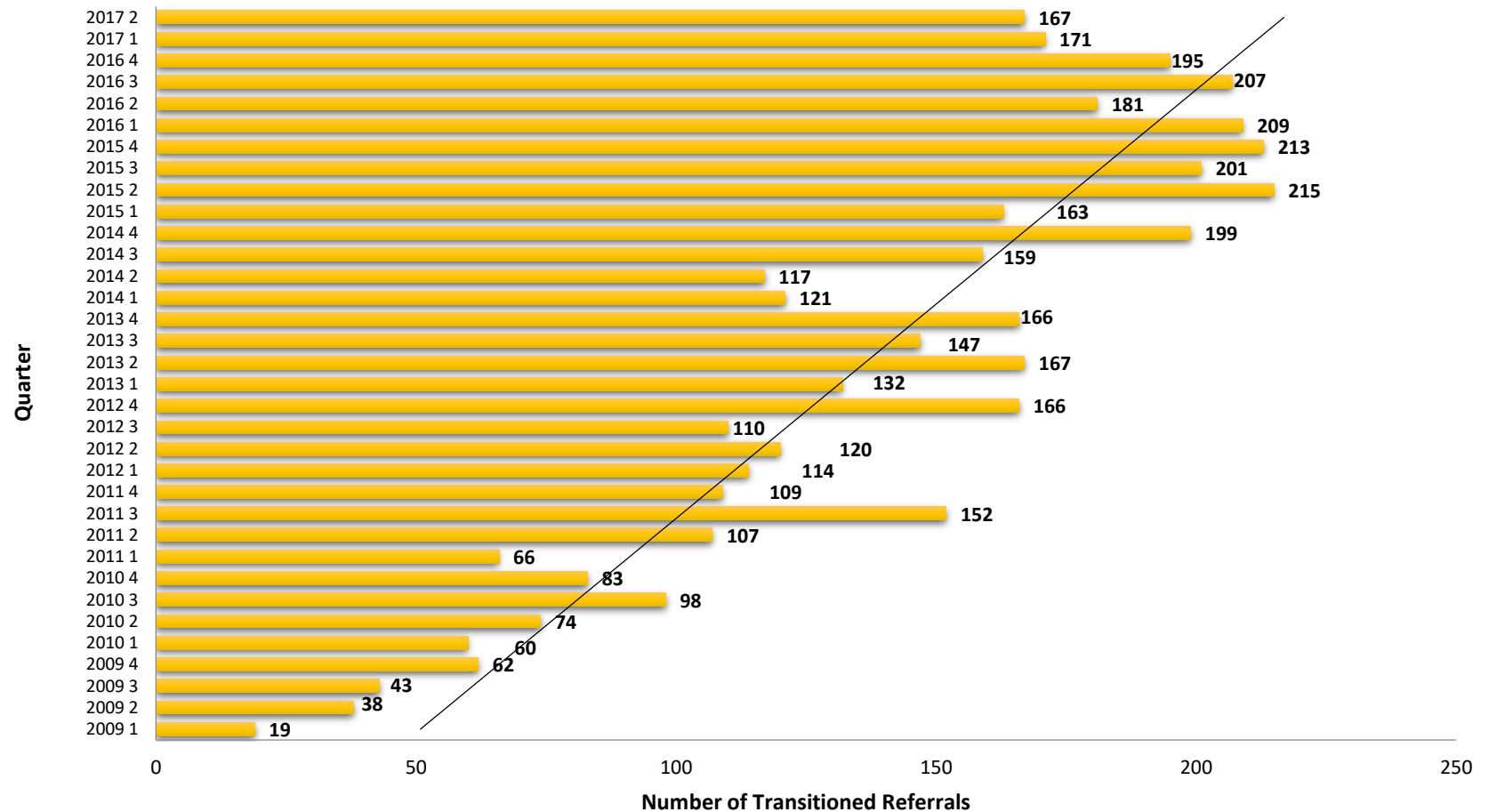
# Overview of MFP in Connecticut

- 8,955 referrals
- 4,384 transitions
- 23 central office staff, 150 field staff statewide
- 2017 Budget \$50M
- 24 Nursing facilities closed

# Money Follows the Person Connecticut Benchmarks

**Benchmark 1: The  
number of  
consumers  
transitioned =  
4,384  
As of 3/31/17**

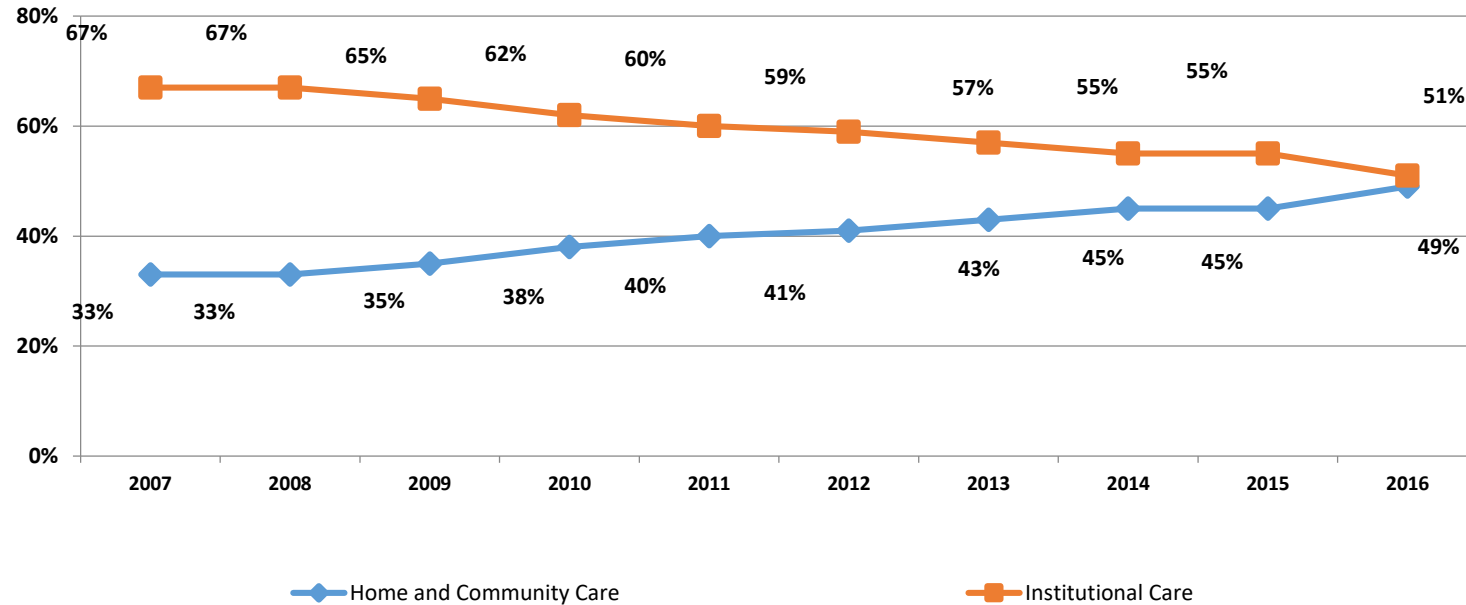
**Number of Transitions by Quarter  
December 2008 – June 2017**



# Money Follows the Person Connecticut Benchmarks

## CT Medicaid Long-Term Care Expenditures 2007 - 2016

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

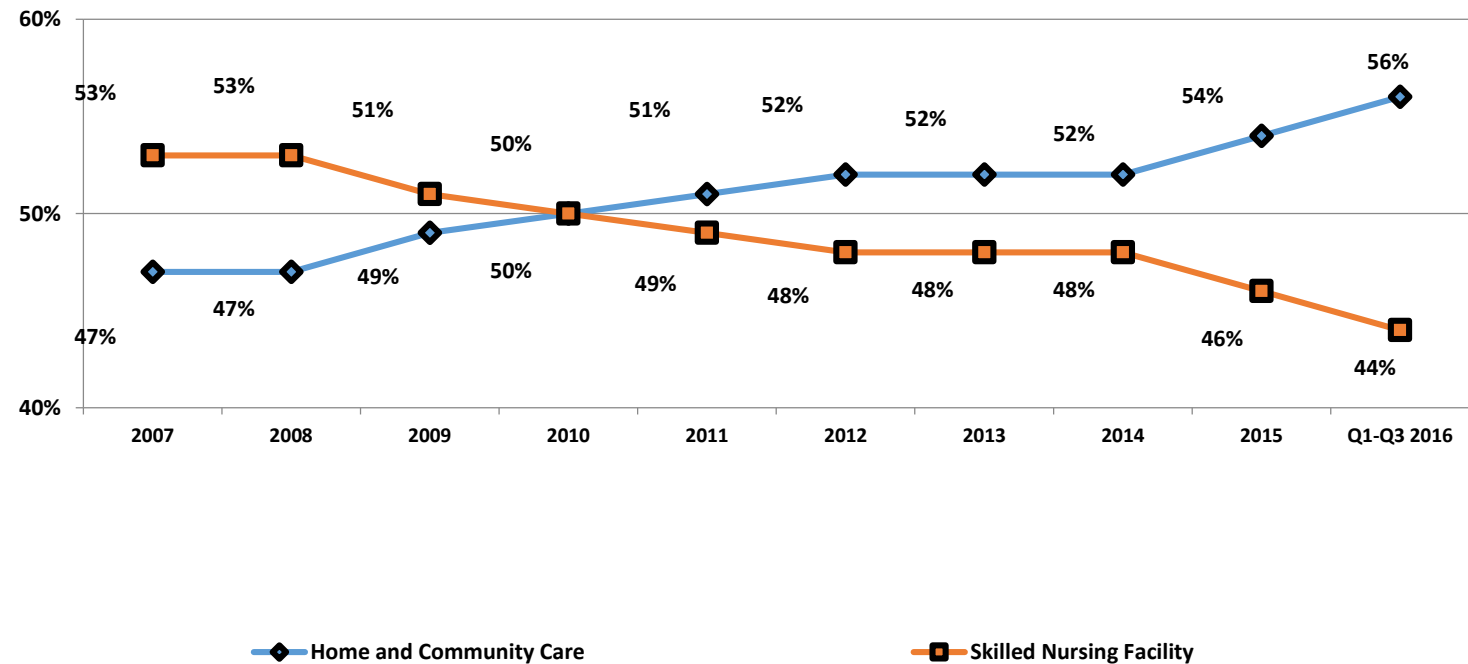


# Money Follows the Person Connecticut Benchmarks

## Benchmark 3:

Percent of Hospital Discharges to HCBS and Skilled Nursing Facilities

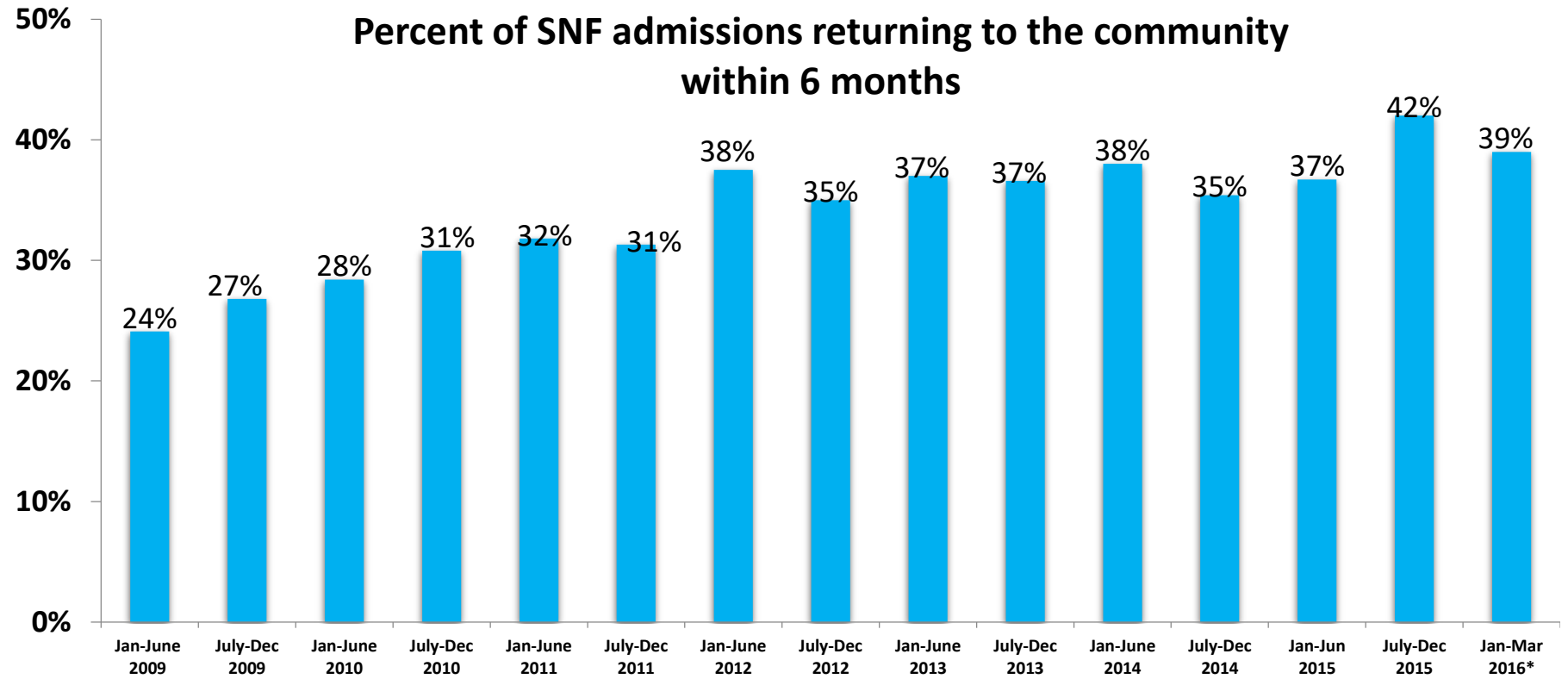
### Percentage of Hospital Discharges to Home and Community Care vs. Skilled Nursing Facility





# Money Follows the Person Connecticut Benchmarks

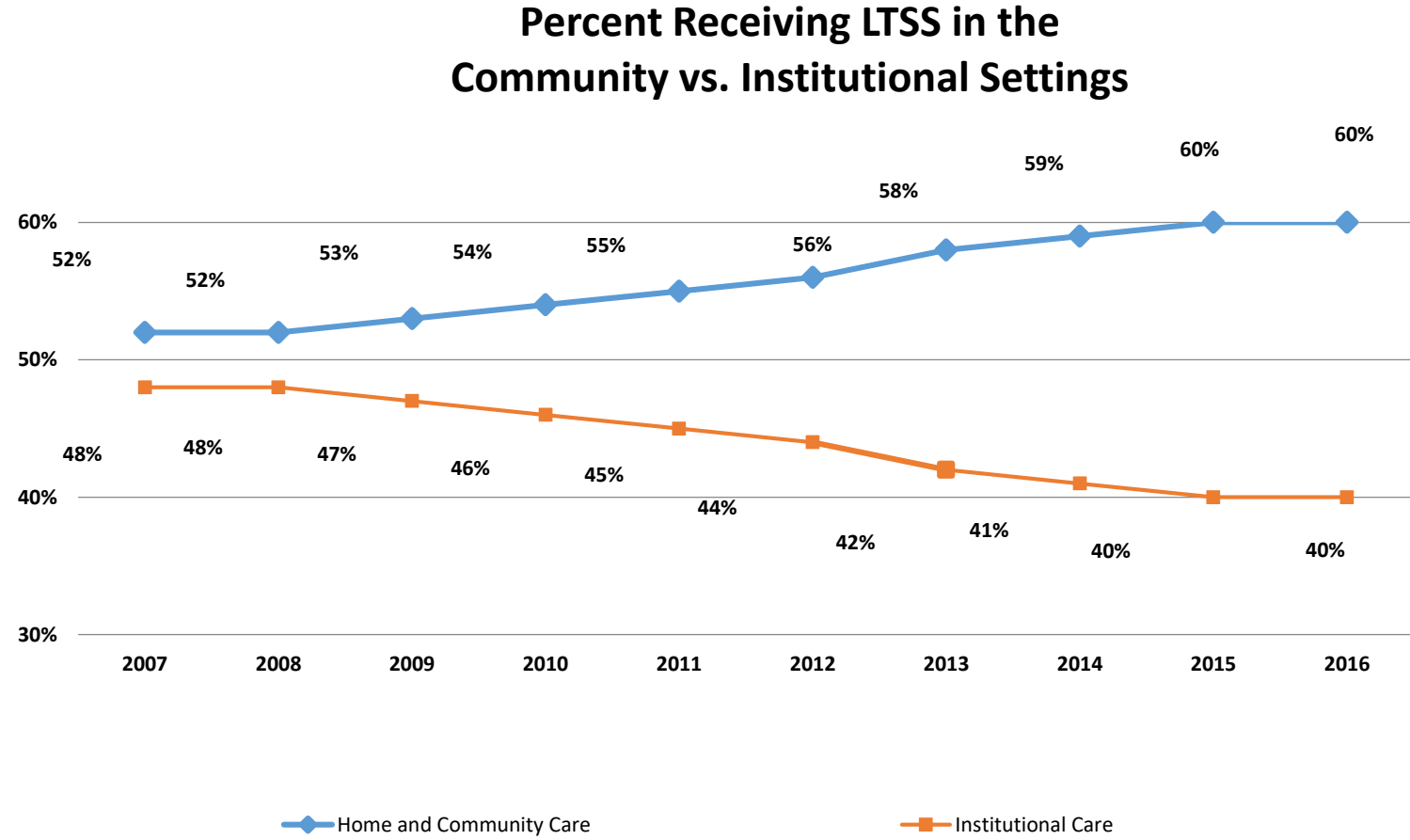
**Benchmark 4:**  
**Percent of SNF Admissions Returning to the Community Within 6 Months of Admittance**



\*Data for 3 months

# Money Follows the Person Connecticut Benchmarks

**Benchmark 5:**  
**Percent of  
Medicaid LTSS  
Consumers  
Receiving LTSS in  
the Community vs.  
Institutional  
Settings**



# MFP Web-Based Communication and Tracking Hub

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

**In 2017 over 600 users**  
MFP transition coordinators, housing specialists, central office staff, specialized care managers, fiscal intermediaries, community providers, evaluation staff

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

# MFP Web-Based Communication and Tracking Hub

## Real-time Data



- Every piece of information entered into the web becomes a data point that the evaluation team can pull and analyze at anytime
- Nearly constant interaction between data, UConn, and program

# MFP Web-Based Communication and Tracking Hub: Case Assigned

## Money Follows the Person Connecticut

You are logged in as **tscm** [Log out](#) Consumer Search  [Go](#)

**Home**

**Actions**

[View MFP Consumer List](#)

[View CFC Consumer List](#)

[View Critical Incident List](#)

[Go to Administration](#)

[Go to Gentran Screen](#)

**Notifications** Unread (4)

Include Already Read [Mark All As Read](#)

[Mark As Read](#)

Type: **Recommend Closure Approved**  
 Date: **08/26/2017**  
 Consumer: **F J. Test** [\[Task List\]](#)  
 Program: **MFP**  
 Medicaid Id: **111111111**

Recommend Closure was approved by **Martha Porter** on **04/20/2016**.

[Mark As Read](#)

Type: **Care Plan Approved**  
 Date: **08/26/2017**  
 Consumer: **Mary Test** [\[Task List\]](#)  
 Program: **MFP**  
 Medicaid Id: **001100110**

The consumer's Care Plan was marked as approved on **03/10/2017** by **Martha Porter**.

[Mark As Read](#)

Type: **HCBS Package Change**  
 Date: **08/26/2017**  
 Consumer: **Mary Test** [\[Task List\]](#)  
 Program: **MFP**  
 Medicaid Id: **001100110**

The consumer's HCBS Package was changed from CT Home Care Program for Elders Waivers or Programs to CHCPE - PCA (Agency-Based) - Personal Care Assistance Waiver (Agency-Based) and the status was changed from Applied to Accepted.

[Mark As Read](#)

Type: **Case Assigned to Your Caseload**  
 Date: **08/25/2017**  
 Consumer: **Mary Test** [\[Task List\]](#)  
 Program: **MFP**  
 Medicaid Id: **001100110**

Case assigned to Test SCM on **08/25/2017** by **Martha Porter**.

| Consumer Header <span style="float: right;"><a href="#">Flag</a></span>         |               |                    |             |  |
|---|---------------|--------------------|-------------|--|
| Consumer Name   | DOB (Age)     | Medicaid #         | SSN         | Gender   |
| Mary Test   | 1/1/1930 (87) | 001100110          | xxx-xx-xxxx | Female <a href="#">Edit</a>                    |
| MFP Cases: Case #1 - 01/05/2017   |               |                    |             |  |
| CFC Cases: CFC Case #1 - Not Assigned   |               |                    |             |  |
| Case #1 - Assigned to Field: 01/05/2017   |               |                    |             |  |
| Transition Number: 2951960-14323  |               | Consumer Id: 14339 |             |  |
| Case Status: Care Plan Approved - 03/10/2017                                    |               |                    |             |  |
| Next Task: Secure Housing   |               |                    |             | <a href="#">View Task List</a>                 |
| Program: Demonstration  |               |                    |             | <a href="#">History</a>                        |
| Region: North Central   |               |                    |             | <a href="#">History</a>                        |
| SCM Supervisor: Paul Ford   |               |                    |             | <a href="#">History</a>                        |
| Specialized Care Manager: Test SCM  |               |                    |             | <a href="#">History</a>                        |
| Transition Coordinator: Martha Porter   |               |                    |             | <a href="#">History</a>                        |
| Housing Coordinator:  |               |                    |             | <a href="#">History</a>                        |
| Facility: Andrew House Healthcare   |               |                    |             | <a href="#">History</a>                        |
| HCBS Package: CHCPE - Personal Care Assistance Waiver (Agency-Based) (Accepted) |               |                    |             | <a href="#">History</a>                        |
| Access Agency: CCCI-NC  |               |                    |             |  |
| Anticipated Transition: 06/10/2017  |               |                    |             | <a href="#">History</a>                        |
| Calculated Transition Date: 06/17/2017  |               |                    |             | <a href="#">History</a>                        |
| Medicaid Payer: Yes   |               |                    |             | <a href="#">Change</a> <a href="#">History</a> |

[Case Notes](#)

[Contacts](#)

[Forms](#)

[Housing](#)

[Profile](#)

[Income/Assets/Insurance](#)

[Important Dates](#)

[Assignments](#)

[Central Office](#)

[Participation](#)

[24/7 Backup/Critical Incidents](#)

[Quality of Life](#)

**Web Forms**

[Application Form](#) - Completed 01/01/2017

[Consumer Profile Form](#) - Completed 02/01/2017

[Transition Budget](#) - Never Submitted

[Universal Application](#) - Not Completed

[Initial QOL Interview](#) - Due 05/11/2017 (**OVERDUE**)

[Transition Challenges Checklist](#) - Last Updated 08/26/2017

[Emergency Backup Form](#) - Not Completed

**Uploaded Paper Forms** [Upload](#)

[Task List - Care Plan: Approved](#)

Uploaded By: Martha Porter On: 08/26/2017

[Task List - Informed Consent + Application](#)

Uploaded By: Martha Porter On: 08/26/2017

[Misc - Care Plan: Submitted](#) [Delete](#)

Uploaded By: Martha Porter On: 08/26/2017

# MFP Web-Based Communication and Tracking Hub: Case Progress

Case Notes | Contacts | Forms | Housing | Profile | Income/Assets/Insurance | Important Dates | Assignments

Central Office | Participation | 24/7 Backup/Critical Incidents

**Case Notes**

Progress  CO  Housing  Nurse  Care Plan  Misc. [Add Note](#)

**02/23/2017** Care Plan  
SCM uploaded care plan for approval. Applying for waiver services, PCA agency based. SCM Test  
Entered On: 08/26/2017 By: Martha Porter [Edit](#)

**02/10/2017** Care Plan  
02/10/2017 Care Plan  
SCM completed universal assessment on this date at the SNF with Mary Test and Facility social worker Bill. Ms. Test was admitted to the SNF on 6/1/2016 from Hartford Hospital. She was hospitalized after son found her unconscious due to low blood sugar. Open ulcers found on leg and ankle.  
Ms. Test has Type 1 diabetes, sliding scale insulin. She is unable to give herself injections at this time. While at snf, she fell and broke her hip. She had surgery and uses walker with difficulty. She is also diagnosed with Alzheimer's disease - mild to moderate stage. Exhibits poor judgment with respect to taking insulin and wound care. Open ulcer currently on ankle. She is an assist of one for transfers and toileting due to her recent hip surgery.  
Ms. Test has a conservator who would like to explore community living with the right supports. Ms. Test has a son John who lives in the apartment originally rented by Ms. Test. It is not clear if Ms. Test can reside there as well. SCM Test  
Entered On: 08/26/2017 By: Martha Porter [Edit](#)

**02/04/2017** Care Plan  
Call received from facility SW. Need to reschedule assessment to 2/10/2017 because of flu in building.  
Entered On: 08/25/2017 By: Martha Porter

**02/01/2017** Care Plan  
Signed Informed Consent returned on 2/1/2017. Assessment scheduled with SCM and Mary Test for 2/5/2017. Facility Social worker Bill is aware.  
Entered On: 08/25/2017 By: Martha Porter  
Last Updated: 08/25/2017 By: Martha Porter

**01/15/2017** Care Plan  
Informed Consent not yet received. SCM left message for Conservator.  
Entered On: 08/25/2017 By: Martha Porter

**01/09/2017** Care Plan  
Called Conservator Marie Jones. Conservator is interested in learning more about community living for Mary Test. SCM will fax Marie Informed Consent document for her to sign.  
Entered On: 08/25/2017 By: Martha Porter

**01/05/2017** Care Plan  
SCM Supervisor assigning to Test SCM.  
Entered On: 08/25/2017 By: Martha Porter

**01/02/2017** Central Office  
Screened and assigned referral this date.  
Entered On: 08/25/2017 By: Martha Porter

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

Place mouse pointer over (or click) ⓘ for additional information.

**Physical health**

- Current, new, or undisclosed physical health problem or illness ⓘ
- Medical testing issues or delays ⓘ
- Inability to manage physical disability or physical illness in community ⓘ
- Missing or waiting for physical health related documents or records
- Other physical health issues (describe)

**Mental health or mental illness**

- Current, new, or undisclosed mental health problem or illness ⓘ
- Current or history of substance/alcohol abuse with risk of relapse ⓘ
- Dementia or cognitive issues ⓘ
- Inability to manage mental health/illness in community ⓘ
- Other mental health/illness issues (describe)

**Financial or insurance benefits**

- Lack of or insufficient financial resources ⓘ
- Consumer credit or unpaid bills ⓘ
- SSDI, SSI, SAGA, SSA, VA, or other cash benefits ⓘ
- Other financial benefits or issues ⓘ
- Medicaid eligibility or insurance issues ⓘ
- Other financial issues (describe)

**Consumer engagement, awareness, and skills**

- Disengagement or lack/loss of motivation ⓘ
- Lack of awareness or unrealistic expectations regarding disability or needed supports ⓘ

# Consumer Profile & Transition Budget

Central Office | Participation | 24/7 Backup/Critical Incidents | Quality of Life

**Profile** [Edit](#)

### I. Demographics

Primary Language: English  
 If Other Describe:

Uses Communication Device: No  
 Describe Device:

Race: Black or African-American  
 If Other, Describe:

Latino, Hispanic Origin: No  
 Veteran: No  
 Level of Education: Master's Degree  
 Work History: More than 20 years  
 Type of Housing Before Institutionalization: Apartment Leased By Participant, Not Assisted Living\*  
 Current Legal Marital Status: Widowed

### II. Diagnoses and Daily Living Needs

Disability Category:  Cognitive  Mental Health  Physical  Visual  Hearing

Specific Diagnoses (List): **Musculoskeletal**

- Hip fracture during last 30 days (or since last assessment if less than 30 days)
- Osteoarthritis

**Neurological**

- Alzheimer's disease

**Cardiac or Pulmonary**

- Congestive heart failure
- Hypertension (high blood pressure)

**Endocrine**

- Diabetes mellitus type 1

**Gastrointestinal**

- GERD (gastroesophageal reflux disease)

**Other**

- Macular degeneration
- Wound

Documentation Source(s): Medical record | Medical personnel (doctor, nurse, etc.)

**Diagnosis Notes:**  
 Recent hip fracture. Currently using wheelchair. Stage 2 wound on right ankle. Legally blind. Poor judgment due to Alzheimer's Disease.

**Functional Disability: (Describe how the consumer's disability affects their ability to function independently)**  
 Currently using wheelchair. Currently assist of one for transfers. Insulin dependent - cannot do own insulin. Needs cueing or assistance for many activities b/c of dementia

| Transition Budget  |       | View Submitted   |             |                 |            |
|--|-------|------------------|-------------|-----------------|------------|
| Transition Budget submitted on 03/27/2017 by Michelle Croze.<br>Approved on 03/27/2017 by AUTO APPROVAL. |       |                  |             |                 |            |
| <b>Total Budget: \$1,994.70</b>  |       |                  |             |                 |            |
| Total Receipts: \$1,629.77 <a href="#">View/Upload Receipts</a>  |       |                  |             |                 |            |
|  |       | Suggested Budget | Max Allowed | Budget Request  | Submitted  |
| <b>Bathroom Items</b> <a href="#">Add</a>  |       |                  |             |                 |            |
| toiletries (e.g. soap, toothpaste)   | Need  | \$25.00          | \$30.00     | \$20.00         | 03/27/2017 |
| towels, washcloths   | Need  | \$20.00          | \$24.00     | \$15.00         | 03/27/2017 |
| shower curtain, bath rug   | Need  | \$15.00          | \$18.00     | \$10.00         | 03/27/2017 |
| laundry baskets or bags  | Need  | \$10.00          | \$12.00     | \$8.00          | 03/27/2017 |
| plunger  | Need  | \$10.00          | \$12.00     | \$8.00          | 03/27/2017 |
| other/miscellaneous bathroom items   | ----- | \$20.00          | \$24.00     |                 |            |
| <b>TOTAL</b>   |       |                  |             | <b>\$61.00</b>  |            |
| <b>Kitchen Items</b> <a href="#">Add</a>   |       |                  |             |                 |            |
| bowls, plates, cups  | Need  | \$30.00          | \$36.00     | \$30.00         | 03/27/2017 |
| foil, plastic wrap   | ----- | \$10.00          | \$12.00     |                 |            |
| kitchen towels, dish rack  | Need  | \$15.00          | \$18.00     | \$15.00         | 03/27/2017 |
| utensils (e.g. can opener, scissors)   | Need  | \$20.00          | \$24.00     | \$15.00         | 03/27/2017 |
| cookware (e.g. pots, pans, baking dish, kettle)  | Need  | \$50.00          | \$60.00     | \$45.00         | 03/27/2017 |
| small appliance(s) (e.g. coffee maker, toaster)  | Need  | \$40.00          | \$48.00     | \$40.00         | 03/27/2017 |
| other/miscellaneous kitchen items  | ----- | \$20.00          | \$24.00     |                 |            |
| <b>TOTAL</b>   |       |                  |             | <b>\$145.00</b> |            |
| <b>Bedroom Items</b> <a href="#">Add</a>   |       |                  |             |                 |            |
| clock, alarm clock/radio   | ----- | \$20.00          | \$24.00     |                 |            |
| bed sheets, mattress pads  | Need  | \$110.00         | \$132.00    | \$80.00         | 03/27/2017 |
| blanket(s)   | Need  | \$25.00          | \$30.00     | \$20.00         | 03/27/2017 |
| pillow(s)  | Need  | \$15.00          | \$18.00     | \$15.00         | 03/27/2017 |
| lamps/light bulbs/night lights   | Need  | \$50.00          | \$60.00     | \$50.00         | 03/27/2017 |
| other/miscellaneous bedroom items  | ----- | \$20.00          | \$24.00     |                 |            |
| <b>TOTAL</b>   |       |                  |             | <b>\$165.00</b> |            |
| <b>Food</b> <a href="#">Add</a>  |       |                  |             |                 |            |
| food supply  | Need  | \$150.00         | \$180.00    | \$150.00        | 03/27/2017 |
| <b>TOTAL</b>   |       |                  |             | <b>\$150.00</b> |            |
| <b>Furniture</b> <a href="#">Add</a>   |       |                  |             |                 |            |
| loveseat/chair   | Need  | \$300.00         | \$360.00    | \$300.00        | 03/27/2017 |
| kitchen table & chairs   | Need  | \$200.00         | \$240.00    | \$240.00        | 03/27/2017 |
| dresser  | Need  | \$200.00         | \$240.00    | \$200.00        | 03/27/2017 |
| night stand  | Need  | \$65.00          | \$78.00     | \$65.00         | 03/27/2017 |

# MFP Web-Based Communication and Tracking Hub: Care Plan Approved

## Money Follows the Person Connecticut

You are logged in as **mporter** [Log out](#) Consumer Search  [Go](#)

[Home](#) | [Consumer List](#) | [Consumer Details](#) | [Task List](#)

| Consumer Header |               |            |             |        | Case Notes |
|-----------------|---------------|------------|-------------|--------|------------|
| Consumer Name   | DOB (Age)     | Medicaid # | SSN         | Gender |            |
| Mary Test       | 1/1/1930 (87) | 001100110  | xxx-xx-xxxx | Female |            |

Case #1 - Assigned to Field: 01/05/2017

| Task List                                  | Contract All |
|--|--------------|
| ✓ Enter Application Form - CO              | 01/01/2017   |
| ✓ Verify Demographic Information - CO      | 01/01/2017   |
| ✓ Screen Application - CO                  | 01/01/2017   |
| ✓ Assign Case to Field Staff - CO          | 01/05/2017   |
| ✓ Contact Consumer/COP Within 3 Days - SCM | 01/09/2017   |
| ✓ Get Signed Informed Consent - SCM        | 02/01/2017   |
| ✓ Ensure Community Medicaid Readiness      | 08/25/2017   |
| ✓ Complete Consumer Profile Form - SCM     | 02/01/2017   |
| ✓ <b>Approve Care Plan - CO</b>            | 03/10/2017   |

### ✓ Approve Care Plan - CO 03/10/2017

Care Plan: [Download Care Plan](#) [Replace Uploaded Paper Form](#)

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#### HCBS Package Information [Edit](#)

Current HCBS Package: CHCPE - Personal Care Assistance Waiver (Agency-Based)  
Current HCBS Package Status: Accepted  
HCBS Package Desk Review: No  
Access Agency: CCCI-NC

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#### Care Plan Information [Edit](#)

Facility Admit Date: 06/01/2016  
Facility Monthly Cost: \$11,406.25  
Date Care Plan Received: 02/23/2017  
Total Cost of Care Plan: \$3,907.03

Cost of Demonstration Services:

- Needs Addiction Supports & Services
- Needs Informal Caregiver Support Services
- Needs Peer Support
- Needs Demonstration Transportation Services
- Needs Transitional Recovery Assistant

Social Services Cost:  
Elder PCA Cost:

Has Informal, Unpaid Caregiver: Yes  
Risk Agreement: No  
Program: Demonstration  
Date Care Plan Approved: 03/10/2017

Case Note [Add Note](#)

No Note Entered



# Use of Live Data to Investigate Policy Changes

Example : Administration makes a change to housing policy



Concern: MFP Project Director has concern that the housing policy change will impact the length of time that a consumer takes to lease an apartment (therefore impacting the length of time it takes to transition from nursing facility to community)

# Use of Live Data to Investigate Policy Changes

UConn identifies data points from the MFP web-based tracking system that can help determine the impact of the policy change

The image shows a screenshot of the MFP web-based tracking system. The left pane displays case details for Case #1 - Assigned to Field: 01/01/2015. The right pane provides a detailed view of the Rental Assistance Program Information, with several fields circled in red and an arrow pointing from the 'Housing' tab in the left pane to this section.

**MFP Cases: Case #1 - 01/01/2015**

CFC Cases: No CFC Cases  
[Add a New CFC Case for this Consumer](#)

**Case #1 - Assigned to Field: 01/01/2015**

|                             |  |                                |                         |
|-----------------------------|--|--------------------------------|-------------------------|
| Transition Number:          | 2226960-08948  | Consumer Id:                   | 7893                    |
| Case Status:                | Transitioned - 07/15/2016 - TC (0/180 days) - P (0/365 days) |                                |                         |
| Next Task:                  | Fill Out 3-Day Post-Transition Interview                     | <a href="#">View Task List</a> |                         |
| Program:                    | Demonstration  | <a href="#">History</a>        |                         |
| Region:                     | Northwest  | <a href="#">History</a>        |                         |
| SCM Supervisor:             | Paul Ford  | <a href="#">History</a>        |                         |
| Specialized Care Manager:   |  | <a href="#">History</a>        |                         |
| Transition Coordinator:     |  | <a href="#">History</a>        |                         |
| Housing Coordinator:        |  | <a href="#">History</a>        |                         |
| Facility:                   | Hughes Health and Rehab                                      | <a href="#">History</a>        |                         |
| HCBS Package:               | PCA - Standard (Accepted)                                    | <a href="#">History</a>        |                         |
| Transition Date:            | 07/15/2016   | <a href="#">History</a>        |                         |
| Calculated Transition Date: | 05/18/2015   | <a href="#">History</a>        |                         |
| Medicaid Payer:             | No   | <a href="#">Change</a>         | <a href="#">History</a> |

[Case Notes](#) [Contacts](#) [Forms](#) [Housing](#) [Income/Assets/Insurance](#) [Important Dates](#) [Assignments](#) [Central Office](#)

[Participation](#) [24/7 Backup/Critical Incidents](#) [Quality of Life](#)

**Community Housing** [Edit](#)

Date Housing Secured: 07/01/2015

Housing Located:  
Community Address: 555 Main Street  
Hartford, CT, 06106

**Purpose of Additional Bedroom(s):**

**Rental Assistance Program Information**

Date RAP Application Submitted: (to Central Office)  
Date RAP Application Submitted: (to D'Amelia)  
Date RAP Certificate Received:  
RAP Certificate: No RAP Certificate Uploaded  
Date RTA Submitted:  
Date of RAP Inspection:  
Date RAP Inspection Passed:  
RAP Cost to State:  
Lease Up Date:  
Lease Up Exception:

**Security Deposit Guarantee Information**

Date SDG Submitted to CO:  
Date SDG Received by CO:  
Date SDG Submitted to Landlord:  
Security Deposit Amount:

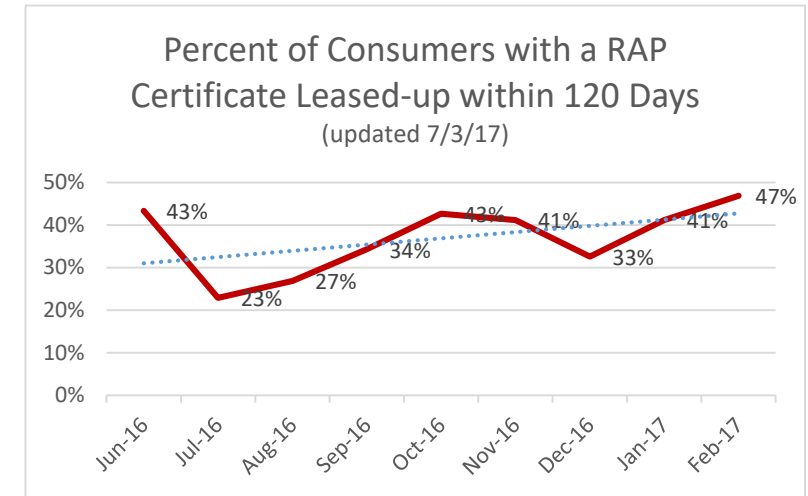
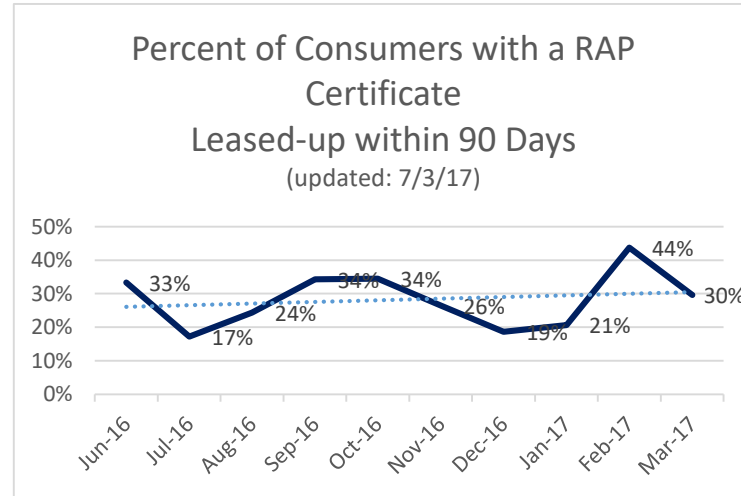
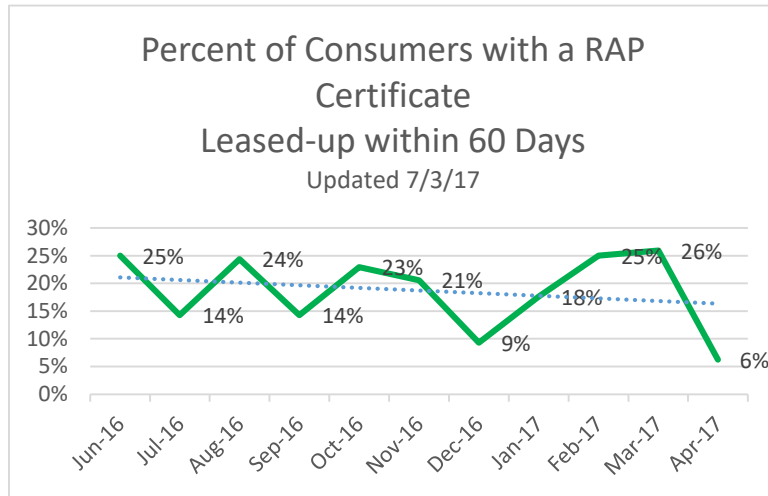
**Home Modification Information**

HCBS Package Limits: \$2,500.00 - Allied - Transition Budget

Referral to CIL Approved: No  
Date Referred to CIL:  
Date of PT/OT Assessment:  
PT/OT Assessment: [Download PT/OT Assessment](#)  
Consumer Limitations: Good use of upper body but unable to transfer independently due to old shoulder injuries. paralysis below waste.  
Description of Unit: Single level home. Front entrance: covered porch, with four 7" steps. Front steps to sidewalk: 20' to the city sidewalk - driveway along side of house to garage behind

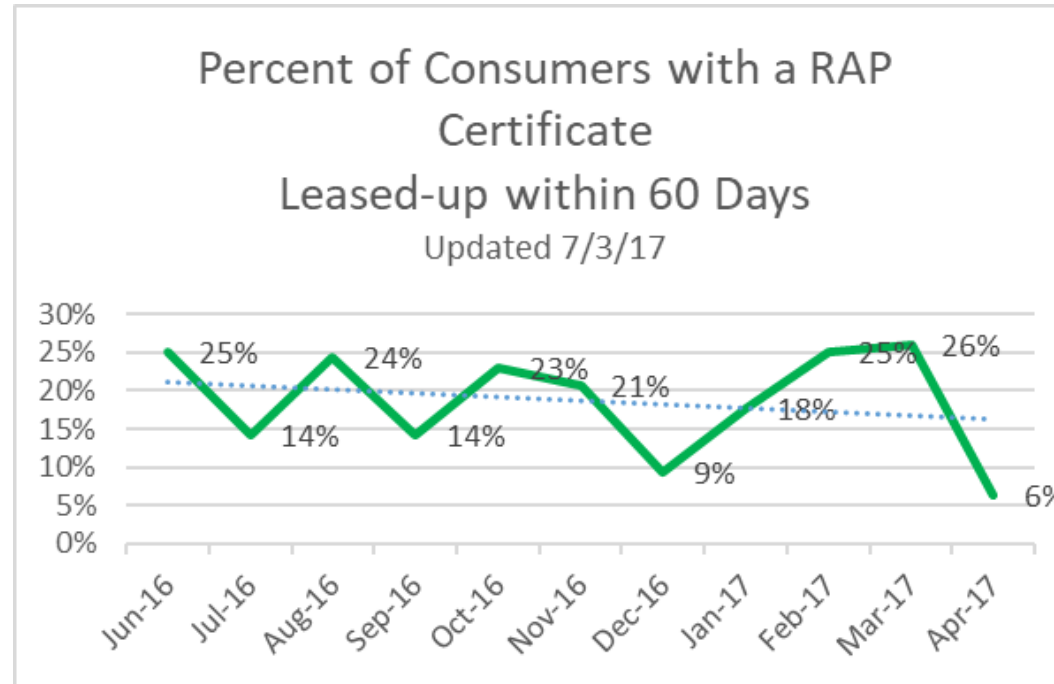
# Use of Live Data to Investigate Policy Changes

## Results:



- The number of consumers leasing an apartment within 60 days of Rental Assistance Approval is trending down. Another month of data will give us a better indication about impact of policy change.
- UConn completes this analysis monthly and provides results to the Department of Social Services.

# Using Data to Inform the Business Case



## Building out the business case....

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

# Use of Live Data to Investigate MFP Processes

Example: Closed Cased Analysis



Question/Concern:

Consumers not transitioning within 6 months of referral or cases being closed without transition.

# Use of Live Data to Investigate MFP Processes

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

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

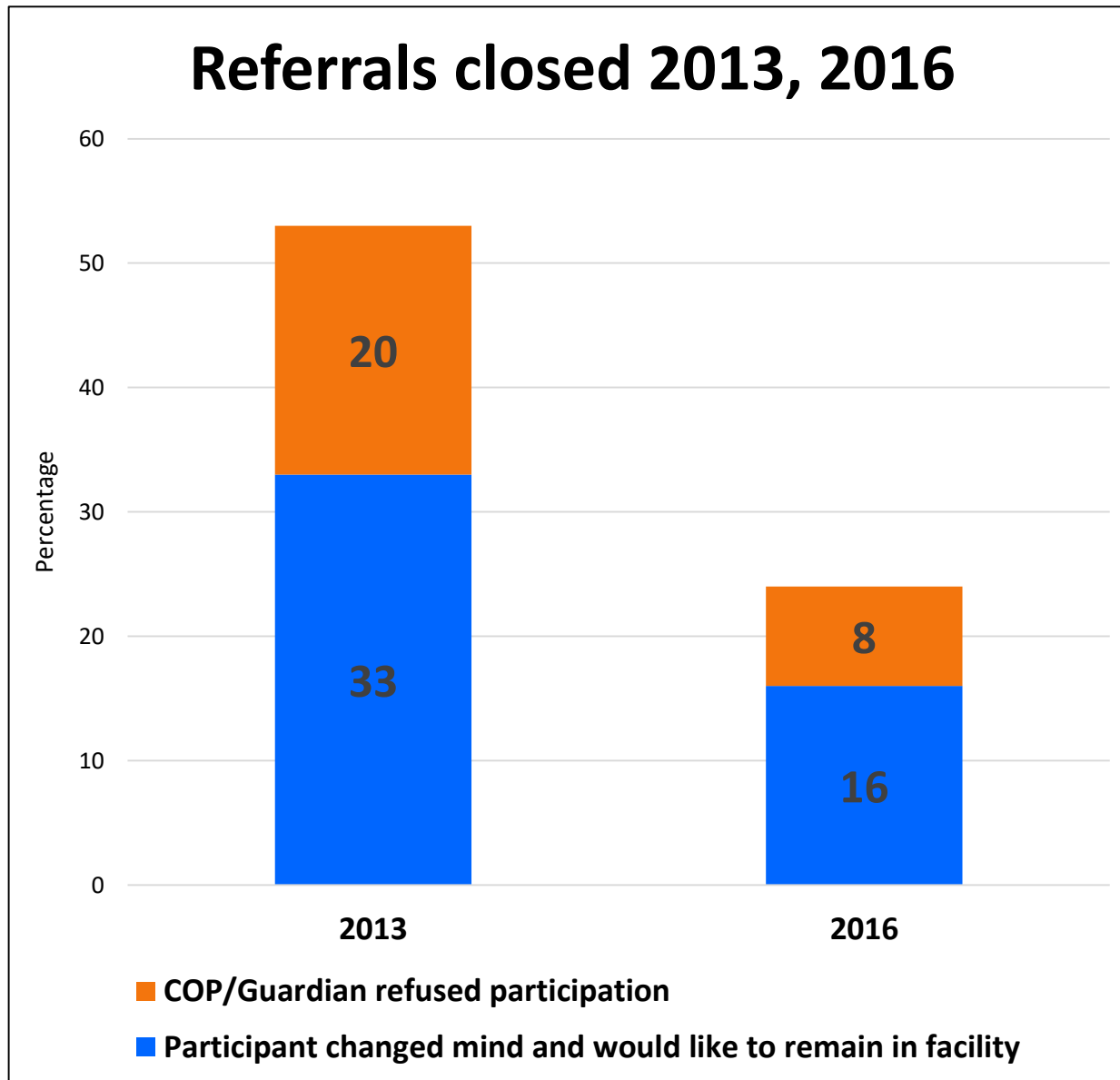
The screenshot displays a web-based tracking system interface. At the top, there is a navigation bar with several tabs: Case Notes (highlighted), Contacts, Forms, Housing, Profile, Income/Assets/Insurance, Important Dates, and Assignments. Below this, there is a secondary row of tabs: Central Office, Participation, 24/7 Backup/Critical Incidents, and Quality of Life. The main content area is titled "Case Notes" and contains a list of checkboxes for different note categories: Progress (checked), CO (checked), QOL Call (unchecked), Housing (checked), Nurse (checked), Care Plan (checked), Misc. (checked), and Include Private (checked). To the right of these checkboxes is a blue link labeled "Add Note". Below the checkboxes, there is a date entry "08/17/2017" followed by the word "Progress". The main text of the note reads: "Consumer has changed her mind and wishes to remain in the facility giving multiple reasons. She feels that she would not be able to control her diabetes, test her blood sugar, and give herself insulin shots on her own. She also has gotten used to living at the facility – after 2 years it feels like home to her. She will also miss the socialization and friendships friends she has here. She also states that, “I am afraid that everything will all go downhill if I move out. I am okay here.”". At the bottom of the note, it says "This Transition Coordinator will request case closure."

# Use of Live Data to Investigate MFP Processes

Results: Connecticut's transition process revised.

- Transition teams created lead by Specialized Care Manager trained in particular waiver populations to assess consumer and create person-centered care plan prior to assignment of Transition or Housing Coordinator.
- Motivational Interviewing training provided to SCMs to better engage the consumer and family members and to support the consumer in his/her own change process and overcome personal barriers to living in the community.

# Use of Live Data to Investigate MFP Processes



Ongoing evaluation: UConn completes Closed Case Analysis annually

Analysis of 2016 referrals showed that closures of 2016 referrals due to either 'Participant changed their mind and would like to remain in the facility' or 'COP/guardian requested closure' **decreased from 53% to 24%** combined.



# Use of Live Data to Build a Business Case

(Budgeting)

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

Example: Transition Analysis

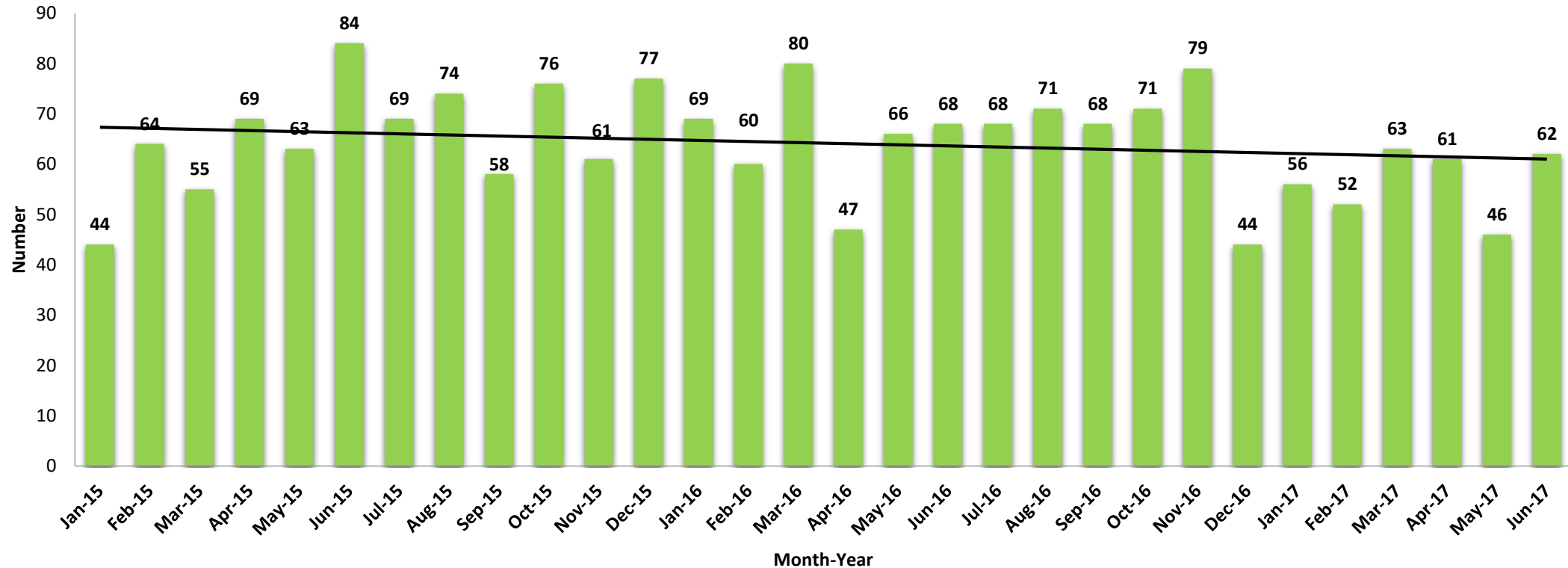


Concern: Noticeable changes in referral and transition patterns.  
Downward trends have a potential impact on future budgeting.

# Use of Live Data to Build a Business Case

Example: Transition Analysis

## Number of Transitions from 1/1/15-6/30/17



# Use of Live Data to Build a Business Case

Example: Transition Analysis

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

## ? Referrals/Applications

- ? Declines in certain populations while increases in others
- ? Nursing facility referral patterns changing

## ? Care Plan Approval Timelines

## ? Housing Challenges

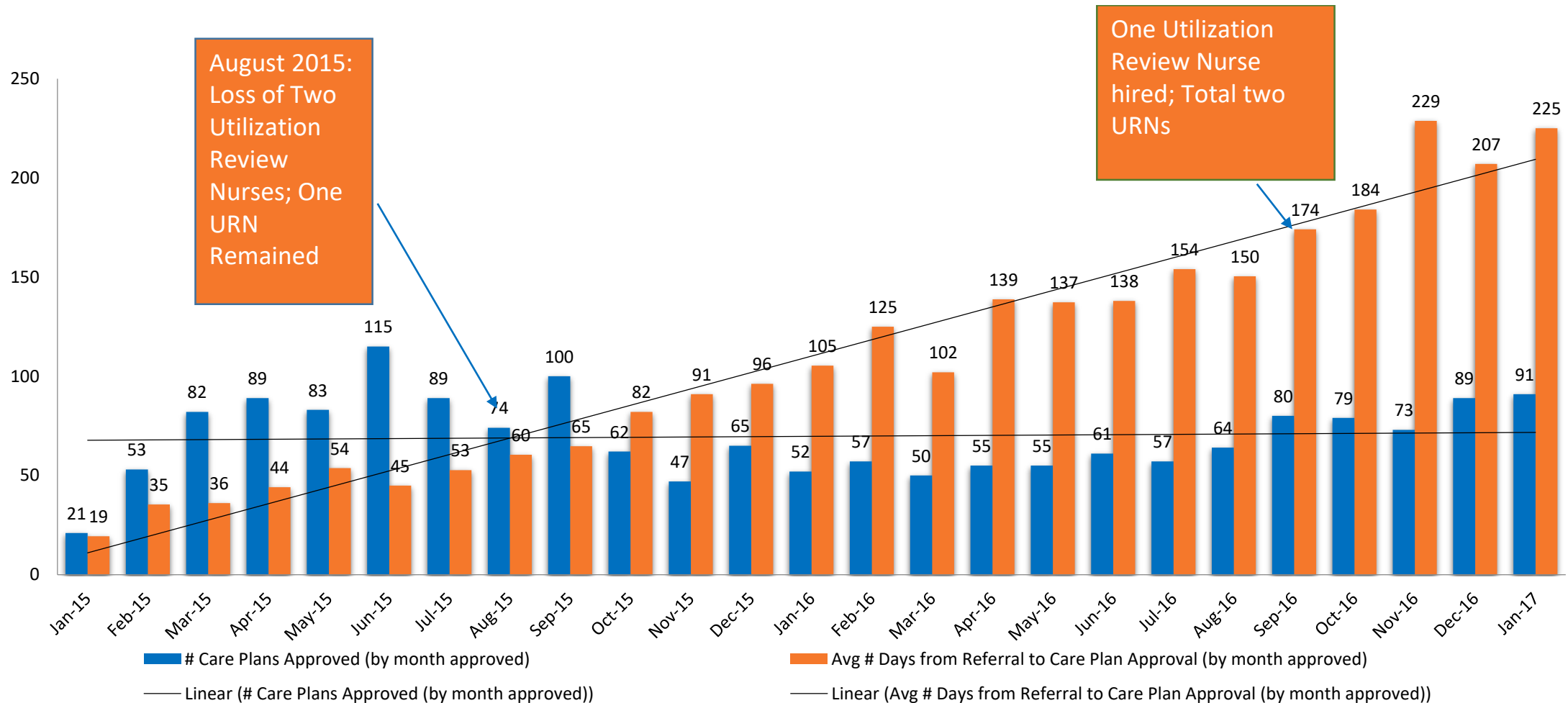
- ? Criminal history
- ? New housing policies

## ? Commencement of Community First Choice

- ? Development of care plan
- ? Care plan approvals

# Use of Live Data to Build a Business Case

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



# The Business Case

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

Staff cost per transition increases \$1,335

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

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

# Use of Live Data - Takeaways

- All began with a modest investment \$5,500 in 2008 to begin building website. Funding has increased since to meet demand. Total investment of \$563,000 over 9 years.
- Near constant interaction between data and program leads to a clear data-driven understanding of challenges and opportunities in terms of process, policy, and budgeting.
- Both Governor and CMS allows for flexibility and testing of new ideas/models because they are confident that all decisions are led by data.
- Important to think about what questions you may need answered at the beginning of project so you can design system to collect the data.
  - Important balance between collecting too much (burdening users) and collecting enough

# Use of Live Data - Takeaways

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

## **All benchmarks are improving**

Number of staff has increased from 30 in 2007 to 173 in 2017

Number of dollars allocated increased from \$3M in 2009 to \$50.5M in 2017

Number of transitions increased from 200 per year to 900 per year

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