**Supported By**

This project was supported by award #30036, Money Follows the Person Demonstration Grants, US Department of Health and Human Services, Centers for Medicare & Medicaid Services, Washington, D.C. 20201.



# Missouri Money Follows the Person Demonstration

## *Semi-Annual Report*

January 1 to June 30, 2017

Report Prepared For:

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

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# INTRODUCTION

The federal Money Follows the Person demonstration was authorized by Congress as part of the 2005 Deficit Reduction Act (DRA) and was extended under the Affordable Care Act (ACA). MFP offers states the opportunity to receive enhanced federal matching funds for 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 report is to help 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 2017 through June 2017. For some data measures, baseline data was available. In this circumstance, progress over time is reported. 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 current MO MFP Program. The DMH continues to implement 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 has continues to use expanded Target Case management (TCM) services to help manage growing caseloads and provide families more access to their service coordinator. The DMH also provides onetime 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. At times, it has proven difficult to obtain guardianship consent for this population. To help address this problem, the division 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 on community housing options. The MO MFP stakeholder group also addresses this issue with guardians across all target populations. On a legal front, HB 626 and SB 465 Guardianship and Conservatorship Reform legislation was introduced in both the Missouri House and the Missouri Senate in 2017. This legislation would affect all target groups and would allow for varying degrees of guardianship. Although this legislation did not pass in 2017, much work was done with house and senate members to answer questions and provide education regarding the need for guardianship reform. Plans are to reintroduce this legislation for 2018 during pre-filing which will occur in December 2018. 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 gain a better understanding of the process for transitioning people with DD out of nursing homes.

From January to June 2017, representatives from the Department of Social Services – Division of Health and Senior Services reported no new or pending legislative initiatives that would affect the current MO MFP Program. The Department of Health and Senior Services continued to use their HCBS Web Tool or InterRAI Home Care Assessment (Inter RAI HC) which is intended to enhance the client assessment process and HCBS authorization. The Inter RAI HC focuses on a person's functioning and quality of life by assessing needs, strengths, and preferences. Upon completion, the Inter RAI HC calculates the participants 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. This assessment tool is very clinical in nature and some MO MFP participants have difficulty in meeting a 21-point nursing facility level of care and may not be authorized for HCBS. During this reporting period. it was decided that in cases where the individual will not be authorized for HCBS, attempts would be made to use an individual's natural community and other non-paid supports to assist with unmet needs.

To help address this problem with service authorization, a MFP Home and Community-based Services Referral/Assessment form was developed for the DSDS MFP Regional Coordinators. The purpose of this form was to ensure consistency statewide when gathering information on MFP participants who will not be authorized for HCBS. This form has less content and is not as clinically extensive as the Inter RAI HC.

In conjunction with 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 MO MFP participants. The Division of Senior and Disability Services has replaced their third-party assessors with HCBS Call Center (15 FTE) and Assessment Teams (75 FTE). These teams have been tasked with processing new

requests for Medicaid supported community services and to conduct pre-screening assessments, assessments of level of care and evaluate requested changes in individual plans. These Call Center and Assessment Teams continue to be used. Additional placement slots were added to the Medically Fragile Adult Waiver. After MO MFP ends, state funds will continue to support these additional slots.

Issues such as the annual Medicaid recertification process and switching Medicaid funding from institutional to community-based have periodically surfaced since the start of the MO MFP program. The DHSS and Family Support Division (FSD) collaborated to have an FSD employee placed at DHSS to assist with Medicaid issues that impact a person's ability to receive HCBSs. This benefits all HCBS Medicaid recipients including MO MFP participants who are experiencing difficulty with their Medicaid coverage.

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 2012, Community Options Counseling (COC) 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.

The Missouri Division of regulation and Licensure (DRL) informed the DSDS that they had received complaints from nursing homes regarding the outcome of referrals for COC services. To address their concerns, the DSDS developed a form to be left at the nursing home following COC. If an individual is not referred for MFP transition coordination services, the nursing home is informed as to the reason. A standardized format was developed for DSDS Regional Coordinators to use following their assessment to inform contracted transition coordinators of personal issues that should be addressed in the transition plan in order to better insure the delivery of needed support services.

MO MFP Contractors began using a revised uniform transition plan template called the Transition Plan and Payment Invoice Score (TP) that officially became part of contract renewals. This transition plan template is more user friendly e.g. some questions were reassigned to more appropriate areas depending on subject matter, reduced redundancy, and items made more specific to MO MFP which allows for more person-centered planning. Contractors will need to send a completed TP to the DSDS MFP Regional Coordinator prior to a move, for review to ensure everything is in place to mitigate risk once a participant moves to the community. The TP is to ensure contractors submit them accurately and in a timely manner to help prevent the misallocation of funds for the coming contractual period. The timely submission of transition plans for review/approval and the accurate and timely submission of monthly payment invoices are now ongoing performance measures for contractors.

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

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 2017 to June 2017, a total of 265 persons were assessed to determine eligibility for participation in MFP. Again, for the period covered in this report, 92 persons who were identified as being eligible for MFP transitioned into the community using this program.

In addition to self-referrals for information on the MO MFP Program MO MFP utilizes resident responses to Section Q on the MDS to aid in identifying individuals who have a desire to transition back to the community. There were some initial problems in obtaining referrals using Section Q. The MO MFP program initiated some steps to address this problem. The implementation of the Section Q website accompanied by training for nursing home staff on the process to report "Yes" responses to Section Q with the intention of aiding the MO MFP project in achieving transition goals. The MO MFP program created a website for nursing home staff to enter MDS Section Q referrals online. 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.

Some problems were reported in obtaining referrals using Section Q and the MO MFP program took steps to address this problem. An information reference card for nursing facility staff called "MDS Section Q, Options Counseling and MFP Quick Reference" continues to be used. This reference card was created by a desire to better equip nursing home staff (Social Workers, MDS Coordinators) with basic reference information, ranging from the proper website to input Section Q referrals, how to initiate a direct referral, and more details about how the potential participants via the Q+ index. This training along with continued outreach efforts to nursing homes appears to be having an impact.

There continued to be steady rate in referrals from facilities based on Section Q for this period. Between January and June 2017, 120 persons were referred to MO MFP through Section Q and 11 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 be able to do for their family members. The use of the MO MFP website and brochures will continue to be used for outreach.

**Table 1.**

**MO MFP**

**Assessment and Transition Status: January to June 2017**

| | Aged | DD | PD | DD/MI |
|---|---|---|---|---|
| Number of institutionalized residents assessed to determine eligibility for MFP during this reporting period | 89 | 16 | 158 | 2 |
| Number of eligible institution residents who transitioned during this reporting period | 27 | 13 | 51 | 1 |
| Cumulative number of eligible institutionalized residents who transitioned due to MFP | 386 | 373 | 773 | 38 |

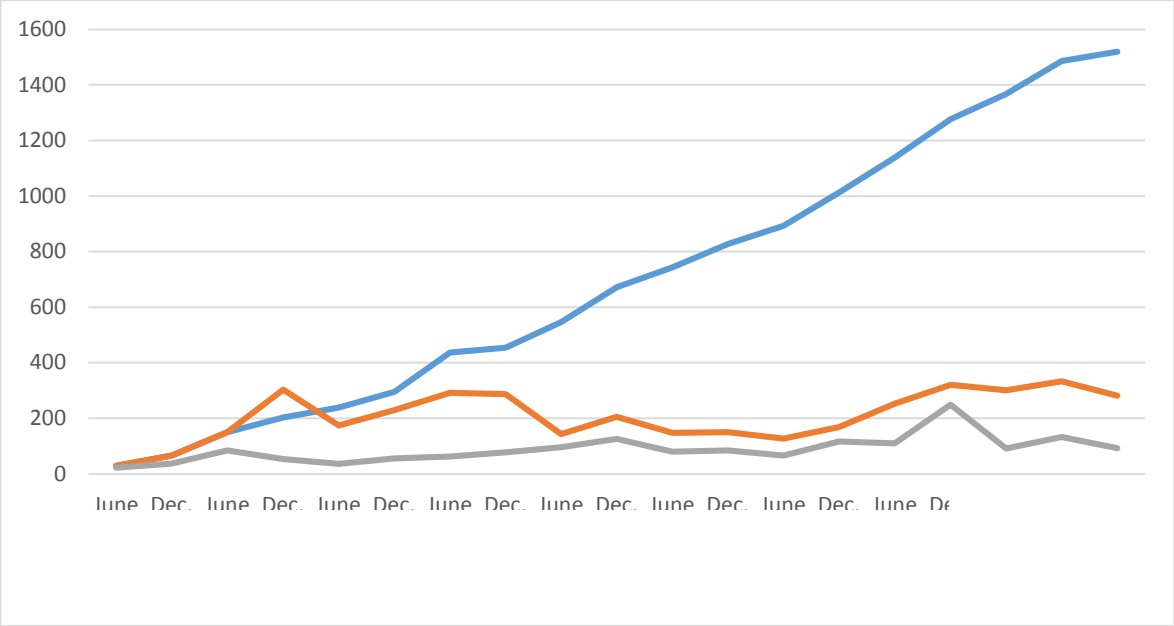
The 92 MO MFP transitions reported for the time-period covered in this report, while slightly below semi-annual goals, are consistent with rates from earlier years where annual goals were met or exceeded. This pattern of transitions will be monitored in future reports to see if it continues.

As a result of these combined efforts, by the end of June 2017, a total of 1,520 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 their community.

**Figure 1.**

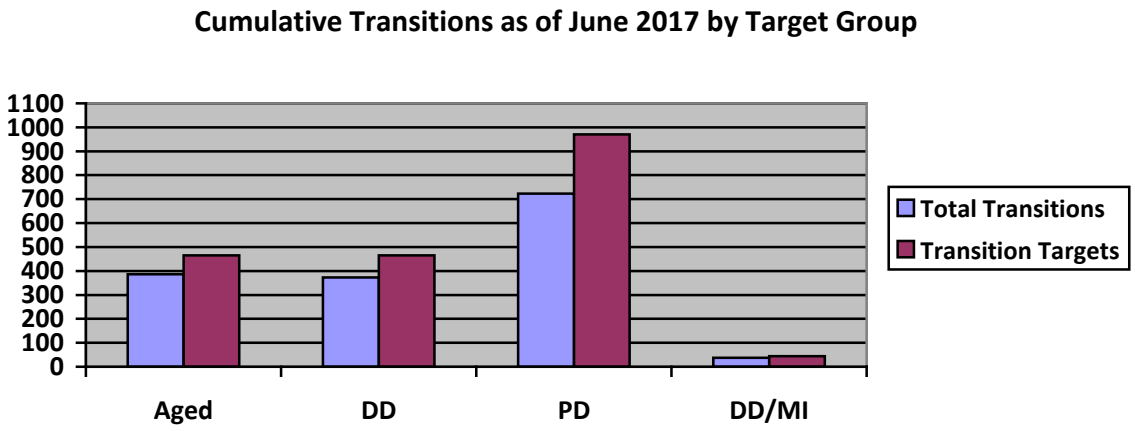
**Cumulative MFP Enrollees, Current MFP Participants, and New MFP Enrollees**

**January to June 2017**




Between January to June 2017, the largest number of persons enrolling in the MFP program and returning to the community was in the Physically Disabled target group (n=51). An additional 27 Aged, 13 persons with a DD and 1 individual in the DD/MI group also made this transition back to the community. As stated earlier, this rate of transitions is slightly below semi-annual target goals, but consistent with patterns from earlier years. 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 continues to be provided for persons who transition back into the community in order for them to 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 that would affect the transitioning of money from LTC institutions to community programs. During this reporting period, the DHSS did report an increase in the number of HCBS providers contracting with Medicaid. This increases access to HCBS for all individuals in the aged and the PD populations in the state. On July 1, 2016, HCBS providers received a payment increase. This positively affects the aged and PD populations. The DHSS continues to offer an Adult Day Care Waiver and as a service to the Aged and Disabled Waiver. As a result of the approval by CMS of a waiver amendment, the MO DDD is authorized to provide 8,500 slots under the Missouri Comprehensive Waiver. The Community Support Waiver authorizes an additional 1,575, slots to eligible individuals.

The State of Missouri continues to anticipate a 4 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).

**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 | $1,390,326,473 | 109.16% |
| 2015 | $1,141,423,514 | 4 | $1,515,511,457 | 132.77% |
| 2016 | $1,187,078,247 | 4 | $1,641,726,950 | 138.30% |
| 2017 | $1,234,559,169 | 4 | | |

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 2 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 surpassed their second spending period target and allowed them to reach their annual target goal.

**Table 2b.**

**Annual Proportion of LTC Expenditures for Persons with DD Spent on HCBS Expenditures Through the DD Waiver as of June 2016**

| 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 | 87.0 |
| 2015 | 89.0 | 88.0 | 90.0 |
| 2016 | 91.0 | 89.0 | 92.5 |
| 2017 | 93.0 | 89.0 | |

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

The state of Missouri has several active waiver programs that target specific groups. The DHSS continues to offer an Adult Day Care Waiver as a service to the Aged and Disabled Waiver. Additional slots were added for the Medically Fragile Adult Waiver (formerly called the Physical Disabilities Waiver). After the completion of the MO MFP Program, state funds will be used to provide support for these slots. Under the MO Comprehensive Waiver, the MO DDD is able to now provide 8,500 slots. The Community Support Waiver provides 1,575 slots and has had an increase in the annual cost limit.

The state Missouri also operates 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 103 counties in MO. This waiver serves individuals who can live in the community and be supported with an annual cost cap of $12,000 or less. It is intended that this waiver will help reduce the states waiver waiting list and help prevent future out of home/institutional placements.

The DMH increased capacity in the Community Support waiver by adding 550 slots that was approved by CMS on May 8, 2017. This increase was to accommodate individuals transferring from the Partnership for Hope (PFH) Waiver to the Community Support Waiver because of individual's additional needs causing their costs to exceed the Partnership for Hope waiver cost cap. There was also an amendment to the PFH waiver to add the Community Transition service to that waiver. This PFH amendment was approved by CMS on May 9, 2017.

The MO Departments of Social Services, Health and Senior Services and Mental Health continue to offer adult day care services and supports 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 directly tied to the number of individuals served. Funding for demonstration transition services is set at 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 in the DD and DD/MI target groups are not eligible for funding from this source because transition funds already exist in the current DD waiver. The DDD has recognized the need for one-time startup expenses as consumers transition to the community. To meet this need, the DDD has developed the Community Transition Service that provides up to $3,000 in funding for essential start-up costs. This one-time service was added to the Community Support

Waiver via the waiver renewal. The DDD will continue to track these transition expenses as well as expenses incurred for expanded specialized community services.

**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 MO 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 MO MFP processes, progress and any other concerns and generate recommendations. The MO 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 100% 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 MO 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 six self-advocates on the MO MFP Stakeholders list. Approximately two to three self-advocates attend each meeting. The MO MFP Project has found it a challenge for all eight to participate at each meeting. It continues to be the project's 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 MO MFP program. 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 MO MFP website and program brochures continue to be used to supplement in-person outreach activities.

**Table 3.**

**Stakeholder Involvement**
**January to June 2017**

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

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

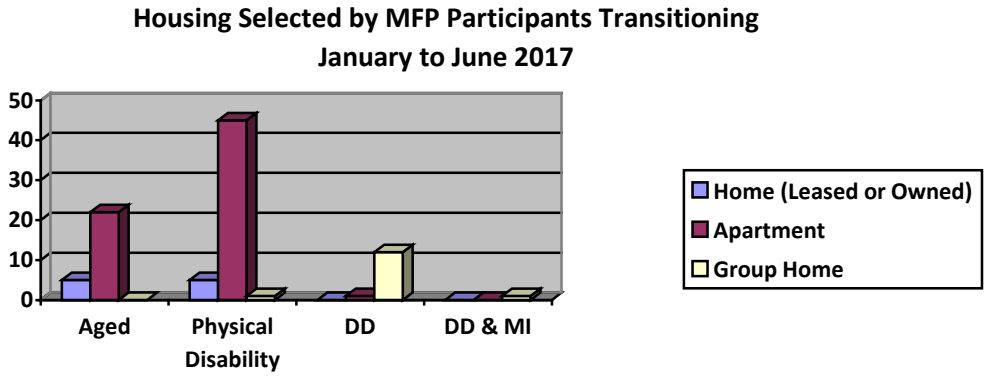
For the reporting period of January to June 2017 (See Table 4 and Figure 3a), the majority of persons in the aged or physical disability target groups making the transition to the community using the MO MFP Project have chosen to live in either apartments or individual home settings. Group home living situations of four or fewer individuals continue to be selected primarily by individuals experiencing a DD and by some individuals with a PD.

**Table 4.**

**Housing Type Chosen by MFP Participants Who Transitioned Between January to June 2017**

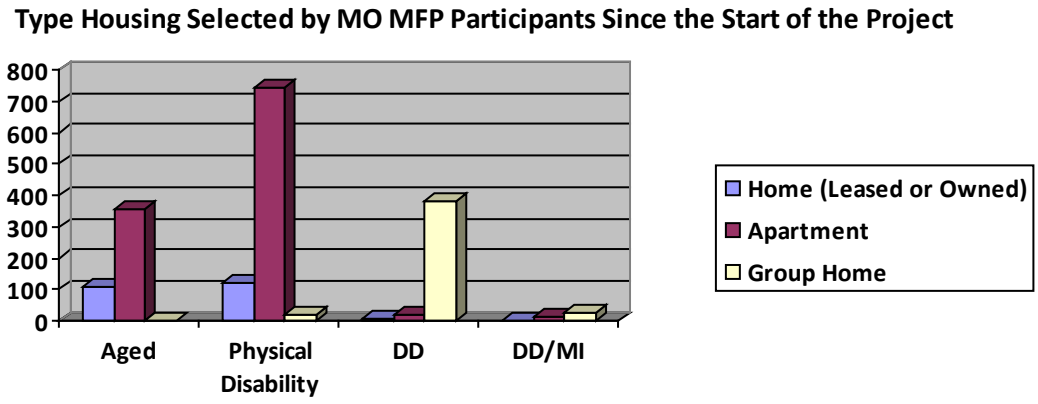
| | Aged | Physical Disability | DD | DD/MI |
|---|---|---|---|---|
| Home (Owned or Leased) | 5 | 5 | 0 | 0 |
| Apartment (Individual Lease) | 22 | 45 | 1 | |
| Group Home (4 or fewer individuals) | 0 | 1 | 12 | 1 |

**Figure 3a.**




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. Since the start of the MO MFP program through the end of June 2017, 63% of program participants had transitioned to apartments, 24% 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.

**Figure 3b.**




MO MFP participants who were aged or had a physical disability transitioned to an apartment setting at rates of 77% and 84%. Persons with a developmental disability predominantly moved to small group homes (DD = 93% and DD/MI = 72%).

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

Since the beginning of the MO MFP project, 450 participants (29%) were reported as having used some level of self-directed services. Of these individuals, 119 were in the aged group, 319 in the PD group, 11 experienced a DD and one was in the co-morbid DD/MI group.

For the current reporting period ending in June 2017, 68 persons (See Table 5) were listed as self-directing their support services. The largest number of persons (50) who elected this option was in the PD target group followed by individuals in the Aged target group (18). For this reporting period, 50 persons in the PD target group and 18 in the Aged target group elected to hire and supervise their own personal assistants. In the area of finance, 42 individuals in the PD group and 17 in the Aged category chose to manage their own budgets.

**Table 5.**

**Number of Current MFP Participants in a Self-Direction Program as of the End of June 2017**

| | Aged | Physical Disability | DD | DD/MI |
|---|---|---|---|---|
| Number MFP participants enrolled in self-direction | 18 | 50 | | |
| *Used self-direction to:* | | | | |
| Hire or supervise own personal assistants | 18 | 50 | | |
| Manage own allowance or service budget | 17 | 42 | | |

During this reporting period, four participants with a physical disability and one person in the aged group elected to opt out of their self-direction programs.

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

As stated in earlier reports, 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 where fewer affordable rental units are available. To help address the housing barriers to transitions, MFP has partnered with the Missouri Housing Development Commission (MHDC) which is the housing finance agency for the state.

As described in the 2016 First Period Evaluation Report, the MHDC has partnered with regional agencies to develop housing practices and approaches that meets the needs of their areas. This approach will allow for development that benefits individuals who need affordable, accessible housing including those transitioning to the community from an institutional setting through MO MFP. This approach has been adapted across the state. In September 2016, a statewide meeting on affordable, accessible housing was held in partnership with the Governor's Council on Disability and the Missouri Developmental Disabilities Council. This meeting was attended by individuals representing 21 agencies from across the state. As an outcome of this meeting it was determined that a local, grassroots approach would be more effective than a statewide housing team to pursue affordable, accessible housing and this approach will be followed throughout the state. This effort was expanded during this reporting period as three neighboring counties with

similar profiles and problems have agreed to develop a local housing team to address their mutual housing problems.

In addition to the regional/local approach to housing concerns, some additional statewide approaches to address housing needs have been developed. A statewide housing registry was a goal identified with the Governor's Council on Disability. To help reach this goal, MoHousing (MoH) continues to develop a "resource tool" that includes affordable housing locators and other resources to assist individuals with housing related needs.

The DDD contracted with MoH to develop and provide Support Coordinators on accessing available resources including the HCBS Waiver for home modifications. This initiative was developed to increase awareness and utilization of home modification services for individuals receiving DD supports including those transitioning from an institutional setting to the community.

MO DHSS staff and contracted transition coordinators continue to struggle assessing risk placements of community placements for individuals with a history of alcohol or substance abuse, and severe mental illness. Continuous Quality Improvement meetings have shared the knowledge that these individuals can be successfully transitioned if needed support services are in place, the individual is willing to use these services, and transition coordinators closely monitor these cases and quickly respond to problems as they arise.

Wait lists for housing vouchers remain closed the majority of time. When vouchers become available, the short time period of availability does not allow for individuals who wish to transition to apply. In many cases, these individuals have not yet been identified to notify them of available housing. The MO MFP Project has a target goal to have around 96 pending transitions at all times. As of the end of June 2017, the MO MFP Project had 128 candidates that were "in the pipeline" and expected to enroll in MFP.

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 225 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. This is slightly above the stated target percentage but within acceptable limits. This increase appears to be contributable to increasing numbers of potential MFP participants and the fact that efforts to identify housing barriers are resulting in better reporting of problems. In many cases, the failure to transition is because affordable housing is not available in a timely manner. The MFP Director and other continue to work with public housing authorities to apply for vouchers made available through future NOFAs and to develop other solutions to the problem.

**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 continuing to use 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. From January to June 2017, the DHSS authorized $129,206.89 on demonstration services for 19 individuals making the transition into the community in the Aged group and 55 individuals in the PD group. The breakdown of DHSS authorized demonstration service expenditures can be seen below in Table 6.

**Table 6.**

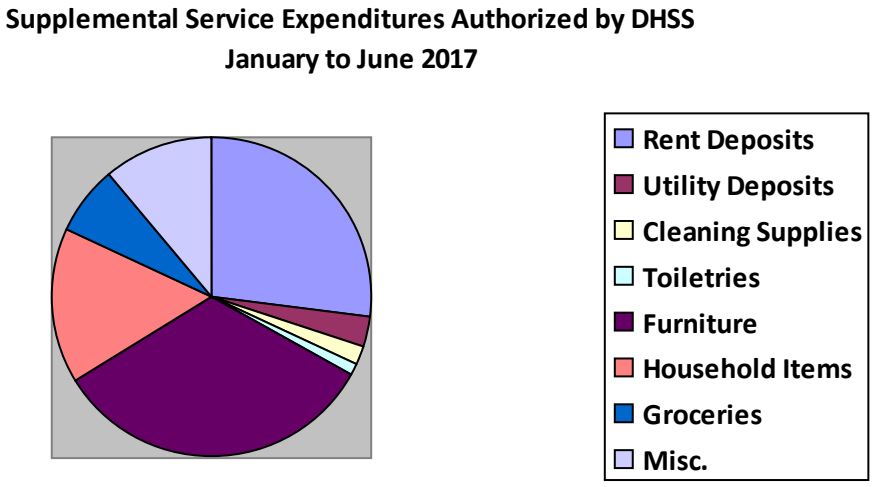
**Supplemental Service Expenditures Authorized by DHSS – January to June 2017**

| | Amount | Percent |
|---|---|---|
| Rent Deposits | $35,046.55 | 27.12% |
| Utility Deposits | $4,370.35 | 3.38% |
| Cleaning Supplies | $2,867.19 | 2.22% |
| Toiletries | $1,396.56 | 1.08% |
| Furniture | $42,855.45 | 33.17% |
| Household Items | $20,812.31 | 16.11% |
| Groceries | $8,397.08 | 6.50% |
| Miscellaneous (including medical equipment) | $13,461.40 | 10.42% |
| Total | $129,206.89 | 100% |

As can be seen in Figure 4, the majority of demonstration service expenditures authorized by the Missouri DHSS for this reporting period was used to purchase furniture, pay for rent deposits, household items and other items needed to help establish a viable living setting in the

community. These demonstration service expenditures continue to play an important and vital 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.

Through the end of June 2017, a total of 1,601 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. Other barriers to transitioning included a lack of housing and past criminal action or abuse issues that affected housing options. Some potential program participants declined to transition due to the need for high spend down of their finances and others changed their mind or had unrealistic expectations for the transition.

**Table 7.**

Reasons Persons Could Not Transition Using the MO MFP Program Through June 2017

| | 12-10 | 6-11 | 12-11 | 6-12 | 12-12 | 6-13 | 12-13 | 6-14 | 12-14 | 6-15 | 12-15 | 6-16 | 12-16 | 6-17 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Individual transitioned to the community but did not enroll in Mo MFP | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 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 | 303 | 349 | 389 | 432 | 479 | 516 |
| 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 | 71 | 154 | 135 | 159 | 188 | 225 |
| Individual changed mind about transtitioning, 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 | 203 | 241 | 267 | 302 | 333 | 370 |
| 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 | 41 | 45 | 47 | 47 | 49 | 50 |
| Other including high spend-down | 0 | 0 | 0 | 0 | 0 | 97 | 124 | 142 | 168 | 231 | 266 | 324 | 382 | 440 |

**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 then 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 were 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 were 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 insure that support services delivered to consumers were of a consistent quality that addressed their needs and helped insure their ability to participate fully in their communities.

The development and implementation of quality management systems to monitor and improve the delivery of appropriate supports to MO MFP participants continues to be a priority of state agencies participating in the Project. One 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. These systems have been developed and the state of Missouri MFP project continued to use its Web Tool to collect MFP data. The state of Missouri is unable to allow contracted transition staff direct access to databases which store information on abuse or neglect. This information can be important when developing transition plans that will ensure participant safety in the community. DHSS/MFP Regional Coordinators now include pertinent information from these databases when notifying contracted transition coordinators of the results of the Level of Care Assessment, which is conducted to determine if the individual is eligible for Home & Community-based Services after transition. Transition coordinators will continue to use this information to develop supports that will ensure safety in the community.

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. Enhancements were made to the HCBS Web Tool to make it more user friendly. Financial Management Services (FMS) was added as an automatic display when Consumer Directed Personal Care – Independent Living Waiver was approved. The HCBS Web Tool is also the inter-departmental system used between DSS (The Medicaid Agency) and DHSS (The HCBS Authorizing Agency) for all Medicaid recipients.

During this reporting period, it was decided that all referrals received on MFP participants regardless of whether or not the participant will be authorized HCBS, will be entered in the HCBS Web Tool. This decision was made in order to streamline and improve transparency with regard to the provision of services and issues that can affect an MFP participant. Because any Medicaid provider, not just MFP contractors can view confidential information on any Medicaid recipient, MFP Contract Oversight staff along with DHSS Policy staff had to decide what forms would be uploaded and attached to participant records in this system. The person centered transition plan was identified as one of these forms. However, to be in compliance with confidentiality regulation, any wording that directly indicated concerns a participant might face in the community as a result of previous Adult Abuse, Neglect, & Exploitation hotlines had to be amended.

The DSDS uses the MO Case Compass to monitor adult protective service investigations and the follow-up required for protective services. A monthly contact form was developed through the DSDS Continuous Quality Improvement (CQI) process and adopted by all contractors across the state. This monthly contact form serves as a guide for transition coordinators when conducting monthly meetings with participants. This form is inclusive and is designed to ensure that all pertinent aspects of a participant's life is reviewed. Sections on the form include substance abuse, access to community services and barriers to this access, medical/mental health, personal care assistance, assistive technology, critical incidents, social activities, and finances. The goal is to review any changes that have occurred since the last visit and to ensure health and safety in the community.

During this reporting period, Contract Oversight staff decided to request copies of the MFP Monthly Contact forms when conducting reviews of Adult Protective Service Hotlines call in on MFP participants within the first 90 days of transition. Completing the Monthly Contact form in the home when visiting the participant is a contractual requirement. This provides the reviewer an idea of the concerns discussed during each visit with the participant, and whether or not the contractor had knowledge and time to implement an intervention strategy that could have prevented the hotline call.

While conducting performance measures for MFP contractors, particular the measure, "Abuse, Neglect, & Exploitation hotlines initiated on a participant within 90 days of transition", it was revealed that oftentimes DSDS MFP Regional Coordinators and the MFP contractors (CILs/AAAs) would be unaware that a hotline was called in on a participant. Although the regional coordinators and the Adult Protective Service (APS) workers are under the Division of Senior and Disability Services, APS workers were either unaware the reported adult was an active MFP participant, or they simply forgot to follow-up with the regional coordinator and bring them in the loop. This was problematic for our quality oversight of the program. If both sides were unaware of a hotline until maybe the next scheduled case management follow-up visit in the home, it could be too late to implement a risk mitigation strategy, which could result in a participant being permanently re-institutionalized.

To correct this problem, Department of Health and Senior Services (DHSS) Information Technology (IT) staff worked with Department of Social Services (DSS) IT staff. The Case Compass database which houses all reports called in for abuse, neglect & exploitation is maintained by DHSS IT. The MFP database houses all MFP records, past and present and is maintained by DSS IT. Both Department's IT staff collaborated and developed a way to match active participants in the MFP database with ANE reports entered into Case Compass using identifiers such as name, Medicaid number, D.O.B etc. Now a weekly report is generated and maintained in the "BIPortal" system, which regional coordinators can log into and see every week if a hotline was called in on one of their participants without relying on an APS worker to follow-up and advise them of the incident. If a regional coordinator notices that a hotline was called in on a participant, they immediately follow-up with the contractor making sure they are aware, and that they have a plan to eliminate or mitigate the risk. This process has helped improve our quality oversight of the MFP program and will ensure a greater success of maintaining participants in the community.

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.

During this review period, the CQI process continued to be an effective "grassroots" approach to determine best practices and strategy development. This approach has proven successful in developing solutions to local or regional issues. Another regional CQI effort was the development and implementation of a "readiness checklist" for participants with a history of long-term institutionalization to help them prepare for community living. Areas addressed included financial planning, housing preferences, and community supports and service needs.

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.

The Department of Mental Health (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, rights, services and money. This program interacts with the Missouri Quality Outcomes (MQO). The DMH has also 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 (DDD) 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.

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 into the MO MFP database. 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 DMH continued to use enhanced quality monitoring protocols for the first year of transition. Here quality related outcomes using identified benchmarks for persons at risk for poor outcomes will be monitored for effectiveness. Critical Incidents and outcomes are monitored with information on these incidents entered into the Event Management Tracking system (EMT).

This system has been enhanced to create a field for Contact Description. There is now a stand-alone field and will provide better security and confidentiality for reports on dissatisfaction, abuse/neglect, misuse of funds, etc. to be submitted to the Office of Constituent Services (OCS) and entered into the system. Individualized Service Plans will be reviewed and findings entered into the Action Plan Tracking System.

During this reporting period, agencies across the state were provided the opportunity to request and receive secured access to the DMH Event Management Tracking system. Access was accompanied with training for providers who have chosen to enter their reportable events directly into the EMT database resulting in an automated notification and communication with DD facilities and corresponding Support Coordinators/SC Supervisors. Following this change, agencies have reported an increased level of awareness of events affecting individuals they serve.

The DMH has taken steps to meet with participants and related service providers to share information and monitor support needs. The DDD has created the position of Community Living Coordinators to support consumers transitioning to the community. Among other responsibilities, these individuals provide assistance in locating living options that will optimize the community experience of MO MFP participants. Complementing these positions, the DDD has hired eleven advocacy specialists to provide training and support to individuals with DD and their families as well as community organizations and employers. The DDD has also created Self-Directed Support Coordinators at each of the five Regional DD offices and six satellite offices. These individuals will provide training on the implementation process for self-direction. They will also provide guidance and support to participants and their families and others on self-direction issues.

The state of Missouri continues to use of the National Core Indicators survey across the state to 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) which measures support requirements in 57 life activities and 28 behavioral and medical areas. DMH continues to involve the Safe Advocates and Families for Excellence (SAFE) and utilization reviews to help monitor supports.

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

**Baseline Findings**

The MFP Quality of Life Survey (QoLS) is being used to help measure consumer level of satisfaction with HCBS supports and living arrangements. The QoLS continues to be administered to participants and the results sent to CMS. Between January to June, 2017, 92 persons transitioned into the community using the MO MFP program and were administered a baseline QoLS.

By the end of this reporting period, data from the QoLS was obtained for a cumulative total of 1,645 persons for the Baseline Phase of transitioning into the community using MFP. Prior to transitioning to the community, 93% of these participants reported that they were living in long-term institutional settings and 7% 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 74% reported liking their living setting.

Across all Baseline living situations, 32% of individuals in the Aged group and 30% in the PD group reported being unhappy with where they were currently living. This is much higher reported rate of unhappiness with their living setting than the 25% reported by those in both the DD and DD/MI groups. 68% of persons living in an institutional setting reported that they did not help select their current living setting. Similar results were indicated by those persons living in alternative settings where 60% reported that they also did not help select their current housing.

For the Baseline assessment, approximately 13% 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, 4% of persons living in institutional settings reported that they had been physically hurt by care providers. Close to 19% of institutional residents indicated that they had been yelled at or verbally abused. In addition, 27% reported that they had money or personal items taken from them without permission.

Overall, for those individuals about to transition into the community, nearly 78% reported being happy with the help they currently received in their pre-transition living setting. Of these, 77% of persons living in an institutional setting reported being happy with their services as compared to 86% of those in a non-institutional setting. In examining those who were not satisfied with their support services, the largest group was in the PD group (57%). This contrasts with the Aged and DD groups where approximately 25% and 18% were displeased.

When asked if they were happy with how they were living their life, 66% answered in the affirmative. The largest percentage in this group were those with a DD. Those indicating that they were not happy with how they were living their life were mostly in the PD (54%) and Aged (30%) groups.

Prior to transitioning, approximately 81% of MFP participants reported that they were treated with respect by their service providers. However, a significant number of persons in the PD group indicated that this was not true for them. Again, prior to returning to the community, 80% said that their helpers listened carefully to their requests. But a significant number of persons in the Aged and PD groups reported that this was not true for them.

76% of pre-transition MFP participants indicated that they required assistance to perform their ADL behaviors. While some participants in all groups required assistance for their ADLs, assistance was reported as being needed more often for persons in the DD groups. 19% of respondents who required assistance indicated that they went without a shower or bath when they needed one and approximately 60% of these occurred because there was no one to help them. 11% of participants reported that they were unable to use the bathroom when needed and 43% of this group indicated that this was due to a lack of staff assistance.

**One Year Post-Transition Findings**

For this reporting period, cumulative data from the QoLS was obtained from 871 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, 73% of MO MFP participants were living in a non-group home setting such as an apartment and 89% of these individuals reported that they liked where they were living. Similar results were found for persons residing in group homes where 85% indicated that they liked where they were living. 49% 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 15 persons reported that they felt this way most of the time. At the time of the 12-month follow-up interview, six persons indicated that they had been physically hurt by their current care providers and 20 individuals reported that they had been yelled at or verbally abused. 23 (4%) consumers also reported that they had either money or personal items taken without their permission.

One year after returning to their community, 91% of MFP participants reported being happy with the level of help they receive around their living setting. Looking across target groups, the largest group of persons that were dissatisfied with their support services were in the PD group where 14% reported being unhappy with the services they received. At this first follow-up interview, 96% of MFP participants stated that they were treated with respect by their service providers. Again, 95% of MFP participants reported that their support staff listed carefully to what they were asked to do. This was a noted improvement from baseline measures across all target groups, but especially for those in the Aged and PD groups.

Over 73% of participants reported that they required assistance to perform their ADL behaviors. While assistance was required across all groups, those with a DD reported a higher level of need in this area. Participants reported that 92% of these aid providers were paid to provide this assistance. Again, while paid service providers were reported for all groups, those in the DD and PD groups were the most likely to have paid support workers. It was also reported that 39% of MFP participants had the opportunity to pick their support staff. Here, those in the PD category were the most likely to have exercised this option. For respondents that required assistance, 47 persons (6%) indicated that they went without a shower or bath when they needed one, but only 21 persons stated that this was because no one was there to help them. Twenty-one 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, 87% 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 94% of the time. These rates occurred even though 65% of these individuals needed help to go out into the community.

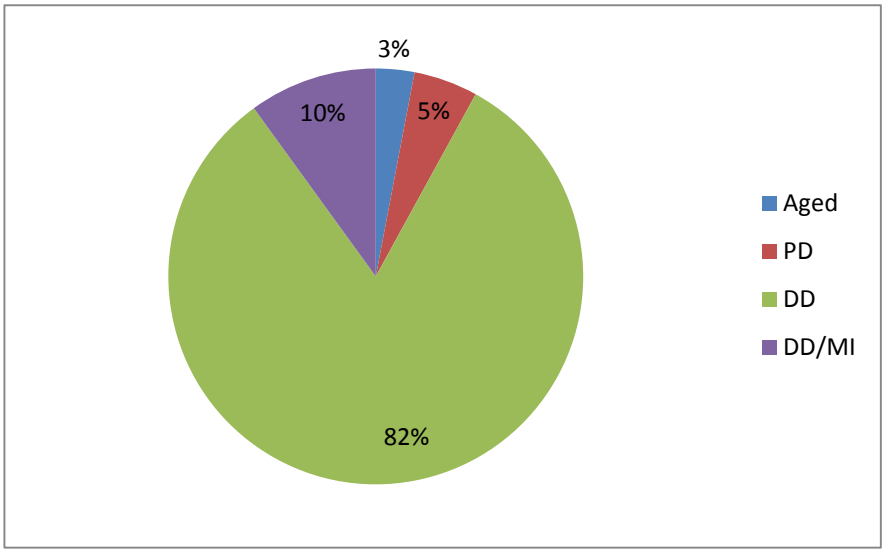
When asked if they were happy with how they were living their life, 90% answered in the affirmative. The largest percentage in this positive group were in the DD group. Those

indicating that they were not happy with how they were living their life were mainly in the PD group.

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, 15% (N=117) indicated that they were working for pay. In this group, 6 persons had a PD, 96 were in the DD group, 12 were in the co-morbid DD/MI target group and 3 were Aged. As Figure 5 shows, participants with DD represented the greatest proportion of paid workers (82%).

**Figure 5.**

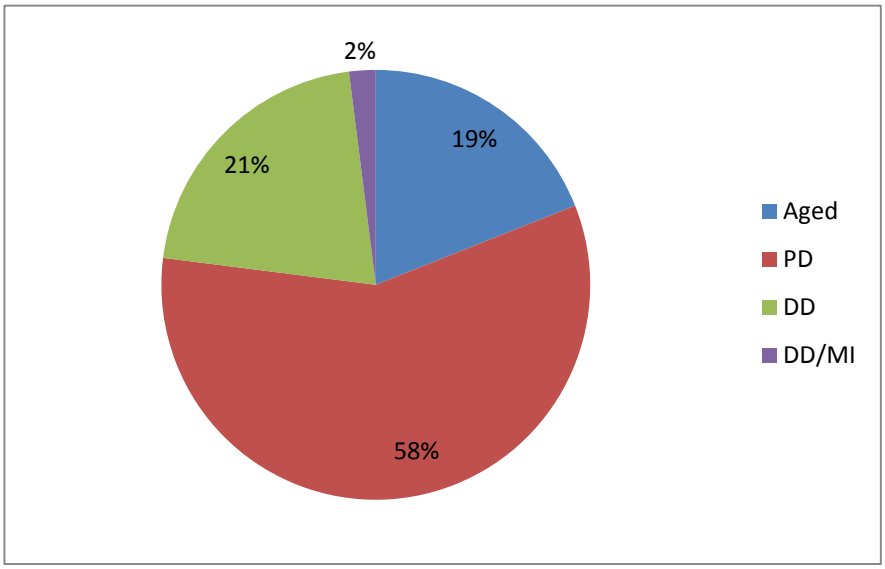
**MO MFP Participants Who Worked for Pay (N=117)**
**After One Year of Community Living**
**By Target Group**
**January to June 2017**




Of those MFP participants who were not working for pay 30% (N=165) indicated that they would like to find paid employment. A breakdown by target groups for individuals desiring paid employment can be found 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, 52 persons (7%) reported that they were doing volunteer work without being paid and another 152 persons (24%) indicated that they would be willing to perform volunteer work without being paid.

**Figure 6.**

**MO MFP Participants Who Desired to Work for Pay (N=165)**
**After One Year of Community Living**
**By Target Group**
**January to June 2017**




## Two-year Post-Transition Findings

For this reporting period, data from the QoLS was obtained from 544 persons participating in the MO MFP project that had transitioned and were living in the community for 24 months. Of these MO MFP participants 71% were now living in non-group home settings such as apartments. After returning and living in their communities for 2-years, 75% of persons living in a group home setting and 91% of those living in a non-group home setting indicated that they liked their current living arrangement. 44% of those in group homes and 66% of those not living in a group home setting indicated that they had helped select their current home.

At the second follow-up interview that occurred after 24 months of community residence, only 4% of respondents indicated that they did not feel safe where they lived. Of these, only three persons reported that they felt this way most of the time. At the time of the two-year follow-up interview, four persons indicated that they had been physically hurt by their current care providers and 20 (1%) individuals reported that they had been yelled at or verbally abused. In addition, 21 (1%) consumers reported that they had either money or personal items taken without their permission.

Two-years after returning to their communities, 92% of MFP participants reported being happy with the support they receive around their living setting. The largest numbers of persons who were dissatisfied with their support services were in the PD and Aged groups. At this second follow-up interview, over 96% of MFP participants stated that they were treated with respect by their service providers. This self-report on being treated with respect was found across all target groups from the 1 to 2-year follow-up interviews. When asked if their support staff listened carefully to their requests of what to do, 96% reported in the affirmative. However, some in the PD and DD/MI groups did indicate issues in this area.

Nearly 77% of participants stated that they required assistance to perform their ADL behaviors. Survey reports indicated that supports were required across all groups however, those in the PD or DD groups were most likely to need this support. MFP participants needing support reported that 93% of these aid providers were paid to perform these duties. Participants also reported that 37% of MFP participants used the opportunity to pick their support staff with those in the PD category the most likely to have exercised this option. For respondents that required assistance, 22 persons (4%) indicated that they went without a shower or bath when they needed one, but only 8 persons stated that this was because no one was there to help them. 18 persons (4%) reported that they were unable to use the bathroom when needed but only four individuals indicated that this was due a lack of available staff assistance.

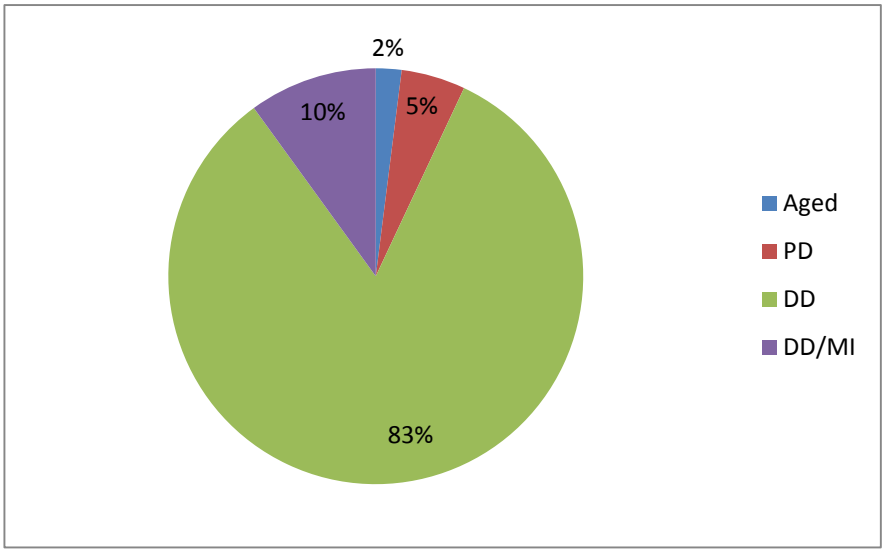
After living in the community for 24 months, 86% of MO MFP respondents indicated that they were able to see friends and family when they wanted to see them. 93% of MFP participants reported that they were able to go to the places they needed to and 85% indicated that they were able to do this most of the time. This rate occurred even though 73% of these individuals needed help to go out into the community.

When asked if they were happy with how they were living their life, 86% answered that they were happy. The largest percentage in this positive group were in the DD group followed by those in the PD group.

One question asked on the second-year follow-up QoLS is “Are you working for pay right now?” Of those now living in the community for two-years, 20% (N=93) indicated that they were working for pay. In this group of paid workers, 77 were in the DD group, nine had a DD/MI, five had a PD and two were in the aged group. As Figure 7 shows, participants with DD represented the greatest proportion of paid workers (83%).

**Figure 7.**

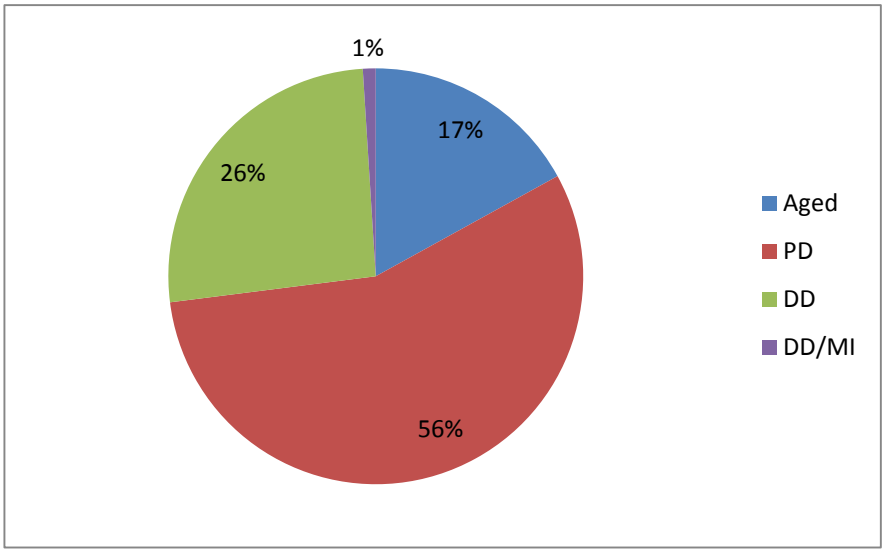
**MO MFP Participants Who Worked for Pay (N=93)**
**After Two-years of Community Living**
**By Target Group**
**January to June 2017**




Of those MFP participants who were not working for pay, 23% (N=75) 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, 55% of participants with a PD and 27% of persons with a DD who were not engaged in paid employment were willing to work for pay.

**Figure 8.**

**MO MFP Participants Who Desired to Work for Pay (N=74)**
**After Two-years of Community Living**
**By Target Group**
**January to June 2017**




In addition to individuals who were working or desiring paid employment, 37 persons (8%) reported that they were doing volunteer work without getting paid and another 65 persons (17%) indicated that if opportunities were found, they would be willing to perform volunteer work without being paid.

**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 participant 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. 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.

For this reporting period, a cumulative total of 1,645 persons were eligible for the baseline QoLS, 871 participants in the MFP project were eligible for and administered the 12-month QoLS and 544 individuals were administered the 24 month follow-up QoLS.

An examination of the reported changes in domain scores for all MO MFP participants after approximately one year and two-years 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 | 505 | 65% | 313 | 64% |
| Personal Care | 84 | 11% | 56 | 12% |
| Respect / Dignity | 136 | 23% | 91 | 24% |
| Choice and Control | 518 | 66% | 324 | 66% |
| Community Integration & Inclusion | 331 | 42% | 200 | 41% |
| Satisfaction | 224 | 30% | 141 | 31% |
| Mood & Health Concerns | 215 | 31% | 149 | 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.**

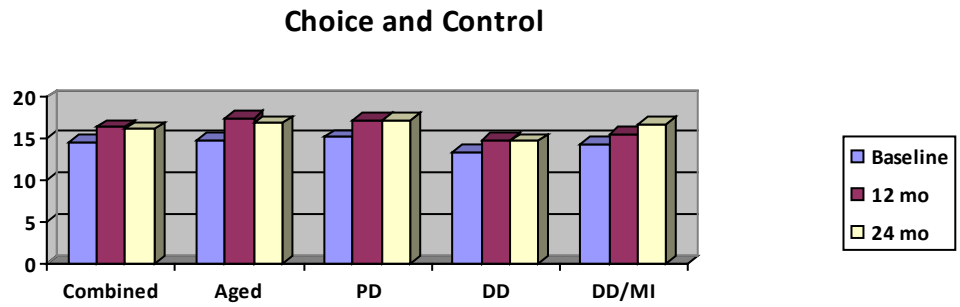



**Figure 10**.

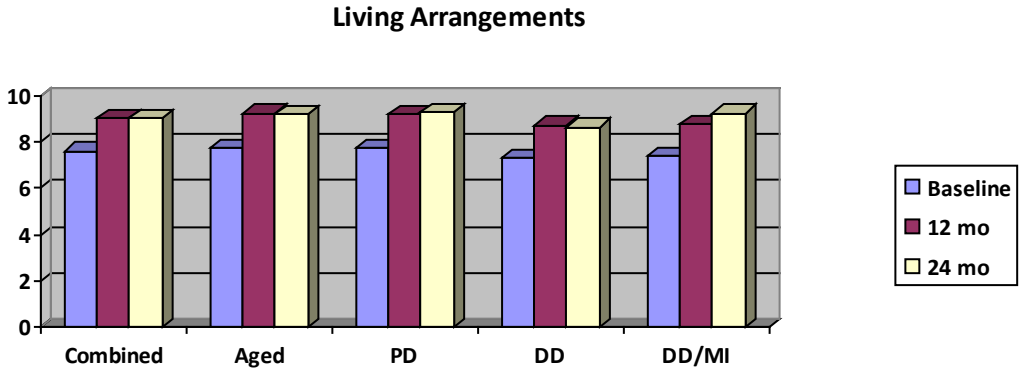


**Figure 11.**

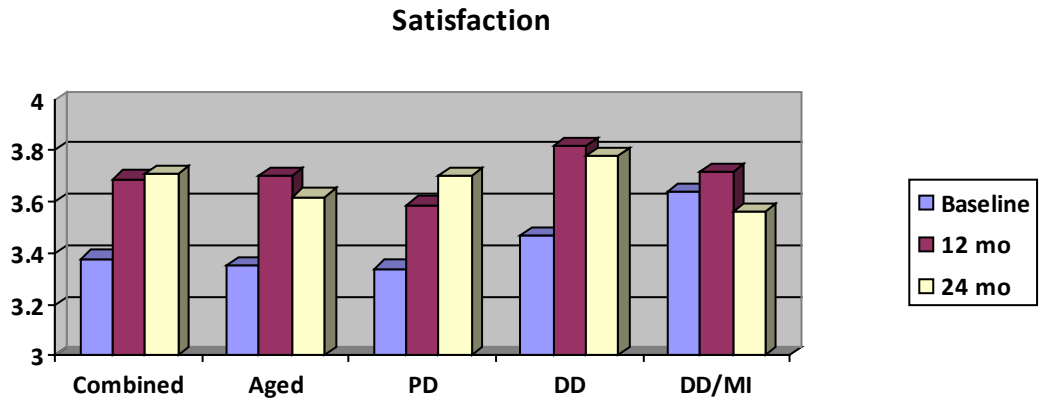



**Figure 12.**

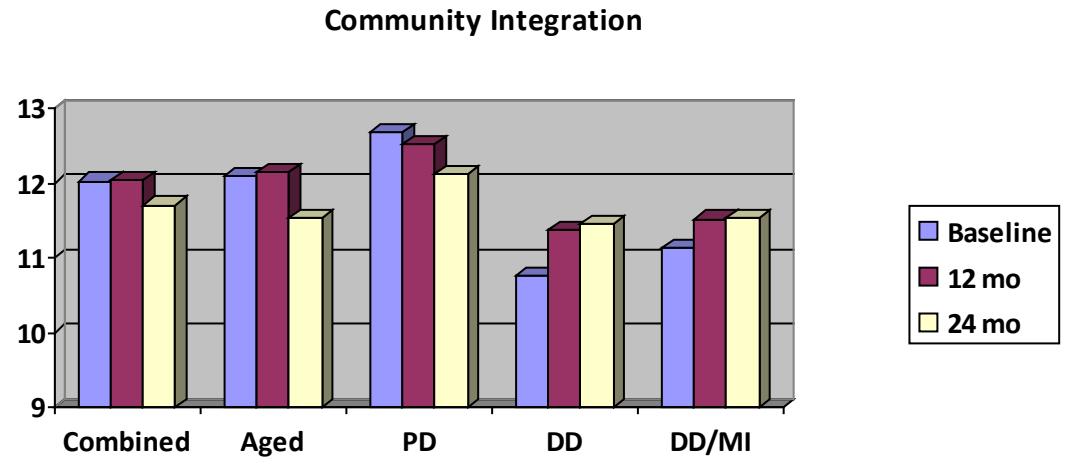


**Figure 13.**

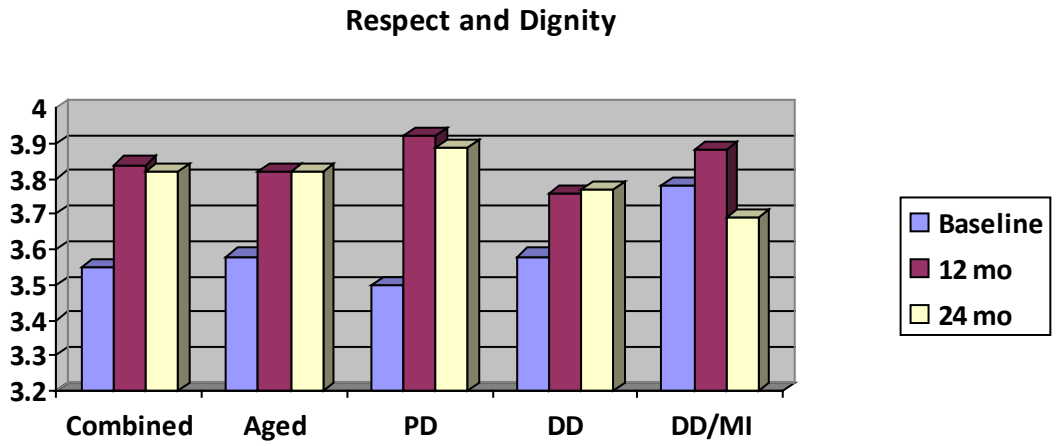



**Figure 14.**

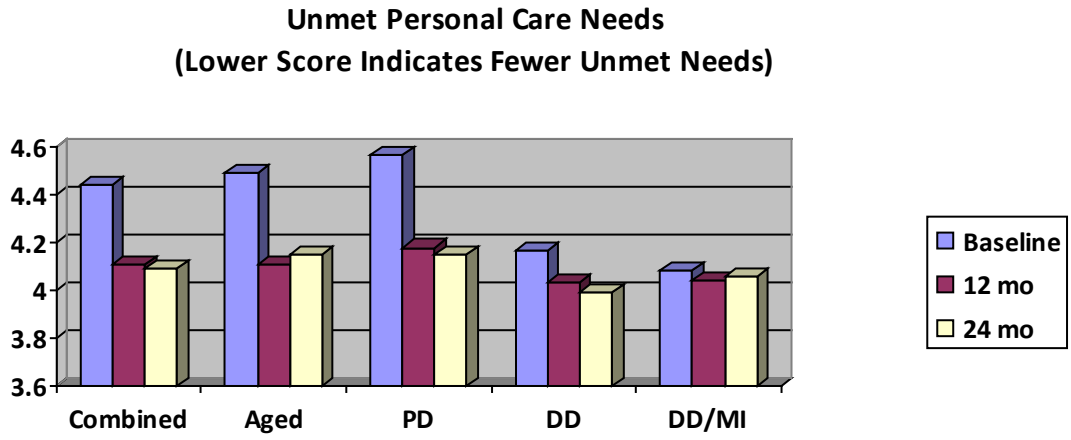
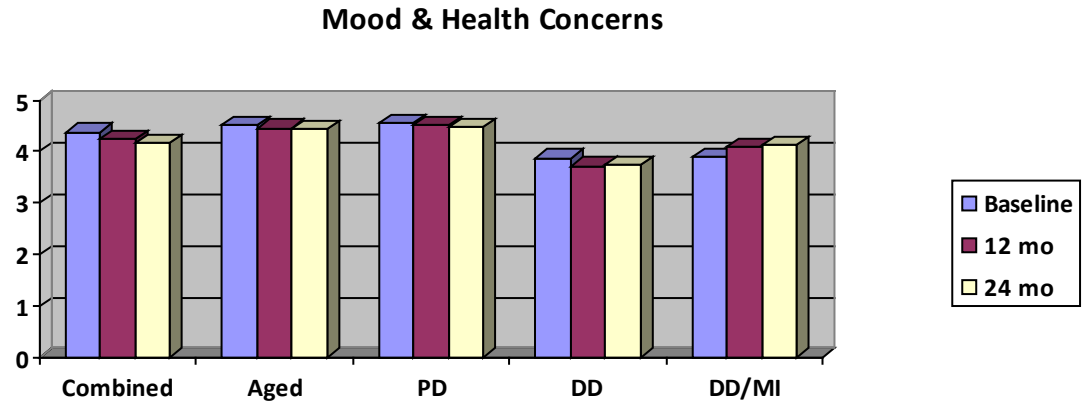


Figure 15.




A summary of the significance for changes in domain scores across all 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: Satisfaction, Living Arrangement, Respect and Dignity, Choice and Control and Personal Care. Community Integration & Inclusion and Mood & Health Concerns were the only domains where MFP participants did not report significant improvement from Baseline assessment to the 12-month follow-up report. A similar pattern of changes in domain scores was found in the changes from baseline to the two-year survey. These findings suggest that improvement in QoL occurred following a return to the community and maintained for two years.

Different patterns of change in QoL are found 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 Aged, Physically Disabled and the DD target groups all reported a significant increase in being treated with *respect and dignity* by their care providers at the one-year follow-up. At the two-year assessment, only those in the Aged and Physically Disabled groups continued to report a significant improvement in being treated with *respect and dignity* by their service providers.

At the both the one-year and two-year assessments, persons in the Aged, Physically Disabled and DD groups reported significant improvements in having their *personal care needs* met when compared to the baseline measure. No significant improvement in meeting *personal care needs* were reported by those in the co-morbid DD/MI group at either the one or two-year assessments.

For the domain of *community integration*, only those individuals in the DD target group reported a significant improvement at the one-year follow-up. At the two-year assessment, those in the DD group continued to report an improvement in their community integration; however, they were now joined by those in the Aged and Physically Disabled groups.

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 | Aged | 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 |
| Baseline vs 24 mo | *** | * | *** | NS | NS |
| **Personal Care** | | | | | |
| Baseline vs 12 mo | *** | *** | *** | * | NS |
| Baseline vs 24 mo | *** | *** | *** | * | NS |
| **Community Integration** | | | | | |
| Baseline vs 12 mo | NS | NS | NS | *** | NS |
| Baseline vs 24 mo | 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 66 persons were re-institutionalized from January to June 2017. Of these, 61 MFP participants required a re-institutionalization of 30 days or less: 40 were Physically Disabled target group, 18 were Aged and 3 were in the DD group. For this reporting period 1 person in the Aged group and 4 individuals in the Physically Disabled group required a re-institutionalization greater than 30 days. No MO MFP participants were re-institutionalized with a length of stay as yet unknown. The majority of persons, who chose or had to return to an institutionalized setting, did so for health-related issues that did not allow them to remain in the community or because they had Medicaid spend-down problems.

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

From January to June 2017, there were 6 reported deaths for individuals participating in the MO MFP program. Three persons were in the Aged target group and three were in the PD group. The causes of deaths were listed as age related or due to complications during hospital treatments for health related problems.

**Missouri Money Follows the Person**
**Semi-Annual Evaluation Report – January to June 2017**
**Summary**

For this reporting period, the Missouri Money Follows the Person: My Life, My Way, My Community MO (MFP) was able to transition 92 individuals. The 92 MO MFP transitions reported for the time-period covered in this report, while slightly below semi-annual goals, are consistent with rates from earlier years where annual goals were met or exceeded. However, semi-annual target numbers were not meet for all target groups. Target goals for individuals in the Aged and ID and ID/MI groups were in the range to achieve annual goals. However, transitions for those in the PD group was below semi-annual expectations. The training for nursing home staff on Section Q continued to show results. For this reporting period, 120 persons were referred to MO MFP using Section Q and 11 of these individuals eventually transitioned back to the community. This number is 12% of the total transitions for this reporting period.

Both the DHSS and the DMH continue to develop and implement policies and procedures to provide continuity and quality care upon transition for their target groups. Both agencies have developed and continue to use web-based tools to help collect data that allows them to assess and monitor individual needs and service delivery. Among other areas, these systems allow for the monitoring of abuse and neglect, health needs, and the altering of individual supports as needed.

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. State agencies participating in the MO MFP Project have taken steps in an attempt to address this problem through local and regional meetings with housing authorities and housing developers and local collaborations with subsidized apartment owners and managers. Participating agencies are also working with housing developers to help create more universally designed housing throughout the state. The MO MFP program has hired a housing coordinator and housing specialist to provide assistance in the area of housing. The state MFP Director will continue to work with housing agencies to develop housing approaches that will benefit MFP participants. A continuing problem area in housing is the assessment of risk for community placements of individuals with histories of alcohol or substance abuse, and severe mental illness. Here agencies continue to hold meetings to share knowledge on how these persons can best be transitioned and supported in the community.

The state of Missouri continues to show a shift in rebalancing monetary funding from institutions to HCBS for this reporting period. The target goal was a 4 percent in total Medicaid HCBS expenditures for each year of the demonstration program. This goal will be examined in the end of the year semi-annual evaluation report.

During this reporting period, 68 MFP participants choose to self-direct their support services with the majority in the non-elderly, Physical Disability target group (N=50). The remaining persons who self-directed services were in the aged group (N=18). During this reporting period,

available data indicated that four participants in the PD group and one person in the aged group dis-enrolled from the self-direction option of the Mo MFP program.

At the end of this reporting period, the MO MFP program reported that 66 persons needed to be re-institutionalized. Most (N=61) were for less than 30 days, Five were for more than 30 days and none had an undetermined length of stay. Three persons with a length of stay longer than 30 days re-enrolled in the MO MFP program upon discharge. 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 is accomplishing 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 span since leaving a long-term care institution.

Some of the remaining 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 and ID groups have reported significant improvements in their personal care upon returning to the community at both the one and two-year follow-up assessments.

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 also reported significant improvements from the baseline measure on the one-and two-year survey, but their results were not as strong as for those in the PD group. 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 prolonged and significant improvement in community integration were those in the DD group. Here they reported an improvement that was maintained across the two-year time-period. Persons in the aged and PD groups reported a significant improvement in community integration only at the 2-year assessment. The failure of the other groups to show gains in this domain should be 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 July to December 2016. 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,
- 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, & 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<br>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<br>• Numbers who transition<br>• Reason for non-transition | Annual reviews, referrals, and interviews | Dept. of Mental Health & CPS<br>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<br>• 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 & 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<br>• Reasons for return | Records and interviews<br>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<br>• Reasons for death | MFP Data Files | The Departments of Mental Health and Health and Senior Services | Semi-Annual |