Money Follows the Person

4th Quarter 2013

Presented to: MFP Evaluation Team
September 18, 2013

Georgia Health Policy Center

Georgia State University | Andrew Young School of Policy Studies

Evaluation Semiannual Report

- Cumulative through 06/30/2013
  - Demographics: Gender, Length of Stay at Baseline, Age at Transition
  - All questions by target population
  - Analysis of First and Second Year Responses
  - Discussion of participant comments
  - Analysis of supplemental questions

PARTICIPANT COMMENTS

- Mother stated there are “major issues with the care [participant] is receiving in the personal care home, which are primarily a result of a high turnover rate in both nursing and other staff.... The current staff lack appropriate training….”
- “The systems, processes, and people were not in place to meet the needs of [her] son and other clients who were moved to the community.”
- “I was in a nursing home for 10 years, and I felt like I was going crazy. I told them I needed to get out, and we looked at options. MFP helped me to get a start in life – they bough my furniture, bed, phone, etc. The program is absolutely fantastic, and it should never be stopped. I have it made compared to most people. MFP saved my life.”
- Participant has only been sick twice since he’s left the institution and has not had any emergency room visits.

SUPPLEMENTAL QUESTIONS

The GHPC and DCH created 18 additional questions to the QoL Survey that were phased in between June 2012 and November 2012.

Transportation

1. Not including medical appointments, can you get to the places that you want to go?		
Response	Year 1 (n = 124)	Year 2 (n = 97)
Yes	74.2%	88.7%
No	23.4%	9.3%
Don't Know	1.6%	--
Refused	0.8%	2.1%
1a. If no, is it because transportation is not available?		
Response	Year 1 (n = 31)	Year 2 (n = 20)
Yes	61.3%	35.0%
No	12.9%	10.0%
Don't Know	3.2%	--
Refused	--	--
Not Applicable	22.6%	55.0%

Living Situation

2. Do you currently live with family or friends?		
Response	Year 1 (n = 124)	Year 2 (n = 97)
Yes	29.0%	28.9%
No	70.2%	68.0%
Don't Know	--	1.0%
Refused	0.8%	2.1%

Communication with friends or family

3. Would you say that you are able to communicate with friends or family when you want to?		
Response	Year 1 (n = 124)	Year 2 (n = 97)
Yes	86.3%	85.6%
No	8.9%	10.3%
Don't Know	4.0%	2.1%
Refused	0.8%	2.1%

Diet

4. Are there restrictions or requirements which affect your ability to eat what you want?		
Response	Year 1 (n = 124)	Year 2 (n = 97)
Yes	55.6%	50.5%
No	43.5%	47.4%
Don't Know	--	--
Refused	0.8%	2.1%

Housing Clarification

5a. How would you describe your current living arrangement?		
Response	Year 1 (n = 124)	Year 2 (n = 96)
Skilled Nursing Facility, Nursing Home, or Hospital	7.3%	3.1%
Host Home	8.9%	14.6%
Group or personal care home of 4 or less individuals	45.2%	46.9%
Group or personal care home of 5 or more individuals	0.8%	4.2%
An apartment	15.3%	11.5%
A house (or condominium)	18.5%	15.6%
Other	3.2% • Community Living Arrangement • Mobile Home	2.1% • Personal Care Home • Mobile Home
Don't Know	--	--
Refused	0.8%	2.1%

5b. Is this where you want to live?		
Response	Year 1 (n = 124)	Year 2 (n = 97)
Yes	83.9%	80.4%
No	12.9%	9.3%
Don't Know	2.4%	6.2%
Refused	0.8%	4.1%

Housing Clarification

5b1. If no, where do you want to live?		
Response	Year 1 (n = 17)	Year 2 (n = 11)
Skilled Nursing Facility, Nursing Home, or Hospital	--	--
Host Home	--	--
Group or personal care home of 4 or less individuals	--	--
Group or personal care home of 5 or more individuals	--	--
An apartment	17.6%	27.3%
A house (or condominium)	52.9%	45.5%
Other	17.6% • Community housing for qualified individuals • High-rise with people his own age • House in another location	9.1% • A place managed like a home, not an institution
Don't Know	--	--
Refused	--	--
Not Applicable	11.8%	18.2%

Proxy Relationship

6. If the respondent is a proxy, what is their relationship to the participant?		
Response	Year 1 (n = 124)	Year 2 (n = 97)
Family	19.4%	24.7%
Friend	0.8%	1.0%
Service/Care Provider	49.2%	56.7%
Not Applicable	29.8%	16.5%
Don't Know	--	--
Refused	0.8%	1.0%

Health Status

7. In general, would you say your health is:		
Response	Year 1 (n = 86)	Year 2 (n = 58)
Excellent	12.8%	12.1%
Good	47.7%	53.4%
Fair	26.7%	27.6%
Poor	8.1%	3.4%
Don't Know	3.5%	--
Refused	1.2%	3.4%

8. Do you have a doctor or clinic that you go to regularly?		
Response	Year 1 (n = 86)	Year 2 (n = 58)
Yes	96.5%	94.8%
No	2.3%	1.7%
Don't Know	--	--
Refused	1.2%	3.4%

Assistive technology devices and durable medical equipment

9. What would you say is your primary disability or limitation?		
Response	Year 1 (n = 86)	Year 2 (n = 58)
Cognitive/Language	41.9%	51.7%
Hearing	--	--
Mental/Emotional	5.8%	5.2%
Physical	38.4%	32.8%
Vision	3.5%	--
Not Applicable	1.2%	--
Don't Know	8.1%	5.2%
Refused	1.2%	5.2%

10. Is there an area of your life at home where you would like to increase your independence?		
Response	Year 1 (n = 86)	Year 2 (n = 58)
Yes	38.4%	37.9%
No	50.0%	48.3%
Not Applicable	1.2%	5.2%
Don't Know	9.3%	5.2%
Refused	1.2%	3.4%

10a. What area?		
Response	Year 1 (n = 124)	Year 2 (n = 97)
Activities of daily living	27	14
Independent social outings	5	7
Working	1	--

Assistive technology devices and durable medical equipment

11. Are there any devices or special equipment that could assist you to remain as independent as possible in your home?		
Response	Year 1 (n = 86)	Year 2 (n = 56)
Yes	38.4%	39.3%
No	50.0%	48.2%
Not Applicable	7.0%	1.8%
Don't Know	1.2%	3.6%
Refused	3.5%	7.1%
11a. What type of device or special equipment		
Response	Year 1 (n = 32)	Year 2 (n = 22)
Home Modifications	6	8
Mobility Devices	19	14
Computer Access Aids	1	--
Communication Aids	4	3
Devices for people who are deaf	2	--
Devices for people who are blind	5	2
Environmental Controls	2	1
Lifeline	1	1
Transportation Aids	6	3
Other	6	1

Employment

12. What keeps you from working for pay or doing volunteer work?		
Response	Year 1 (n = 124)	Year 2 (n = 97)
Health Condition	15	10
Employer /Supplemental Security Income barriers	4	1
Personal Preference	2	1
Transportation	2	3
Not sure where to start	--	3

FISCAL ANALYSIS

Fiscal Amount Billed by Service and Calendar Year

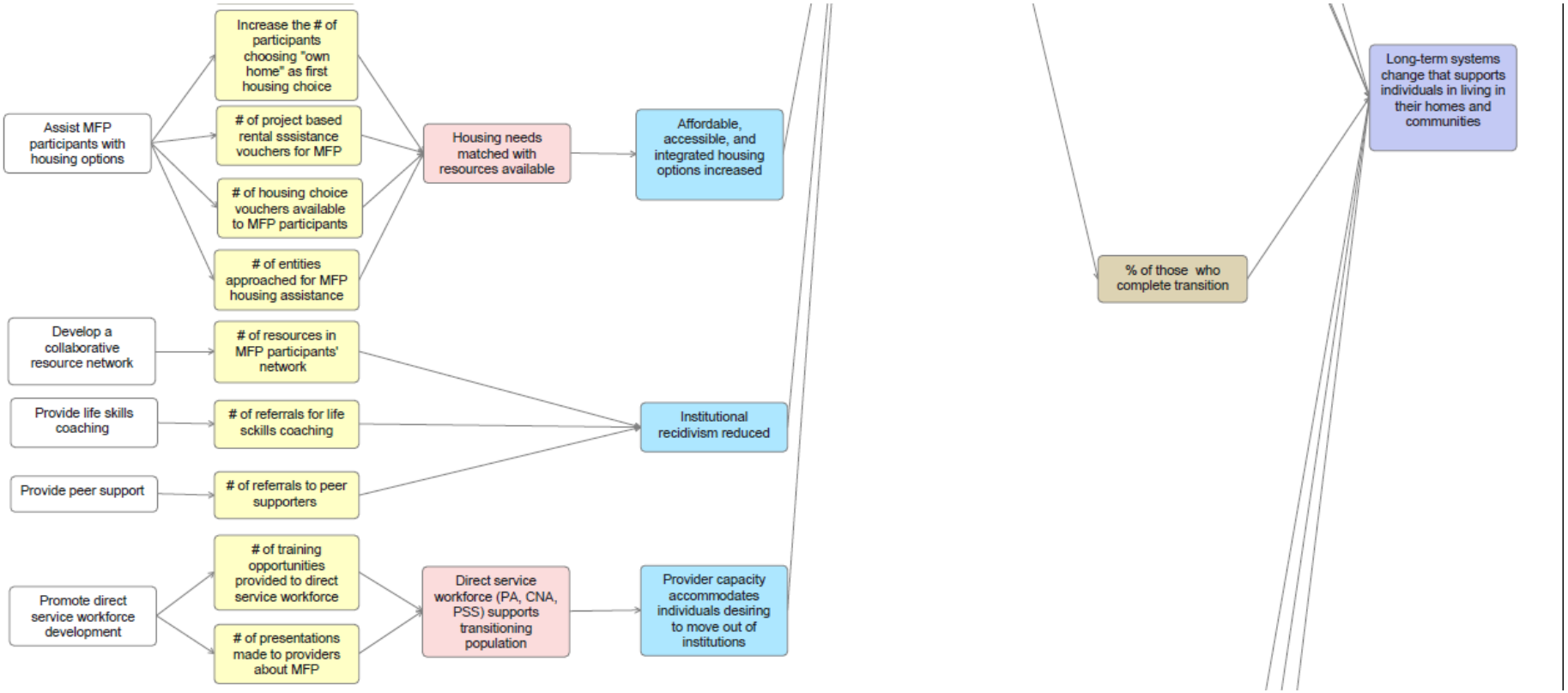
Service Code	Year										By Service			
	2009		2010		2011		2012		2013 (Jan-Apr)		N	Cost Expended	Average Cost	Percentage
	N	Cost	N	Cost	N	Cost	N	Cost	N	Cost				
EMD	15	$81,065.55	130	$353,126.01	140	$347,712.37	150	$615,659.08	52	$205,937.94	487	$1,603,500.95	$3,292.61	37.07%
EQS	65	$26,494.18	221	$101,293.05	383	$208,071.82	596	$312,059.45	162	$95,513.41	1427	$743,431.91	$520.98	17.19%
HHF	84	$43,709.23	139	$87,762.27	233	$144,804.24	414	$261,471.41	105	$87,964.88	975	$625,712.03	$641.76	14.47%
HGS	100	$17,538.19	260	$62,712.53	227	$94,593.83	714	$136,134.23	220	$47,577.12	1521	$358,555.90	$235.74	8.29%
SCD	29	$13,444.00	72	$36,651.43	79	$30,551.57	183	$71,790.66	56	$22,508.86	419	$174,946.52	$417.53	4.04%
MVE	41	$8,860.68	172	$36,429.92	259	$50,413.09	343	$54,304.77	123	$18,249.06	938	$168,257.52	$179.38	3.89%
OBM/ COB/ HCO	152	$21,900.00	365	$54,450.00	245	$36,750.00	306	$39,440.00	150	$12,900.50	1218	$165,440.50	$135.83	3.83%
PSS	0	$0.00	50	$15,064.19	58	$36,315.29	80	$36,775.40	32	$11,951.53	220	$100,106.41	$455.03	2.31%
UTD	34	$4,574.26	80	$10,674.66	89	$13,069.69	187	$30,516.19	62	$12,497.43	452	$71,332.23	$157.81	1.65%
VAD	1	$12.50	0	$0.00	11	$35,539.08	9	$24,191.65	3	$6,743.50	24	$66,486.73	$2,770.28	1.54%
TRN	7	$182.50	45	$7,161.13	110	$21,683.57	172	$27,160.91	41	$6,449.98	375	$62,638.09	$167.03	1.45%
SMS							126	$26,566.81	121	$33,958.89	247	$60,525.70	$245.04	1.40%
PES	52	$4,246.50	253	$13,052.50	105	$8,114.50	70	$11,550.00	2	$1,201.78	482	$38,165.28	$79.18	0.88%
TSS	3	$797.84	38	$5,741.26	85	$16,402.04	82	$11,353.04	13	$1,882.90	221	$36,177.08	$163.70	0.84%
HIS							29	$11,185.04	54	$17,656.00	83	$28,841.04	$347.48	0.67%
SOR	1	$1,379.13	0	$0.00	13	$9,883.68	4	$4,628.19	4	$2,951.74	22	$18,842.74	$856.49	0.44%
CGT/ COE	1	$1,200.00	0	$0.00	14	$1,077.28	0	$0.00	0	$0.00	15	$2,277.28	$151.82	0.05%
Yearly Totals	585	$225,404.56	1,825	$784,118.95	2,051	$1,054,982.05	3,465	$1,674,786.83	1,200	$585,945.52	9,126			
Grand Total												$4,325,237.91		

Note: N=the number of times a category was accessed. One participant may have accessed a category multiple times
*Services categories were modified and added in June 2012. Life Skills Coaching & Supported Employment Evaluation had no amount billed to date

EVALUATION TEAM PURPOSE

The purpose of the MFP Evaluation Advisory Team is to guide program improvement of the GA MFP Program through a review of relevant data and reports, the provision of feedback regarding evaluation activities, and guidance regarding programmatic issues, practices, and realities.

LOGIC MODEL PHASE II


Assist MFP participants with housing options
Increase the # of participants choosing "own home" as first housing choice
# of project based rental sssistance vouchers for MFP
# of housing choice vouchers available to MFP participants
# of entities approached for MFP housing assistance
Housing needs matched with resources available
Affordable, accessible, and integrated housing options increased
Develop a collaborative resource network
# of resources in MFP participants' network
Provide life skills coaching
# of referrals for life sckills coaching
Provide peer support
# of referrals to peer supporters
Institutional recidivism reduced
Promote direct service workforce development
# of training opportunities provided to direct service workforce
# of presentations made to providers about MFP
Direct service workforce (PA, CNA, PSS) supports transitioning population
Provider capacity accommodates individuals desiring to move out of institutions
% of those who complete transition
Long-term systems change that supports individuals in living in their homes and communities