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SEMIANNUAL ANALYTIC RESULTS OF THE MONEY FOLLOWS THE PERSON PROGRAM EVALUATION EXECUTIVE SUMMARY

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Executive Summary

The Money Follows the Person (MFP) program is a Medicaid demonstration program that was awarded to the Georgia Department of Community Health (DCH) in 2008. This executive summary, combined with the Chartbook and Data Tables, is a synopsis of the evaluation provided by the Georgia Health Policy Center (GHPC) for cumulative data collected between January 2009 and December 2018. Included is an analysis of Quality of Life (QoL) surveys conducted pre-transition (baseline), approximately 11 months post-transition (year one), and approximately 24 months post-transition (year two). The data examined in this report include a description of respondent characteristics, an analysis of cumulative matched surveys, Georgia-specific supplemental questions that were phased in between June 2012 and November 2012, and open-ended, qualitative comments. In addition, the demonstration funds used for pre- and post-transition services were analyzed.

The MFP program has five target populations: persons with developmental disabilities; persons with physical disabilities (and under age 65); persons with a Traumatic Brain Injury (TBI); older adults; and youth with a mental health diagnosis.[1] Persons with physical disabilities comprised the largest proportion of survey respondents for year one, and the second largest proportion of respondents for year two (year one: 43.9 percent; year two: 37.9 percent). Persons with developmental disabilities were the second most frequent respondents by population for year one, while this population comprised the largest proportion of respondents for year two (year one: 40.3 percent; year two: 47.8). Older adults represented the smallest respondent group by target population for both years (year one: 15.8 percent; year two: 14.4 percent). The majority of respondents were male (year one: 54.1 percent; year two: 51.5 percent) and were, on average, 55 years of age. Regarding institutional length of stay, persons with developmental disabilities had significantly longer lengths of stay prior to transition compared to other target populations, reporting 21 years on average, in contrast to the approximately two years reported by both persons with physical disabilities/TBI and older adults. On average, respondents had lived in an institution for eight years prior to transition.

Overall, the findings of this analysis suggest that quality of life improved for MFP participants across all target populations after transition to community living. Increases in measures of satisfaction with living situation, choice and control, community integration, and health status, as well as global life satisfaction were observed post-transition. Furthermore, most observed improvements were sustained or, in many cases, grew from year one to year two post-transition.

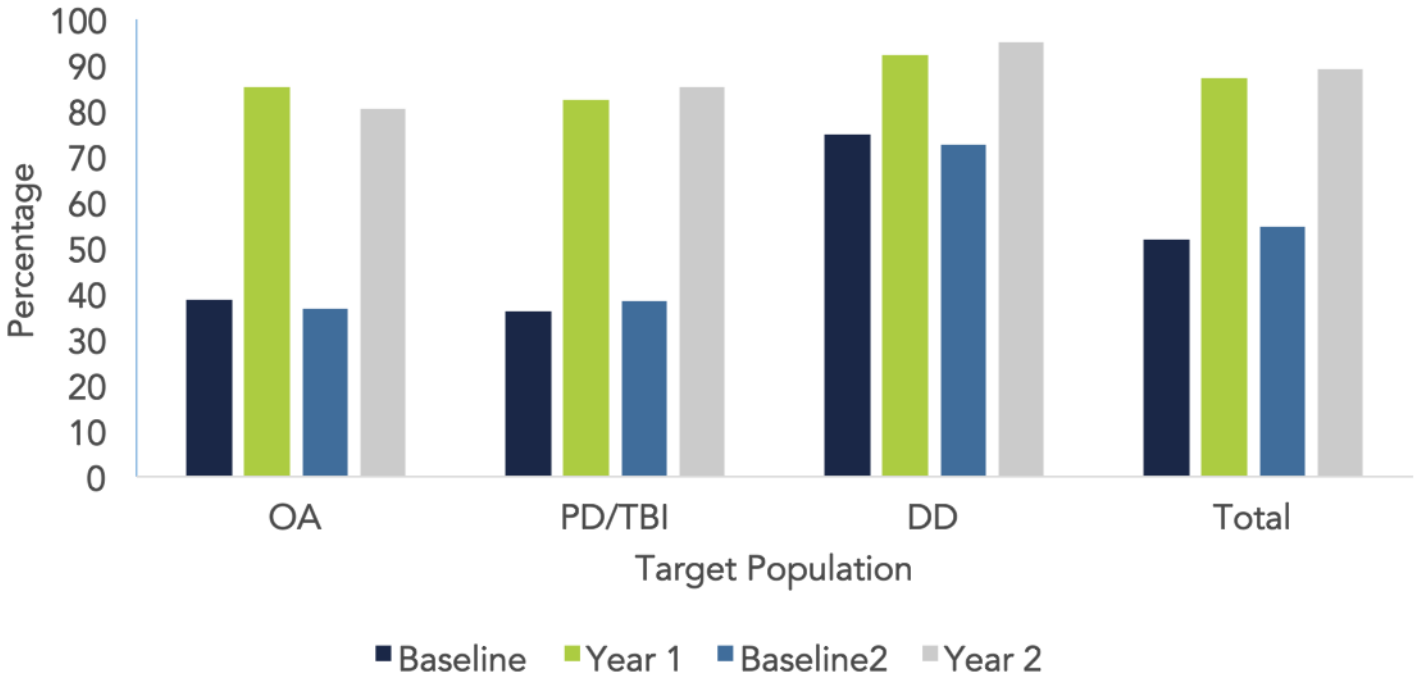
Survey respondents reported significant increases in satisfaction with living situation after transition, and were more likely to like where they live, feel safe where they live, and indicate that they picked the place where they live. Significantly fewer respondents lived in a nursing home or group home at follow-up compared to baseline (year one: 41.3 percent; year two: 47.7 percent), with the largest share of respondents reporting living in an apartment or house post-transition. There is an increase in the number of respondents reporting living in a group or personal care home at year two, which is primarily due to the higher proportion

[1]Most youth with a mental health diagnosis do not complete the QoL survey due to being under the age of 18, thus the results for the target population are not indicated separately.

of respondents being persons with developmental disabilities. The majority of participants reported that they live where they want to live (year one: 80.1 percent; year two: 81.2 percent). Additionally, 39.9 percent of respondents at year one and 40.5 percent of respondents at year two indicated that they currently live with family or friends.

Findings regarding increases in participants' reported satisfaction with their living situation were especially strong. Across all target populations, a highly statistically significant increase in participants reporting that they like where they live occurred at both years one and two compared to baseline. (Figure 1).

Figure 1. Percent of Respondents Who Indicated Liking Where They Live at Year 1 and Year 2 Post-Transition Compared to Baseline, by Target Population



Note: In this analysis year one and year two follow-up surveys are matched to baseline surveys completed prior to transition, thus there are slight differences in the baseline comparison between time points.

Regarding access to personal care, the majority of respondents post-transition indicated that they receive help from paid caregivers (year one: 95.4 percent; year two: 95.4 percent). Of those receiving paid help, a significant increase in the percentage of respondents who reported that they picked their caregiver was observed at follow-up (year one: 40.9 percent; year two: 41.5 percent) as well as an increase in participants' reported satisfaction with the help they receive.

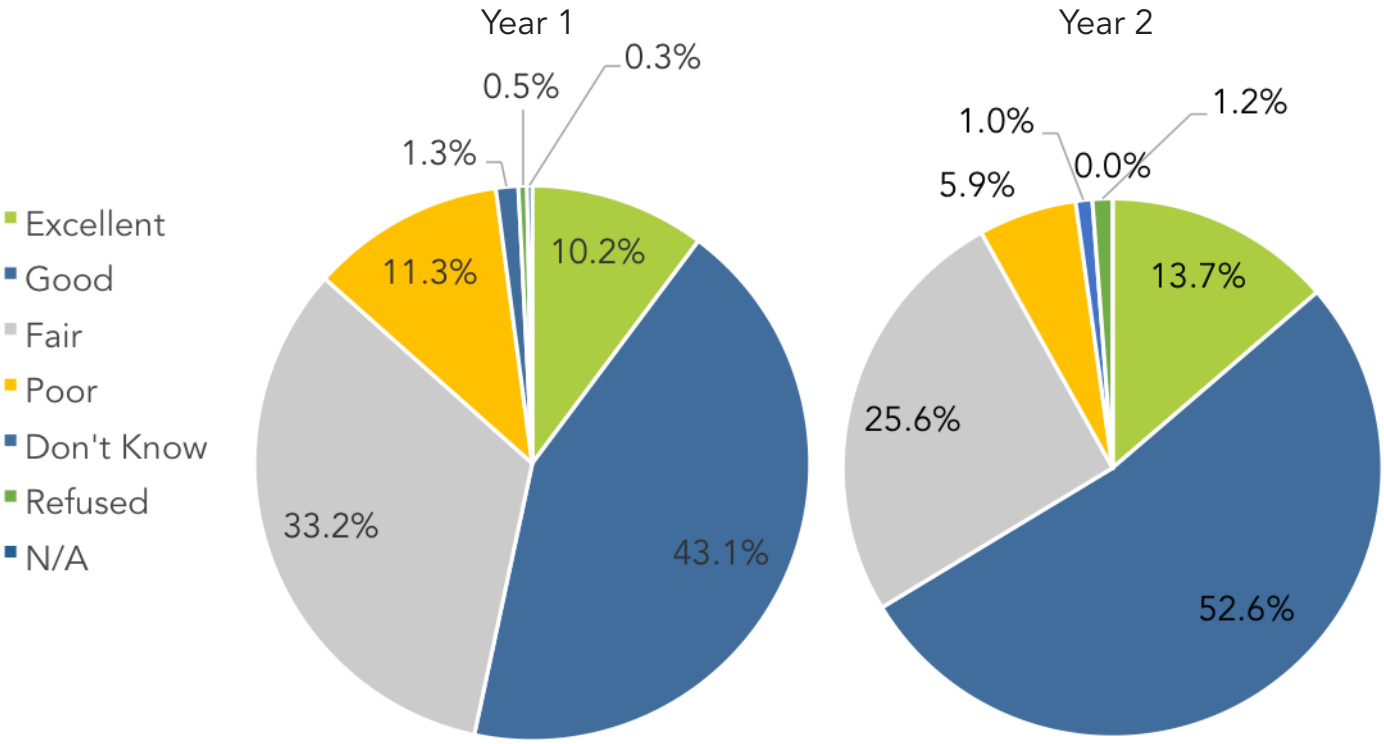
Despite the large proportion of respondents who received paid help, many reported that they received informal support from family or friends, particularly persons with physical disabilities/TBI and older adult respondents (on average, 60 percent at year one, and 63 percent, respectively, at follow-up). Overall, respondents indicated that they had received eight hours of help on average from family or friends the day prior. When asked if they needed more help with things around the house than they are receiving, 23.7 percent of respondents reported that they needed more help at year one post-transition, which decreased to 16.3 percent at year two.

Participants largely experienced a decrease in barriers to community integration at follow-up compared to the baseline. Participants reported significant decreases in barriers to being able to do things outside of their facility/home after transition (year one: 37.1 percent; year two: 30.3 percent) as well as increases in their ability to get to places they need to go (year one: 89.4 percent; 92.5 percent). Participants indicated that their ability to see friends and family decreased slightly between the baseline and year one follow-up but improvement in this measure was observed at year two. Older adult respondents indicated an overall decrease between baseline and follow-up in going out to do fun things, whereas improvements in this measure were observed at year two follow-up for persons with physical disabilities/TBI and persons with developmental disabilities. Participants' ability to go out independently also varied by target population. Nearly all of the respondents with a developmental disability needed help to go out in the community at follow-up, while significantly more people with physical disabilities and older adult respondents reported going out independently at year two when compared to the baseline.

After transitioning into the community, few participants reported working for pay (year one: 2.0 percent; year two: 3.3 percent) or volunteering (year one: 9.7 percent; year two: 11.5 percent). When asked if they would like to work, approximately 26 percent of respondents indicated a desire to work for pay at year two post-transition, while 24 percent reported that they would like to volunteer at year two. The most commonly cited barrier to working or volunteering was participant health condition or disability, followed by transportation.

Globally, respondents indicated improvements in overall life satisfaction and health status after transition. A significant increase in participant happiness with the help they received was measured at year one and year two (86.7 percent and 93.0 percent, respectively). Respondents also reported significant improvements in satisfaction with the way they live their lives from baseline to follow-up (Figure 2). Participants generally reported similar levels of sadness, irritability, and pain at year one when compared to the baseline. However, significantly fewer respondents with a physical disability indicated feeling sad or irritable at year two.

Figure 2. Participant-Reported Health Status at Year One and Year Two Post-Transition



Cumulative open-ended, qualitative comments from 203 participants documented during follow-up interviews were analyzed. The comments were coded into four key themes: positive transition and overall experience with MFP, challenges with the MFP program, post-transition challenges, and better quality of life post-transition.

Several participants expressed that they had a positive transition and overall experience with the MFP program. Participants described satisfaction with and appreciation for the program staff and services. One participant shared, "I could never thank MFP enough for what they've done to help me get home and have my life with my nieces and nephews. I'm grateful for everything they've done and the kindness they showed me. It's a great program. It got me home and back to my life." A proxy respondent stated, "If he hadn't had access to MFP he would not be in a good living situation. It is a great program and I hope it can help many more people."

During follow-up interviews, some participants indicated that they experienced problems with the MFP program. Several respondents described challenges related to the affordability and coverage of medical supplies and other services post-transition. One proxy participant said, "She can't afford pull-ups. I spoke to someone from Medicaid and they said she can't get

full Medicaid because she is on dialysis. It is ridiculous people cannot get what they need. We cannot afford pull-ups and it is only a small amount in the pack."

Despite program-related or other challenges related to transition, participants largely reported improvements in quality of life after transition. Feedback included participants feeling happier, healthier, more independent, having better living conditions, a sense of community, and relief to be out of a nursing home. Additionally, improvements were observed across post-transition indicators from year one to year two, including self-rated health status. Overall, fewer respondents reported fair or poor health, and more reported good or excellent health at year two post-transition.

MFP program participants have access to services before and after transition from an institution to help pay for things not typically covered by Medicaid. From 2009 to September 2018, approximately $13.1 million MFP supplemental grant funds were expended for care to support participant transitions. The service categories that accounted for the largest share of the cumulative expenditures were Environmental Modifications (30%), Equipment and Supplies (21%), and Household Furnishings (14%). The service accessed most frequently over time was Home Care Ombudsman. Total service expenditures in calendar year 2017 exceeded all previous program years.