UCONN Center on Aging

Existing Models: Money Follows the Person & Care for People with Dementia in their Environments (COPE)

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NASEM Workshop: Mechanisms for Organizational Behavior Change to Address the Needs of People Living with Alzheimer's Disease and Related Dementias

Session 3: Evidence on Impact of Existing Models and Research and Innovation to Address Gaps in Data/Evidence

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CMS's MFP Rebalancing Demonstration

2008: 46 states, DC & Tribal Initiative

Principal Aim - support state efforts to:

- Rebalance their long-term services and supports system
- Provide choice of where to live and receive services
- Eliminate barriers in state law, state Medicaid plans, and state budgets that restrict the use of Medicaid funds
- Strengthen the ability of Medicaid programs to provide home & community-based services (HCBS) to people who choose to transition out of institutions

2008-2020: states have transitioned over 107,000 people to community living under MFP

https://www.medicaid.gov/medicaid/long-term-services-supports/money-follows-person/index.html

MFP Eligibility to Transition to Community

- Want to move out of an institution
- 90 days or more in the institution
- Medicaid
- All ages, all disabilities
  - including dementia & many other neurodegenerative conditions

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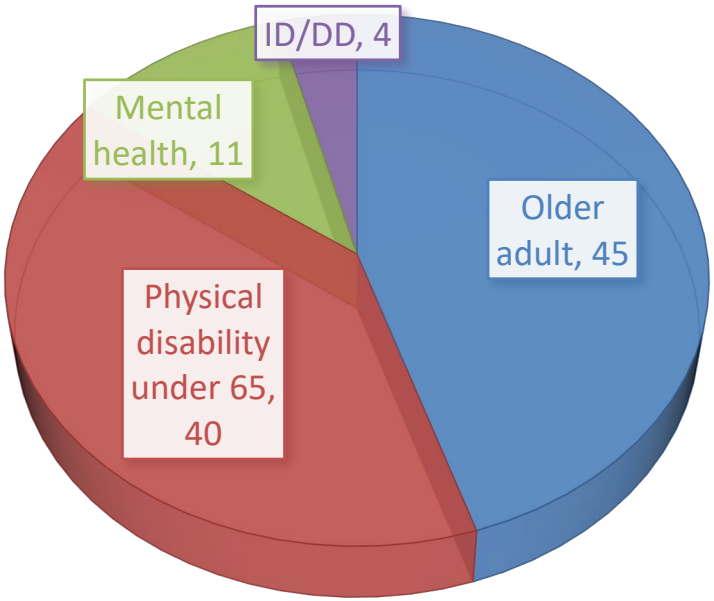
Transition Planning

- **Referrals**: residents, families, nursing home social workers or other staff
- **Transition team**: resident, family, regional transition coordinator, facility social worker, housing coordinator, community LTSS program care manager, and others
- **Goal**: develop and execute a community-based, person-centered LTSS plan

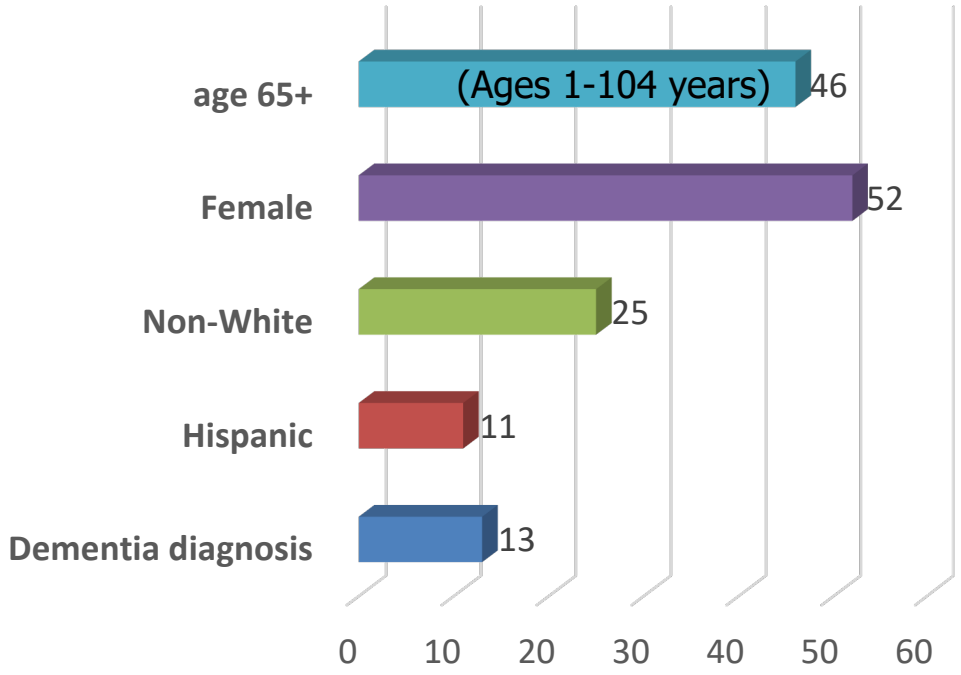
Connecticut MFP: Who Transitioned?

Over 7,000 transitions since 2009

DISABILITY CATEGORY (%)



DEMOGRAPHICS (%)



Mean ADL impairment: 2 out of 6
Mean IADL impairment: 4 out of 7

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CT MFP 2 Year Outcomes

Positive Outcomes

- Improved & sustained quality of life
- Improved & sustained life satisfaction
- Few returns to institutions (10-12% at 1yr)
- Low caregiver burden
  - Paid care plan support

Areas for Improvement

- Individual:
  - Increased rate of falls
  - Frequent ED & hospital visits
- System:
  - HCBS workforce limits
  - Very small, siloed program in some states
  - Slow transition process for many
  - Need more proactive identification process

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Quarterly Reports: Success Stories

I'm fortunate to live in America to have these entitlements. But, it's not just enough to receive them; it's what you do with it afterwards, being able to sustain your welfare—and I've accomplished that.

Use your abilities and…take myself one step at a time

Life has been given back to me.

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COPE – Care of People with Dementia in their Environments

COPE was found efficacious in RCT with community-based participants (Gitlin et al. 2010)

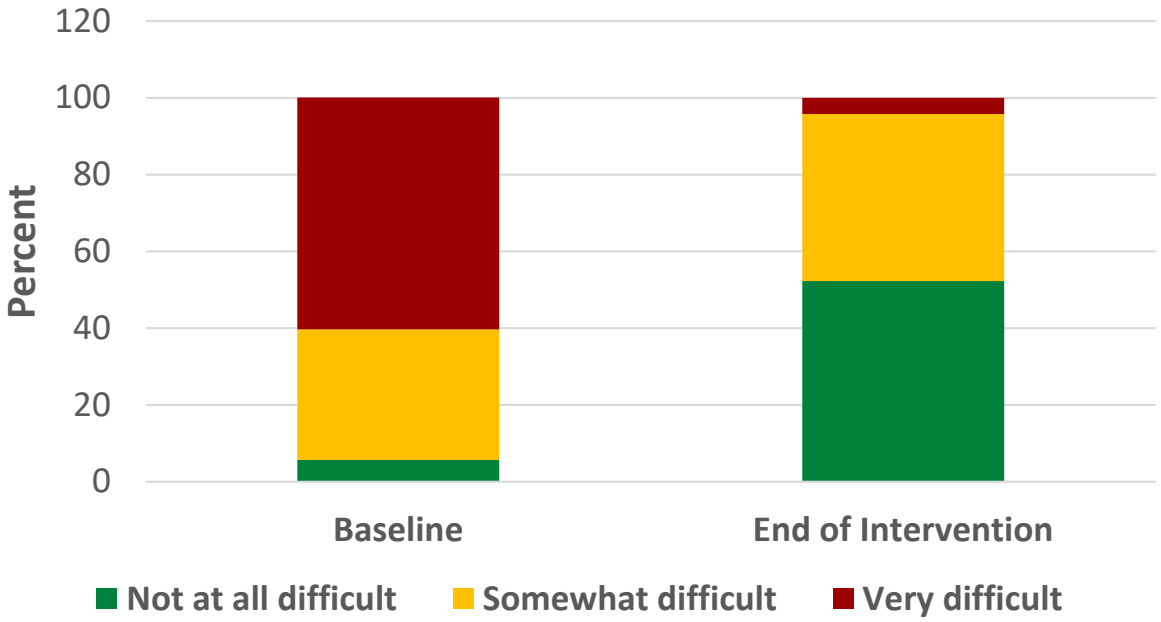
- Occupational therapist component:
  - Up to 10 home visits over 16 weeks
  - Prescriptions (action plans) developed with caregivers to address target problem areas chosen by caregivers
- Nurse practitioner component:
  - One in-home visit to assess for dehydration, pain, other symptoms; collect blood and urine
  - One follow-up phone call with caregiver to report lab test results, arrange to share results with primary care physician.

COPE CT Translational Study

"COPE CT" study tested effectiveness & implementation of COPE in the "real world" setting of a publicly-funded HCBS program for older adults (Fortinsky et al.)

- Recruitment in collaboration with a care management organization
- No program services to help family caregivers improve their dementia management skills
- 25-30% of approximately 16,000 clients have dementia
- Positive outcomes for caregivers, people with dementia, system costs (Fortinsky et al.; Pizzi et al.)

Level of Difficulty Managing Reported Target Problem Areas (N=212 problem areas)



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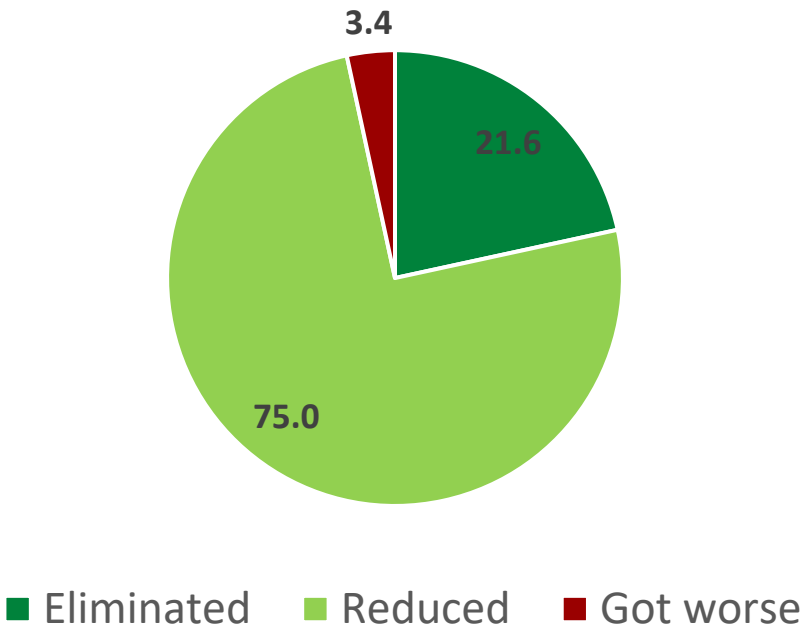
Target Problem Resolution at End of Intervention (N=208 problems)



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Next Steps for COPE

Scaling up….

- Streamline Medicare/Medicaid coverage
  - OT & RN are billable services
  - bundled payment needed to cover training, program materials, ongoing coaching
  - Potential for Medicare Advantage, ACOs etc.
- Translate materials for non-English speakers
- Develop network of trained OT/RN COPE providers
- Develop referral mechanisms

References

Money Follows the Person

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Related Websites

CMS MFP website (includes national evaluation reports):
https://www.medicaid.gov/medicaid/long-term-services-supports/money-follows-person/index.html

CT MFP Reports available at:
https://health.uconn.edu/aging/research-reports/

COPE program information at:
Drexel.edu/cnhp/COPE

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