

Georgia Money Follows the Person



3rd Quarter 2012 Evaluation Report

Prepared for

**Department of Community Health and MFP Evaluation Advisory
Team**

Prepared by

Georgia Health Policy Center

Introduction

The Georgia Health Policy Center (GHPC) has provided evaluation services to Georgia's Money Follows the Person (MFP) project since January 2010. MFP is a project of the Georgia Department of Community Health (DCH). GHPC conducts first and second year follow-up interviews with participants and co-leads an evaluation work group with DCH staff. For this reporting period, GHPC conducted two types of analyses: analyses of first year follow-up interviews with MFP participants and analyses of MFP transitional funds using Acumen data provided by DCH. This is the third quarterly report for FY 2012.

Quality of Life Survey Analysis

In January 2010, the GHPC began conducting first year follow-up interviews with individuals formerly enrolled in the Money Follows the Person (MFP) project after their discharge date. Below is a descriptive analysis of the Quality of Life (QoL) survey results. MFP participants are interviewed at three time points: prior to leaving an institution (baseline), one year after leaving an institution (first year follow-up), and two years after leaving an institution (second year follow-up). Baseline interviews are conducted after the participant has been accepted into the MFP demonstration project, just before being discharged from the institution back into the community. First year follow-up interviews occur about 11 months after the participant has been discharged into the community and about one month before their MFP participation ends. Finally, second year follow-up interviews are conducted about 24 months after the MFP participant has been discharged into the community and 12 months after their MFP participation ended.

This analysis represents the 251 participants who completed both a baseline and a first year follow-up survey through March 31, 2012. This analysis was conducted solely using the matched population that completed both the baseline and first year follow-up interviews rather than comparing all the completed baselines to all of the completed first year follow ups. Due to the small number of responses to date (N = 81), a comparison of matched data for second year follow-up interviews was not completed.

Measures

The MFP Quality of Life Survey addresses seven topic areas, which are separated into modules. These include: a participant's choice and control; overall satisfaction with housing, care, and quality of life; a participant's access to care and if there are any unmet needs; feelings about being treated with respect and dignity by others; ability to engage in activities; and the participant's health status. This analysis examined change over time, except in the case of questions asked only after transition. Certain questions in the QoL survey were not included in the analysis as a result of validity concerns or due to the optional nature of the questions. Questions addressing abuse are considered optional and are not asked based on the Georgia State University Institutional Review Board approved protocol and prior agreement with the DCH. The interview instrument was developed by Mathematica Policy Research (MPR) and was scripted for the interviewer. There were validity concerns about several questions on the QoL survey

instrument. These concerns have been shared with MPR on several MFP multi-state conference calls. MPR has been very receptive to the concerns of state surveyors, but no changes have been allowed to the survey instrument.

The Quality of Life (QoL) survey modules include:

- Module 1: Living Situation
- Module 2: Choice and Control
- Module 3: Access to Personal Care
- Module 4: Respect and Dignity
- Module 5: Community Integration and Inclusion
- Module 6: Satisfaction
- Module 7: Health Status

Data Analysis

Cleaned baseline (N = 697), first follow-up (N = 251) and second follow-up (N = 81) data were matched by Medicaid ID numbers and analyzed. Out of the 251 matched baseline and first year follow-up records, 29 participants were deceased at the time of survey administration. Therefore, the number of respondents per survey question in the tables that follow averages 213 participants. Participants had the option to refuse questions within the guidelines of the informed consent; thus, the final sizes vary from question to question. Since a few questions asked participants to select multiple answers and some percentages have been rounded to a whole number, percentages reported do not always add up to 100 percent.

Descriptive statistics and cross-tabulations were used to assess frequency of particular behaviors and to examine associations between the variables. Cross-tabulations were conducted to compare differences in individuals' answers to particular questions at two time points: baseline and at the first year follow-up. The McNemar test was used to test statistical significance because it tests whether the two possible combinations of unlike values for the variables are equally likely. This test gives the difference between the proportions (expressed as a percentage) with a 95 percent confidence interval. When the (two-sided) p-value is less than the conventional 0.05 significance level, the conclusion is that there is a statistically significant difference between the two proportions. Quantitative data analyses were conducted using SPSS Version 18. For the qualitative questions, answers were summarized into categories and counted to provide an overview of the responses.

Results

The results are separated by module and include the key changes over time. Some of the questions were asked only after transition; thus, those results are shown separately from the questions where the baseline is compared to the first year follow-up interview. Furthermore, all qualitative questions are reported in separate tables to provide more in-depth insight into the answers.

MODULE 1: LIVING SITUATION

This eight-item module was used to assess a participant's choice and satisfaction with the current living situation. Five items were analyzed: residence type (Q2), satisfaction with residence (Q3), choice in living arrangement (Q4), feeling of safety (Q5) and ability to sleep without disturbances (Q6). Answer choices for these questions included: "Yes," "No," "Don't Know" or "Refused." The additional choice of "Sometimes" is incorporated in questions 3 and 6.

Table 1. *Living Situation*

	<i>N</i>	<i>Baseline</i>	<i>Follow-Up</i>	<i>Result</i>
2. Does sample member live in group home or nursing facility?	210			
Yes		98%	41%	Fewer living in group home or nursing facility.
No		3%	59%	
Don't Know		0%	1%	
3. Do you like where you live?	215			
Yes		50%	83%	More like where they live.
No		34%	2%	
Sometimes		13%	15%	
Don't Know		3%	0%	
4. Did you help pick (this/that) place to live?	214			
Yes		15%	64%	More picked the place they live.*
No		81%	36%	
Don't Know		4%	0%	
5. Do you feel safe living (here/there)?	211			
Yes		86%	95%	More feel safe.
No		11%	6%	
Don't Know		3%	0%	
6. Can you get the sleep you need without noises or other disturbances where you live?	212			
Yes		75%	92%	More get the sleep they need.*
No		17%	6%	
Sometimes		8%	2%	
Don't Know				

*p-value <0.05 indicates statistically significant difference

The responses assessed in Module 1 indicated that compared to the baseline interviews, the majority of participants liked where they lived (n = 178, 83%), felt safe (n = 200, 95 percent) and were able to get the sleep they needed (p < 0.000, n = 195, 92 percent) at the time of follow-up. Although many of the participants indicated that they continued to live in a group home or a nursing facility (n = 86, 41 percent), at follow-up, more participants stated that they picked where they lived (p < 0.00, n = 137, 64 percent).

MODULE 2: CHOICE AND CONTROL

This eight-item module was used to assess MFP participants' choice and control. Six questions were analyzed. Control in bed time (Q7), being alone (Q8), meal time (Q9). Choice in foods (Q10), ability to talk on the telephone with privacy (Q11) and ability to watch television (Q12) were analyzed. Answer choices for these questions included: "Yes," "No," "Sometimes," "Don't Know" or "Refused." The additional choice of "No Access to Telephone/TV" was incorporated into Questions 11 and 12. Concerns arose about how an answer should be coded in Questions 10 and 11. Per guidance from MPR, for Question 10, if an MFP participant used a feeding tube, the answer was "No," as the participant did not have a choice of foods. For Question 11, if an MFP participant were non-verbal, the answer should be "Don't Know," as phone access was not relevant to the person at that time and thus he or she would not know.

Table 2. Choice and Control

	<i>N</i>	<i>Baseline</i>	<i>Follow-Up</i>	<i>Result</i>
7. Can you go to bed when you want to?	212			
Yes		83%	93%	More can choose bedtime.*
No		13%	3%	
Sometimes		4%	4%	
8. Can you be by yourself when you want to?	212			
Yes		55%	72%	More can choose to be alone.
No		32%	11%	
Sometimes		12%	17%	
Don't Know		1%	0%	
9. When you are at home, can you eat when you want to?	213			
Yes		35%	84%	More can choose when to eat.*
No		60%	12%	
Sometimes		5%	4%	
10. Can you choose the foods that you eat?	214			
Yes		32%	78%	More choose what to eat.*
No		58%	16%	
Sometimes		10%	8%	
11. Can you talk on the telephone without someone listening in?	213			
Yes		52%	76%	More can talk on the phone with privacy.*
No		35%	12%	
Sometimes		5%	3%	
No Access		7%	0%	
Don't Know		1%	9%	
12. Can you watch TV when you want to?	215			
Yes		88%	97%	More can choose to watch TV.
No		7%	1%	
Sometimes		4%	1%	
No Access		1%	1%	

*p-value <0.05 indicates statistically significant difference

Participants reported increased choices in all six of the choice and control areas examined in Module 2. At the follow-up interview, participants had enhanced choice when they went to bed ($p = 0.005$, $n = 197$, 93 percent), ate meals ($p < 0.000$, $n = 179$, 84 percent) and watched television ($n = 208$, 97 percent). The respondents indicated that more spoke on the telephone without someone listening in ($p < 0.000$, $n = 162$, 76 percent), demonstrating increased privacy. This sentiment of privacy was reiterated when respondents stated that they could be by themselves when they wanted to 17 percent more than at the baseline interview ($n = 153$, 72 percent). Although increased choice and control was clearly demonstrated, various interviewees stated that control over food choices and telephone use to the MFP participants was difficult. In terms of food selection, respondents said that food choice was limited or restricted because of diabetic or liquid diets or intravenous feeding. Furthermore, some participants were non-verbal, and could not use the telephone.

MODULE 3: ACCESS TO PERSONAL CARE

Module 3 was a 21-item measure used to assess a participant's access to personal care and identified unmet needs. Eleven questions examined the following: if someone helped the participant with everyday activities (Q14), if the people were paid (Q14a) and if there were choices in selecting the people (Q14b). Questions about whether or not the participant went without a bath (Q15), a meal (Q16), medication (Q17) and the bathroom (Q18) were analyzed. Finally, questions asked post-transition only were examined. These included if changes or equipment were talked about with a case manager (Q19), if those changes were made (Q19b), if more help around the house was needed (Q20), if any family or friends helped around the house (Q21) and an estimate of hours family and friends spent helping (Q21a). Answer choices for these questions included: "Yes," "No," "Don't Know" or "Refused." The additional choice of "Not Applicable" was incorporated in Question 19 and "In Process" in Question 19b. The answer choices for Question 21 were to write the number of hours between 1 and 24 (if less than one hour, one hour was entered), "Don't Know" and "Refused." If an MFP participant was incontinent, Question 18 should have been marked as "Don't Know" per MPR, since the question did not apply to the participant's situation, and thus he or she would not know. Questions 20 through 21a were recommended not to be asked if a MFP participant had transitioned back into a facility, particularly if the participant had been in the facility for more than a week.

A concern often raised about transitioning people into the community is how to continue to meet the participants' needs in a less controlled environment. The questions in Module 3 addressed the participants' access to personal care and measured whether their needs were being met. At the follow-up, three percent more participants indicated that they had someone who helped them with activities such as bathing, dressing or preparing meals ($n = 200$, 95 percent). In contrast, fewer of the respondents indicated they had someone paid to help them ($n = 178$, 95 percent). When asked about choice in personal care, 35 percent more chose the people paid to help them as compared to the baseline ($n = 68$, 38 percent). At the follow-up interview, the percentage of participants who reported that they went without a bath ($n = 30$, 14 percent), meal ($n = 4$, 2 percent)

or medicine (n = 6, 3 percent) when they needed it decreased from the baseline. Furthermore, at follow-up fewer respondents indicated that they were unable to use the restroom when they needed it (n = 17, 8 percent). Various respondents indicated to the interview team that there are times in which MFP participants were unable to use the restroom due to factors such as incontinence; this response choice was not included as a lack of access, per MPR guidance.

Table 3. Access to Personal Care

	<i>N</i>	<i>Baseline</i>	<i>Follow-Up</i>	<i>Result</i>
14. Does anyone help you with things like bathing, dressing, or preparing meals?	211			
Yes		92%	95%	More receive help.
No		8%	4%	
Refused		0%	1%	
14a. Do any of these people get paid to help you?	187	97%	95%	Fewer receive paid help.
Yes		3%	4%	
No		0%	1%	
14b. Do you pick the people who are paid to help you?	180			
Yes		3%	38%	More choose the people who are paid to help them.
No		96%	62%	
Don't Know		1%	0%	
15. Do you ever go without a bath or shower when you need one?	212			
Yes		17%	14%	Fewer go without a bath or shower.
No		82%	85%	
Don't Know		1%	0%	
Refused		0%	1%	
16. Do you ever go without a meal when you need one?	214			
Yes		5%	2%	Fewer go without a meal.
No		94%	97%	
Don't Know		1%	0%	
Refused		0%	1%	
17. Do you ever go without taking your medicine when you need it?	212			
Yes		7%	3%	Fewer go without taking their medicine.
No		92%	97%	
Don't Know		1%	0%	
18. Are you ever unable to use the bathroom when you need to?	210			
Yes		11%	8%	Fewer are unable to use the bathroom.
No		88%	88%	
Don't Know		1%	4%	

At the follow-up interview, 48 percent of the participants spoke with a case manager or coordinator about equipment or changes to their home to make life easier for them (n = 120). About one-third of the respondents felt that they needed more help around the house with cooking and cleaning than they currently received (n = 217, 29 percent). When asked about help provided by friends and family, 53 percent reported they received this type of support (n = 115). The average time these sources spent helping the participant yesterday was reported as 8.07 hours (n = 56; min. = 1; max. = 24).

Table 4. Access to Personal Care Post- Transition Only Questions

	<i>N</i>	<i>Percent</i>
19. Have you ever talked with a case manager or support coordinator about any special equipment or changes to your home that might make your life easier?	251	
Yes		48%
No		48%
Don't Know		2%
Not Applicable		2%
19b. Did you get the equipment or make the changes you needed?	105	
Yes		53%
No		22%
In Process		23%
Don't Know		2%
20. Please think about all the help you received during the last week <i>around the house</i> like cooking or cleaning. Do you need <i>more</i> help with things around the house than you are now receiving?	217	
Yes		29%
No		70%
Don't Know		1%
21. During the last week, did any family member or friends help you with things around the house?	217	
Yes		53%
No		46%
Refused		1%

Module 3 included a qualitative question asking if participants spoke to a case manager about changes and what specific equipment or changes were discussed. Respondents are able to list multiple responses; thus, the total number of changes indicated is more than the number of responses.

Table 5. Qualitative Analysis Q19a

	<i>N</i>
19a. What equipment or changes did you talk about?	85
Bathroom renovation	29
Wheelchair	21
Ramp	21
Hospital bed/mattress	18
Car modifications	12

	<i>N</i>
Lift	10
Walker	7
Shower chair	5
Computer	4
Rail	3
Other medical equipment/supplies	2

The top three responses were: bathroom renovations, acquiring a wheelchair and the installation of ramps. Half of the respondents had received the equipment or changes they had discussed (n= 56, 53 percent), 23 percent had changes in process (n = 24, 23 percent) and 22 percent had not received the modifications discussed (n = 23, 22 percent).

MODULE 4: RESPECT AND DIGNITY

This 11-item module measured MFP participants' feelings of being treated with respect and dignity by those who helped them. One question asked about whether or not those who helped the participants treated them the way they wanted (Q22), and the other examined if helpers listened carefully to what they were asked (Q23). Answer choices for these questions included: "Yes," "No," "Don't Know" or "Refused."

Table 6. *Respect and Dignity*

	<i>N</i>	<i>Baseline</i>	<i>Follow-Up</i>	<i>Result</i>
22. Do the people who help you treat you the way you want them to?	209			
Yes		85%	78%	More not being treated the way they want.
No		13%	21%	
Don't Know		1%	1%	
Refused		1%	0%	
23. Do the people who help you listen carefully to what you ask them to do?	207			
Yes		80%	86%	More are listening carefully to what is asked.
No		18%	12%	
Don't Know		2%	2%	

Analysis of Module 4 provided mixed results about the respect and dignity MFP participants received from their caregivers. A larger percentage of respondents reported that they were not treated the way they wanted to be by their caregivers at the follow-up as compared to the baseline (n = 163, 78 percent). However, more participants felt that helpers listened carefully to what they asked them to do at the time of the follow-up interview (n = 178, 86 percent). These changes were not statistically significant.

MODULE 5: COMMUNITY INTEGRATION AND INCLUSION

Module 5 was a 17-item measure used to evaluate whether participants accessed and engaged in social community activities. Twelve items were used from this module in the analysis. They included asking if participants could see friends and family (Q27), whether transportation was available (Q28), if additional outings were desired (Q29), and if participants needed help when they went out (Q30). Moreover, they were asked if

they went out to do fun things in their communities (Q33), about the decision and planning process of going out (Q34), if activities were missed (Q35), and if medical care had not been received (Q36). The post-transition participants were also asked if they were employed (Q31) or engaged in volunteer work (Q32) and if not, if they would like to be (Q31a and Q32a). Answer choices for these questions included: “Yes,” “No,” “Don’t Know” or “Refused.” However, for Question 30, answer choices included “Go out independently,” “Need Help,” “Don’t Know” or “Refused.” Also, the answer choices for Question 34 included “Decide and Go,” “Plan Some,” “Plan Many Days Ahead,” “Don’t Know” or “Refused.”

Table 7. Community Integration and Inclusion

	<i>N</i>	<i>Baseline</i>	<i>Follow-Up</i>	<i>Result</i>
27. Can you see your friends and family when you want to see them?	214			
Yes		85%	74%	Fewer see friends and family.
No		13%	25%	
Don’t Know		2%	1%	
28. Can you get to the places you need to go, like work, shopping, or the doctor’s office?	214			
Yes		80%	87%	More can get to places.
No		17%	12%	
Don’t Know		2%	1%	
Refused		1%	0%	
29. Is there anything you <i>want</i> to do outside [the facility/your home] that you can’t do now?	215			
Yes		52%	43%	Fewer want to do things outside of the home that they can’t do now.
No		24%	50%	
Don’t Know		24%	7%	
30. When you go out, can you go by yourself or do you need help?	210			
Independently		11%	13%	More go out independently.
Need Help		86%	86%	
Don’t Know		2%	1%	
Refused		1%	0%	
33. Do you go out to do fun things in your community?	210			
Yes		67%	50%	Fewer go out for fun.
No		33%	49%	
Don’t Know		0%	1%	
34. When you want to go somewhere, can you just go, do you have to make some arrangements, or do you have to plan many days ahead and ask people for help?	214			
Decide and Go		7%	13%	More can decide and go.*
Plan Some		37%	61%	
Plan Many Days Ahead and Ask for Help		46%	19%	
Don’t Know		8%	1%	
Refused		1%	1%	
Not Applicable		1%	5%	

	<i>N</i>	<i>Baseline</i>	<i>Follow-Up</i>	<i>Result</i>
35. Do you miss things or have to change plans because you don't have a way to get around easily?	203			
Yes		34%	12%	Fewer miss things or change plans.*
No		50%	69%	
Sometimes		7%	18%	
Don't Know		8%	0%	
Refused		1%	1%	
36. Is there any medical care, such as a medical treatment or doctor's visits, which you have not received or could not get to within the past month?	215			
Yes		8%	3%	More had access to medical care.
No		91%	96%	
Don't Know		1%	0%	
Refused		0%	1%	

*p-value <0.05 indicates statistically significant difference

Mixed results were received in the answers to Module 5. When examining questions of a social nature, there were multiple indications that participants had less community integration or inclusion at the follow-up interview. This included a decreased proportion of participants who saw friends and family when they wanted to (n = 158, 74 percent) and went out to do fun things in their community (n = 105, 50 percent) at the time of follow-up as compared to baseline. However, fewer participants indicated that they had activities that they wanted to do outside the home that they could not do now (n = 92, 43 percent). Participants reported that they had increased access to get to the places they needed to go (n = 186, 87 percent) and went out independently (n = 27, 13 percent) at follow-up. The percentage of participants who reported that they had to “plan many days ahead of time and ask for help,” in order to go somewhere decreased from the baseline to the follow-up by 27 percent (p < 0.000, n = 41, 19 percent). Slightly increased from the baseline data, a majority of the MFP follow-up respondents stated that they did not need to change plans (p < 0.000, n = 140, 69 percent) and did not miss any medical care within the past month (n = 206, 96 percent).

Table 8. Qualitative Analysis Q29a and Q29b

	<i>N</i>
29a. What would you like to do that you don't do now?	99
“Things I used to do”	24
Social outings	20
Visit old friends	18
Visit family	10
Day care/program	10
Travel	10
School/work	5

	<i>N</i>
29b. What do you need to do these things?	72
Transportation	26
Help/assistance	17
Medical equipment	8
Finances	6
Availability of social activities	5
Time	2
Family Support	2
Independence	1

Two qualitative questions in Module 5 inquired about what MFP participants wanted to do that they could not do now and what things were needed to fulfill those interests. Answer choices were assessed and grouped into major themes. When asked what they wanted to do, the top three answers of those who responded were: the “things I used to do (n =24),” have more social outings (n = 20) and visit friends (n = 18). When the respondents were asked what they needed in order to do those activities, the most common response was transportation (n = 26) followed by help (n = 17). Because participants provided multiple answers, the total N does not equal the number of items listed.

Table 9. Community Integration and Inclusion Post-Transition Only Questions

	<i>N</i>	<i>Percent</i>
31. Are you working for pay right now?	218	
Yes		2%
No		96%
Don't Know		1%
Refused		1%
31a. Do you want to work for pay?	207	
Yes		26%
No		63%
Don't Know		11%
32. Are you doing volunteer work or working without getting paid?	218	
Yes		9%
No		88%
Don't Know		2%
Refused		1%
32a. Would you like to do volunteer work or work without getting paid?	182	
Yes		20%
No		41%
Don't Know		33%
Refused		6%

The community integration and inclusion questions asked after transition indicated that the majority of participants were not currently working or volunteering. However, an

opportunity exists, because 26 percent of the respondents stated that they would like to work (n = 54) and 20 percent would like to do volunteer work (n = 36).

MODULE 6: SATISFACTION

This six-item module was used to measure a participant's overall satisfaction with their care and with the way they lived their lives. Two questions were used from the module for analysis. Question 37 asked if participants were satisfied with the help they received around the home and getting around the community. Question 38 asked participants if they were satisfied with how they lived their lives. Answer options for both included: "Happy," "Unhappy," "Don't Know" or "Refused."

Table 10. Satisfaction

	<i>N</i>	<i>Baseline</i>	<i>Follow-Up</i>	<i>Result</i>
37. Taking everything into consideration, during the past week have you been happy or unhappy with the help you get with things around the house or getting around your community?	203			
Happy		73%	80%	More felt happy.
Unhappy		17%	12%	
Don't Know		9%	7%	
Refused		1%	1%	
38. Taking everything into consideration, during the past week have you felt happy or unhappy with the way you live your life?	203			
Happy		65%	69%	More felt happy. *
Unhappy		29%	15%	
Don't Know		5%	15%	
Refused		1%	1%	

*p-value <0.05 indicates statistically significant difference

Respondents reported more overall happiness in Module 6. Seven percent more participants were happy with the help they received with things around the house or getting around their community (n = 162, 80 percent). In addition, at baseline, 29 percent of participants (n = 59) reported being unhappy with the way they lived their life compared to the 15 percent of respondents at the follow-up (p < 0.000, n = 30).

MODULE 7: HEALTH STATUS

The Health Status module was a six-item measure assessing the overall mental and physical health status of MFP participants. Half of the questions from this module were used in the analysis. Questions asked whether or not the participant felt sad (Q39), irritable (Q40) and experienced aches and pains (Q41). Answer choices for these questions are: "Yes," "No," "Don't Know" or "Refused."

Table 11. Health Status

	<i>N</i>	<i>Baseline</i>	<i>Follow-Up</i>	<i>Result</i>
39. During the past week have you felt sad or blue?	214			
Yes		38%	46%	More felt sad or blue.
No		56%	49%	
Don't Know		6%	4%	
Refused		1%	1%	
40. During the past week have you felt irritable?	214			
Yes		44%	51%	More felt irritable.
No		53%	47%	
Don't Know		3%	1%	
Refused		0%	1%	
41. During the past week have you had aches and pains?	213			
Yes		45%	50%	More had aches and pains.
No		52%	43%	
Don't Know		3%	7%	

An increased percentage reported feeling sad (n = 98, 46%), irritable (n = 109, 51%) and having aches and pains (n = 106, 50%) although none of the differences were statistically significant.

Fiscal Data Analysis

Before and after transition from an institution, participants have access to MFP grant funds to help pay for things not typically covered by Medicaid. Using MFP grant funds can help each individual's transition and accommodate his/her needs. The types of services and supplies covered by MFP funds are listed in the table below, along with when the service or supply is covered.

Service Code	MFP Service	Pre or Post
HGS	Household Goods and Supplies	Pre
HHF	Household Furnishings	Pre
MVE	Moving Expenses	Pre
PES	Peer Community Support	Pre
PSS	Trial Visits	Pre
SCD	Security Deposits	Pre
TRN	Transportation	Pre
TSS	Transition Supports	Pre
UTD	Utility Deposits	Pre

Service Code	MFP Service	Pre or Post
CGT	Caregiver Training	Post
EMD	Environmental Modifications	Post
EQS	Equipment and Supplies	Post
OBM	Ombudsman Visits	Post
SOR	Skilled Out of Home Respite	Post
VAD	Vehicle Adaptations	Post

The amount, type, and cost of services is compiled by Acumen and the Northwest Georgia Area Agency on Aging. This data is provided to DCH, who then transmits it to the GHPC on a periodic basis. The following table details how the MFP supplemental grant funds were spent in calendar years 2009, 2010, 2011 and January through March of 2012.¹

Amount Billed by Service for 2009, 2010, 2011, 2012 (Jan-Mar)

Service Code	Year								By Service			
	2009		2010		2011		2012 (Jan-Mar)*		N	Cost Expended	Average Cost	Percentage
	N	Cost	N	Cost	N	Cost	N	Cost				
EMD	15	\$81,065.55	130	\$353,126.01	140	\$347,712.37	23	\$58,854.05	308	\$840,757.98	\$2,729.73	37.07%
EQS	65	\$26,494.18	221	\$101,293.05	383	\$208,071.82	112	\$54,689.88	781	\$390,548.93	\$500.06	17.22%
HHF	84	\$43,709.23	139	\$87,762.27	233	\$144,804.24	70	\$32,625.87	526	\$308,901.61	\$587.27	13.62%
HGS	100	\$17,538.19	260	\$62,712.53	227	\$94,593.83	94	\$16,565.36	681	\$191,409.91	\$281.07	8.44%
OBM	152	\$21,900.00	365	\$54,450.00	245	\$36,750.00	24	\$3,600.00	786	\$116,700.00	\$148.47	5.15%
MVE	41	\$8,860.68	172	\$36,429.92	259	\$50,413.09	44	\$7,162.70	516	\$102,866.39	\$199.35	4.54%
SCD	29	\$13,444.00	72	\$36,651.43	79	\$30,551.57	30	\$9,770.17	210	\$90,417.17	\$430.56	3.99%
PSS	0	\$0.00	50	\$15,064.19	58	\$36,315.29	8	\$3,789.80	116	\$55,169.28	\$475.60	2.43%
UTD	34	\$4,574.26	80	\$10,674.66	89	\$13,069.69	28	\$3,801.98	231	\$32,120.59	\$139.05	1.42%
TRN	7	\$182.50	45	\$7,161.13	110	\$21,683.57	13	\$2,277.17	175	\$31,304.37	\$178.88	1.38%
PES	52	\$4,246.50	253	\$13,052.50	105	\$8,114.50	11	\$832.50	421	\$26,246.00	\$62.34	1.16%
VAD	1	\$12.50	0	\$0.00	11	\$35,539.08	3	\$8,495.00	15	\$44,046.58	\$2,936.44	1.94%
TSS	3	\$797.84	38	\$5,741.26	85	\$16,402.04	7	\$861.19	133	\$23,802.33	\$178.96	1.05%
SOR	1	\$1,379.13	0	\$0.00	13	\$9,883.68	1	\$236.00	15	\$11,498.81	\$766.59	0.51%
CGT	1	\$1,200.00	0	\$0.00	14	\$1,077.28	0	\$0.00	15	\$2,277.28	\$151.82	0.10%
Yearly Totals	585	\$225,404.56	1,825	\$784,118.95	2,051	\$1,054,982.05	468	\$203,561.67	4,929			
Grand Total										\$2,268,067.23		

*Fiscal intermediary data reporting from Acumen is only January and February; data reporting from Northwest Georgia AAA is January, February and March
 Note: N= the number of times a category was accessed. One participant may have accessed a category multiple times

Since the program began in 2009, approximately \$2.6 million MFP supplemental dollars were spent. In 2011, the dollars expended increased over 2010 spending by \$270,863. Consistently over the three years of implementation, participants spent the most grant funds for environmental modifications. This category received approximately 37 percent of the cumulative spending. The Ombudsman visit was the service code which was accessed the most (786), followed by equipment and supplies (781) and household goods and supplies (681). The service categories that were accessed the least were vehicle adaptations, skilled out-of-home respite and caregiver training (15). Caregiver training was also the category with the fewest grant funds spent (\$2,277.28).

¹ Fiscal intermediary data reporting from Acumen is only January and February; data reporting from Northwest Georgia AAA is January, February and March.

For this reporting period, GHPC conducted analyses of baseline and first year follow-up interviews with MFP participants and analyses of MFP demonstration grant funds using Fiscal Intermediary data provided by DCH. For more information contact:

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