

Georgia Money Follows the Person



4th Quarter 2012 Evaluation Report

Prepared for

Georgia Department of Community Health

and

MFP Evaluation Advisory Team

Prepared by

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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 demonstration 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 analyses of baseline and first year follow-up interviews with MFP participants and analyses of MFP demonstration grant funding. Fiscal data used in the analysis was obtained from the Fiscal Intermediaries for the MFP project, Acumen and the Northwest Georgia Area Agency on Aging. This is the fourth quarterly report of analyses 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 MFP project after their discharge date. Below is a descriptive analysis of the Quality of Life (QoL) survey results. MFP participants are interviewed three times: 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 participants have been accepted into the MFP program, but just before they are discharged from the institution back into the community. First year follow-up interviews occur about 11 months after participants have been discharged into the community. Finally, second year follow-up interviews are conducted about 24 months after the MFP participants have been discharged into the community. This analysis represents the 282 participants who completed both a baseline and a first year follow-up survey through June 30, 2012. The analysis was conducted using solely 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. Because of the small sample size ($n = 105$), a comparison of matched data to the second year follow-up interviews was not completed.

Measures

The MFP Quality of Life Survey covers seven topic areas including: participants' 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; their attitudes about being treated with respect and dignity by others; their ability to engage in activities; and the participants' health status. This analysis examined change over time, except when questions were asked only after transition. Certain questions in the QoL survey were not included in the analysis as a result of validity concerns or because questions were optional. 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 that have been brought to the attention of MPR on several MFP multi-state conference calls. MPR has been very receptive to the concerns of state surveyors; however, 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 = 729), first follow-up (n = 321) and second follow-up (n = 105) data were matched by Medicaid ID numbers and analyzed. Due to the sample size, only the baseline to first year follow-up analyses were reported to provide the most significant findings (n = 282). It should be noted that out of the 315 matched baseline and first year follow-up records, 33 participants were deceased at the time of survey administration. Therefore, the number of respondents per survey question in the tables that follow averaged 278 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 were rounded to a whole number, percentages reported do not always add up to 100 percent.

At all three times, the Quality of Life Survey may have been completed with the sample participant alone, the participant with assistance or a proxy on behalf of the participant. For the baseline interview, 31 percent were completed with the sample member alone (n = 85), 37 percent were completed with the sample member receiving assistance (n = 102) and 32 percent were completed with a proxy (n = 86). At follow-up, 51 percent of the interviews were conducted with the sample member alone (n = 139), four percent completed with the sample member receiving assistance (n = 11) and 45 percent were conducted with a proxy (n = 123).

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 of significance was used 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 statistical 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 a more in-depth insight into the

answers. Not all of the responses will add to 100 percent, which is due to not all of the answer choices being included in the report, such as “Refused.”

MODULE 1: LIVING SITUATION

This eight-item module was used to assess a participant’s choice and satisfaction with their current living situation. For the analysis, five items were analyzed: residence type (Q2), satisfaction with residence (Q3), choice in living arrangement (Q4), feeling of safety (Q5) and the 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 11. 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?	273			
Yes		95%	44%	Fewer living in group home or nursing facility.*
No		5%	55%	
Don’t Know		0%	1%	
3. Do you like where you live?	280			
Yes		53%	84%	More like where they live.*
No		31%	3%	
Sometimes		13%	14%	
Don’t Know		3%	0%	
4. Did you help pick (this/that) place to live?	279			
Yes		17%	59%	More picked the place they live.*
No		80%	40%	
Don’t Know		3%	1%	
5. Do you feel safe living (here/there)?	276			
Yes		87%	95%	More feel safe.*
No		10%	5%	
Don’t Know		3%	0%	
6. Can you get the sleep you need without noises or other disturbances where you live?	278			
Yes		75%	91%	More get the sleep they need.*
No		16%	5%	
Sometimes		9%	3%	
Don’t Know		1%	1%	

*p-value <0.05 indicates statistically significant difference

The responses assessed in Module 1 indicated a positive increase in participants’ living situation. As compared to the baseline interviews, the majority of participants liked where they lived ($p < 0.000$, $n = 235$, 84 percent), felt safe ($p = 0.007$, $n = 262$, 95 percent) and were able to get the sleep they needed in their living situation ($p < 0.000$, $n = 253$, 91 percent) at the time of follow-up. The answers from Module 1 also displayed an increase in choice of where participants live. This finding is demonstrated through Question 6 where at follow-up, a larger percentage of participants indicated that they chose where they lived ($p < 0.00$, $n = 165$, 59 percent).

MODULE 2: CHOICE AND CONTROL

This eight-item module was used to assess MFP participants' choice and control. Six questions were identified in this module: control of bedtime (Q7), being alone (Q8) and meal time (Q9). Additionally, choice in foods (Q10), ability to talk privately on the telephone (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" is incorporated in Questions 11 and 12.

Concerns arose about how an answer should be coded for Questions 10 and 11 when participants' limitations interfered with their ability to express their choice. Per guidance from MPR, for Question 10, if a MFP participant uses a feeding tube, the answer would be "No," as the participant does not have a choice of foods. For Question 11, if a MFP participant is non-verbal, the answer should be "Don't Know," as phone access had not been a relevant part of this person's life at that time; thus, he or she would not know.

Table 22. 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?	278			
Yes		81%	93%	More can choose bedtime.*
No		15%	3%	
Sometimes		4%	3%	
Don't Know		0%	1%	
8. Can you be by yourself when you want to?	278			
Yes		54%	73%	More can choose to be alone.*
No		33%	14%	
Sometimes		12%	13%	
Don't Know		1%	0%	
9. When you are at home, can you eat when you want to?	279			
Yes		35%	81%	More can choose when to eat.*
No		59%	14%	
Sometimes		6%	5%	
Don't Know		1%	1%	
10. Can you choose the foods that you eat?	280			
Yes		33%	73%	More choose what to eat.*
No		56%	18%	
Sometimes		11%	7%	
11. Can you talk on the telephone without someone listening in?	278			
Yes		52%	72%	More can talk privately on the phone.*
No		35%	14%	
Sometimes		4%	4%	
No Access		5%	1%	
Don't Know		3%	10%	
Refused		0%	1%	

	<i>N</i>	<i>Baseline</i>	<i>Follow-Up</i>	<i>Result</i>
12. Can you watch TV when you want to?	281			
Yes		88%	96%	
No		7%	1%	More can choose to watch
Sometimes		4%	1%	TV.*
No Access		1%	1%	
Don't Know		1%	1%	
Refused		0%	1%	

*p-value <0.05 indicates statistically significant difference

The participants reported an increased ability to make choices in all six of the choice and control areas examined in Module 2. At the time of follow-up, participants indicated increased ability to choose their bedtime ($p < 0.000$, $n = 259$, 93 percent), their meal choices ($p < 0.000$, $n = 226$, 81 percent) and their times to watch television ($p = 0.004$, $n = 270$, 96 percent). Furthermore, an increase in participant privacy was displayed in the responses to Questions 8 and 11. For Question 8, the respondents stated that they may be by themselves when they wanted: 19 percent more than at the baseline interview ($p < 0.000$, $n = 203$, 73 percent). Responses to Question 11 indicated that more participants spoke on the phone without someone listening in at the follow-up ($p < 0.000$, $n = 200$, 72 percent). Although increased choice and control was clearly demonstrated, various interviewees stated that control over food choices and telephone use for 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

The module focusing on access to personal care is a 21-item measure used to assess a participants' access to care and identify unmet needs. Eleven questions examined if someone helped the participant with everyday activities (Q14), if the people were paid (Q14a) and if participants could select their own helpers (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 specific only to post-transition 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" is 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; 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 he or she had been in the facility for more than a week.

Table 33. 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?	277			
Yes		93%	95%	More receive help.
No		7%	4%	
Refused		1%	1%	
14a. Do any of these people get paid to help you?	245			
Yes		97%	96%	Fewer receive paid help.
No		2%	3%	
Don't Know		1%	1%	
14b. Did you pick the people who are paid to help you?	236			
Yes		4%	36%	More choose the people who are paid to help them.*
No		95%	64%	
Don't Know		1%	0%	
15. Do you ever go without a bath or shower when you need one?	278			
Yes		16%	12%	Fewer go without a bath or shower.
No		82%	87%	
Don't Know		3%	1%	
Refused		0%	1%	
16. Do you ever go without a meal when you need one?	280			
Yes		4%	3%	Fewer go without a meal.
No		95%	96%	
Don't Know		1%	1%	
Refused		0%	1%	
17. Do you ever go without taking your medicine when you need it?	277			
Yes		5%	3%	Fewer go without taking their medicine.
No		94%	96%	
Don't Know		1%	1%	
Refused		0%	1%	
18. Are you ever unable to use the bathroom when you need to?	275			
Yes		11%	8%	Fewer are unable to use the bathroom.
No		87%	87%	
Don't Know		2%	6%	
Refused		0%	1%	

*p-value <0.05 indicates statistically significant difference

A concern often raised in efforts to transition people into community settings is how to continue to meet the individuals' needs in a less controlled environment. The questions in Module 3 addressed the participants' access to personal care and measured whether the needs of the participants were being met. At the follow-up, two percent more participants indicated that they had someone who helped them with activities such as bathing, dressing or preparing meals (n =

263, 95 percent). In contrast, fewer respondents indicated they had someone paid to help them (n = 235, 96 percent). When asked about choice in personal care, 32 percent more chose the people that were paid to help them as compared to the baseline (p > 0.000, n = 85, 36 percent). At the follow-up interview, the percentage of participants who reported that they went without a bath (n = 33, 12 percent), meal (n = 8, 3 percent) or medicine (n = 8, 3 percent) when they needed it decreased from the baseline. Furthermore, at follow-up, a smaller percentage of respondents indicated that they were unable to use the bathroom when they needed (n = 22, 8 percent). Some respondents indicated that there were times when MFP participants were unable to use the bathroom due to factors such as incontinence; this response choice was not included as a lack of access, instead it was coded as “Don’t Know,” per MPR guidance.

Table 44. 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?	280	
Yes		49%
No		44%
Don’t Know		3%
Not Applicable		4%
Refused		1%
19b. Did you get the equipment or make the changes you needed?	138	
Yes		56%
No		20%
In Process		22%
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?	278	
Yes		27%
No		72%
Don’t Know		1%
Refused		1%
21. During the last week, did any family member or friends help you with things around the house?	277	
Yes		48%
No		51%
Don’t Know		1%
Refused		1%

At follow-up, almost half of the participants indicated that they spoke with a case manager or support coordinator about equipment or changes to their home that would make life easier for them (n = 137, 49 percent). A little more than a quarter of the respondents felt that they needed more help around the house with cooking and cleaning than they currently received (n = 75, 27 percent). When asked about help from those that do not live with them, 48 percent of participants reported that they received help from family and friends (n = 132). The average time of help received from these sources was reported as 9.30 hours (n = 74; min. = 1; max. = 24).

Table 5. Qualitative Analysis Q19a

	<i>N</i>
19a. What equipment or changes did you talk about?	125
Bathroom renovation	37
Wheelchair	37
Ramps	26
Hospital bed/mattress	23
Car modifications	18
Lift	16
Walker	12
Shower chair	10
Other home modifications (e.g., door widening)	8
Other medical equipment/supplies (e.g. adult diapers)	6
Rails	3
Computer	2

Module 3 included a qualitative question in which participants were asked if they spoke to a case manager regarding changes and what specific equipment or changes were discussed. The top three responses were: (1) bathroom renovations, (2) acquiring a wheelchair and (3) the installation of ramps. More than half of the respondents received the equipment or changes they had discussed (n= 77, 56 percent), 22 percent had changes or requests in process (n = 24) and 20 percent had not received the equipment or modifications that were discussed (n = 28).

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 participants treated them the way they wanted (Q22), another 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?	273			
Yes		86%	83%	Fewer being treated the way they want.
No		12%	16%	
Don't Know		6%	1%	
Refused		1%	1%	
23. Do the people who help you listen carefully to what you ask them to do?	271			
Yes		80%	87%	More are listening carefully to what is asked.*
No		18%	9%	
Don't Know		2%	3%	
Refused		0%	1%	

*p-value <0.05 indicates statistically significant difference

In the analysis of Module 4: Respect and Dignity, participants revealed conflicting feelings when asked about the quality of care, respect and dignity they received from the people who helped them. Four percent more of the respondents indicated that they were not being treated the way

they wanted (n = 44, 16 percent). However, seven percent more participants felt that the people who helped them listened carefully to what they asked them to do at the time of the follow-up interview (p = 0.004, n = 235, 87 percent).

MODULE 5: COMMUNITY INTEGRATION AND INCLUSION

Module 5 was a 17-item measure used to evaluate whether participants have accessed and engaged in social events or 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), were included in 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 did volunteer work (Q32) and if not, if they would like to (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?	279			
Yes		88%	78%	Fewer see friends and family.
No		10%	21%	
Don’t Know		2%	1%	
Refused		0%	1%	
28. Can you get to the places you need to go, like work, shopping, or the doctor’s office?	279			
Yes		81%	89%	More can get to places.*
No		16%	10%	
Don’t Know		3%	1%	
Refused		1%	1%	
29. Is there anything you <i>want</i> to do outside [the facility/your home] that you can’t do now?	279			
Yes		50%	42%	Fewer want to do things outside of the home that they can’t do now.*
No		26%	51%	
Don’t Know		24%	7%	
Refused		1%	1%	
30. When you go out, can you go by yourself or do you need help?	275			
Go Out Independently		11%	13%	More go out independently.
Need Help		87%	87%	
Don’t Know		2%	1%	
Refused		1%	1%	

	<i>N</i>	<i>Baseline</i>	<i>Follow-Up</i>	<i>Result</i>
33. Do you go out to do fun things in your community?	276			
Yes		68%	56%	Fewer go out for fun.*
No		31%	44%	
Don't Know		1%	1%	
Refused		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?	279			
Decide and Go		7%	15%	More can decide and go.*
Plan Some		36%	55%	
Plan Many Days Ahead and Ask for Help		49%	23%	
Don't Know		7%	2%	
Refused		1%	1%	
N/A		1%	5%	
35. Do you miss things or have to change plans because you don't have a way to get around easily?	269			
Yes		33%	12%	Fewer miss things or change plans.*
No		52%	71%	
Sometimes		7%	16%	
Don't Know		8%	1%	
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?	279			
Yes		8%	2%	More had access to medical care.
No		91%	97%	
Don't Know		1%	1%	
Refused		0%	1%	

*p-value <0.05 indicates statistically significant difference

Module 5 reported mixed results for participants' experiences in community integration and inclusion. There were two indications that participants had less community integration at the time of follow-up. There was a decrease in the proportion of participants who saw friends and family when they wanted to ($n = 217$, 78 percent) and who went out to do fun things in their community ($p < 0.000$, $n = 154$, 56 percent) at follow-up compared to baseline. However, there were increases in community access in the remaining questions. Fewer participants indicated at follow-up that they wanted to do things outside of the home that they could not do ($p < 0.000$, $n = 117$, 42 percent). Participants reported that they had increased ability to get to places outside of the home ($p = 0.041$, $n = 248$, 89 percent) and went out independently ($n = 38$, 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" to go somewhere decreased from the baseline to the follow-up by 26 percent ($n = 64$, 23 percent). A decrease was reported when participants were asked if they ever missed things or had to change plans because they didn't have a way to get around easily ($p <$

0.000, n = 32, n = 12 percent) and whether they had missed medical appointments or treatment (n = 6, 2 percent).

Table 8. Qualitative Analysis Q29a and Q29b

	<i>N</i>
29a. What would you like to do that you don't do now?	124
Social Outings	44
"Things I used to do"	30
Visit friends and/or family	27
Day care/program	10
Travel	10
School/work	5
29b. What do you need to do these things?	88
Transportation	39
Help/assistance	24
Medical equipment	13
Finances	8

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. When asked what they wanted to do, the top three answers of those who responded were: (1) to have more social outings, (2) "the things I used to do" and (3) visit friends and family. When the respondents were asked what they needed so they could do the mentioned activities, the most common response was transportation (n = 39) followed by increased help (n = 24).

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

	<i>N</i>	<i>Percent</i>
31. Are you working for pay right now?	279	
Yes		4%
No		94%
Don't Know		1%
Refused		1%
31a. Do you want to work for pay?	260	
Yes		26%
No		61%
Don't Know		12%
Refused		1%
32. Are you doing volunteer work or working without getting paid?	279	
Yes		8%
No		89%
Don't Know		2%
Refused		1%
32a. Would you like to do volunteer work or work without getting paid?	238	
Yes		21%
No		45%
Don't Know		29%
Refused		5%

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 = 68) and 21 percent would like to volunteer (n = 50).

MODULE 6: SATISFACTION

This six-item module was used to measure participants' overall satisfaction with their circumstances. Two questions were used from the module for analysis. The first, Question 37, asked if participants were satisfied with the help they received with chores 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?	269			
Happy		74%	83%	More felt happy.
Unhappy		16%	11%	
Don't Know		10%	6%	
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?	266			
Happy		67%	73%	More felt happy.*
Unhappy		26%	14%	
Don't Know		6%	13%	
Refused		1%	1%	

*p-value <0.05 indicates statistically significant difference

For Module 6, respondents reported more overall happiness. When asked if they were happy or unhappy with the help they received with things around the house or getting around their community, nine percent more stated that they were happy (n = 223, 83 percent). In addition, at follow-up, 73 percent of participants (n = 194) reported being happy with the way they lived their lives compared to the 67 percent of respondents at baseline (p < 0.000, n = 178).

MODULE 7: HEALTH STATUS

The Health Status module was a six-item measure used to assess the overall mental and physical health status of MFP participants. Half of the questions from this module were used in the analysis. Questions asked if 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?	279			
Yes		35%	42%	More felt sad or blue.
No		59%	53%	
Don't Know		6%	5%	
Refused		0%	1%	
40. During the past week have you felt irritable?	280			
Yes		42%	46%	More felt irritable.
No		56%	52%	
Don't Know		3%	2%	
Refused		0%	1%	
41. During the past week have you had aches and pains?	279			
Yes		41%	47%	More had aches and pains.
No		55%	46%	
Don't Know		4%	7%	
Refused		0%	1%	

At the time of follow-up, seven percent more respondents reported feeling sad (n = 117, 42 percent), four percent more felt irritable (n = 129, 46 percent) and six percent more respondents experienced aches and pains (n = 131, 47 percent). Overall, nearly half of the participants reported having these feelings or ailments, which may raise important questions about the health status of the participants before and after transitioning to the community.

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. MFP grant funds can help each individual's transition and accommodate his/her needs. The types of services and supplies covered by MFP grant funds are listed in the table below, along with when the service or supply is covered.

Table 12. Service Code List

Service Code	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

Service Code	Service	Pre or Post
TSS	Transition Supports	Pre
UTD	Utility Deposits	Pre
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 expenditure amounts were compiled by Acumen and the Northwest Georgia Area Agency on Aging. Data was provided to DCH for periodic transmission to the GHPC. The following table details how the MFP supplemental funds were spent in calendar years 2009, 2010, 2011 and January through May of 2012.

Table 13. Fiscal Amount Billed by Service for 2009, 2010, 2011, 2012 (Jan-May)

Service Code	Year								By Service			
	2009		2010		2011		2012 (Jan-May)*		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	41	\$132,280.67	326	\$914,184.60	\$2,804.25	37.21%
EQS	65	\$26,494.18	221	\$101,293.05	383	\$208,071.82	177	\$77,403.24	846	\$413,262.29	\$488.49	16.82%
HHF	84	\$43,709.23	139	\$87,762.27	233	\$144,804.24	116	\$57,326.41	572	\$333,602.15	\$583.22	13.58%
HGS	100	\$17,538.19	260	\$62,712.53	227	\$94,593.83	181	\$29,619.89	768	\$204,464.44	\$266.23	8.32%
OBM	152	\$21,900.00	365	\$54,450.00	245	\$36,750.00	98	\$14,700.00	860	\$127,800.00	\$148.60	5.20%
MVE	41	\$8,860.68	172	\$36,429.92	259	\$50,413.09	90	\$13,691.04	562	\$109,394.73	\$194.65	4.45%
SCD	29	\$13,444.00	72	\$36,651.43	79	\$30,551.57	53	\$20,554.92	233	\$101,201.92	\$434.34	4.12%
PSS	0	\$0.00	50	\$15,064.19	58	\$36,315.29	14	\$7,097.52	122	\$58,477.00	\$479.32	2.38%
VAD	1	\$12.50	0	\$0.00	11	\$35,539.08	6	\$16,761.90	18	\$52,313.48	\$2,906.30	2.13%
UTD	34	\$4,574.26	80	\$10,674.66	89	\$13,069.69	51	\$7,962.47	254	\$36,281.08	\$142.84	1.48%
TRN	7	\$182.50	45	\$7,161.13	110	\$21,683.57	34	\$6,565.18	196	\$35,592.38	\$181.59	1.45%
PES	52	\$4,246.50	253	\$13,052.50	105	\$8,114.50	34	\$3,960.00	444	\$29,373.50	\$66.16	1.20%
TSS	3	\$797.84	38	\$5,741.26	85	\$16,402.04	14	\$2,086.48	140	\$25,027.62	\$178.77	1.02%
SOR	1	\$1,379.13	0	\$0.00	13	\$9,883.68	2	\$2,114.00	16	\$13,376.81	\$836.05	0.54%
CGT	1	\$1,200.00	0	\$0.00	14	\$1,077.28	0	\$0.00	15	\$2,277.28	\$151.82	0.09%
Yearly Totals	585	\$225,404.56	1,825	\$784,118.95	2,051	\$1,054,982.05	911	\$392,123.72	5,372			
Grand Total										\$2,456,629.28		

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 \$2.5 million MFP supplemental grant funds have been spent. In 2011, the dollars expended increased by \$270,863 compared to 2010 spending.. Consistently during the three years of implementation, the category where participants spent the most grant funds was in environmental modifications, which received approximately 37 percent of the cumulative spending. The Ombudsman visit was the service code which was accessed the most (860), followed by equipment and supplies (846) and household goods and supplies (768). The service categories that were accessed the fewest times were caregiver training (15), skilled out-of-home respite (16) and vehicle adaptations (18). Caregiver training was the category with the fewest funds spent, accounting for less than one percent of expended funds (\$2,277.28).

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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