

Georgia Money Follows the Person



2nd 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 conducted first and second year follow-up interviews with participants and co-led an MFP Evaluation Advisory Team work group composed of MFP participants, advocates, community stakeholders, providers/contractors and DCH staff. For this reporting period, GHPC conducted analyses of first year follow-up interviews with MFP participants and analyses of MFP demonstration grant funds using Fiscal Intermediary data provided by DCH. This is the second 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 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 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 MFP participants have been discharged into the community. This analysis encompasses the 206 participants who completed both a baseline and a first year follow-up survey through December 31, 2011. This analysis was conducted solely utilizing 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 sample size ($n = 67$), a comparison of all of the matched baseline, first year and second year follow-up interviews was not completed.

Measures

The MFP Quality of Life (QoL) Survey covers seven topic areas. These include: participants' choice and control; overall satisfaction with housing, care, and quality of life; participants' access to care, if there are any unmet service needs; feelings regarding being treated with respect and dignity by others; ability to engage in community activities; and 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 because of validity concerns or 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 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 were brought to the attention of MPR on several MFP multi-state conference calls. MPR has been very receptive to the concerns of state surveyors, but no changes have been permitted 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

Data analysis was conducted using SPSS Version 18. Cleaned baseline (n = 600), first follow-up (n = 206), and second follow-up (n = 67) data were uploaded into the program and matched. Four separated datasets were matched by Medicaid ID numbers and analyzed: baselines to first year follow-ups (n = 206); baselines to second year follow-ups (n = 67); first year follow-ups to second year follow-ups (n = 67); and baselines to first year follow-ups to second year follow-ups (n = 67). Due to the sample size, only the baseline to first year follow-up analyses were reported to provide the most significant findings. Additionally, it should be noted that out of the 206 matched baseline and first year follow-up records, 23 participants were deceased and did not have the opportunity to complete the follow-up survey questions. Therefore, the number of respondents per survey question in the tables that follow averages 177. 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 because it tests whether the two possible combinations of unlike values for the variables are equally likely. 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. Not all of the responses will add to 100 percent, because not all of the answer choices were reported, such as "Don't Know" or "Refused." Conversely, responses may add to more than 100, which is due to rounding.

MODULE 1: LIVING SITUATION

This eight-item module assessed a participant's choice and satisfaction with the 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 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?	173			
Yes		97%	41%	Fewer living in group home or nursing facility.
No		3%	59%	
3. Do you like where you live?	178			
Yes		49%	82%	More like where they live.
No		36%	2%	
4. Did you help pick (this/that) place to live?	177			
Yes		15%	68%	More picked the place they live.
No		83%	32%	
5. Do you feel safe living (here/there)?	177			
Yes		85%	94%	More feel safe.
No		11%	6%	
6. Can you get the sleep you need without noises or other disturbances where you live?	175			
Yes		78%	92%	More get the sleep they need.
No		17%	6%	

The responses assessed in Module 1 indicated that, as compared to the baseline interviews, a larger percentage of participants liked where they live, picked the place that they live, felt safer, and were able to get the sleep that they needed at follow-up. Although many of the participants continued to live in a group home or nursing facility, more participants chose where they lived at the follow-up interview.

MODULE 2: CHOICE AND CONTROL

This eight-item module looked at MFP participants’ choice and control. Six questions were identified in this module to examine control in bed time (Q7), being alone (Q8), and meal time (Q9). Additionally, 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” is incorporated in Questions 11 and 12. Concerns arose about how an answer should be coded in regard to Questions 10 and 11. Per guidance from MPR, for Question 10, if an MFP participant uses a feeding tube, the answer should be “No,” as the participant does not have a choice of foods. For Question 11, if an MFP participant is non-verbal, the answer should be “Don’t Know,” as phone access has not been a relevant part of this person’s life at that time point 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?	175			
Yes		85%	93%	More can choose bedtime.
No		11%	3%	
8. Can you be by yourself when you want to?	176			
Yes		57%	71%	More can choose to be alone.
No		32%	11%	

	<i>N</i>	<i>Baseline</i>	<i>Follow-Up</i>	<i>Result</i>
9. When you are at home, can you eat when you want to?	176			
Yes		34%	85%	More can choose when to eat.
No		62%	10%	
10. Can you choose the foods that you eat?	177			
Yes		32%	77%	More choose what to eat.
No		58%	14%	
11. Can you talk on the telephone without someone listening in?	176			
Yes		52%	82%	More can talk on the phone with privacy.
No		35%	11%	
12. Can you watch TV when you want to?	178			
Yes		88%	98%	More can choose to watch TV.
No		7%	0%	

Participants reported an increased ability to make choices in all six of the questions examined in Module 2. At the follow-up interview, participants had an increased ability to choose when they went to bed, ate meals and watched television. Additionally, participants indicated a higher rate of privacy on the telephone. This sentiment was reiterated when participants stated that they may be by themselves when they wanted to, 14 percent more than at the baseline. Though increased choice and control is clearly indicated across the questions, it should also be noted that some respondents indicated that providing choice as to the foods that the participant eats cannot be given due to diet

limitations or restrictions (e.g. diabetic, intravenous feeding, and liquid diet), and some participants are non-verbal, which meant they are unable to talk on the telephone.

MODULE 3: ACCESS TO PERSONAL CARE

Module 3 used a 21-item measure 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 helpers were paid (Q14a) and if the participant chose their 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" was incorporated in Question 19 and "In Process" in Question 19b.

The answer choices for Question 21 were to write the amount of hours between 1 and 24 (if less than one hour, one hour is entered), "Don't Know," and "Refused." If an MFP participant is 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 thru 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.

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?	174			
Yes		92%	95%	More receive help.
No		8%	5%	
14a. Do any of these people get paid to help you?	155			
Yes		96%	95%	Less receive paid help.
No		3%	5%	
14b. Did you pick the people who are paid to help you?	149			
Yes		3%	38%	More choose the people who are paid to help them.
No		96%	62%	
15. Do you ever go without a bath or shower when you need one?	176			
Yes		18%	15%	Fewer go without a bath or shower.
No		81%	85%	
16. Do you ever go without a meal when you need one?	178			
Yes		5%	2%	Fewer go without a meal.
No		94%	97%	

	<i>N</i>	<i>Baseline</i>	<i>Follow-Up</i>	<i>Result</i>
17. Do you ever go without taking your medicine when you need it?	175			
Yes		6%	2%	Fewer go without taking their medicine.
No		93%	97%	
18. Are you ever unable to use the bathroom when you need to?	173			
Yes		10%	5%	Fewer are unable to use the bathroom.
No		88%	92%	

A concern often raised when transitioning people into community settings is can the participants' needs be met in an environment that is less controlled. The questions in Module 3 addressed the participants' access to personal care and indicated whether the needs of the participants were being met. At the follow-up interview, a slightly higher percentage of participants reported having someone who assisted them with at least one of the everyday activities identified. Moreover, of those that had paid help, a higher percentage of participants at the follow-up interview reported that they picked the people who were paid to help them as compared to the baseline data. Yet, 62 percent of respondents at the follow-up interview stated that they did not pick the people who were paid to help them. At the follow-up interview, the percentage of participants who reported that they went without a bath, meal or medicine when they needed it decreased from the baseline. Furthermore, a smaller percentage of respondents indicated that they were unable to use the restroom when they needed to as compared to the baseline responses. Importantly, some respondents indicated to the interviewers that at times they were unable to use the restroom due to factors such as being incontinent, which was not included as a lack of access to the bathroom, per MPR guidance.

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?	180	
Yes		48%
No		48%
Don't Know		2%
Not Applicable		1%
Refused		1%
19b. Did you get the equipment or make the changes you needed?	86	
Yes		50%
No		24%
In Process		23%
Don't Know		0%
Refused		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 <u>more</u> help with things around the house than you are now receiving?	179	
Yes		31%
No		67%
Don't Know		2%
Refused		0%
21. During the last week, did any family member or friends help you with things around the house?	178	
Yes		55%
No		43%
Don't Know		1%
Refused		1%

At the follow-up interview, 48 percent of the participants indicated that they had spoken to someone about equipment or changes that would make life easier for them. When asked, “What equipment or changes did you talk about?” (Q19a), the top three responses of those who responded (n = 66), were: (1) bathroom and shower modifications (n = 23, 35%), (2) acquiring a hospital bed (n = 17, 26%) and (3) the installation of ramps (n = 12, 18%). Closely following were answers such as Hoyer lifts, car modifications and wheelchairs. Half the respondents had received the equipment or changes that they had discussed, 23 percent had changes in process and 24 percent had not received the equipment or changes.

About one-third of participants felt that they needed more help in the last week with cooking and cleaning than they received, while 55 percent reported receiving help from friends and family. Of those who had received help from friends and family, the average time they spent helping the day before the interview (Q21a) was 7.5 hours (n = 41; range = 23; min. = 1; max. = 24).

MODULE 4: RESPECT AND DIGNITY

This 11-item module is used to measure MFP participants’ feelings of being treated with respect and dignity by those who help them. Question 22 measured whether or not those who helped participants treated them positively, and the other question examined if participant helpers listened carefully to what participants asked (Q23). Answer choices for these questions included: “Yes,” “No,” “Don’t Know,” or “Refused.”

Table 5. *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?	173			
Yes		84%	74%	More not being treated the way they want.
No		14%	24%	

	<i>N</i>	<i>Baseline</i>	<i>Follow-Up</i>	<i>Result</i>
23. Do the people who help you listen carefully to what you ask them to do?	171	78%	84%	More are listening carefully to what is asked.
Yes		21%	13%	
No				

The questions about respect and dignity provided mixed results. A larger percentage of respondents reported not being treated the way that they wanted by their helpers at the follow-up interview compared to the baseline. However, more participants at the follow-up interview felt that the people who helped them listened carefully to what they asked them to do as compared to the baseline.

MODULE 5: COMMUNITY INTEGRATION AND INCLUSION

Module 5 is a 17-item measure evaluating 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), participated 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 6. 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?	177			
Yes		85%	70%	Fewer see friends and family.
No		14%	28%	
28. Can you get to the places you need to go, like work, shopping, or the doctor's office?	177			
Yes		79%	85%	More can get to places.
No		18%	14%	
29. Is there anything you <i>want</i> to do outside [the facility/your home] that you can't do now?	178			
Yes		55%	44%	Fewer want to do things outside of the home that they can't do now.
No		21%	49%	
30. When you go out, can you go by yourself or do you need help?	173			
Independently		11%	15%	More go out independently.
Need Help		86%	85%	
33. Do you go out to do fun things in your community?	174			
Yes		69%	46%	Fewer go out for fun.
No		32%	53%	

	<i>N</i>	<i>Baseline</i>	<i>Follow-Up</i>	<i>Result</i>
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?	177			
Decide and Go		7%	9%	More can decide
Plan Some		38%	67%	and go.
Plan Many Days Ahead and Ask for Help		46%	16%	
35. Do you miss things or have to change plans because you don't have a way to get around easily?	166			
Yes		37%	11%	Fewer miss things
No		46%	69%	or change plans.
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?	178			
Yes		8%	3%	More had access
No		91%	96%	to medical care.

Somewhat decreased from the baseline responses, 85 percent of respondents in the follow-up interviews reported they needed help when they went out. The participants reported that they had increased access to do the things that they wanted to do outside of the facility or home and were less likely to have missed things or changed their plans due to their inability to get around. Additionally, the percentage of participants who

reported that they had to “plan many days ahead and ask for help” to go somewhere decreased from the baseline to the follow-up by 30 percent. However, there were multiple indications that the participants had less community integration or inclusion at the follow-up interview compared to the baseline. For example, fewer participants reported being able to see friends and family when they wanted to and fewer participants indicated that they went out to do fun things in the community. Slightly increased from the baseline data, a majority of the MFP follow-up respondents stated that they had not missed any medical care within the past month.

Two qualitative questions were asked in Module 5 inquiring about what MFP participants would like to do that they could not do now (Q29a) and what things were needed to fulfill those interests (Q29b). When asked what they would like to do, the top three answers of those who responded (n = 83), were:

- (1) the things I used to do (n = 21, 25%),
- (2) visit old friends (n = 16, 19%), and
- (3) visit family (n = 12, 14%).

Closely following were answers such as going outside to the park and attending a day care facility. When the respondents were asked what they needed to be able to do the mentioned activities, the most common response was transportation (n = 19, 40%). Other answers included more help, freedom and choices and finances.

Table 7. Community Integration and Inclusion Post-Transition Only Questions

	<i>N</i>	<i>Percent</i>
31. Are you working for pay right now?	179	
Yes		2%
No		97%
Don't Know		1%
Refused		1%

	<i>N</i>	<i>Percent</i>
31a. Do you want to work for pay?	170	
Yes		27%
No		65%
Don't Know		9%
Refused		0%
32. Are you doing volunteer work or working without getting paid?	179	
Yes		11%
No		86%
Don't Know		2%
Refused		1%
32a. Would you like to do volunteer work or work without getting paid?	145	
Yes		22%
No		38%
Don't Know		32%
Refused		8%

The community integration and inclusion questions asked after transition indicated that the majority of participants were not currently working or volunteering. However, 27 percent of the respondents stated that they would like to work and 22 percent would like to do volunteer work.

MODULE 6: SATISFACTION

This six-item module is used to measure a participant's overall satisfaction with their circumstances. Two questions were utilized 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 8. 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?	166			
Happy		70%	78%	More felt happy.
Unhappy		19%	12%	
38. Taking everything into consideration, during the past week have you felt happy or unhappy with the way you live your life?	166			
Happy		62%	67%	More felt happy.
Unhappy		31%	16%	

The questions in Module 6 assessing satisfaction indicated that respondents reported less unhappiness. At baseline, 19 percent of participants reported being unhappy in the help that they received and getting around the community compared to 12 percent of respondents at the follow-up. In addition, there was a 15 percent decrease in participants reporting that they felt unhappy with the way they lived their lives at the follow-up.

MODULE 7: HEALTH STATUS

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

Table 9. 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?	177			
Yes		42%	50%	More felt sad or blue.
No		53%	46%	
40. During the past week have you felt irritable?	177			
Yes		46%	55%	More felt irritable.
No		51%	46%	
41. During the past week have you had aches and pains?	178			
Yes		44%	52%	More had aches and pains.
No		53%	41%	

More MFP participants reported an increased percentage of feeling sad, irritable and having aches and pains at the follow-up interview than at the baseline. Additionally, approximately 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.

Acumen Data Analysis

Before and after transition from an institution, MFP participants have access to MFP grant dollars to help pay for things not typically covered by Medicaid. MFP dollars aid individual transitions according to individual needs. The types of services and supplies covered by MFP dollars are listed in the table below, along with whether the service or supply is covered prior to or after the transition takes place.

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
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

Amount Billed by Service for 2009, 2010, and 2011

Service Code	Year						By Service			
	2009		2010		2011		N	Cost Expended	Average Cost	Percentage of Total
	N	Cost	N	Cost	N	Cost				
EMD	15	\$81,065.55	130	\$353,126.01	140	\$347,712.37	285	\$781,903.93	\$2,743.52	37.87%
EQS	65	\$26,494.18	221	\$101,293.05	383	\$208,071.82	669	\$335,859.05	\$502.03	16.27%
HHF	84	\$43,709.23	139	\$87,762.27	233	\$144,804.24	456	\$276,275.74	\$605.87	13.38%
HGS	100	\$17,538.19	260	\$62,712.53	227	\$94,593.83	587	\$174,844.55	\$297.86	8.47%
OBM	152	\$21,900.00	365	\$54,450.00	245	\$36,750.00	762	\$113,100.00	\$148.43	5.48%
MVE	41	\$8,860.68	172	\$36,429.92	259	\$50,413.09	472	\$95,703.69	\$202.76	4.64%
SCD	29	\$13,444.00	72	\$36,651.43	79	\$30,551.57	180	\$80,647.00	\$448.04	3.91%
PSS	0	\$0.00	50	\$15,064.19	58	\$36,315.29	108	\$51,379.48	\$475.74	2.49%
UTD	34	\$4,574.26	80	\$10,674.66	89	\$13,069.69	203	\$28,318.61	\$139.50	1.37%
TRN	7	\$182.50	45	\$7,161.13	110	\$21,683.57	162	\$29,027.20	\$179.18	1.41%
PES	52	\$4,246.50	253	\$13,052.50	105	\$8,114.50	410	\$25,413.50	\$61.98	1.23%
VAD	1	\$12.50	0	\$0.00	11	\$35,539.08	12	\$35,551.58	\$2,962.63	1.72%
TSS	3	\$797.84	38	\$5,741.26	85	\$16,402.04	126	\$22,941.14	\$182.07	1.11%
SOR	1	\$1,379.13	0	\$0.00	13	\$9,883.68	14	\$11,262.81	\$804.49	0.55%
CGT	1	\$1,200.00	0	\$0.00	14	\$1,077.28	15	\$2,277.28	\$151.82	0.11%
Yearly Totals	585	\$225,404.56	1,825	\$784,118.95	2,051	\$1,054,982.05				
Grand Total								\$2,064,505.56		

The amount, type, and cost of services are compiled monthly by the Fiscal Intermediary and provided to DCH, who then transmits the data to GHPC on a periodic basis. The following table details how the MFP demonstration funds were spent in calendar years 2009, 2010, and 2011. 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, nearly \$2.1 million MFP demonstration grant funds have been spent. In 2011, the dollars expended increased over 2010 spending by \$270,863. Consistently during the three years of implementation, the category where participants spent the most demonstration funds was in environmental modifications. Environmental modifications for MFP participants accounted for nearly 38 percent of the total spending. Long-term Care Ombudsman visits was accessed the most (762), followed by equipment and supplies (669) and household goods and supplies (587). The service category accessed the least was vehicle adaptations, and caregiver training was the category with the fewest dollars spent.

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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Specialist, Georgia Money Follows the Person

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