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What We Are Reading

Synopses of recent studies in health services research
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Connecticut's 'Money Follows the Person' Yields Positive Results for Transitioning People with Disabilities out of Institutions

Take Away Points

- Connecticut's Money Follows the Person program aims to move diverse individuals of all ages with any type of disability into the community and support them staying there. Outcomes measures consistently showed improved quality of life (QoL) and higher rates of global satisfaction for people who remained in the community, unlike those returning to an institution.
- Even with clear improvements in QoL and satisfaction, the study data highlight opportunities to improve the program, such as reported unmet medical or mental health needs and an increase in the number of falls after transition.

The Issue

Individuals living with disabilities prefer to live in a community setting and receive community-based long-term services compared to living in institutions such as rehabilitation hospitals, nursing homes, and intermediate care facilities. Moreover, providing community services and supports costs less per capita than institutional care. As a result, policy makers have developed inititiatives such as the federal Money Follows the Person Rebalancing Demonstration to expand home and community-based services and reduce institutional bias. This program currently operates in forty-six states and the Distrcit of Columbia and consists of two parts; 1) to increase voluntary transitions from institutions to community-based settings (such as private homes, assisted living facilities, and group homes for four or less residents), and 2) to improve states' home and community-based services infrastructure.

Participants in this large-scale state-level transition program complete quality-of-life (QoL) surveys before transition and at regular intervals for 2 years following transition. Overall, this initiative has shown sustained increases in QoL and life satisfaction and reduction in total Medicare and Medicaid expenditures after transition. However, the national evalution has not yet identified independent predictors of global life satisfation, reinstitutionalization, and the independent effects of QoL domains on global life satisfaction.

This study focuses on data and outcomes from more than 2,000 individuals in the Connecticut Money Follows the Person demonstration and examines their quality of life, global life satisfaction, and health services use after transition. Beginning in December 2008, Connecticut's program includes all disability groups, has transitioned more people to the community than all but three other states, and is the only state that administers participants surveys at four timepoints (baseline, six months, 12 months, and 24 months after transition) instead of just baseline, 12 months, and 24 months.

Study Methods and Design

Program participants must have been institutionalized for at least 90 days, have Medicaid as the institutional payer, and want to move to a community-based setting. Staff members of Connecticut's Money Follows the Person program enter demographic and information about living arrangement, disability category, and medical diagnoses into a web-based data system. Following the evaluation protocol, evaluators complete follow-up interviews by phone or in-person at baseline, six, 12, and 24 months after the transition. As of September 30, 2014, 2,339 people had transitioned to community living through the program. Survey response rates were 93-97%. Analysis was performed on 2,262 people who transitioned prior to October 2014 and completed at least the pretransition survey. Statistical differences in QoL indicators from before transition to after were assessed with McNemar's tests for categorical measures and paired t-tests for the continuous measures. Analyses were conducted for the entire sample as well as the subgroups that remained in the community at each follow-up survey time point. Logistic regression models were used to identify QoL and demographic predictors that affect global life satisfaction and being reinstitutionalized 12 months after transition.

Key Findings and Limitations

- Participant ages range from under 1 to 104 years, and 52% were female. Primary disability categories include: age 65 and over with a physical disability—45%, under age 65 with a physical disability—40%, mental health disability—11%, developmental disability—4%, and diagnosis of dementia—13%.
- For participants who remained in the community, QoL scores assessed quality of and access to care, being treated well by providers, sense of autonomy, satisfaction with living arrangements, and community involvement. All improved from baseline to six months post-transition and stayed consistently high over the next two years.
- The results in the health and well-being QoL domain were mixed, and the incidence of recent falls increased from 20% before the transition to 26% six months after the transition, remaining increased over baseline levels over the two-year period.
- Consistent with other programs, global life satisfaction increased from 63% at baseline to 84% for each time point thereafter.
- At the 12 month interview, independent predictors of global life satisfaction included being treated with respect and dignity, liking place of residence, and higher levels of community integration.
- Significant predictors of reinstitutionalization included higher age, worse self-rated health, recent falls, and challenges with family members. In addition, people with mental health disabilities were 2.5 times more likely to return to an institution.
- 16-18% of participants reported unmet medical or mental health needs after the transition.
- Limitations: The data analyzed come from one state's Money Follows the Person program and did not include a comparison group. Results may not be generalizable to all states' Money Follows the Person or other transition programs. In addition, the national program evaluation protocol dictates the majority of the variables examined and calls for inclusion of any proxy respondents.

Final Thoughts

- Policymakers at the national and state level can gain insight from the Connecticut Money follows the Person program, specifically, to identify targets that can prevent the use of acute care services, reinstitutionalization after transition, and ensure high quality of life, while reducing Medicare and Medicaid expenditures at the national level.
- Planning for care after transition from an institution must focus not only on addressing personal medical and mental health needs, but also helping individuals select a home that they truly like and from which they can participate in their communities.