The provider must maintain documentation that supports the claims. If the provider fails to maintain the required documentation, all improper payments are recovered. The State also recovers payments when it verifies the provider was overpaid because of improper billing. The State may take adverse action against the provider's contract or require a corrective action plan for any fiscal review finding.

D. Independent State Evaluations

Connecticut has been continuously evaluating its existing Nursing Facility Transition Program since its inception in October 2001. Throughout this process, the evaluation has focused on the following two primary research questions: "What factors contribute to a successful transition?" and "What factors contribute to the length of time before transition?" The MFP demonstration will incorporate this evaluation because it is a natural extension of the NFTP program and the evaluation methods lend themselves to assessing the effects of the MFP demonstration. The MFP demonstration will broaden the evaluation beyond nursing facility resident transition and include information on ICF-MRs, chronic care hospitals, and IMDs.

In addition to our ongoing evaluation activities focused specifically on the transition experience, the MFP evaluation will assess the long-term care system rebalancing activities that are being undertaken as part of the Connecticut MFP initiative. Those who transition under MFP will have access to an expanded package of community services, compared to what is currently available under either of the existing Medicaid 1915(c) waivers. They will also have more flexibility and choice in how they manage these services. The goal of this portion of the MFP evaluation is to determine the efficacy of this expanded and more flexible service package, in terms of access to care in the community, costs and consumer satisfaction.

D.1 Evaluator

If an evaluator has been identified, name the evaluator and provide a resume of the principle investigator in an indexed appendix. Provide a description of the process that will be used to secure an evaluator if one has not yet been identified. Also provide a description of how the State will assure that the evaluator will possess the necessary expertise to conduct a high quality evaluation. Provide a brief description of the organizational and structural administration that will be in place to implement, monitor and operate the evaluation.

The University of Connecticut Health Center (UCHC), Center on Aging will conduct the evaluation, lead by Principal Investigator (PI) Dr. Julie Robison (PI curriculum vitae is attached in Appendix I). The MFP Project Officer will oversee this evaluation contract. Regular monthly meetings and/or conference calls will occur to ensure that the evaluation is implemented, monitored and operated efficiently and effectively.

The State assures that the evaluator possesses the necessary expertise to conduct a high quality evaluation based on a history of past collaboration. For additional information regarding the background of the evaluation and evaluator, please see Appendix I.

D.2 Evaluation Design

Provide a description of the State's evaluation design. The description should include the following:

a. A discussion of the demonstration hypotheses that will be tested;
b. The outcome measures that will be included to evaluate the impact of the demonstration;
c. The data source that will be utilized;
d. An analysis of the methods used for data collection;
e. The control variables (independent variables) that will be used to measure the actual effects (dependent variables) of the demonstration;
f. The method that will be utilized to isolate the effects of the demonstration from other state initiatives and state characteristics (e.g., per capita income and/or population);
g. Any other information pertinent to the State's evaluative or formative research via the demonstration operations; and
h. Any plans to include interim evaluation findings in the quarterly and annual progress reports (primary emphasis on reports of services being purchased and participant satisfaction).

With the implementation of a 45-day post nursing home admission assessment, we expect that some people will return to the community at that time. They will not be eligible for the MFP service package because they will not meet the six-month stay requirement. This group of nursing home eligible people who return to the community, and who receive Medicaid HCBS under either the Personal Care Assistance waiver or the CT Home Care Program for Elders, will represent one part of a comparison group for the MFP evaluation. The rest of the comparison group will include people in these two waivers who have had a nursing home stay of at least 45 days within the past 12 months. If the comparison group is too small, we will extend that requirement to include people with a 45-day or longer nursing home stay within the past 24 months. Outcomes for this group will be compared to outcomes for those who transition under MFP.

a. A discussion of the demonstration hypotheses of the two comparison groups listed above that will be tested

- Hypothesis 1: The MFP-expanded package of community services, with its increased flexibility and consumer choice, will increase consumer satisfaction and quality of life.
- Hypothesis 2: The MFP-expanded package of community services, with its increased flexibility and consumer choice, will decrease Medicaid costs.
- Hypothesis 3: The MFP-expanded package of community services, with its increased flexibility and consumer choice, will prolong time in the community, post-transition.
- Hypothesis 4: Consumers' demographic characteristics, daily living needs, and community support needs will affect whether or not they achieve a successful transition.

b. The outcome measures that will be included to evaluate the impact of the demonstration

A proposed set of outcome measures has been developed, including many measures that we have collected over the past six years for the NFTP evaluation. These measures are being revised in order to coordinate with Mathematica Policy Research's national evaluation Quality of Life

(QOL) measures and any new QA outcome measures that will also be collected under the MFP initiative.

Current proposed outcome measures are:

- Transition out of the nursing facility
- Time elapsed between enrollment in MFP and transition
- Quality of life indicators including consumers' satisfaction with their current living situation, level of involvement in the community, sufficiency of supports and resources to pay for supports, and how the current living situation compares with previous expectations
- Medicaid long-term care and acute care costs
- HCBS services used post-transition
- Number of months consumer stays in the community residence, post-transition
- Type of post-transition move (another community residence, nursing home/institution, out of state, death)

c. The data source that will be utilized

Information collected from consumers enrolled in MFP and the consumers in the comparison group constitute the primary sources of data. The comparison group includes people currently enrolled in either the PCA or Elder waiver who have a prior nursing home stay of at least 45 days within the last 12 months (or 24 months, if the group is too small for statistical comparisons). The comparison group will continue to enroll people who transition into either waiver after a nursing home stay of less than six months during the MFP project period. Other data sources include information from the transition coordinators, Medicaid cost and claims data supplied by the DSS, and data on nursing facilities compiled in the Connecticut Nursing Facility Registry.

d . An analysis of the methods used for data collection

This proposed data collection plan draws on the existing system of collecting data for our ongoing evaluation of the NFTP, with some modifications. The majority of data is collected via a web-based data entry platform. Because consumers will provide the bulk of the information, data collection instruments are designed as questionnaires, collected at the following time points:

- The transition coordinators at each of the five Independent Living Centers and five Area Agencies on Aging will collect intake data when a person enrolls in the MFP demonstration. This will be done via an in-person or telephone interview.
- The transition coordinators will collect the baseline QOL data for the national evaluation. At this time, they will also collect additional Connecticut-specific QOL and consumer satisfaction data that is not included in the national evaluation tool.
- The transition coordinators will collect data on transition status each quarter after enrollment until six months after transition is complete; also by in-person or telephone interview.
- University of Connecticut Health Center research staff will collect the national and Connecticut-specific QOL and consumer satisfaction data, including questions focused on use of Assistive Technology (AT) at six months, one year and two years post-transition.

- This follow-up data will primarily be collected from MFP and comparison group participants via a telephone interview or self-administered web-based survey interview, with the option of in-person interviews when the telephone is not feasible.

e. The control variables (independent variables) that will be used to measure the actual effects (dependent variables) of the demonstration

The proposed control variables for the MFP evaluation include those variables currently collected under our NFTP evaluation, plus new variables specific to assessing the impact of the expanded package of community services and increased flexibility and choice under the MFP plan.

A. Consumer Demographics

The consumer demographic component provides contact information and descriptive characteristics on each consumer admitted to Connecticut's Nursing Facility Transition Program. Demographic information is collected at the time the consumer applies for services via an intake form. Information continues to be collected during an initial assessment phase, which lasts anywhere from a few days to several weeks.

Consumer intake data (121 variables) encompasses five areas: consumer contact information, consumer demographics, consumer daily livings needs, consumer placement history, and consumer resources needed. Appendix J provides a copy of the Participant Survey which is the intake data collection instrument.

Table 19: Consumer Intake Data Tables

Tables and Description	**# of Variables**
Consumer Contact Information Mailing address, telephone number and other means to contact the consumer once he/she is admitted to the project	32
Consumer Demographics General characteristics of the consumer such as age, gender, race and type of disability	43
Consumer Daily Living Needs Consumer's need for hands-on or cueing assistance to perform activities of daily living and instrumental activities of daily living	26
Consumer Placement History Type of residence and living situation of consumer prior to the current nursing facility placement	9
Consumer Resources Used Type and costs of supports needed by the consumer to transition and function well in the community	11

B. Consumer Transition Status

Descriptive information about the consumer's transition process is recorded quarterly via a Quarterly Transition Progress Report. See Appendix K. This information is collected on both consumers who have transitioned, and on those who are active in the project, but have not transitioned. Transition status data (78 variables) included: consumer transition status, consumer transition timeline and consumer community supports. In addition to the quantitative information, qualitative information is also collected via a Transition Narrative form. The narratives provide the opportunity for transition coordinators to document their perspectives on the transition process for each consumer. While the actual transition and the date of the transition represent dependent variables, many independent variables are collected in the Quarterly Transition Progress Report.

Table 20: Consumer Transition Progress Data Tables

Tables and Description	**# of Variables**
Consumer Transition Status Documents current status of the consumer in terms of progress, barriers and delaying factors. Also identifies consumer's circle of support, project materials utilized by the consumer and the estimated date for transition. *See Table 3 below for the list of transition status options.*	36
Consumer Community Supports Documents the consumer's quarterly needs for community support services.	40

Table 21: Consumer Transition Status Codes and Description

Status Code	Status Description
1	Active
2	Active ─ On Hold
5	Withdrawn by CIL/AAA
6	Withdrew from Project
7	Transitioned to Community
7.1	Transitioned to Community and Still Followed by Transition Coordinator
7.2	Transitioned to Community and Being Followed by Other CIL/AAA Services
7.3	Transitioned to Community and No Longer Being Followed by CIL/AAA
7.4	Transitioned to Community and Returned to Nursing Facility for Short-term Care
7.5	Transitioned to Community and Returned to Nursing Facility ─ Return to Community Undetermined
8	Discharged from Project by Project
9	Transitioned after End of Current Reporting Period
10	New ─ On Wait List or Active after End of Current Reporting Period
11	Deceased
12	Other

C. Consumer Satisfaction Survey

The Consumer Satisfaction Survey is currently mailed twice a year to all consumers who transition from a nursing facility under the project. For the MFP evaluation, the Consumer Satisfaction Survey, adapted to incorporate the national evaluation's QOL questions, will be administered pre-transition and at 6, 12, and 24 months post-transition.

The survey data currently includes 35 variables addressing quality of life, and involvement in community, satisfaction, supports and resources. While most of the QOL and satisfaction measures represent dependent variables, a subset will also be used as independent variables. A copy of the consumer satisfaction data collection instrument is provided in Appendix L. This survey is currently being modified.

Table 22: Consumer Satisfaction Survey Data

Tables and Description	**# of Variables**
Satisfaction with Transition Quality of life indicators such as the consumer's satisfaction with current living situation, level of involvement in the community, sufficiency of supports and resources to pay for supports, and how the current living situation compares with previous expectations.	35
Survey Tracking Fields Designed to record and track surveys that have been sent to and received from transitioned consumers.	7

D. Facility Data

In order to measure outcome and process measures, an additional data set stores descriptive and contact information about Connecticut qualified facilities including nursing facilities (39 variables). This data will also include information on IMDs, ICF-MRs and hospitals.

Table 23: Nursing Facility Data

Tables and Description	**# of Variables**
Connecticut Nursing Facilities Provides basic contact and licensure information such as mailing address and Medicaid certification for all licensed and operating nursing facilities in Connecticut. Information is derived from the Connecticut Nursing Facility Registry.	18
CMS Data Includes number of beds, number of residents and occupancy rates. Information is derived from inspection reports posted on the CMS website.	4
Level of Care and Ownership Includes information about the facility's level of care and type of ownership. Information is derived from the Connecticut Nursing Facility Registry.	6
NFR Data Number of licensed beds, Medicaid rate and Medicaid days as reported by the Connecticut Nursing Facility Registry.	7
Voting Districts Connecticut General Assembly and Congressional Districts where each operating nursing facility resides.	4

E. Public Costs Incurred Before and After Transition; HCBS Services Used

For the Connecticut NFTP evaluation, Medicaid and Medicaid Waiver (home and community-based services) costs for each consumer transitioned to the community are obtained before and after transition by the Connecticut DSS. Key identifiers, such as the consumer's Social Security Number, Medicaid number and name match consumers with their Medicaid cost records. Aggregate costs are then calculated, including the average costs of institutional care and average costs of community-based care for persons transitioned. The HCBS services purchased are clearly delineated. For the MFP evaluation, Medicaid acute care costs will be examined as well. Further, the evaluation will examine administrative costs to operate the HCBS services under the "MFP system" compared to those of the traditional HCBS system, which will be used by those transitioned under the State-funded NFTP. The Medicaid cost measures are dependent variables, but are described here for continuity.

F. Assistive Technology (AT) Data

A series of questions addressing participant's experiences with, need for, and satisfaction with AT have been compiled for the Connecticut MFP evaluation. Specifically, the questions address participants' existing AT and need for specific types of AT at home or at work, sources of information about AT, concerns about AT, satisfaction with and ongoing use of AT, satisfaction with AT providers, and need for further AT training. An additional question assesses how much assistance participants receive from informal sources such as family and friends. These questions will be integrated with the Consumer Satisfaction Survey for the MFP evaluation, in addition to the national evaluation questions and any additional QA data. See the Assistive Technology Survey in Appendix H.

f. The method that will be utilized to isolate the effects of the demonstration from otherSstate initiatives and State characteristics (e.g., per capita income and/or population).

The primary alternative State initiative is the ongoing HCBS waiver system in Connecticut. Participants in the PCA and the Elder waiver whom have had a prior nursing home stay in the past 12 months, will be included in this evaluation as a comparison group. Cost, service use and quality of life data will be compared between these waiver participants and MFP participants to isolate the effects of the demonstration.

g. Any other information pertinent to the State's evaluative or formative research via the demonstration operations.

There is no other pertinent information that has not already been addressed.

h. Any plans to include interim evaluation findings in the quarterly and annual progress reports (primary emphasis on reports of services being purchased and participant satisfaction).

The majority of the MFP evaluation data will be entered directly into a web-based platform. Therefore, cumulative data can be tabulated and included in all reports as they are due.

D.3 Variables

Describe the demographic, health care, and functional outcome variables you propose to collect in the demonstration. Provide a copy in an indexed appendix to the application. Describe the instruments and provide a rationale for their use in the evaluation including reliability, validity and appropriateness for use on the study population.

The variables are also described in more detail in sections D.2.b and D.2.e above. The majority of the quantitative variables proposed come from existing, validated surveys on long-term care. The vast majority of both quantitative and qualitative measures have already been in use in the Connecticut NFTP evaluation for up to six years. They have gone through rigorous pilot testing and refinement over this period. The AT questions are currently being pilot-tested with consumers receiving AT through Connecticut's Tech Act Grant.

D.4 Process Evaluation

Describe how process measures will be evaluated. Include a description of how infrastructure changes will be evaluated as well as any pilot programs.

The MFP process evaluation methods will include review of program workgroup documents, key informant interviews and observation of grant meetings. The process measures will focus on three broad areas ─ achievements, supports, and challenges to implementation, and will focus on processes such as:

- Measuring the increase housing
- Measuring the increase in information to conservators and attorneys about self-direction and choice
- Measuring the increase in successful integration of AT

The Connecticut MFP has a Steering Committee and three workgroups which were defined at the program's onset, each focused on one of the following areas: HCBS, Transition, and Data/Finance. Goals and work plans of each of these groups will be reviewed as they develop and change over the course of the grant. The same process will apply to any additional workgroups that are formed. The evaluation team will review documents such as agendas and meeting minutes in order to describe progress toward the workgroups' goals. Evaluation researchers will conduct annual key informant interviews with representatives of each group, as well as program staff, to identify achievements, supports and challenges to the process. Proposed and achieved changes to Connecticut's long-term care system infrastructure will be documented as they occur.