

Introduction

- The Texas Money Follows the Person Behavioral Health (MFP-BH) Pilot assists nursing facility (NF) residents who also have mental illness and/or substance abuse disorders relocate into the community.
- The BH Pilot, which began in 2008, is expected to continue through 2016. The Pilot is part of the national Money Follows the Person Demonstration, funded by the Centers for Medicare and Medicaid services. If it continues to be successful it could be considered for inclusion in the Texas Medicaid long term services and support system.
http://www.dads.state.tx.us/providers/pi/mfp_demonstration/
- The MFP BH Pilot currently serves members in several Texas counties in the San Antonio and Austin areas.
- Medical: Health care services; long term services, equipment, supports; and service coordination are provided by Medicaid HMOs.
- Pilot Services: Participants receive Cognitive Adaptation Training (CAT) and specialized substance use treatment services for up to 6 months in the NF and 1 year in the community.

Methods

Treatment

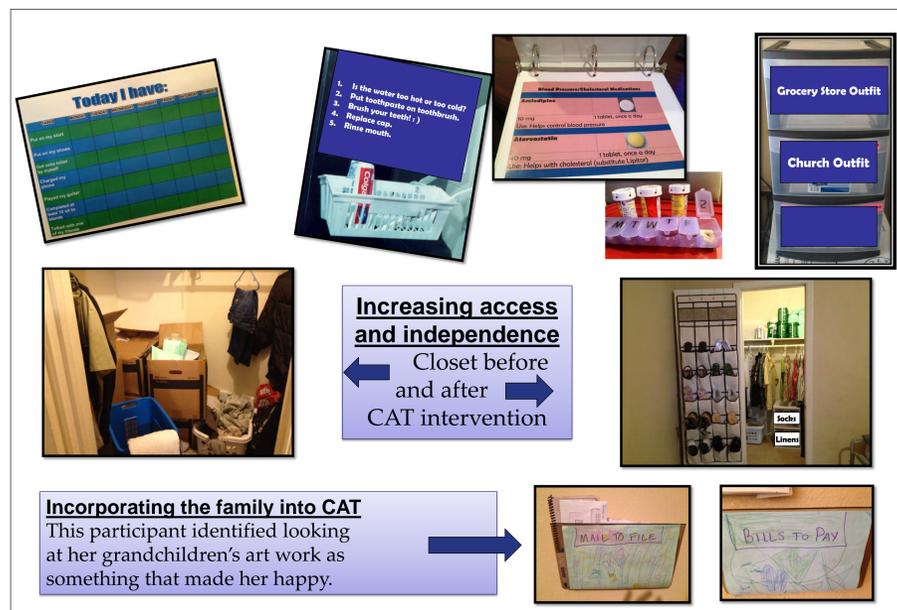
- CAT is a psychosocial intervention delivered by a therapist, which uses environmental supports such as signs, checklists, alarms and the organization of belongings in the home environment to bypass cognitive deficits to improve independent living skills.
- CAT interventions target multiple areas of functioning.

- Treatment is customized to the individual's level of executive function (fair or poor) and prominent behavior type (apathetic, disinhibited or mixed).

Behavior Type	
Apathy	Prompting and cueing to complete each step in a sequenced task
Disinhibition	Removal of distracting stimuli and cues for inappropriate behavior
Mixed	Both prompting of steps and removal of distracting stimuli
Level of Functioning	
Fair Functioning	Cues can be more subtle cues, less proximal
Poor Functioning	Cues must be larger, more proximal, more numerous

Methods Cont'd

- Below are several examples of CAT interventions.



Basic Participant Information:

- Behavioral health diagnoses primarily include depression, dementia, bipolar disorder, schizophrenia, and substance abuse disorders.
- Age of participants ranged from 27-89, with an average age of 58.2
- Must have lived in the NF for at least three months and have a co-occurring physical health and mental illness/substance abuse disorder.

Assessments

- Assessments are completed at time of relocation (baseline) and each three months thereafter. Outcome assessments are completed by a rater

Assessment	Description
Multnomah Community Ability Scale (MCAS)	17-item scale assessing domains including adjustment to living, social competence, and behavioral problems. Higher scores indicate better functioning.
Quality of Life Scale (QLS)	21-item scale that assesses four domains: interpersonal relations, instrumental role function, cognitive-emotional functioning, and extent of involvement in routine daily activities. Higher scores indicate better functioning.
Social and Occupational Functioning Scale (SOFAS)	Rates global functioning on a scale from 0 to 100. The rating does not take into account level of symptomatology. Higher scores indicate better functioning.
Frontal Systems Behavior Scale (FrSBe)	Measures behavioral apathy, disinhibition, and executive dysfunction.
Life Skills Profile (LSP)	Measures aspects of functioning ("life skills") which affect how successfully people with mental illness live in the community or hospital. Subscales include self-care, social contact, communication and responsibility.
Environmental Functioning Assessment (EFA)	Identifies areas of functioning deficits in the home environment. Completed by CAT therapist.

Results

- Over 200 individuals have been transitioned into the community since 2008
- 87% of persons relocated have successfully remained in the community.
- Preliminary analyses indicate that Medicaid costs for participants are lower on average than costs prior to discharge.
- In a mixed model analyses of covariance between total baseline and a mean of all follow-up scores, results indicate a significant improvement in targeted functional outcomes post facility discharge on all clinical outcome assessments. See Figure 1.

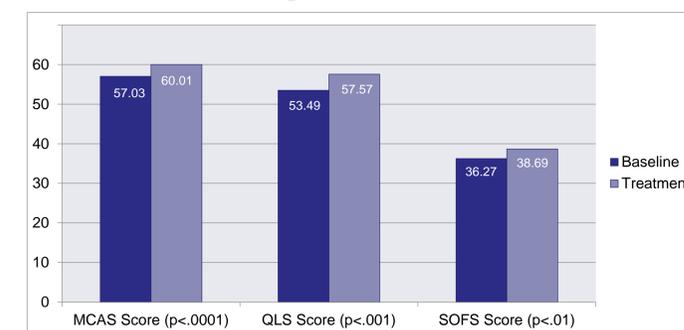


Figure 1: Baseline and Follow-up total scores

Discussion

- CAT was successfully applied to persons with co-occurring mental and physical disorders relocating from nursing facilities to independent living environments with good preliminary outcomes indicating better quality of life, social and occupational role function and in overall community functioning.
- The majority of persons have successfully remained in the community.

Using CAT with the MFP-BH Population: Lessons Learned

Factors that often impact the amount and type of CAT done with participants: coordination with multiple people and agencies, level of medical vulnerability, and the impact of the unique transition out of a NF. The role of the CAT therapist is unique in MFP. See Figure 2 below.

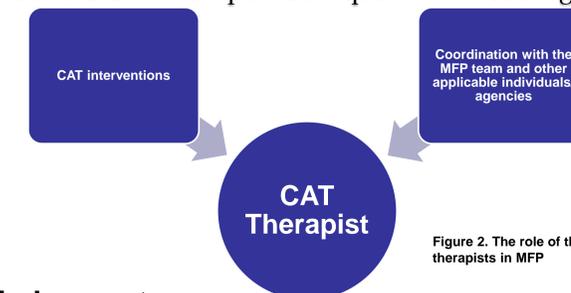


Figure 2. The role of the CAT therapists in MFP

Acknowledgements

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