

CT Money Follows the Person Report

July 1 - September 30, 2020

UConn Health, Center on Aging

Operating Agency: CT Department of Social Services Funder: Centers for Medicare and Medicaid Services

MFP Benchmarks

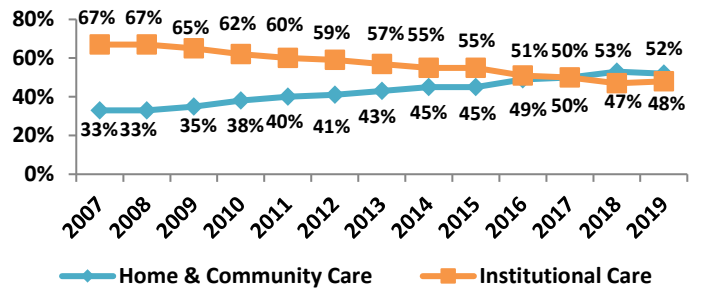
- 1) Transition 5200 people from qualified institutions to the community
- 2) Increase dollars to home and community based services
- 3) Increase hospital discharges to the community rather than to institutions
- 4) Increase probability of returning to the community during the six months following nursing home admission
- 5) Increase the percentage of long term care participants living in the community compared to an institution

Benchmark 1: Total Transitions = 6,427

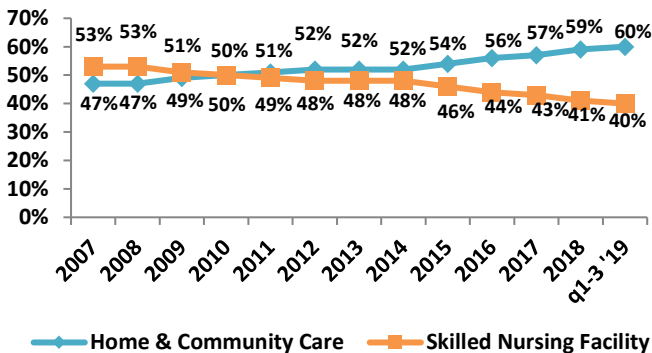
Demonstration = 6,020 (94%)

Non-demonstration = 407 (6%)

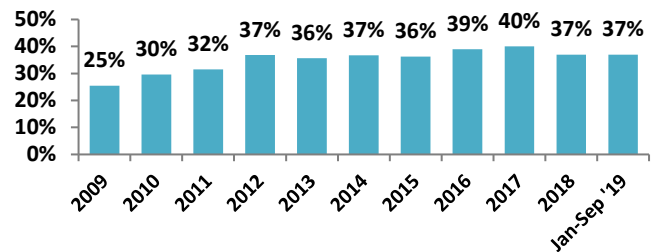
Benchmark 2 CT Medicaid Long-Term Care Expenditures



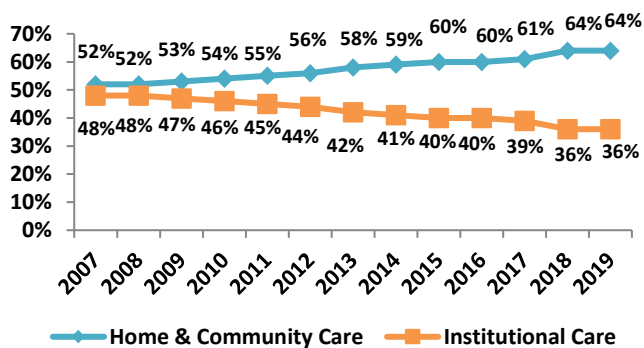
Benchmark 3 Percentage of Hospital Discharges to Home and Community Care vs. Skilled Nursing Facility



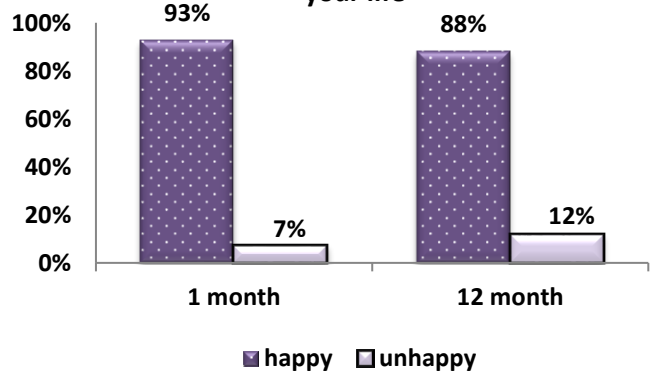
Benchmark 4 Percent of SNF admissions returning to the community within 6 months



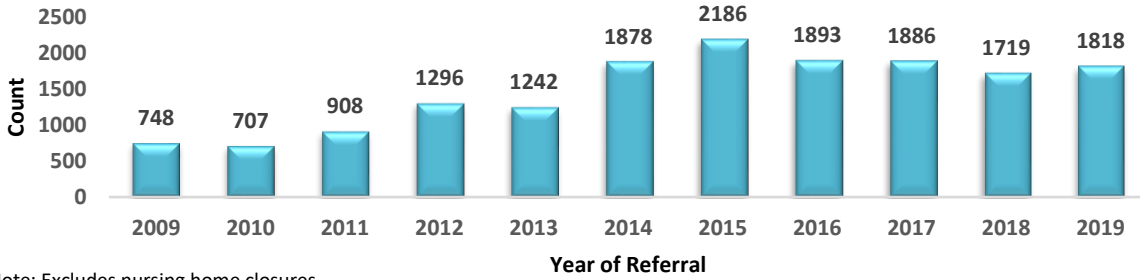
Benchmark 5: Percent Receiving LTSS in the Community vs. Institutions



Happy or unhappy with the way you live your life

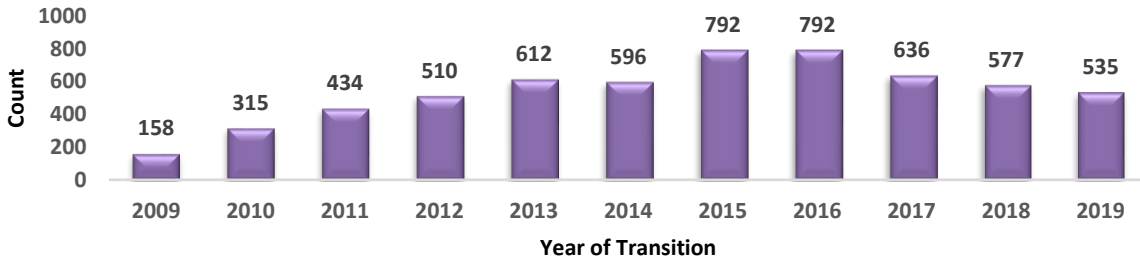


Total Number of Referrals Assigned to the Field by Year

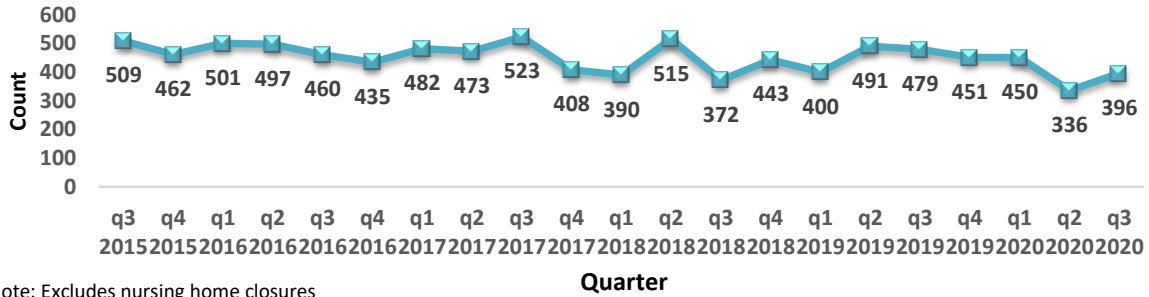


Note: Excludes nursing home closures

Total Number of Transitions by Year

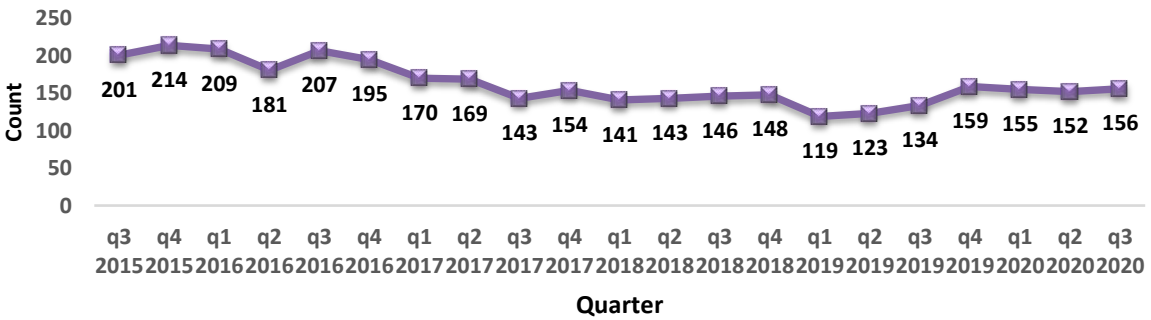


Referrals Assigned to the Field by Quarter

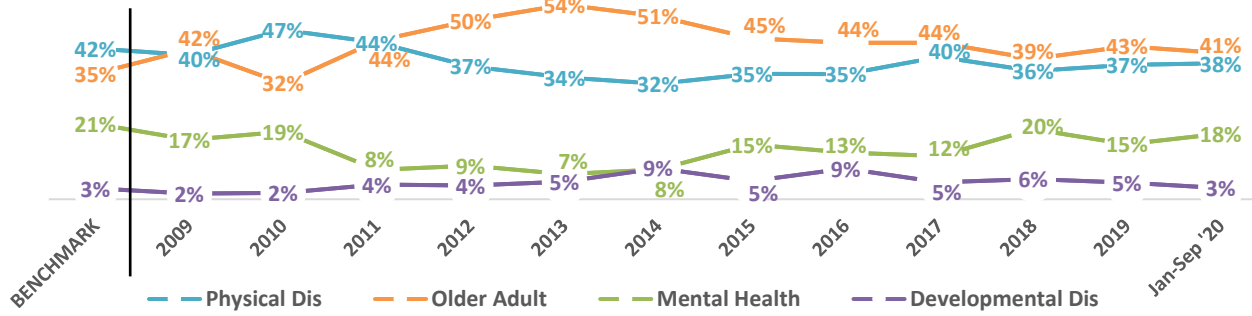


Note: Excludes nursing home closures

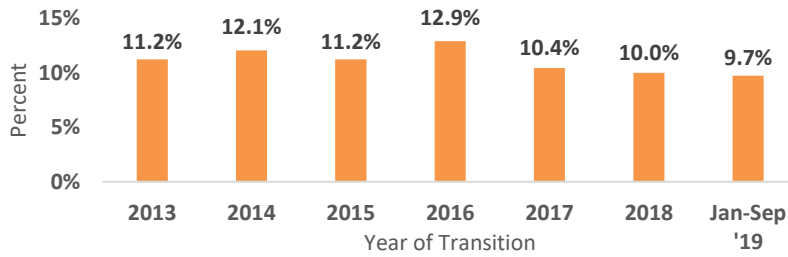
Number of Transitions by Quarter



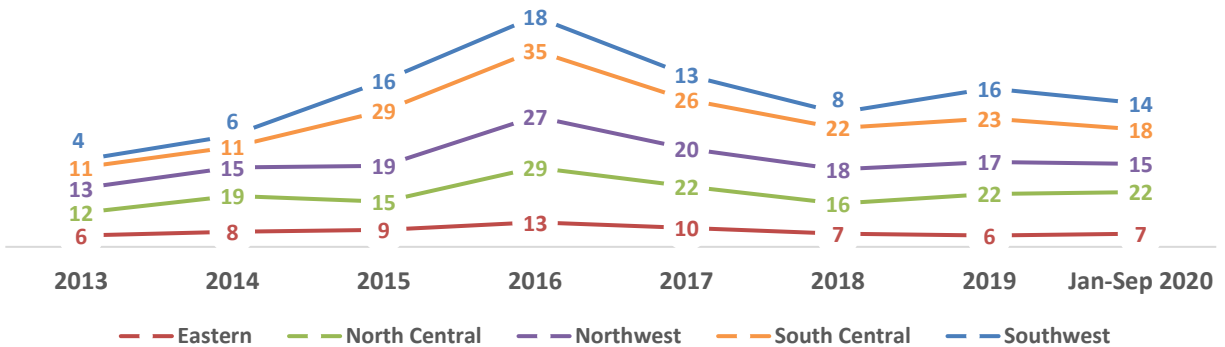
Target Population for Transitions by Year of Transition (Demonstration Only)



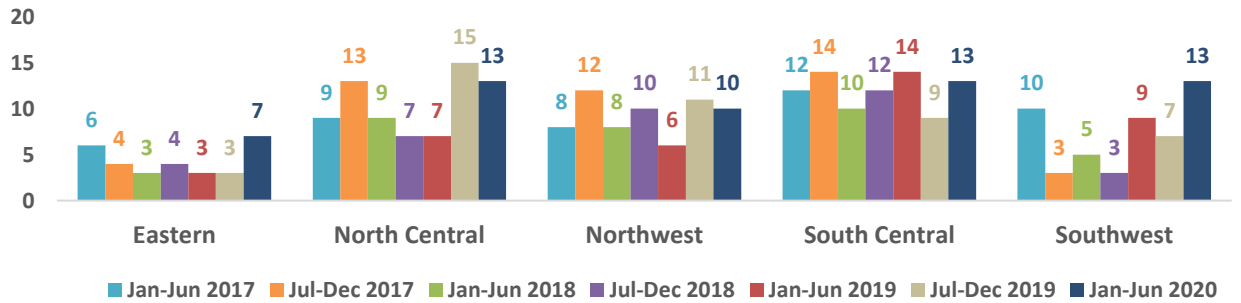
Participants Who Were in an Institution 12 Months after Transition Regardless of Length of Stay



Number of Participants with Home Modifications by Year Approved and Region

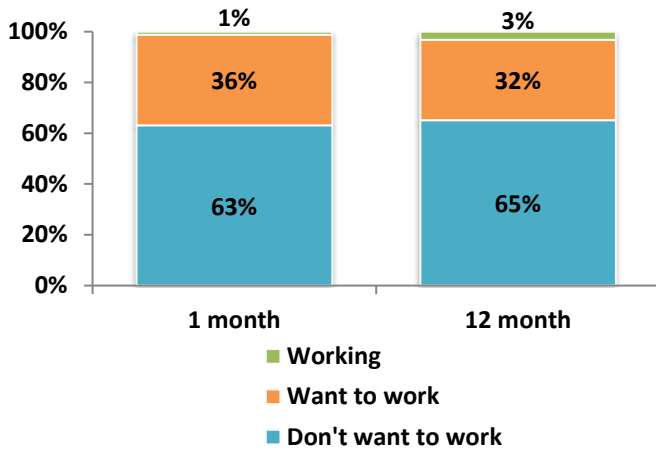


Number of Participants with Home Modifications per 6 Months

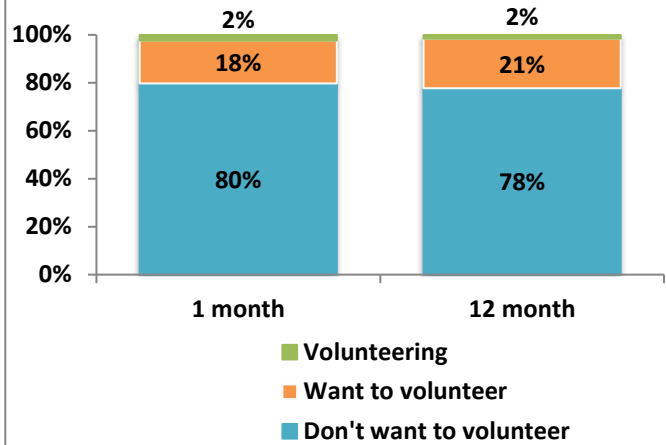


Participants who are Working and/or Volunteering (data 7/1/20-9/30/20)

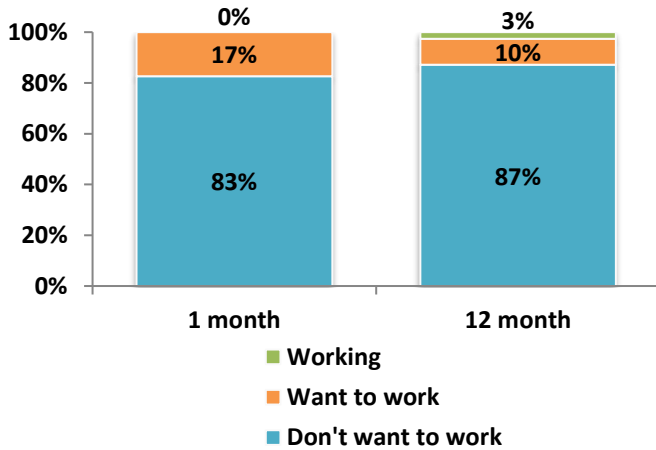
Participants under age 65 who are working and those who would like to work



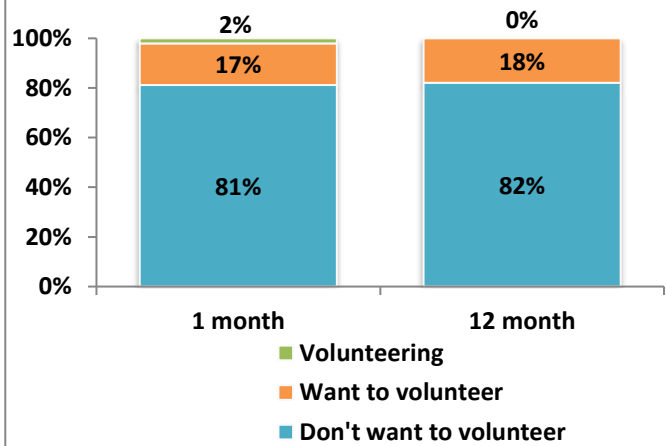
Participants under age 65 who are volunteering and those who would like to volunteer



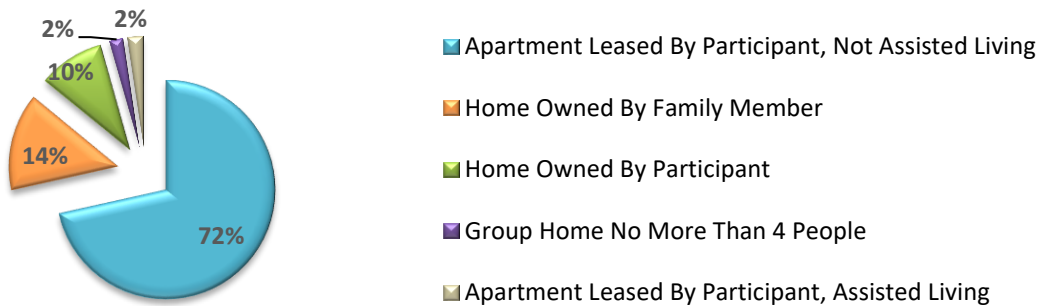
Participants 65 years and older who are working and those who would like to work



Participants 65 years and older who are volunteering and those who would like to volunteer



Qualified Residence Type for Transitioned Referrals: 12/4/2008 to 9/30/2020

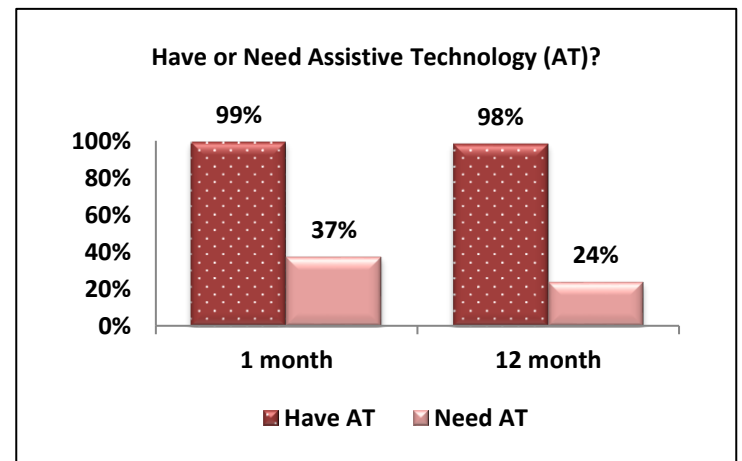
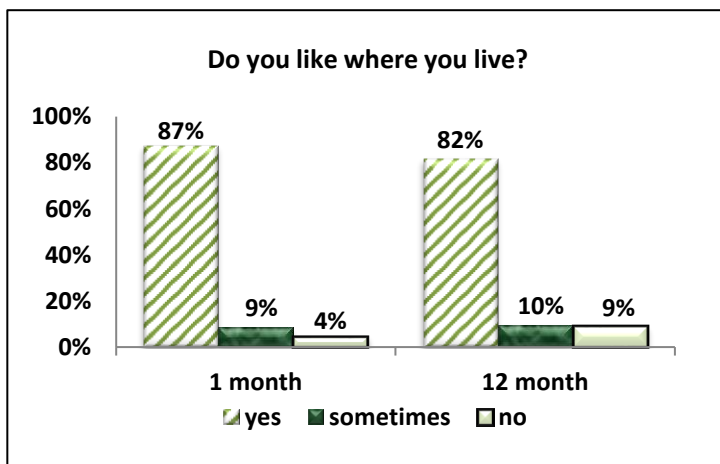
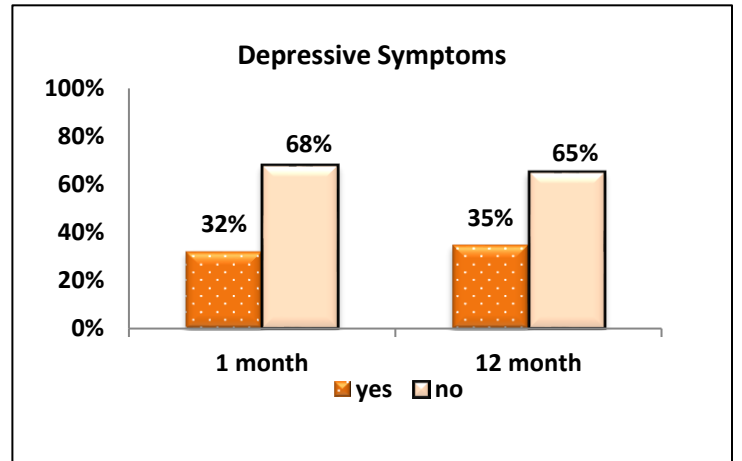
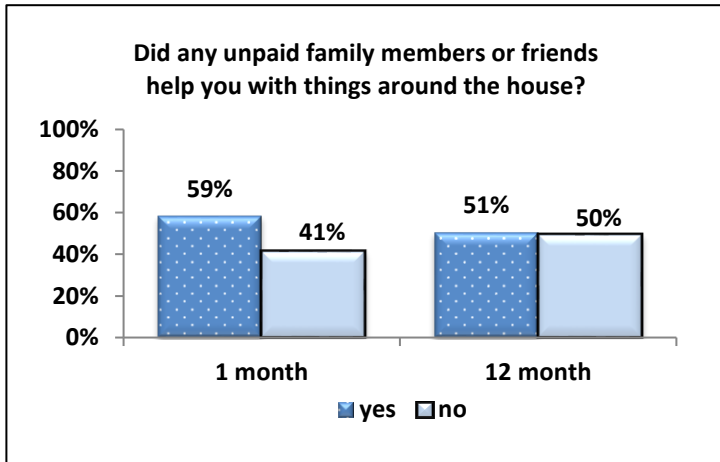
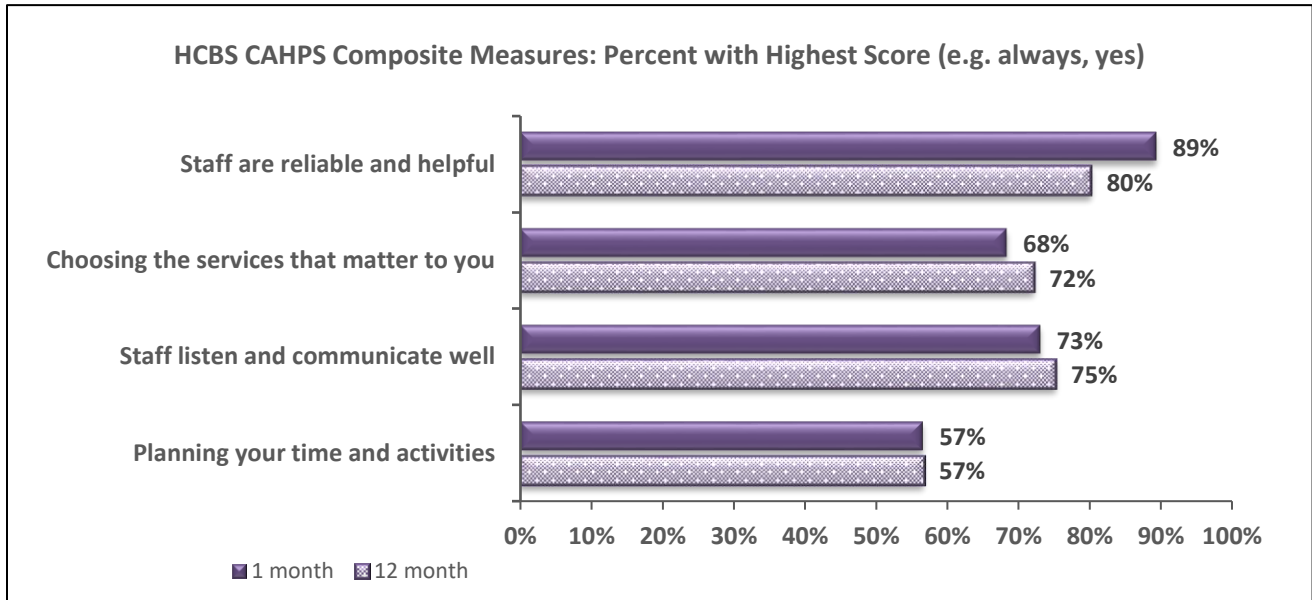


MFP Quality of Life Dashboard

Number of Quality of Life Interviews Completed from 7/1/20 - 9/30/20

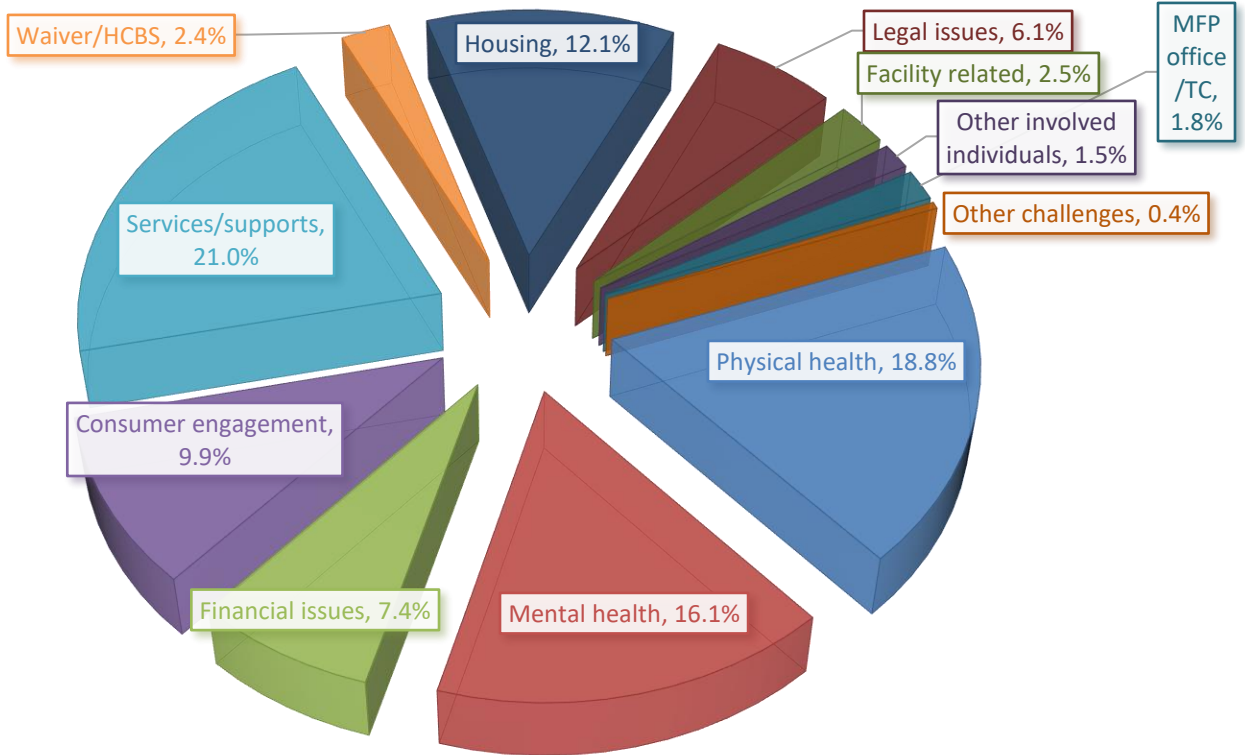
1 month interviews done 1 month after transition, **n=141**

12 month interviews done 12 months after transition, **n=114**

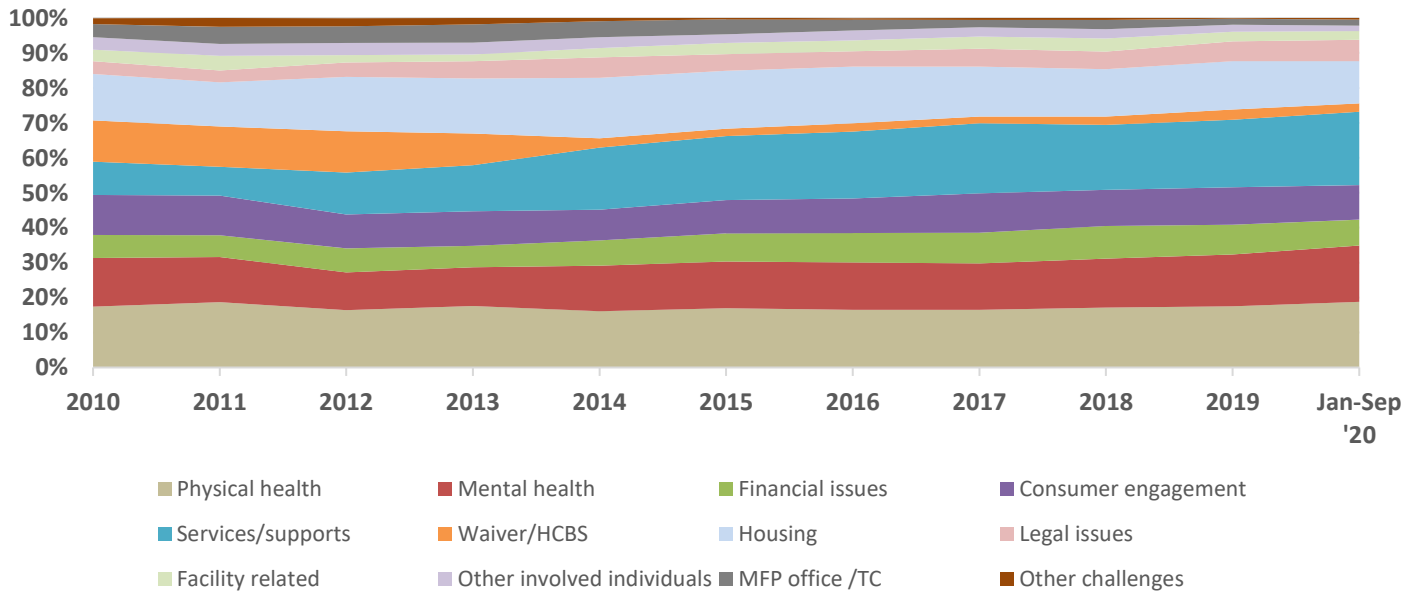


Challenges to Transition as Recorded by TCs and SCMs

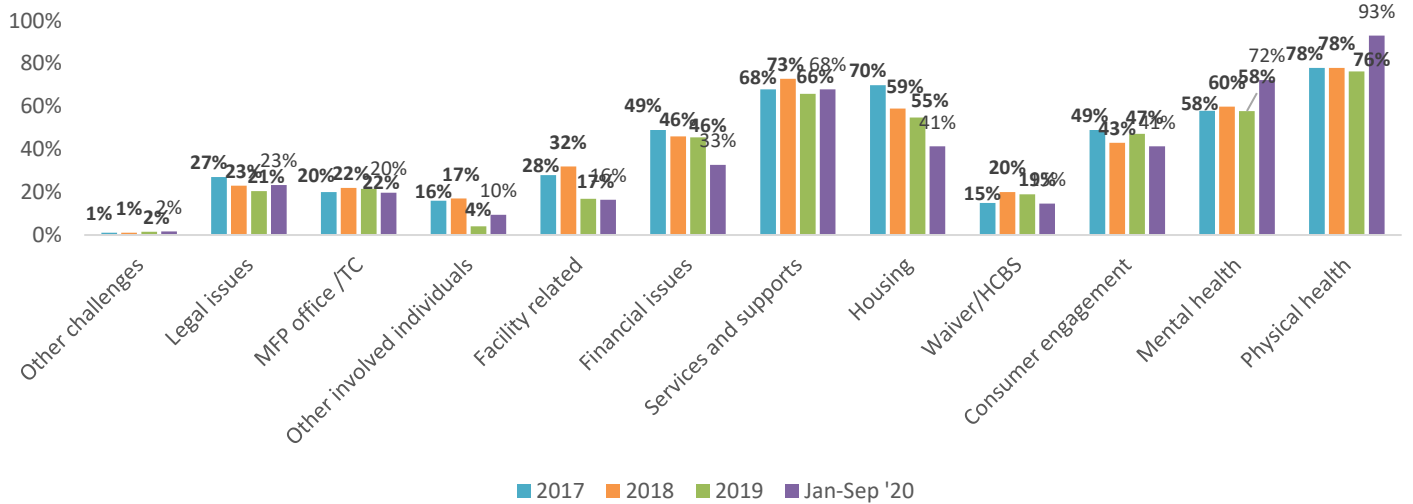
Transition Challenges for Participants Referred Jan-Sep 2020



Frequency of Transition Challenges by Year of Referral



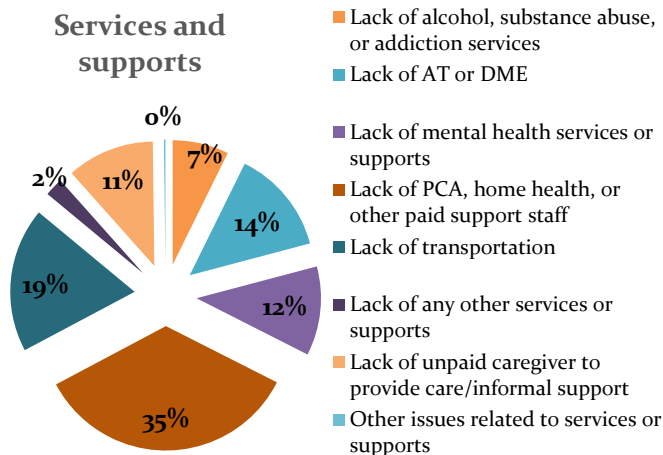
Participants with Each Challenge who Transitioned by Referral Year



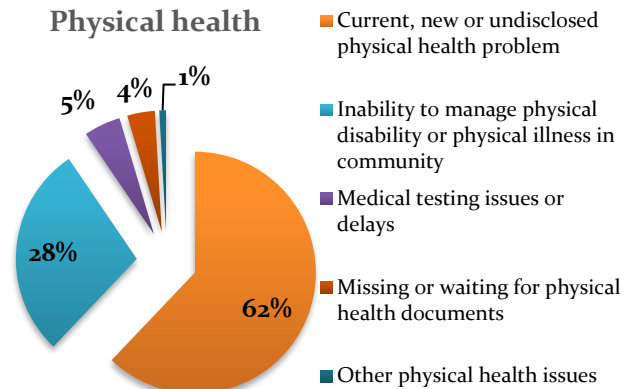
Types of Challenges for Referrals: 1/1/20 - 9/30/20

Below are the four most common challenge types for the current year

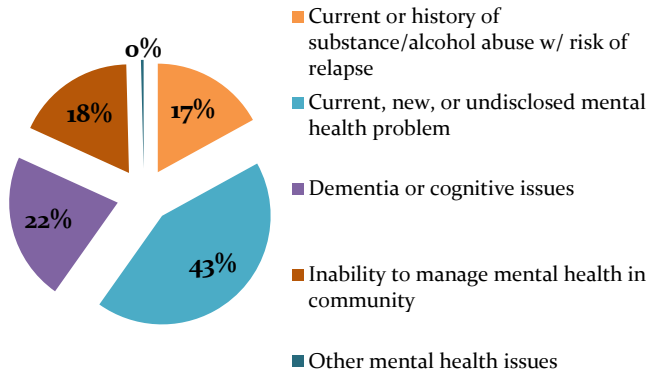
Services and supports



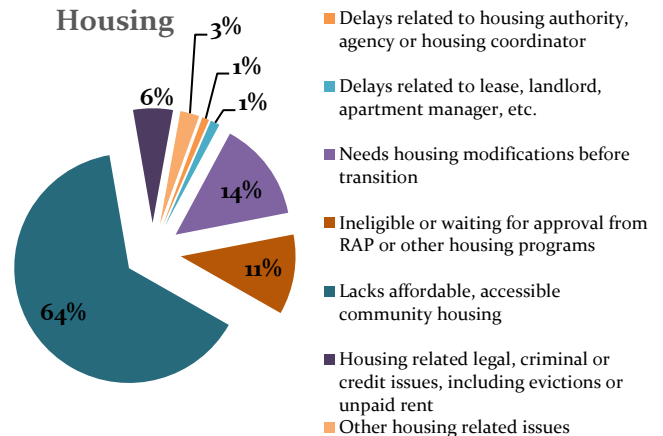
Physical health



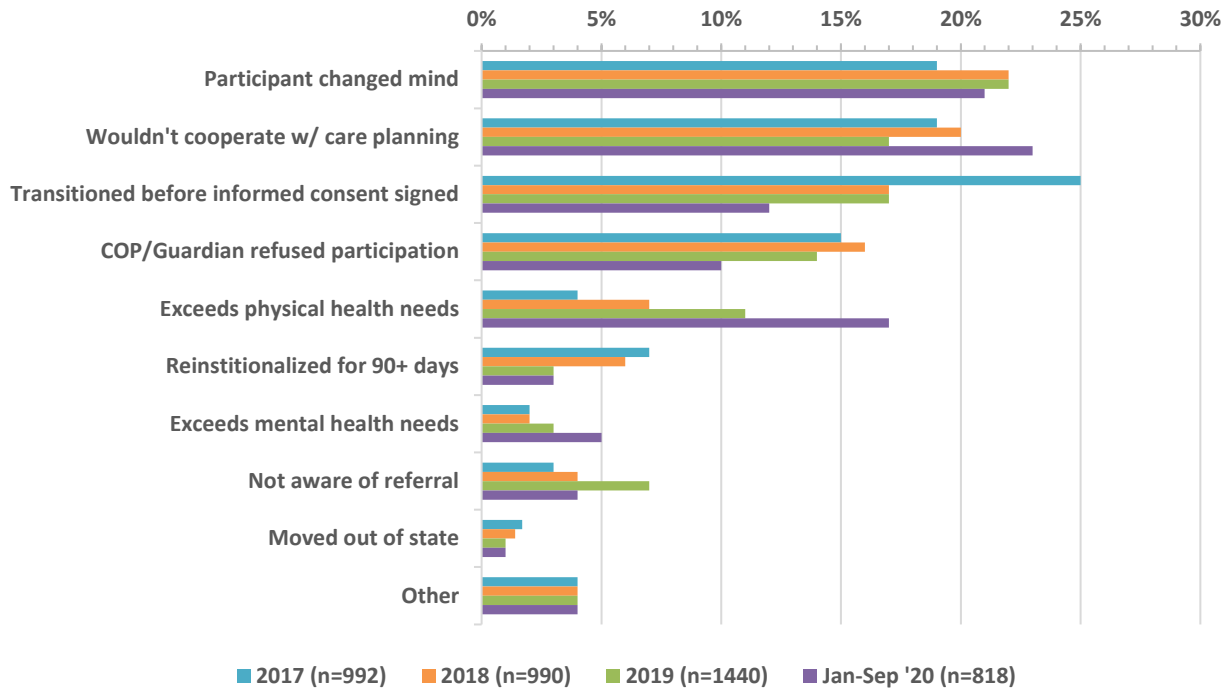
Mental health



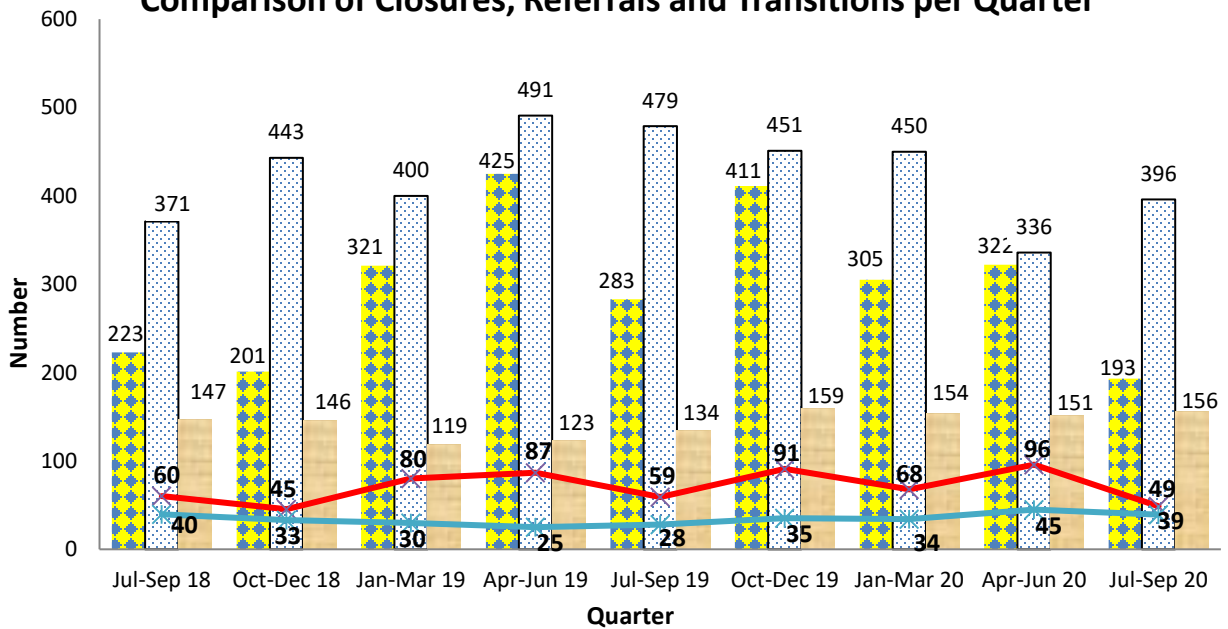
Housing



Frequency of Closure Reason by Year of Closure



Comparison of Closures, Referrals and Transitions per Quarter



- Total closures excluding: died, nursing home closure, completed participation, non-demo transition services completed
- New referrals excluding nursing home closures
- Total cases transitioned
- x— Closures per 100 new referrals
- *— Transitions per 100 new referrals

Michael and Heidi Pitkin's Story

The condition of the human spirit is not defined by the moments of ease we face in life, but by what we do in the moments of obscurity, doubt, discomfort, and tribulation. It is in these times that we access a part of the human spirit that tests our strength of character and commitment to those we care for. The level of sacrifice, empathy, and love required to spend one's life dedicated to the comfort and care of another cannot be overstated. And the sense of relief experienced by those walking tall on their path as a caregiver often make the journey worthwhile, especially when they see firsthand the difference they have made in their loved one's life. It is through the acknowledgment of the struggles people go through that allow them to fully appreciate the peace of mind they have attained through their own determination and willingness to accept help. This part of the human spirit is no better represented than by the story of Michael and his sister/caregiver, Heidi.



Michael and Heidi, just two years apart, grew up in a loving household raised by their mother who Heidi describes as “a super mom” who put everything on her shoulders to ensure her children never lacked or wanted for anything. A strong sense of independence and responsibility was instilled in Heidi from a young age as she would be called upon to assist in the aide of her younger brother who has quadriplegia, scoliosis, and cortical blindness. Through this process they developed a bond so strong that people would often comment on the ways in which Michael seemed to brighten up whenever his sister was around.

Soon after their mother got her gall bladder removed came the realization that an alternative to addressing Michael's care needs should be found, especially since two people are required to help him with his every day care needs. At this time, Heidi was traveling home every day from college to help care for Michael. A social worker at Michael's day program suggested applying to get him into a group home as early as possible because the waitlists are often extensive. After 7 years, Michael was accepted into a group home and their mother sold her house to move closer to Michael's new residence. At the time this seemed to be the best move to make sure Michael was taken care of in the event that anything ever happened to their mother.

The next 10 years were marked by a series of devastating events and challenges for the family. Over the span of time in which Michael lived in this group home he experienced a broken leg and wrist and all too often when his mother or sister would visit him, his continence needs appeared neglected. Needless to say, Heidi and her mother wanted to figure out how they could get Michael out of this location and still have his care needs addressed. Michael's mother heard about the Money Follows the Person program in January 2016. They were initially discouraged due to a lack of follow up but they held on to the information. In August 2016, Heidi purchased a home intending for her mother to move in. They would then decide on their next steps for Michael. In October of the same year, Michael and Heidi's mother passed away battling cancer. Around the same time, Heidi, who was raising a 3 year old son by herself, also found out that the basement area of her home had mold and asbestos. Despite this series of unfortunate events, things began to look better through Heidi's contact with the MFP Specialized Care Manager.



After seeing the interactions between Michael and Heidi, the MFP Specialized Care Manager suggested that Michael move in with Heidi after making the appropriate accommodations to the basement. After the last home modification was installed, Michael transitioned on April 16, 2018. Upon arriving at his new home, Michael was beyond excited to be in an environment that he trusted and where he felt safe. Heidi described the MFP Specialized Care Manager as a savior, and the Transition Coordinator helped to accommodate all of their needs during the first year of Michael's transition. Even the day program that Michael attended noticed a significant change in his mood almost immediately from the time he was at the group home to the time he transitioned. Michael continues to thrive in his new environment and his spirits have remained up since living with his sister and her son. Heidi now feels at ease knowing she can hire people who she trusts and wishes she had come across the Money Follows the Person program sooner. Michael still has aides that provide home care despite the COVID pandemic, but there have been adjustments made to the operating schedule of the day program he attends. Although Michael was initially thrown off due to the change in his routine, once he realized he would be spending more time with his sister, none of that mattered anymore and he was even more excited.

Heidi expressed that they are both very happy with how everything turned out. Michael now gets the kind of attention he deserves and is grateful for. Every day Michael gets cheered on and talked to in a loving manner. He also gets a chance to go outside on walks and bond regularly with his family and would not trade it for the world. Heidi expressed that people in similar situations should never give up or take the first option of care offered without being vigilant and exploring all possibilities. Although it may be challenging, and the odds may seem insurmountable, seeing her brother happy makes each day worthwhile. With the right motivation and persistence more people can access and actualize this part of their human spirit.

MFP Demonstration Background

The Money Follows the Person Rebalancing Demonstration, created by Section 6071 of the Deficit Reduction Act (DRA) of 2005 (P.L. 109-171), supports States' efforts to "rebalance" their long-term support systems. The DRA reflects a growing consensus that long-term supports must be transformed from being institutionally-based and provider-driven to person-centered and consumer-controlled. The MFP Rebalancing Demonstration is a part of a comprehensive coordinated strategy to assist States, in collaboration with stakeholders, to make widespread changes to their long-term care support systems.

One of the major objectives of the Money Follows the Person Rebalancing Demonstration is "to increase the use of home and community based, rather than institutional, long-term care services." MFP supports grantee States to do this by offering an enhanced Federal Medical Assistance Percentage (FMAP) on demonstration services for individuals who have transitioned from qualified institutions to qualified residences. In addition to this enhanced match, MFP also offers states the flexibility to provide Supplemental Services that would not ordinarily be covered by the Medicaid program (e.g. home computers, cooking lessons, peer-to-peer mentoring, transportation, additional transition services, etc.) that will assist in successful transitions. States are then expected to reinvest the savings over the cost of institutional services to rebalance their long-term care services for older adults and people with disabilities to a community-based orientation.