

CT Money Follows the Person Report

Quarter 1: January 1 - March 31, 2021

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

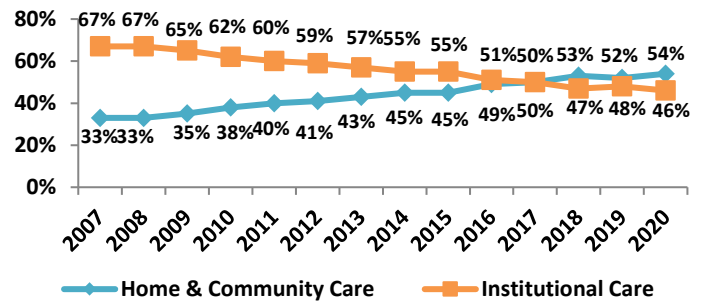
Benchmark 1: Total Transitions = 6,692

Demonstration = 6,272 (94%)

Non-demonstration = 420 (6%)

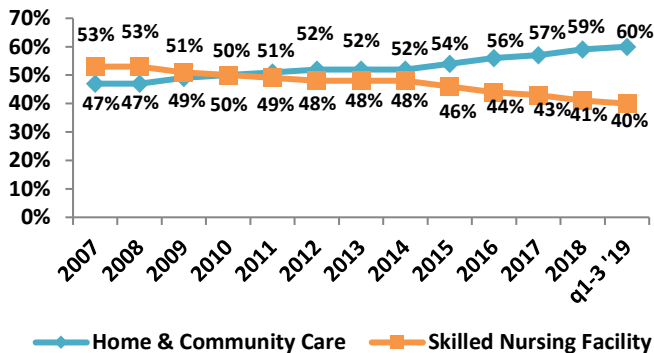
Benchmark 2

CT Medicaid Long-Term Care Expenditures



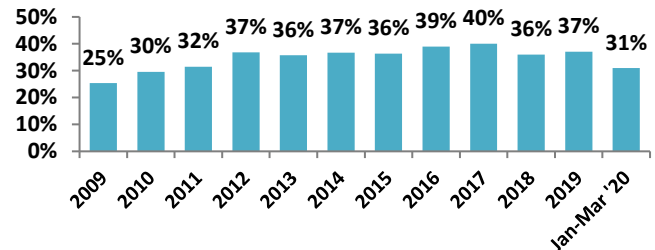
Benchmark 3

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

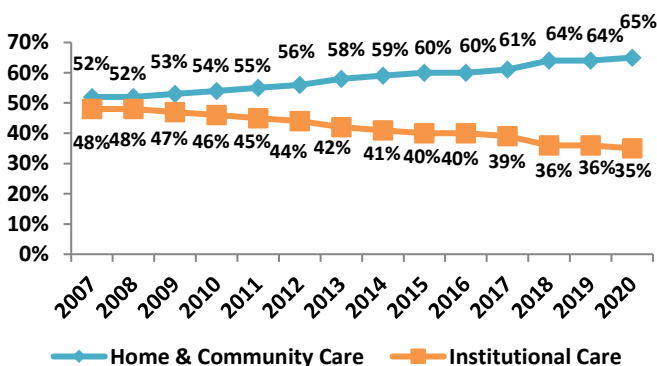


Benchmark 4

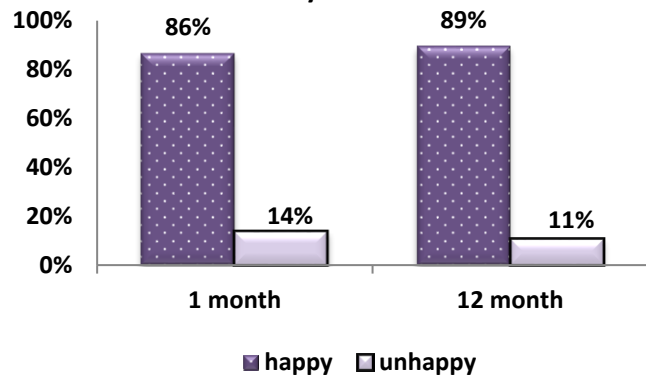
Percent of SNF admissions returning to the community within 6 months



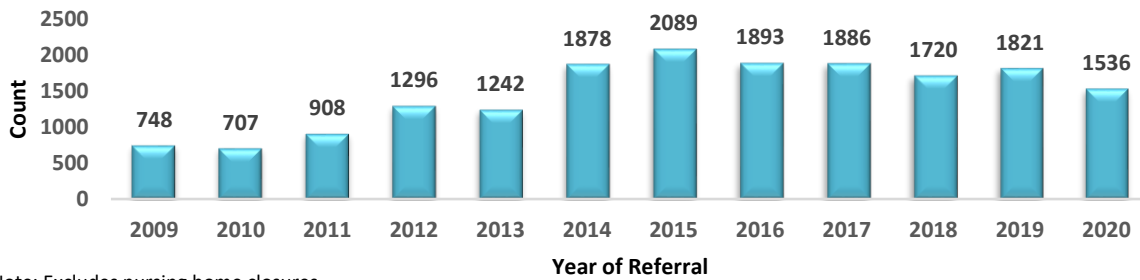
Benchmark 5: Percent Receiving LTSS in the Community vs. Institutions



Happy or unhappy with the way you live your life

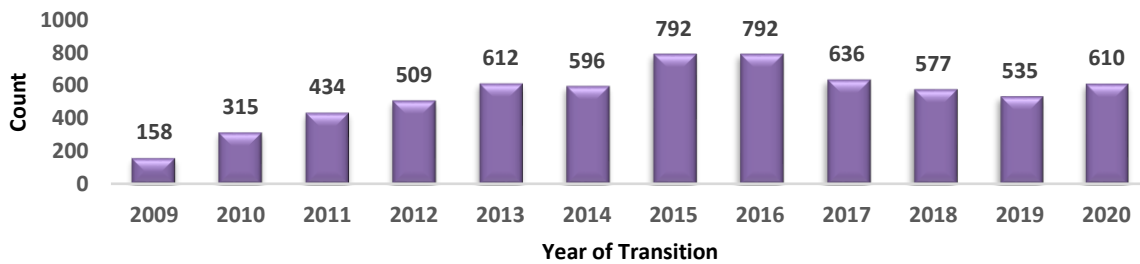


Total Number of Referrals Assigned to the Field by Year

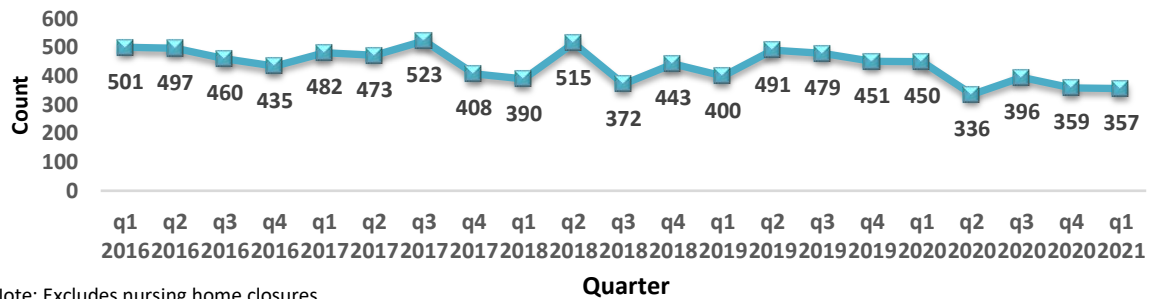


Note: Excludes nursing home closures

Total Number of Transitions by Year

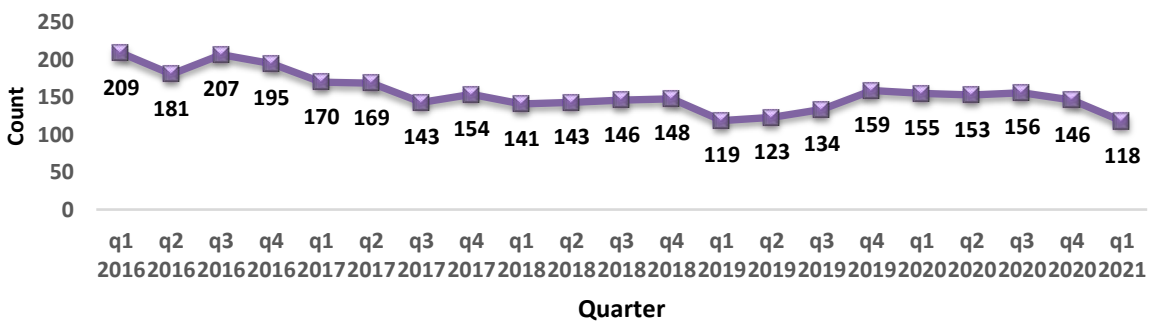


Referrals Assigned to the Field by Quarter

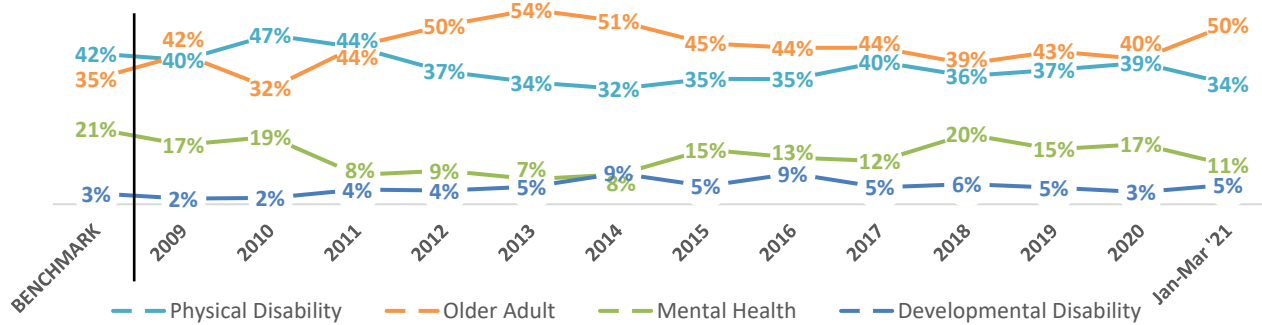


Note: Excludes nursing home closures

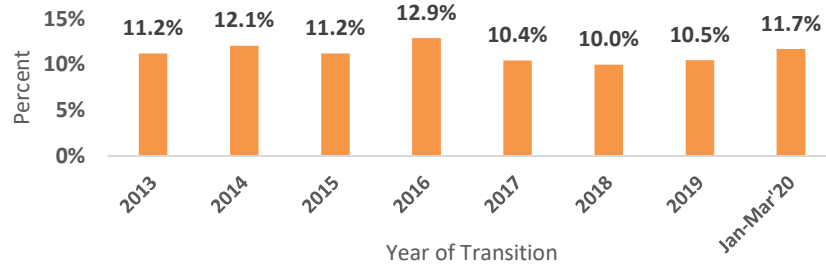
Number of Transitions by Quarter



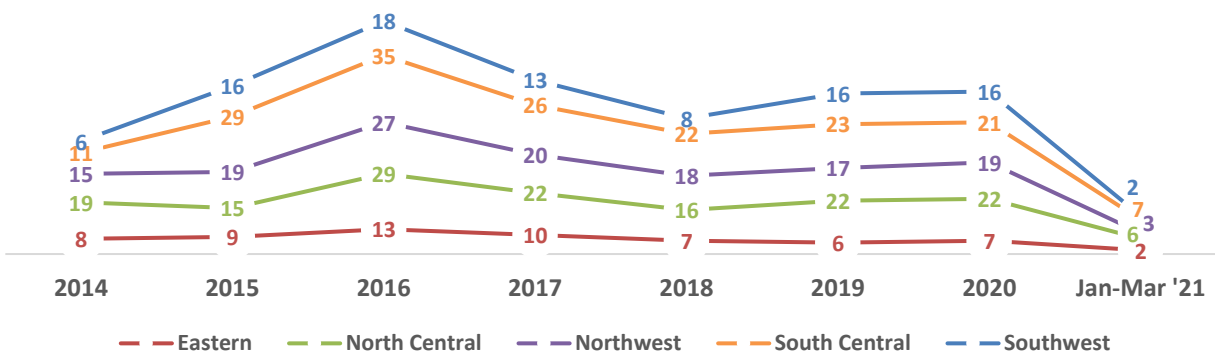
Target Population for Transitions by Year of Transition (Demonstration Only)



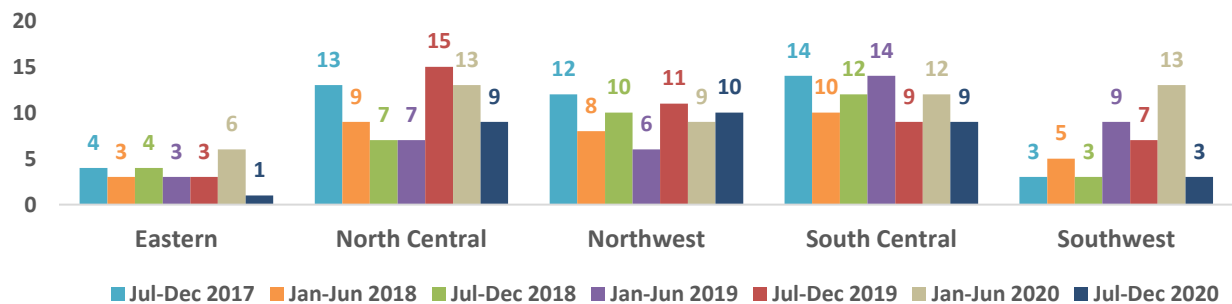
Participants Who Were in an Institution 12 Months after Transition Regardless of Length of Stay



Number of Participants with Home Modifications by Year Approved and Region

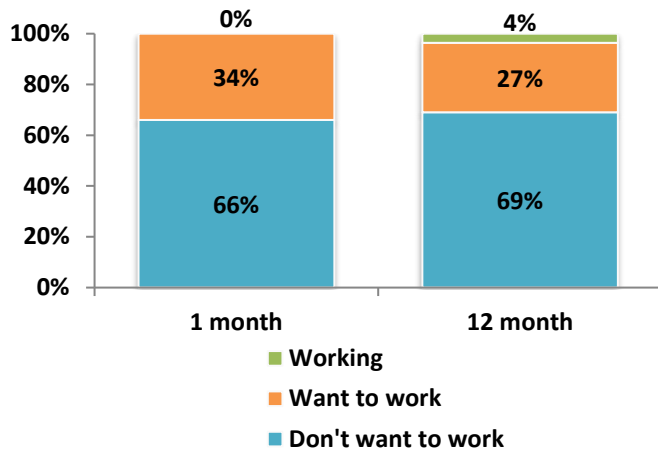


Number of Participants with Home Modifications per 6 Months

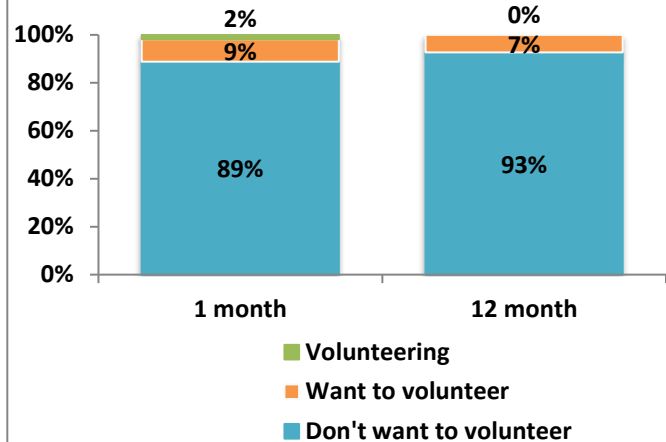


Participants who are Working and/or Volunteering (data 1/1/21-3/31/21)

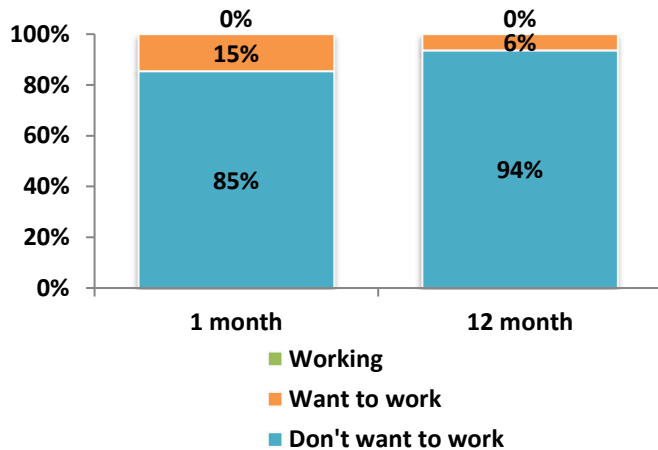
Participants under age 65 who are working and those who would like to work



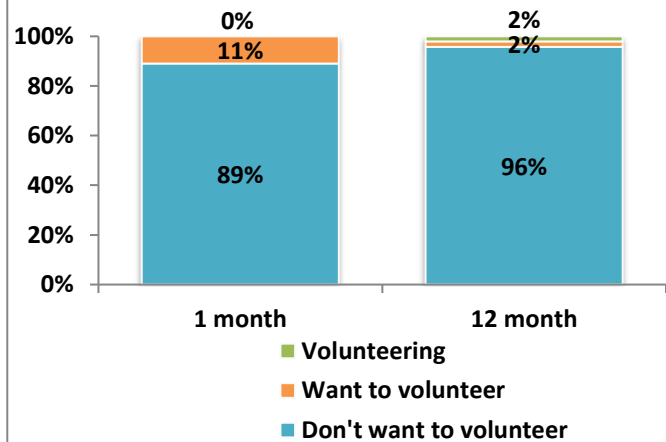
Participants under age 65 who are volunteering and those who would like to volunteer



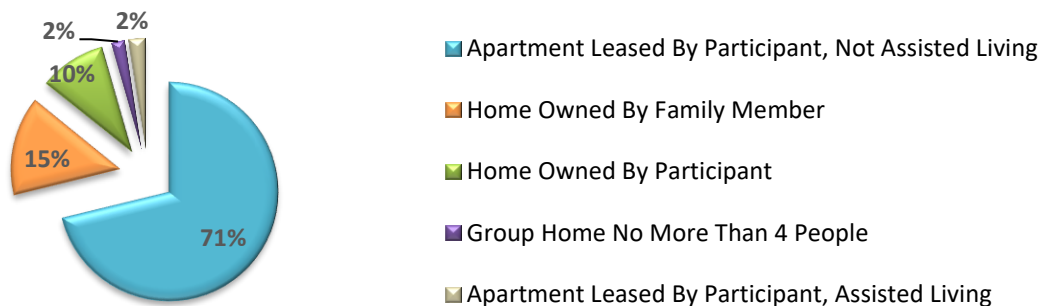
Participants 65 years and older who are working and those who would like to work



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 3/31/2021



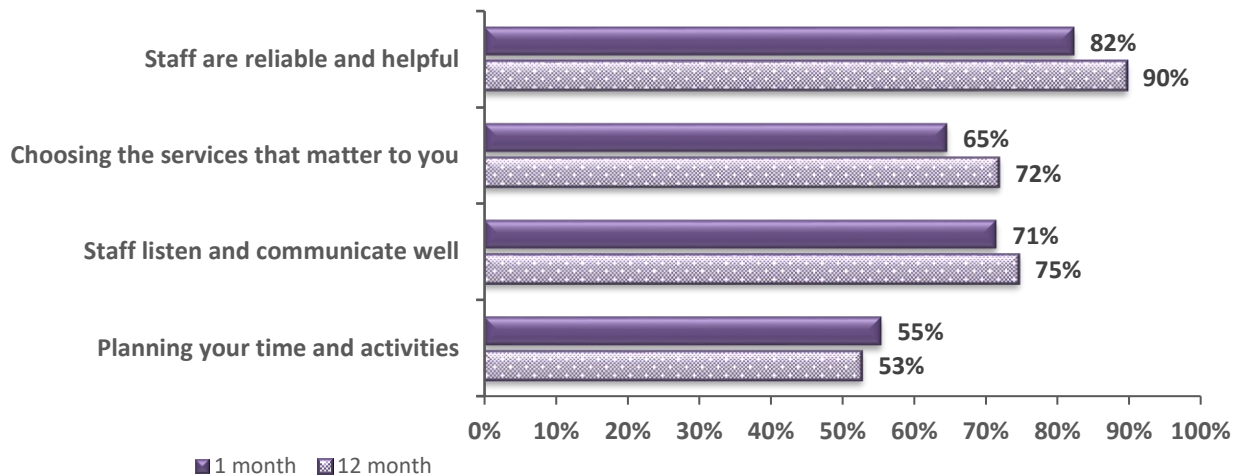
MFP Quality of Life Dashboard

Number of Quality of Life Interviews Completed from 1/1/21-3/31/21

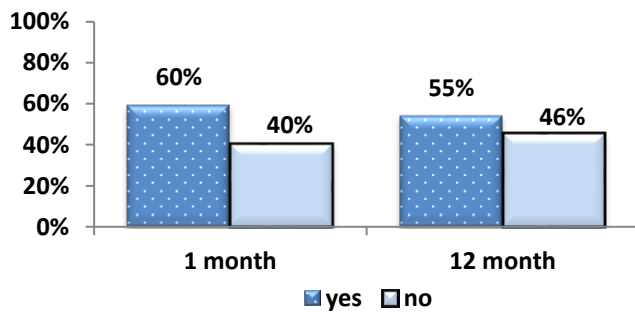
1 month interviews done 1 month after transition, **n=108**

12 month interviews done 12 months after transition, **n=119**

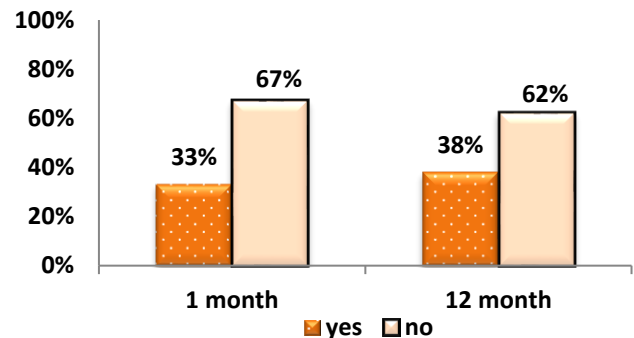
HCBS CAHPS Composite Measures: Percent with Highest Score (e.g. always, yes)



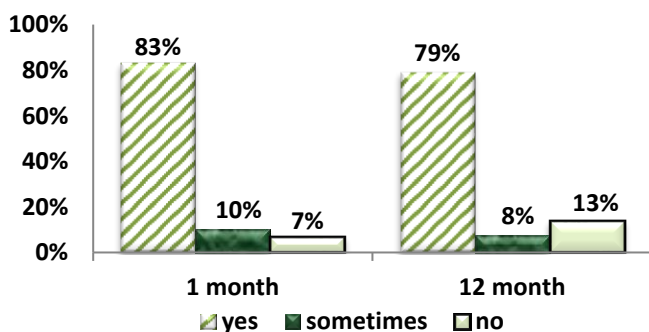
Did any unpaid family members or friends help you with things around the house?



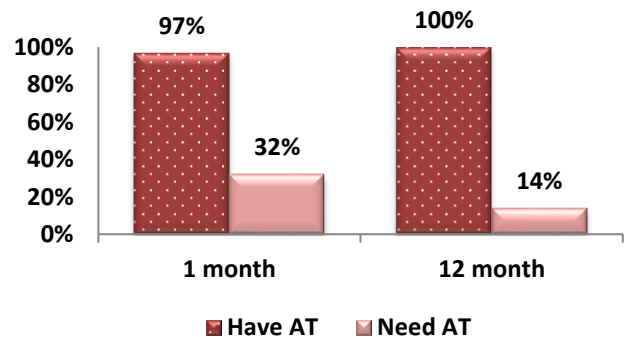
Depressive Symptoms



Do you like where you live?

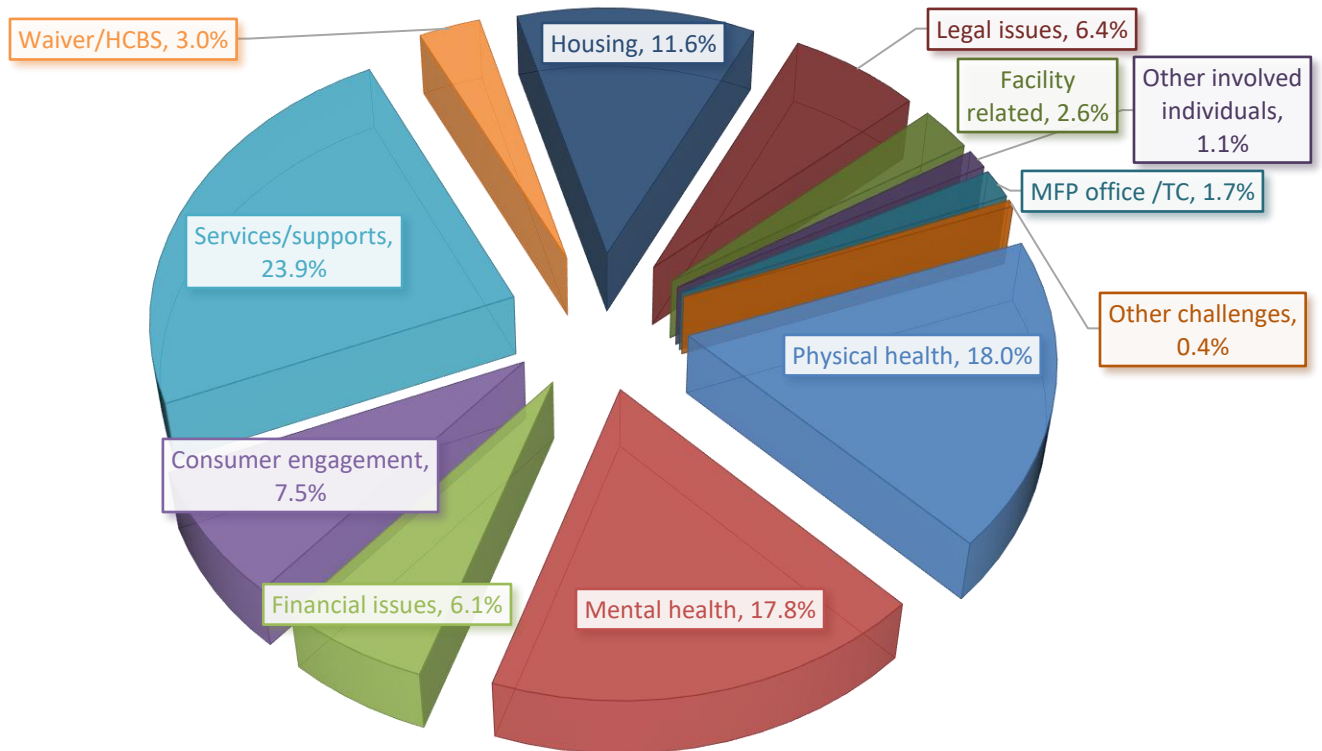


Have or Need Assistive Technology (AT)?

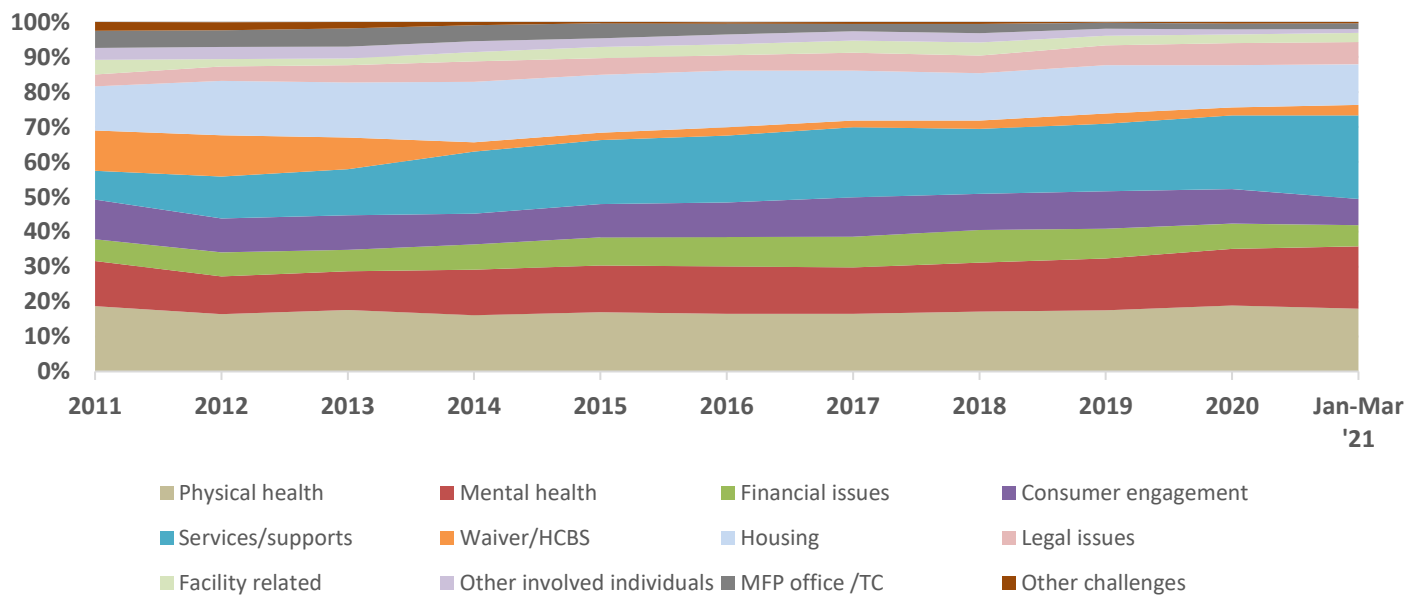


Challenges to Transition as Recorded by TCs and SCMs

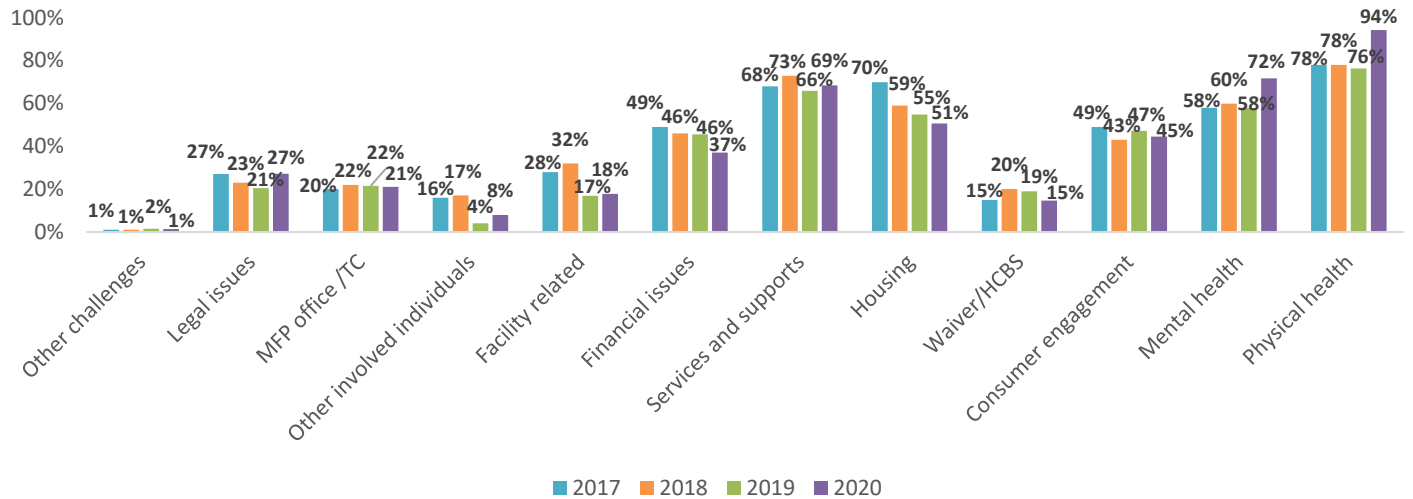
Transition Challenges for Participants Referred Jan-Mar 2021



Frequency of Transition Challenges by Year of Referral



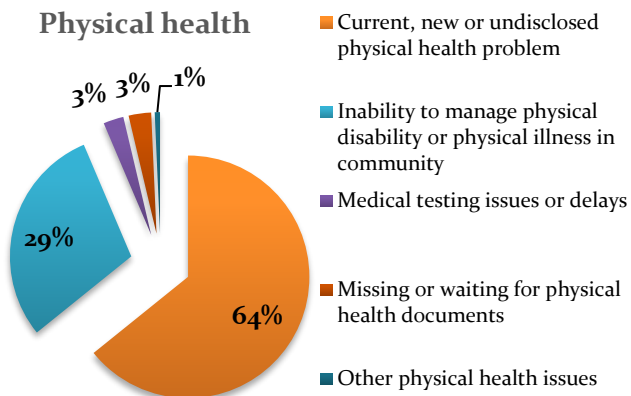
Participants with Each Challenge who Transitioned by Referral Year



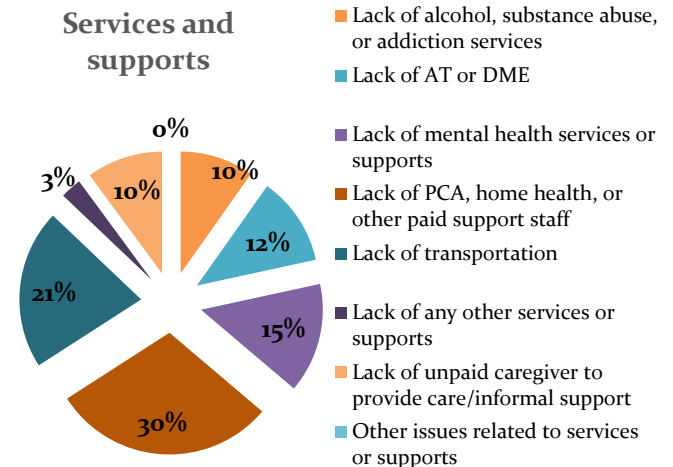
Types of Challenges for Referrals: 1/1/21-3/31/21

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

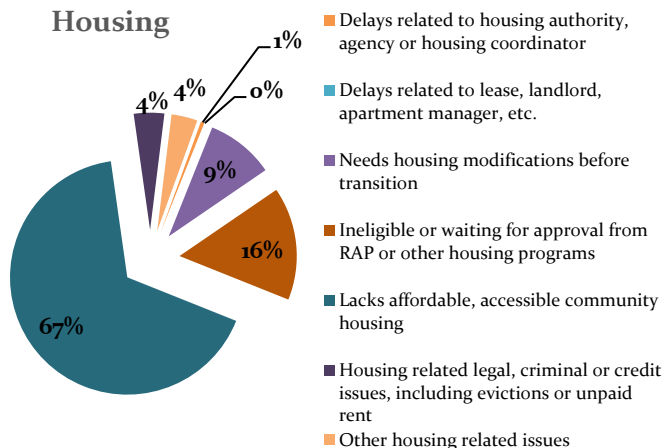
Physical health



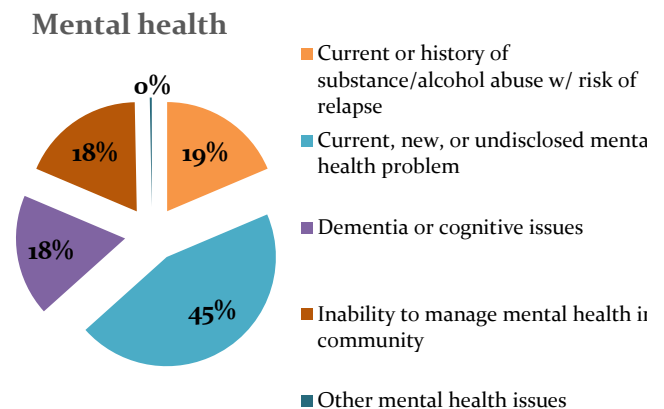
Services and supports



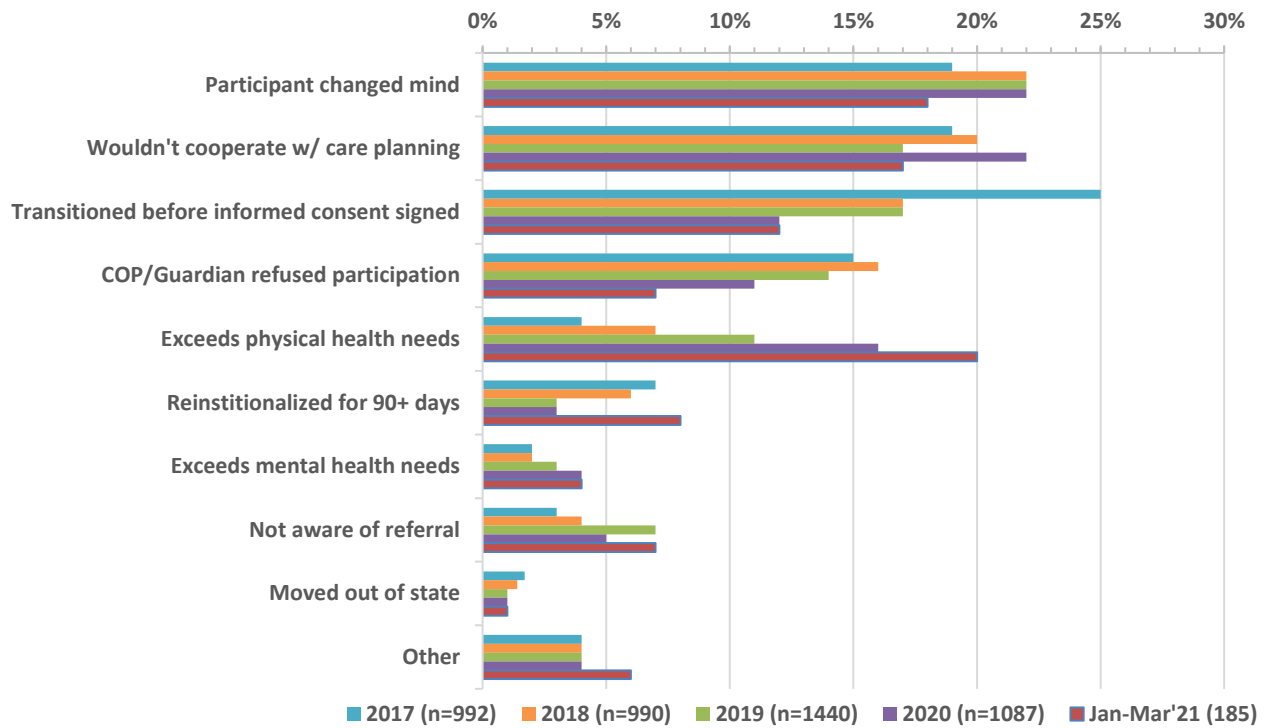
Housing



Mental health

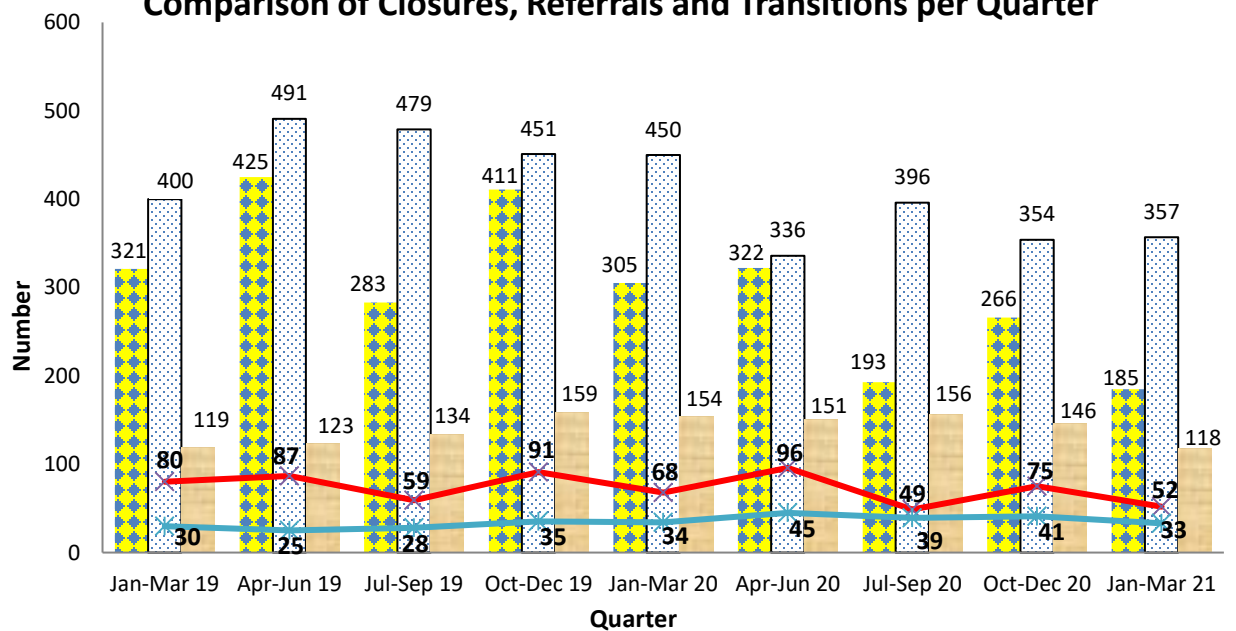


Frequency of Closure Reason by Year of Closure



Note: Excludes: died, nursing home closure, completed participation, non-demo transition services completed

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

Marsha Culver's Story

Marsha Culver's life as a former dementia-care nurse manager at a skilled nursing facility would come full circle when she became a resident in the same facility. Marsha enlisted in the navy after graduating from high school and served as a certified nursing assistant in a hospital, inspiring her to pursue a career in nursing years later, when she was a single mother raising her son. Describing herself as a self-sufficient person, she had been living with her sister in a duplex where her granddaughter lived too. She fondly reminisced about driving to Hammonasset Beach State Park to meet up with friends and play cards, until the morning she awoke with severe back pain and was unable to get out of bed. She went to the emergency room and was given two options: do nothing for her lumbar spinal stenosis or have a very risky surgery to reconstruct her spine. After a ten-hour surgery in which she needed resuscitation, she requested transfer to the familiar nursing home in which she worked. She would not only have to adjust to feeling a loss of freedom, but also to the dramatic changes in skilled nursing facilities during the pandemic. The reduced staffing was evident in aides trying to care for patients' daily needs as quickly as possible. Marsha felt the dependence on aides doing for her rather than with her, which required more time and restricted her growth towards regaining independence. She did not think she would ever leave the facility.



Photo provided by Marsha Culver

Through her roommate, she heard about Money Follows the Person (MFP). She initiated the application process and immediately started researching accessible housing on her own. Marsha, being a proactive person, was fortunate to have found the accessible housing located near her family. MFP staff determined she was qualified for assisted living level of need and helped her get the rental assistance program certificate needed to transition. She exclaimed, "Oh my God, I was lucky to get out when I did!" The MFP transition coordinator assisted Marsha to set up her new apartment, buying furniture and transitional food items. "I felt like a queen!" Being a veteran, the VA assisted her to get medical supplies, a wheelchair, and a walker. Now, she can see her own VA healthcare team again.

Her advice to others thinking about this program, is to not be too choosy to find the "ideal" housing. She encourages others to make sure to check in often with both the facility social worker and MFP case manager on the progress of their case status to assure clear communication, understanding of your eligibility, and expectations.

Marsha, who lives with diabetes, is now able to check her own blood sugar levels and monitor her diet, sometimes even cooking for herself although the food at her assisted living is great. Slowly, COVID-19 restrictions are being lifted at the assisted living, allowing residents to once again share a meal together and join in activities.

"I feel like a real person, once again having the privilege of making up my own mind. MFP helped me get here. My family and I both agree I am more alert now and interested in engaging in life again." After two years, Marsha was able to see her son who lives in Hawaii for a wonderful family reunion! Recently, the residents had unusual visitors, alpacas from a nearby farm. In the coming months, Marsha looks forward to more enjoyable activities, hoping to return to the beach once again this summer.

MFP Demonstration Background

The Money Follows the Person Rebalancing Demonstration, created by Section 6071 of the Deficit Reduction Act of 2005, supports States' efforts to "rebalance" their long-term support systems, so that individuals can choose where to live and receive services. One of the major objectives of Money Follows the Person (MFP) is "to increase the use of home and community based, rather than institutional, long-term care services." MFP supports this by offering grantee States an enhanced Federal Medical Assistance Percentage on qualified services. MFP also offers states the flexibility to provide supplemental services, such as assistive technology and enhanced transition services, to assist in successful transitions. States are then expected to reinvest the savings over the cost of institutional services to rebalance their long-term services and supports for older adults and people with disabilities to a community-based orientation.