

# CT Money Follows the Person Report

Quarter 3: July 1 - September 30, 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

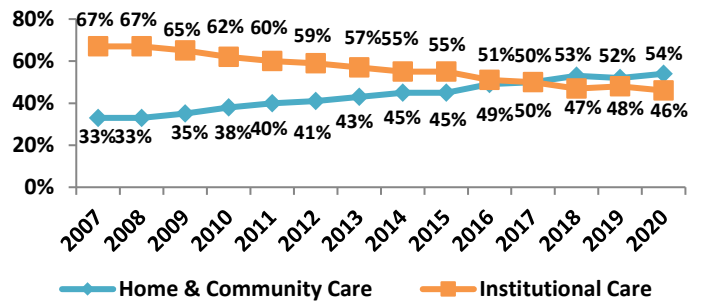
## Benchmark 1: Total Transitions = 6,919

Demonstration = 6,486 (94%)

Non-demonstration = 433 (6%)

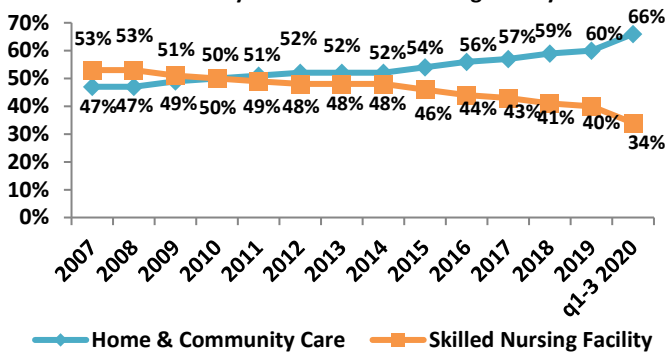
## Benchmark 2

### CT Medicaid Long-Term Care Expenditures



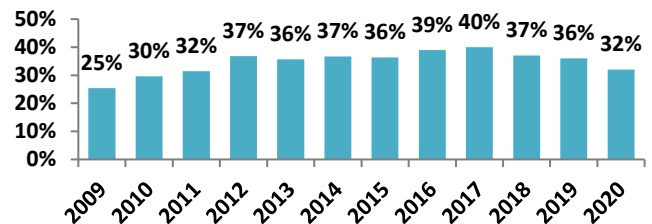
## Benchmark 3

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

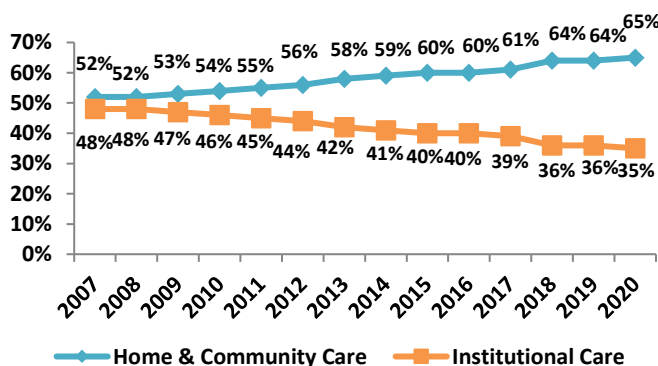


## Benchmark 4

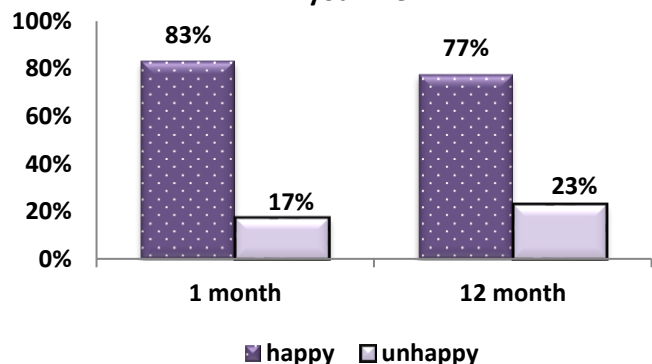
### Percent of SNF admissions returning to the community within 6 months



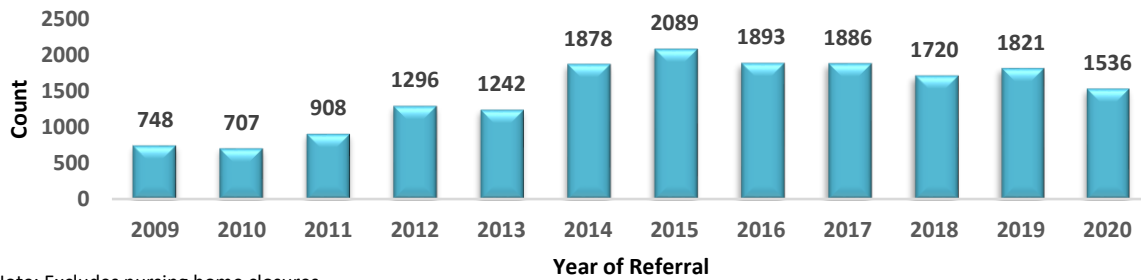
## Benchmark 5: Percent Receiving LTSS in the Community vs. Institutions



## Happy or unhappy with the way you live your life

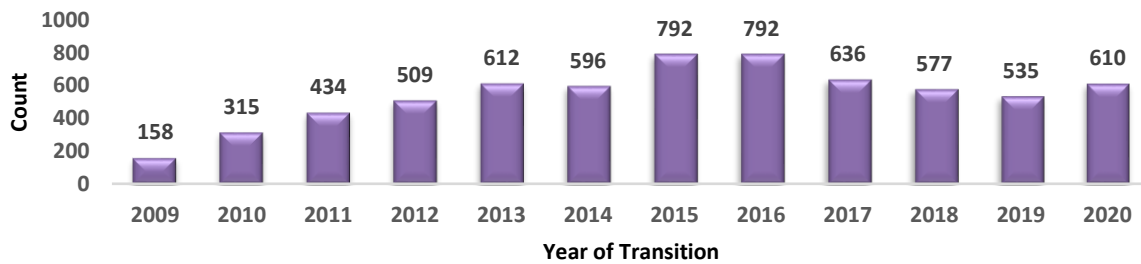


**Total Number of Referrals Assigned to the Field by Year**

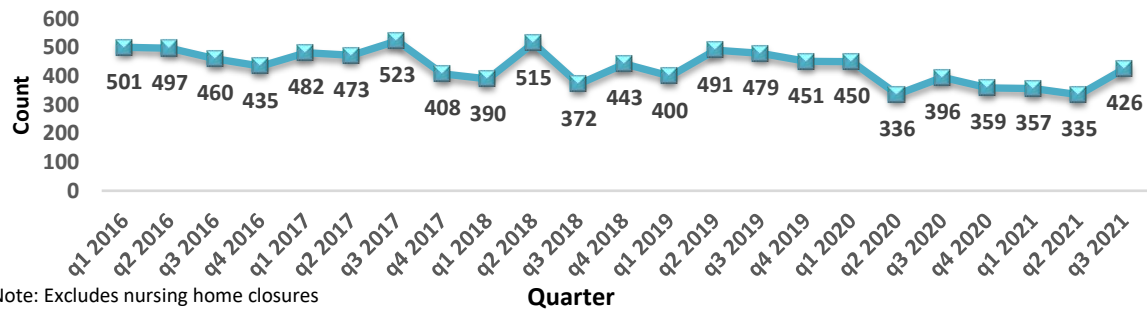


Note: Excludes nursing home closures

**Total Number of Transitions by Year**

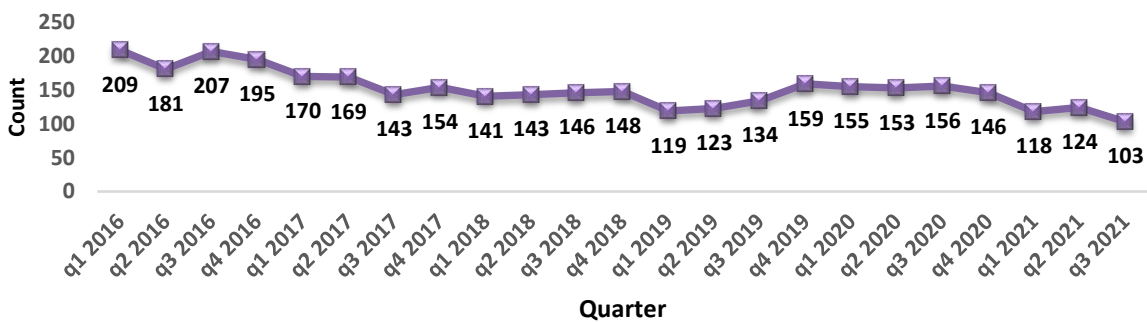


**Referrals Assigned to the Field by Quarter**

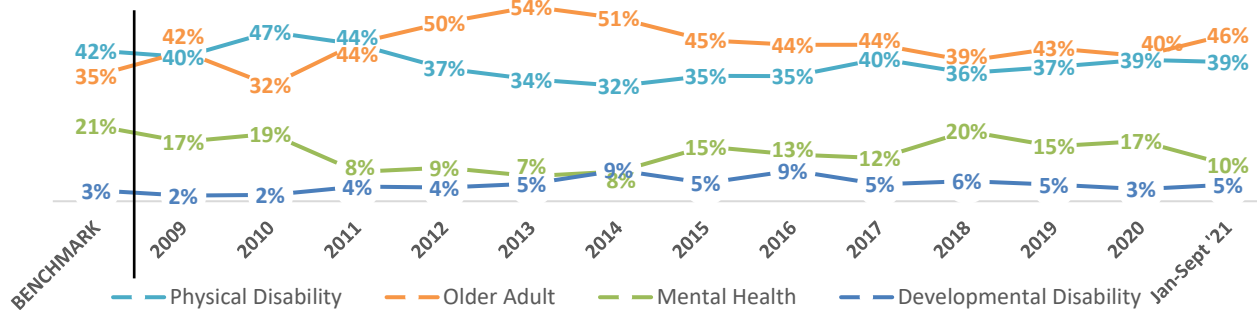


Note: Excludes nursing home closures

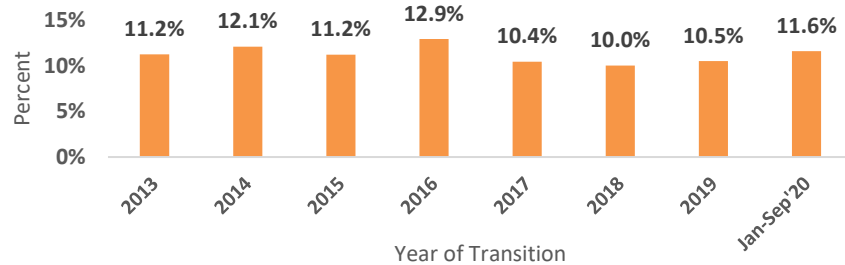
**Number of Transitions by Quarter**



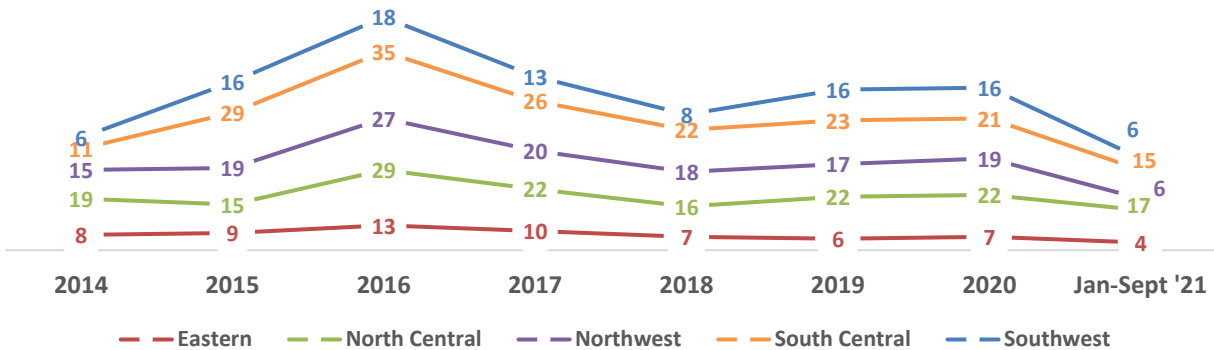
**Target Population for Transitions by Year of Transition (Demonstration Only)**



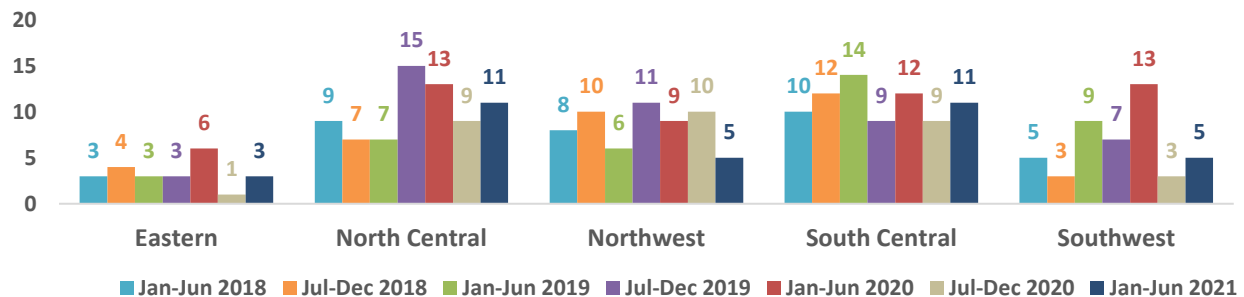
**Participants Who Were in an Institution 12 Months after Transition Regardless of Length of Stay**



**Number of Participants with Home Modifications by Year Approved and Region**

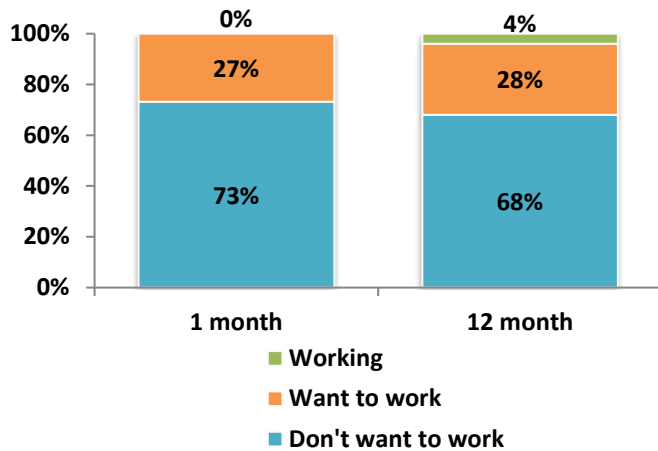


**Number of Participants with Home Modifications per 6 Months**

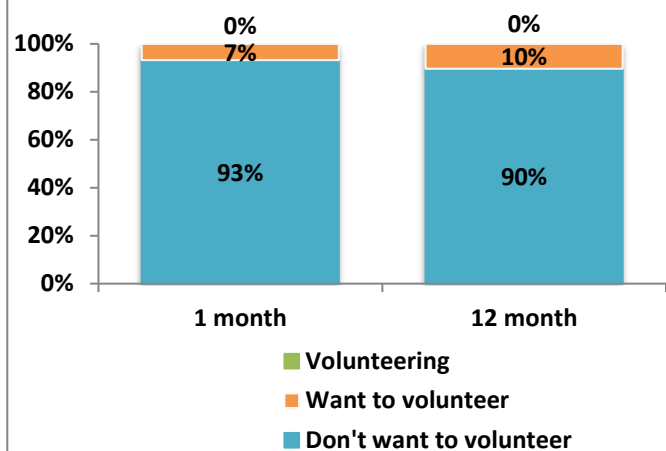


## Participants who are Working and/or Volunteering (data 7/1/21-9/30/21)

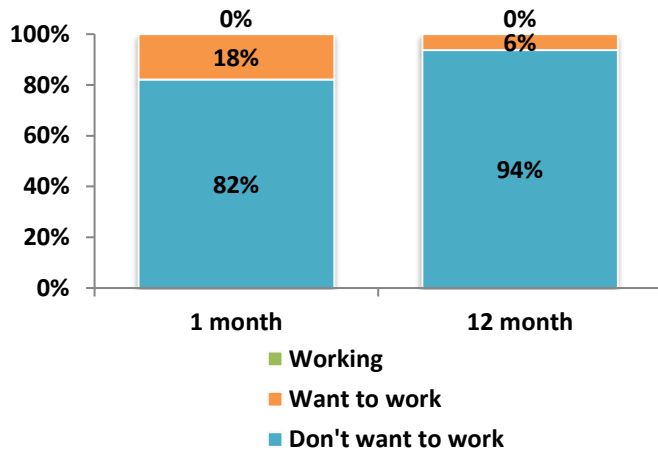
Participants under age 65 who are working and those who would like to work



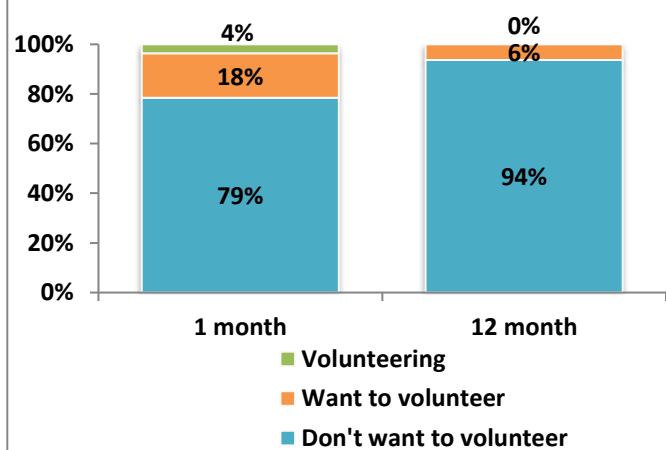
Participants under age 65 who are volunteering and those who would like to volunteer



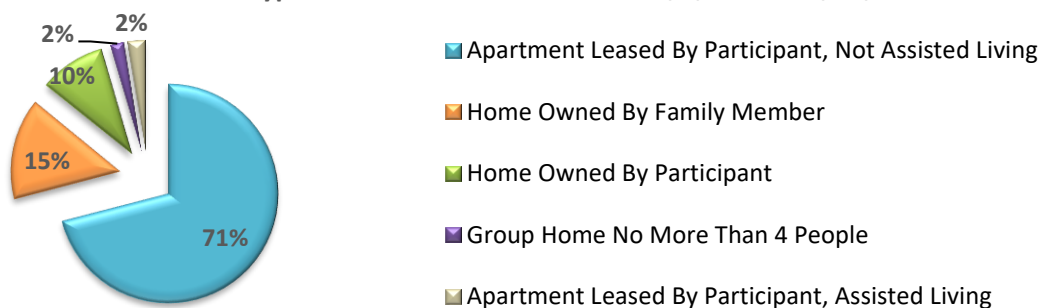
Participants 65 years and older who are working and those who would like to work



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 9/30/2021



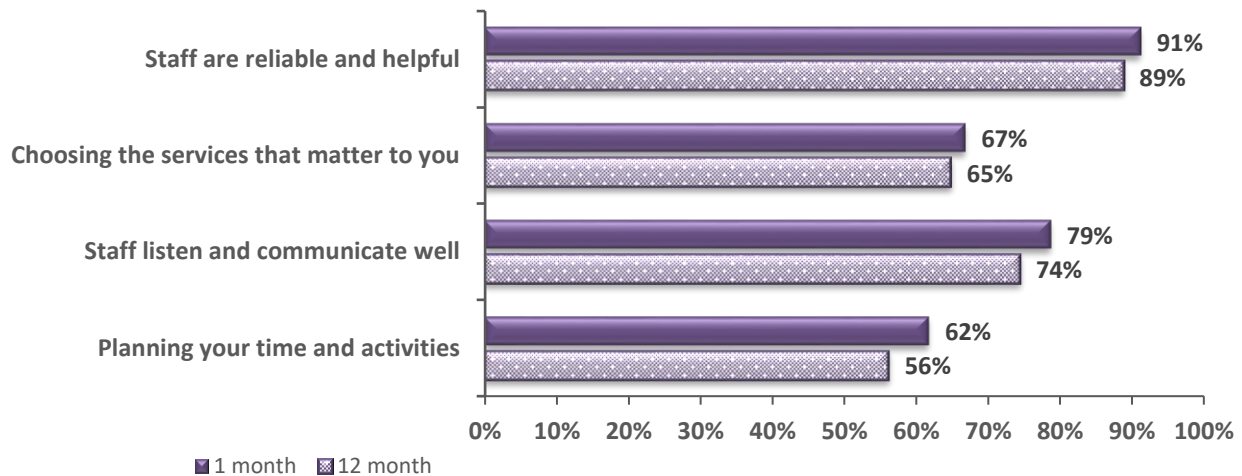
## MFP Quality of Life Dashboard

Number of Quality of Life Interviews Completed from 7/1/21-9/30/21

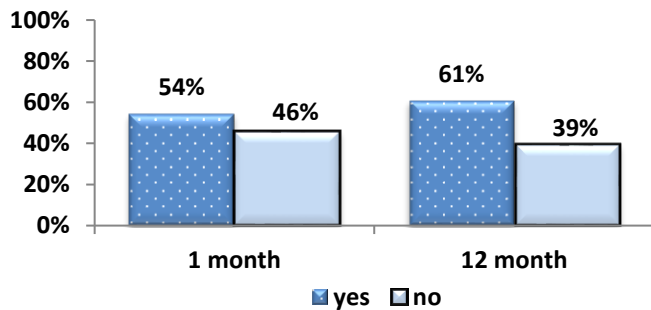
**1 month** interviews done 1 month after transition, **n=78**

**12 month** interviews done 12 months after transition, **n=79**

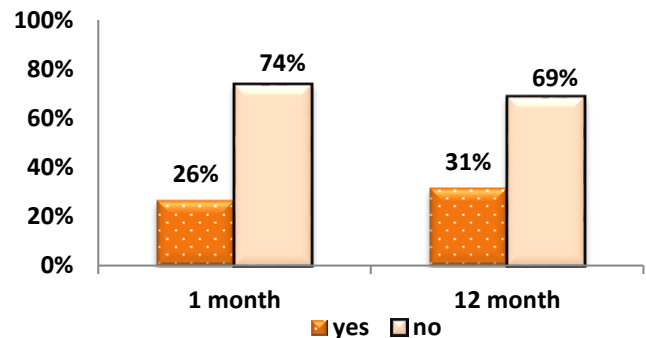
HCBS CAHPS Composite Measures: Percent with Highest Score (e.g. always, yes)



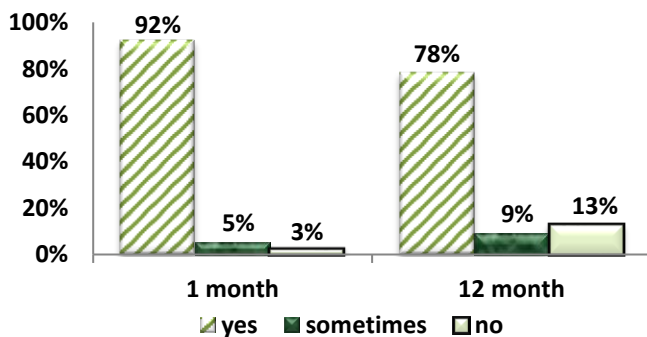
Did any unpaid family members or friends help you with things around the house?



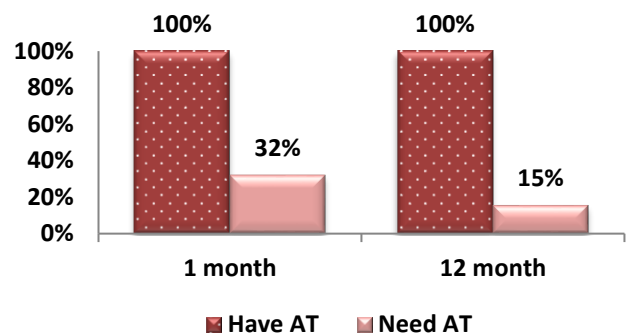
Depressive Symptoms



Do you like where you live?

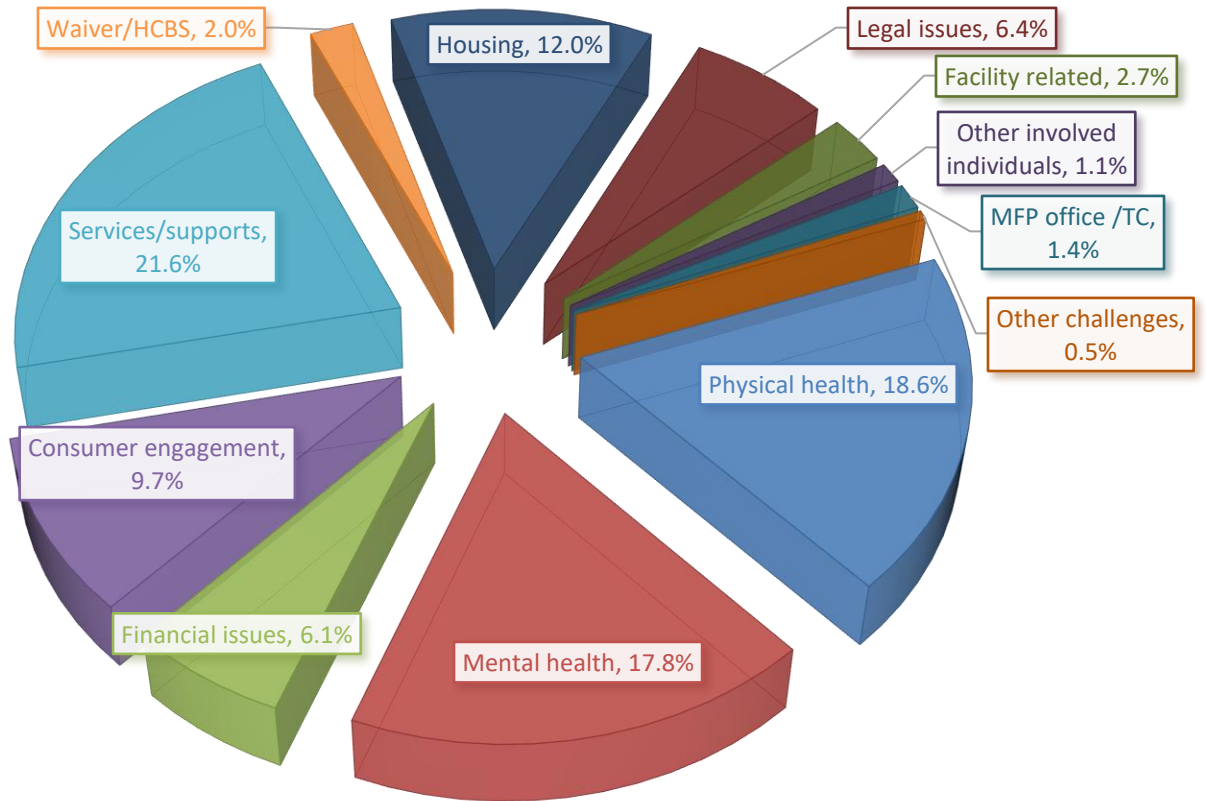


Have or Need Assistive Technology (AT)?

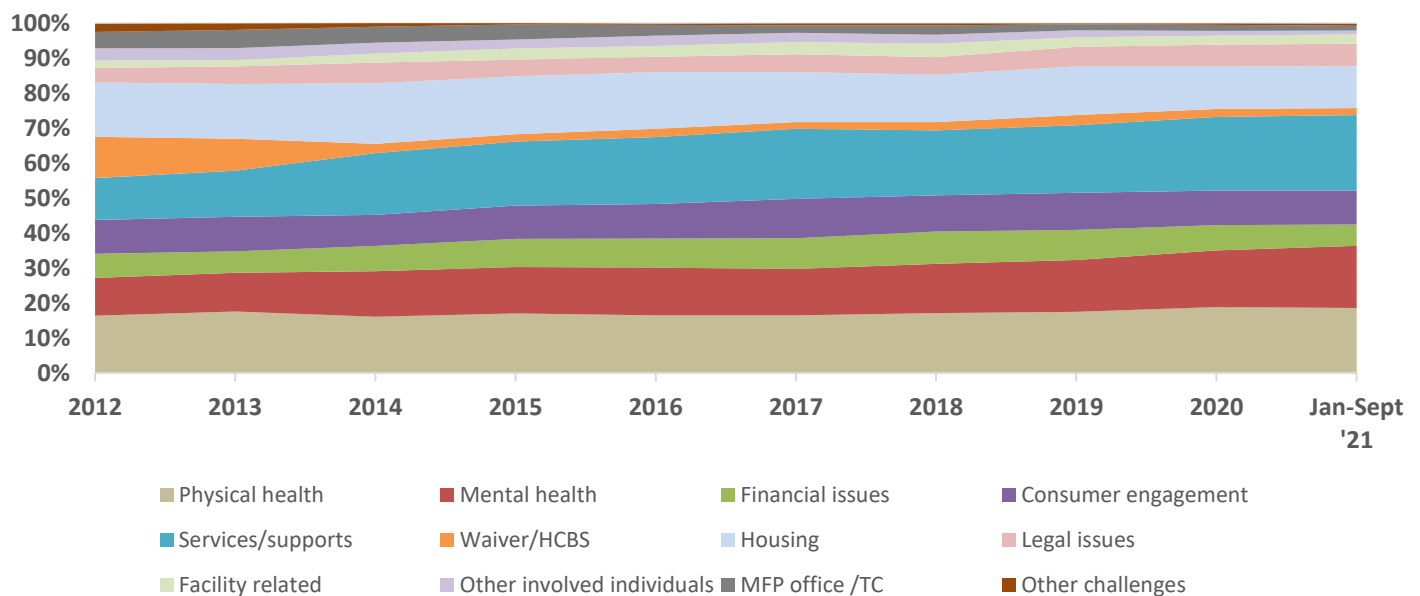


## Challenges to Transition as Recorded by TCs and SCMs

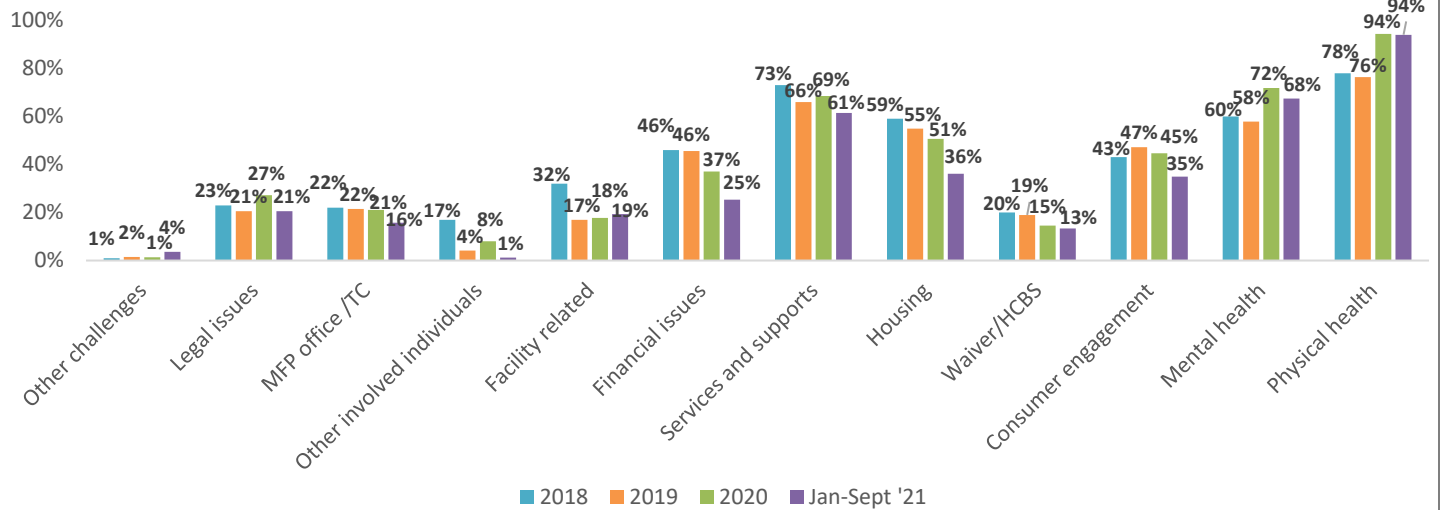
Transition Challenges for Participants Referred Jan-Sept 2021



Frequency of Transition Challenges by Year of Referral



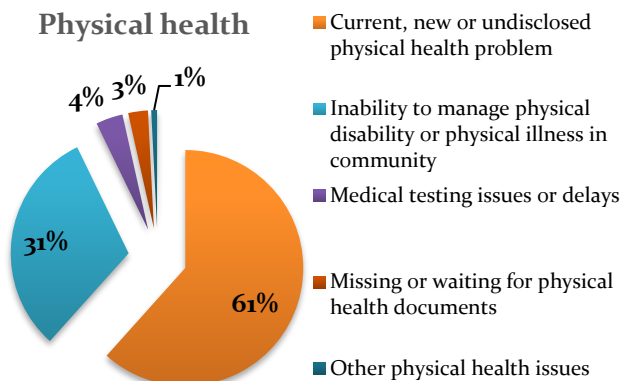
## Participants with Each Challenge who Transitioned by Referral Year



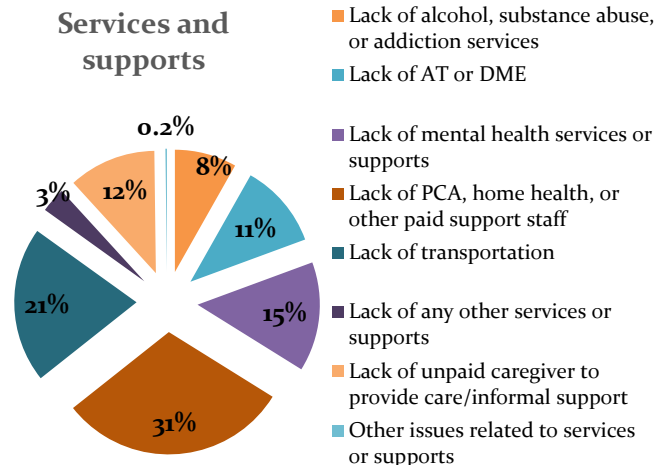
## Types of Challenges for Referrals: 1/1/21 - 9/30/21

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

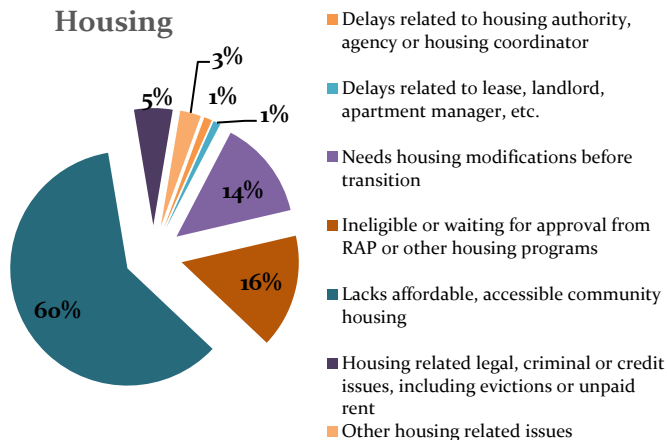
### Physical health



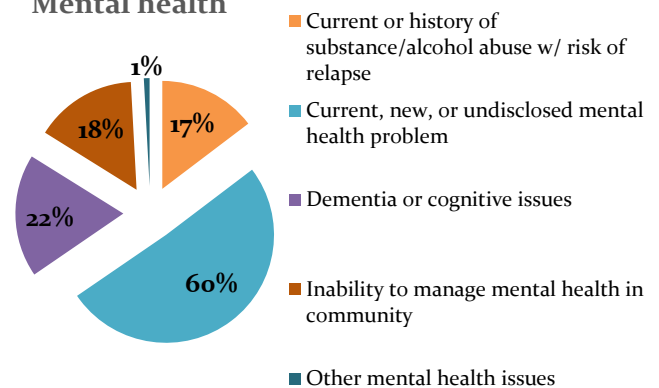
### Services and supports



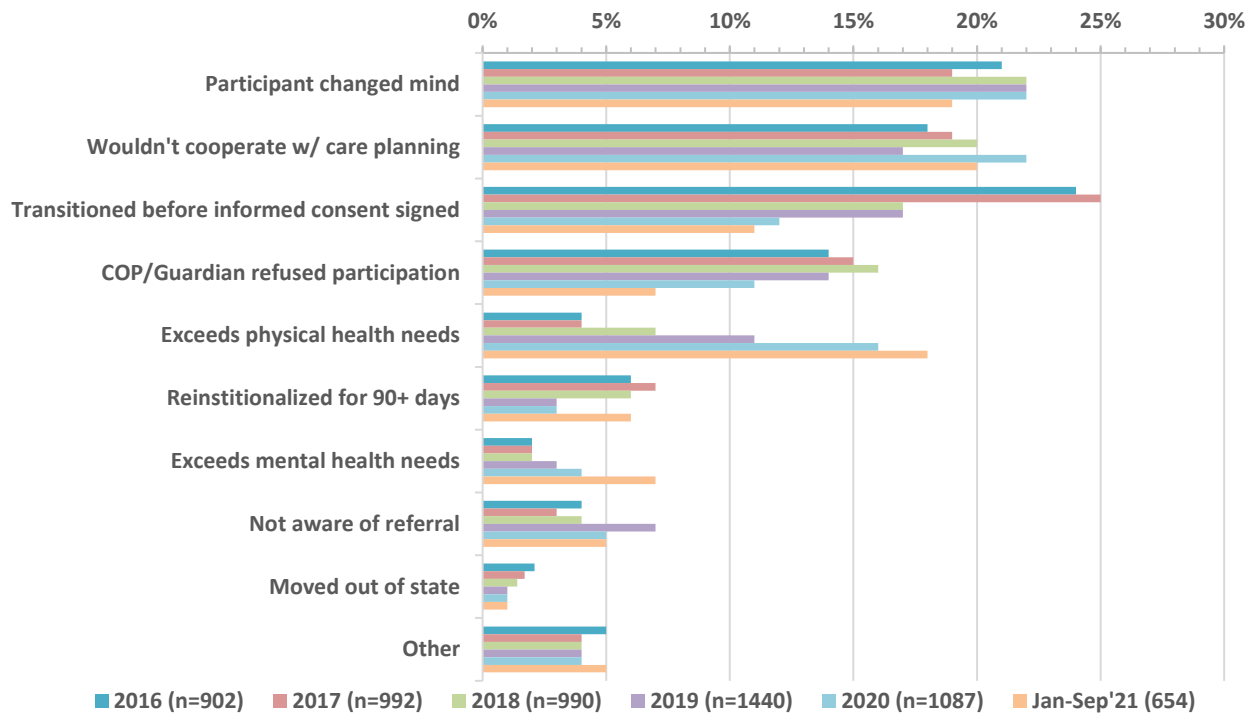
### Housing



### Mental health

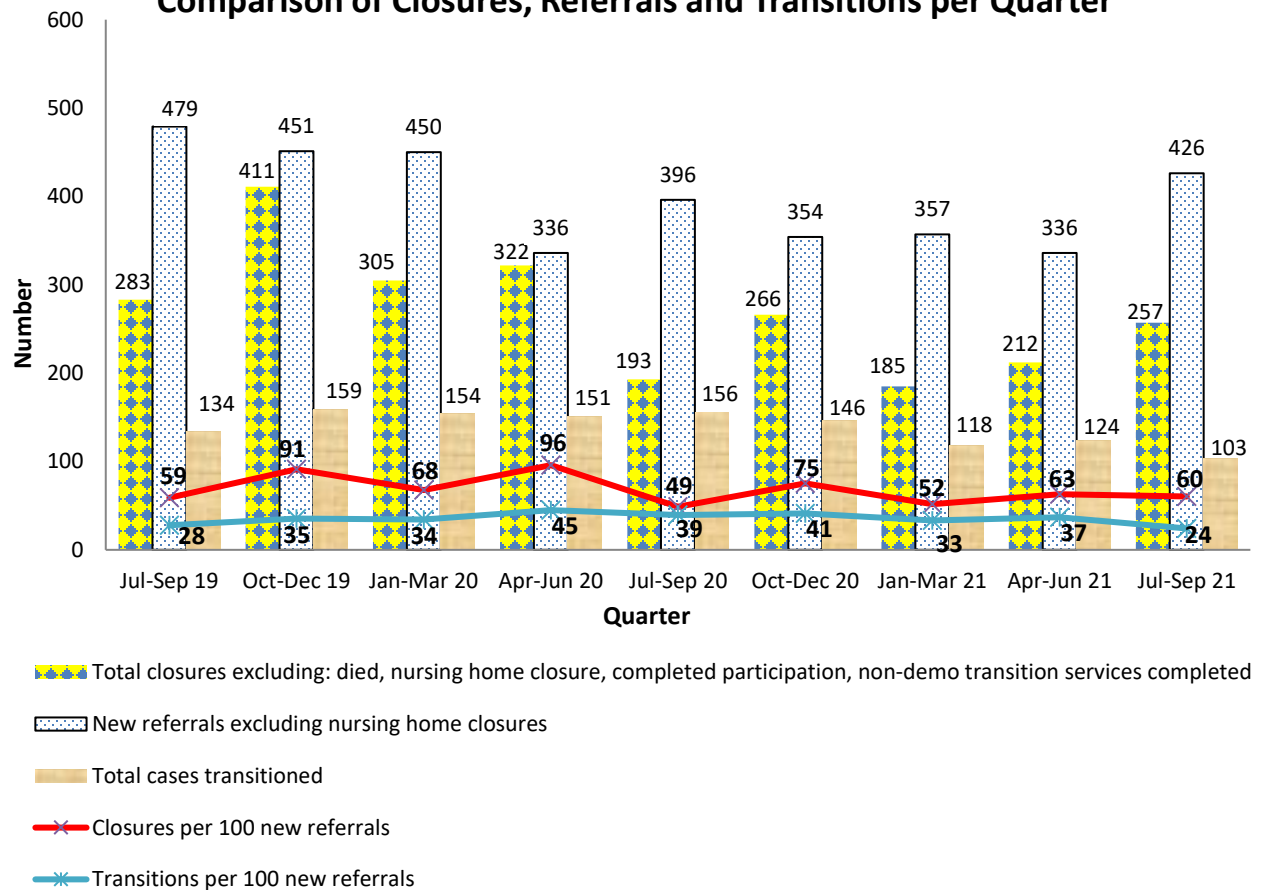


### Frequency of Closure Reason by Year of Closure



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

### Comparison of Closures, Referrals and Transitions per Quarter





## Nancy and Charlie's Story

In one split second, Nancy's life changed. She was living in her own condominium with her rescue dog Charlie; active, independent and working at a job she loved. In November 2019, Nancy left her accounting job at a car dealership in Massachusetts and picked up Charlie at doggie day care. Driving onto a bridge to Interstate-91, Nancy recalled hearing a voice in her head warning her to "Stay in your lane." It was too late. Nancy swerved into an on-coming car head on. She remembers the collision and being able to get out of the car, hearing the other driver ask, "Why did you come at me like that?" Nancy credits the police at the scene with recognizing possible signs of a stroke when they saw her left leg paralyzed. A quick response saved her life. She was only 57 years old when diagnosed with a hemorrhagic stroke. Although the stroke did not affect her ability to talk or her cognition, her entire left side was paralyzed. The shock, grief and multiple losses overwhelmed her.

After two weeks in a Massachusetts hospital, Nancy was admitted to the first of three Connecticut skilled nursing facilities to be closer to her supportive family. Nancy first heard of Money Follows the Person (MFP) from a Certified Nurse's Aide (CNA) who urged her to look into this program. "She wanted to get me out while at the height of COVID. It sounded too good to be true when I researched it." Concerned about her safety as COVID surged, she was discharged without MFP to her father's home. Barely there two days, Nancy fell and broke her hip needing hip replacement surgery. Her family scrambled to find her a skilled nursing bed during COVID. In early May 2020, Nancy was at another skilled nursing facility trying to recover from both the stroke and the hip surgery. Nancy's mental and physical health were suffering; she was in physical pain, angry, and felt like she didn't want to live. Recalling what the CNA told her about MFP, Nancy made her application online and started to feel hopeful.



Photo provided by Nancy

Nancy's experience was not entirely smooth; her housing coordinator was not responsive. Nancy was proactive in finding her own apartment, with the added challenge of finding a place who accepted dogs. Her advice to anyone on MFP, "You need to be your own advocate. Be strong. Stand up for yourself. Ask a lot of questions. Ask if you have a choice for home care agencies. Make sure you are getting what you need." Although she did not get an aide for three weeks, partly due to living in a location where they were scarce especially during COVID, she eventually got all the services she needed. Nancy says both her transition coordinator and her care manager were awesome! Not only did they buy her furniture and \$180.00 of groceries to get her started in her new apartment, they were true to their word, competent and compassionate. The case manager told her about all the services she would receive, including a recovery assistant. Physical therapy at the facility provided her with a walker and transfer tub bench, and Nancy bought her own cane. She was very impressed with MFP and would definitely recommend it, and feels this program should be more widely advertised.

Now, Nancy is more mobile, able to shower, wash her hair, make simple meals and is better at dressing herself. She is adjusting to life in CT with family nearby, feeling lucky to be alive. "My sisters remind me how far I've come. My father tells me he is so proud of my progress."

Nancy may have rescued Charlie, but Charlie is there for Nancy in her recovery process. "I used to whisper in his ear that we'd be back together again. My dog has been my total protector ever since." They share unconditional love and support as they are once again reunited.

### 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.