

CT Money Follows the Person Report

Quarter 4: October 1 - December 31, 2021

UConn Health, Center on Aging

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

MFP Benchmarks

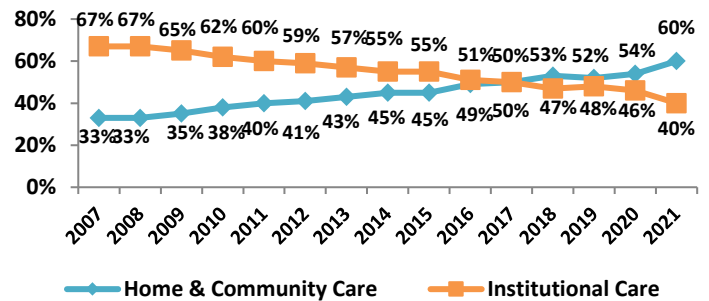
- 1) Transition 5200 people from qualified institutions to the community
- 2) Increase dollars to home and community based services
- 3) Increase hospital discharges to the community rather than to institutions
- 4) Increase probability of returning to the community during the six months following nursing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

Benchmark 1: Total Transitions = 7,033

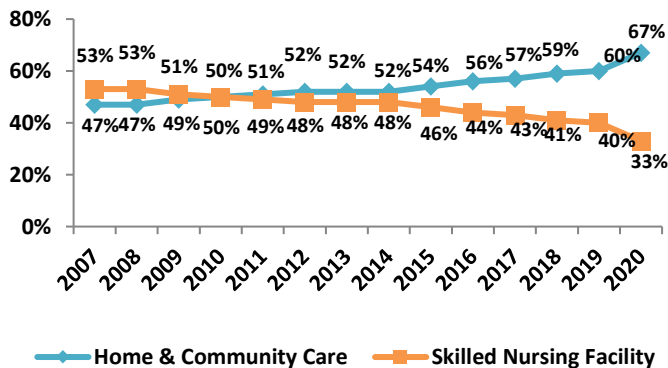
Demonstration = 6,596 (94%)

Non-demonstration = 437 (6%)

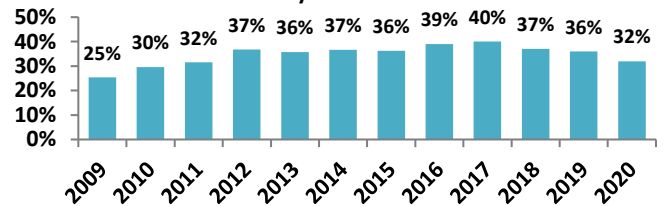
Benchmark 2 CT Medicaid Long-Term Care Expenditures



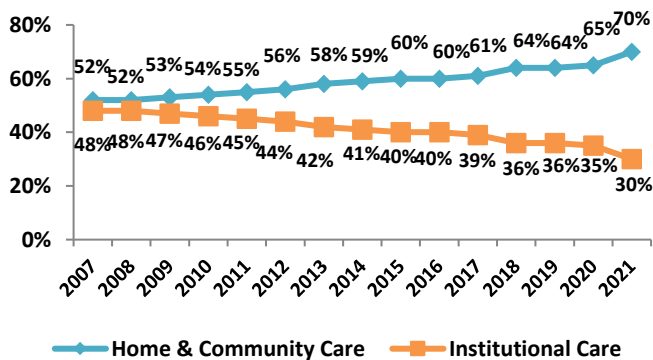
Benchmark 3 Percentage of Hospital Discharges to Home and Community Care vs. Skilled Nursing Facility



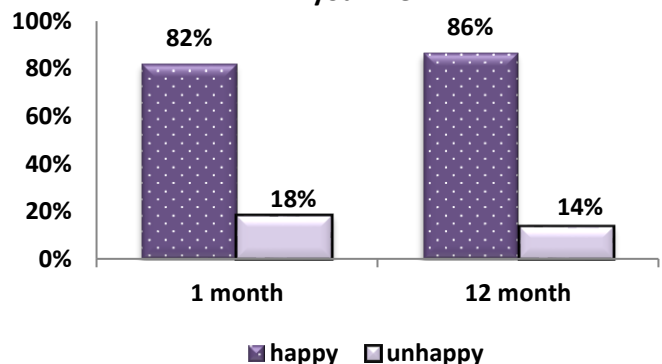
Benchmark 4 Percent of SNF admissions returning to the community within 6 months



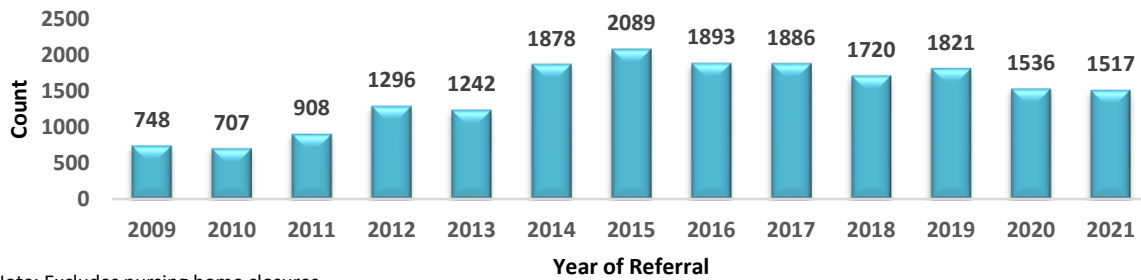
Benchmark 5: Percent Receiving LTSS in the Community vs. Institutions



Happy or unhappy with the way you live your life

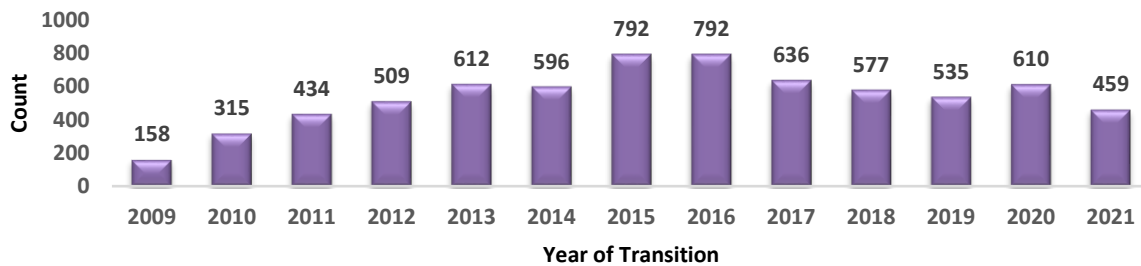


Total Number of Referrals Assigned to the Field by Year

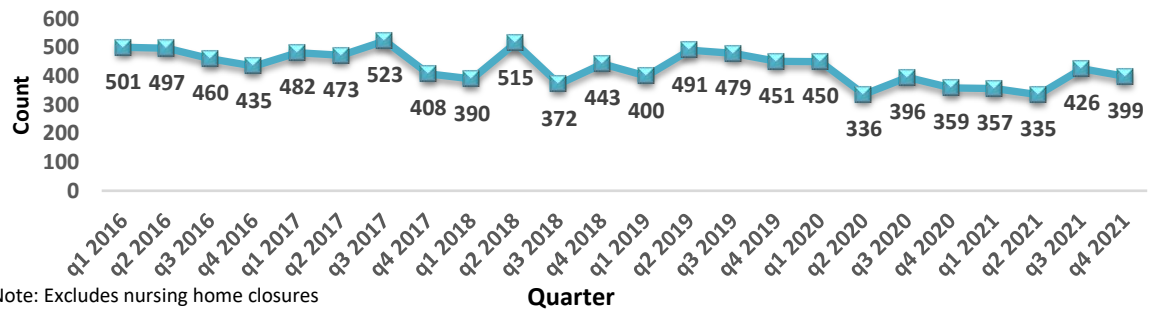


Note: Excludes nursing home closures

Total Number of Transitions by Year

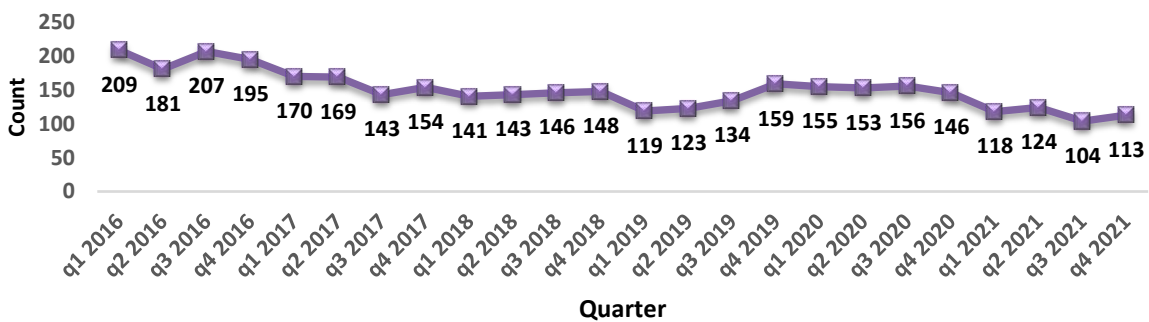


Referrals Assigned to the Field by Quarter

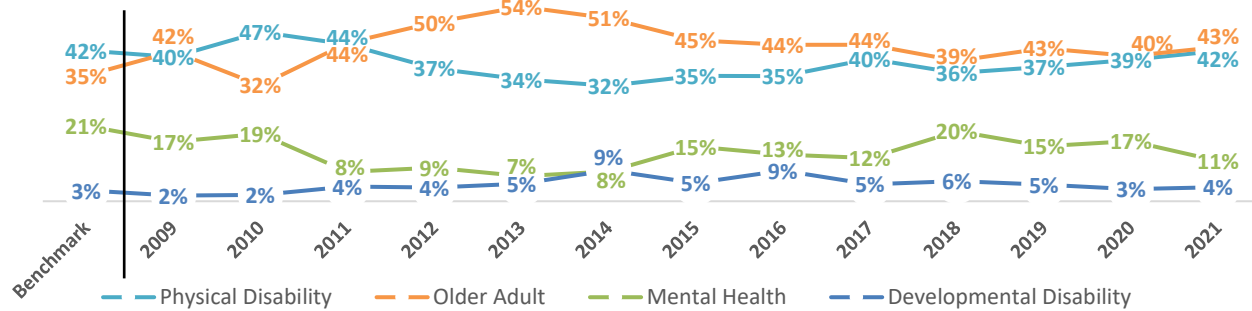


Note: Excludes nursing home closures

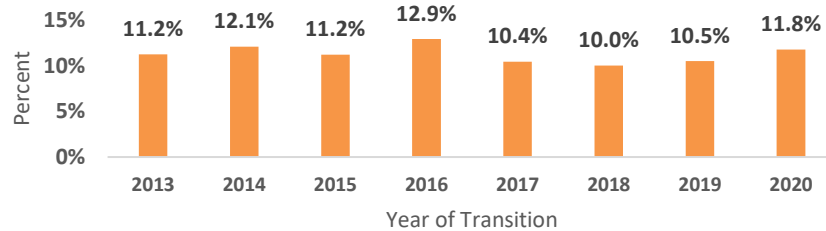
Number of Transitions by Quarter



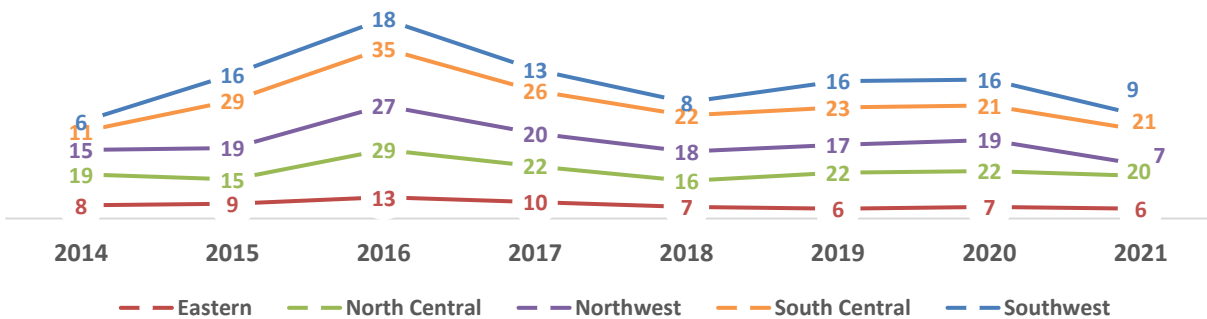
Target Population for Transitions by Year of Transition (Demonstration Only)



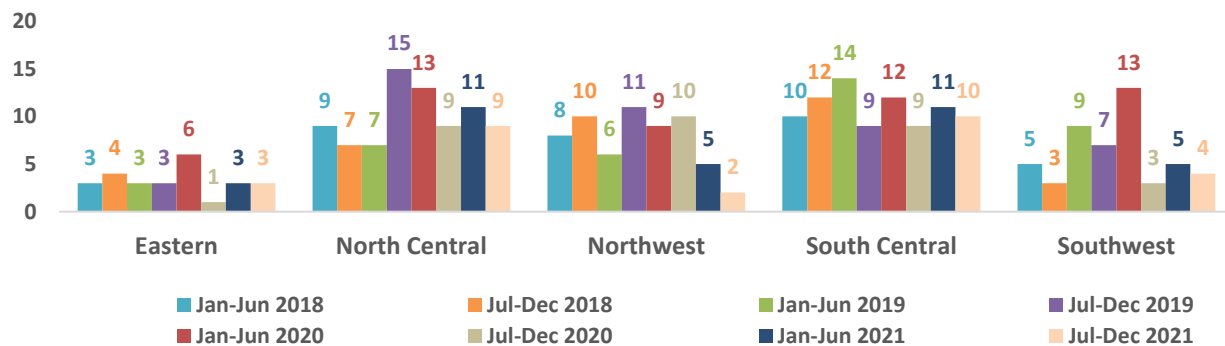
Participants Who Were in an Institution 12 Months after Transition Regardless of Length of Stay



Number of Participants with Home Modifications by Year Approved and Region

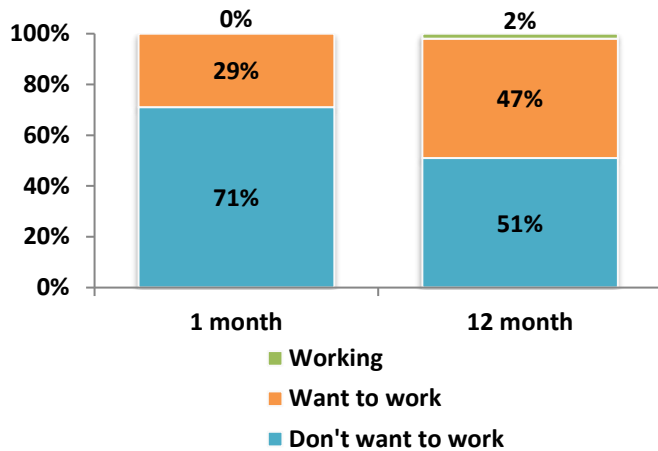


Number of Participants with Home Modifications per 6 Months

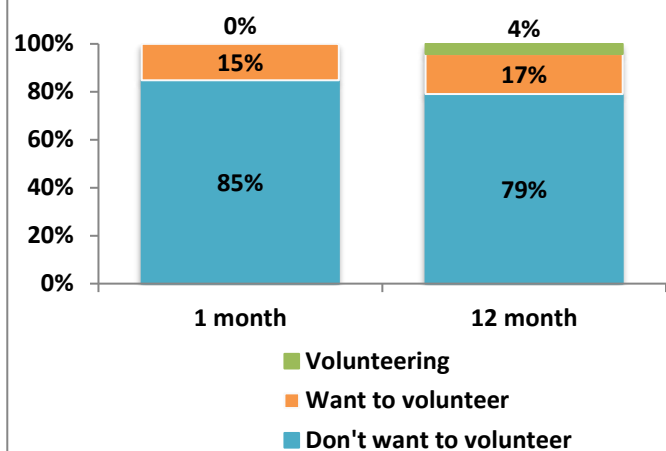


Participants who are Working and/or Volunteering (data 10/1/21-12/31/21)

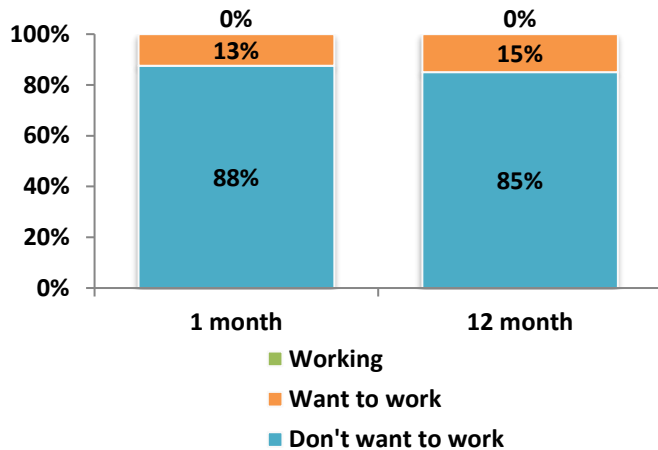
Participants under age 65 who are working and those who would like to work



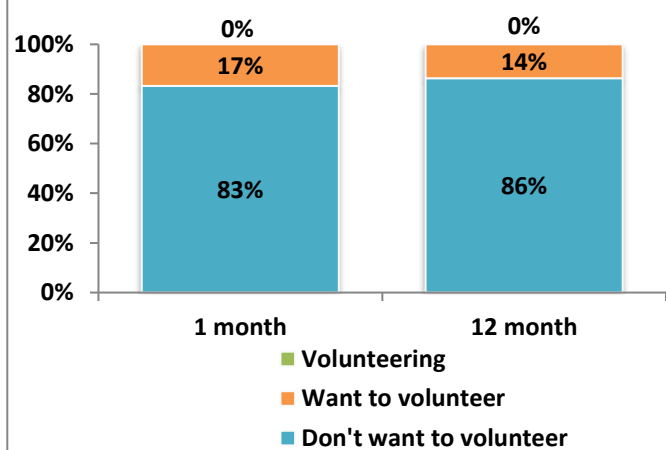
Participants under age 65 who are volunteering and those who would like to volunteer



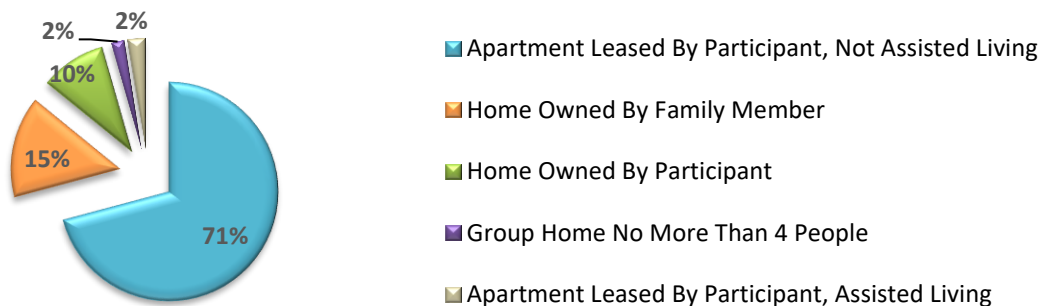
Participants 65 years and older who are working and those who would like to work



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 12/31/2021



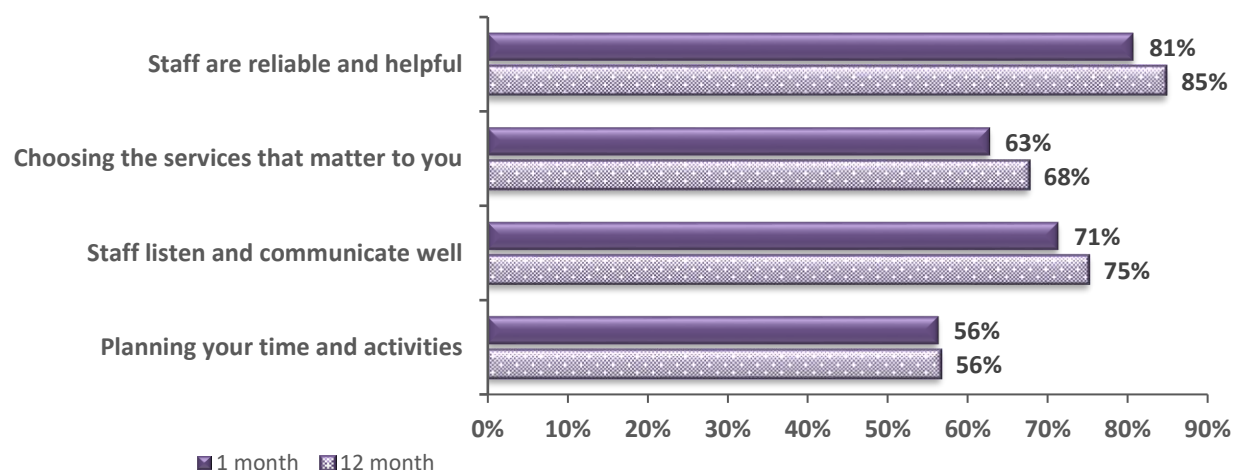
MFP Quality of Life Dashboard

Number of Quality of Life Interviews Completed from 10/1/21-12/31/21

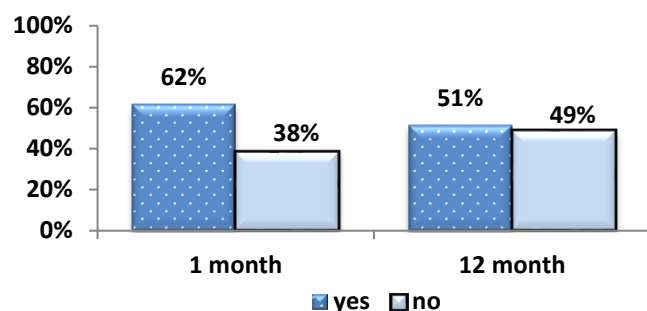
1 month interviews done 1 month after transition, **n=81**

12 month interviews done 12 months after transition, **n=86**

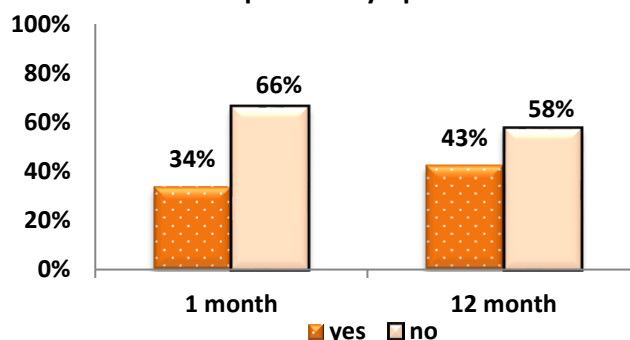
HCBS CAHPS Composite Measures: Percent with Highest Score (e.g. always, yes)



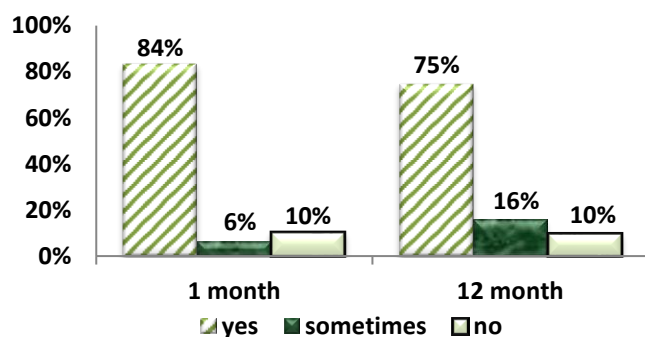
Did any unpaid family members or friends help you with things around the house?



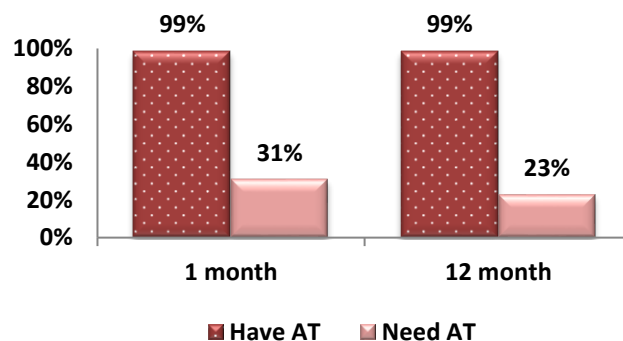
Depressive Symptoms



Do you like where you live?

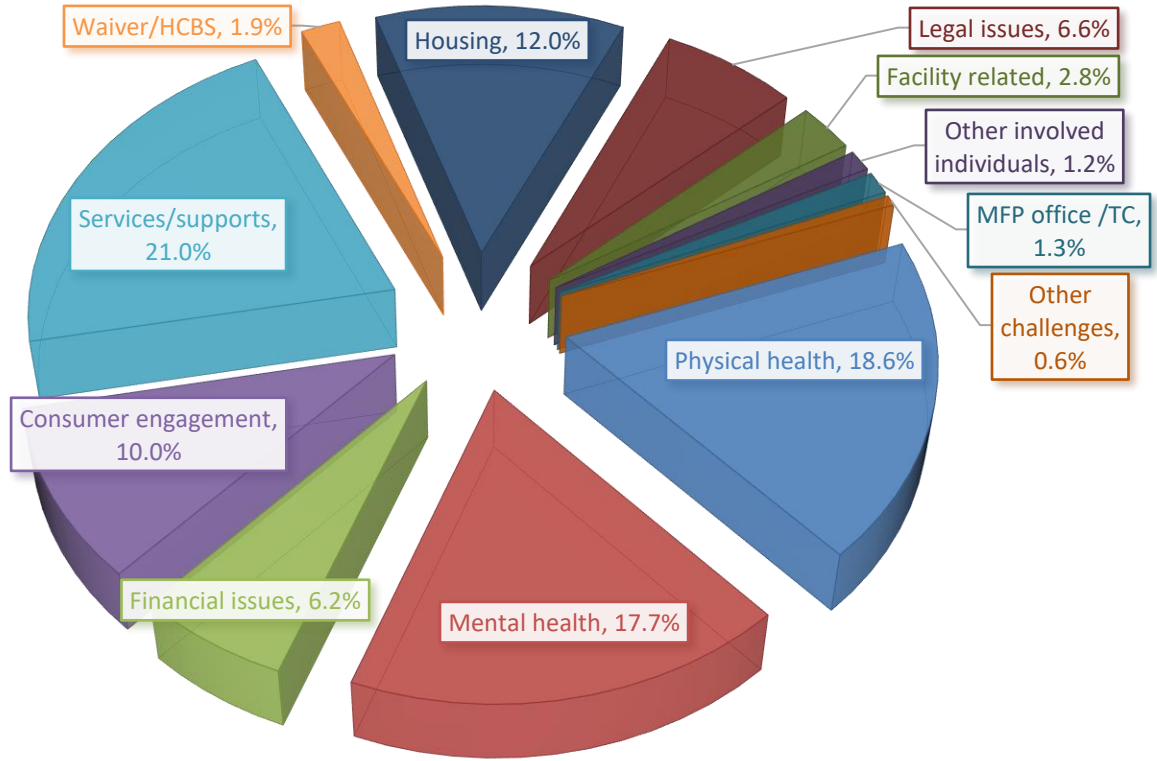


Have or Need Assistive Technology (AT)?

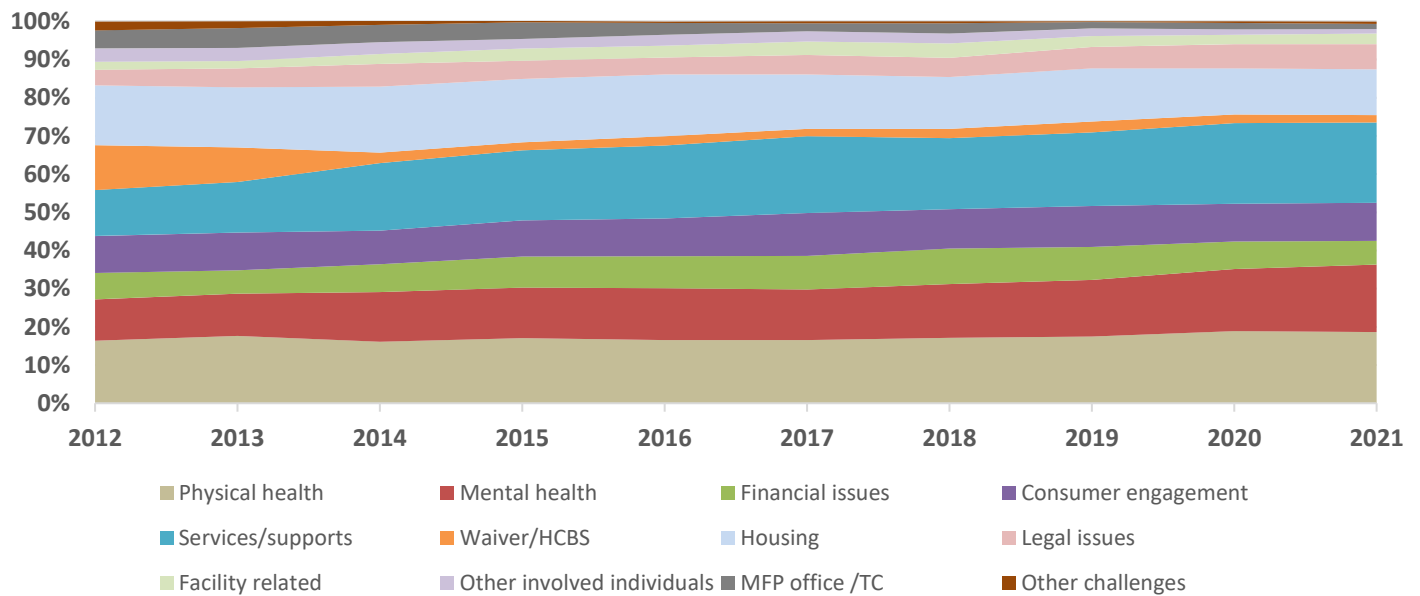


Challenges to Transition as Recorded by TCs and SCMs

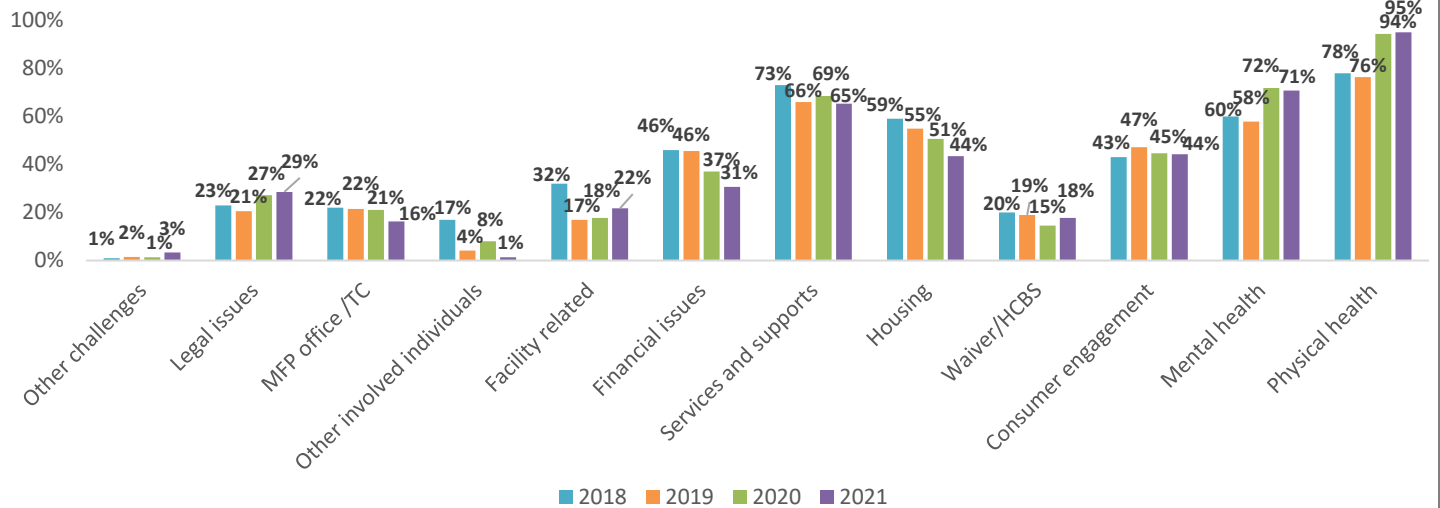
Transition Challenges for Participants Referred Jan-Dec 2021



Frequency of Transition Challenges by Year of Referral



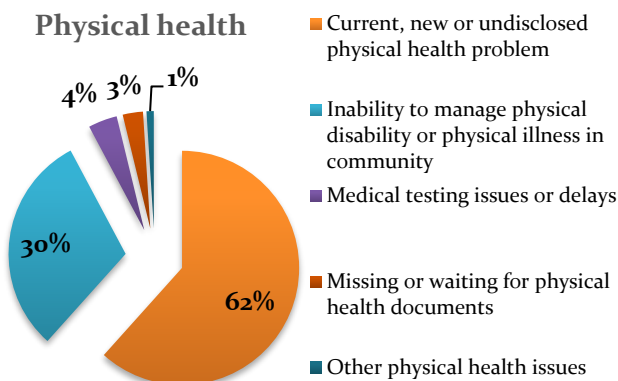
Participants with Each Challenge who Transitioned by Referral Year



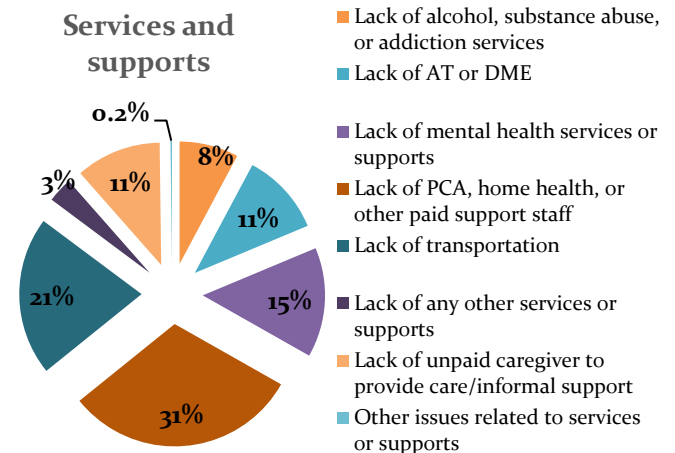
Types of Challenges for Referrals: 1/1/21 - 12/31/21

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

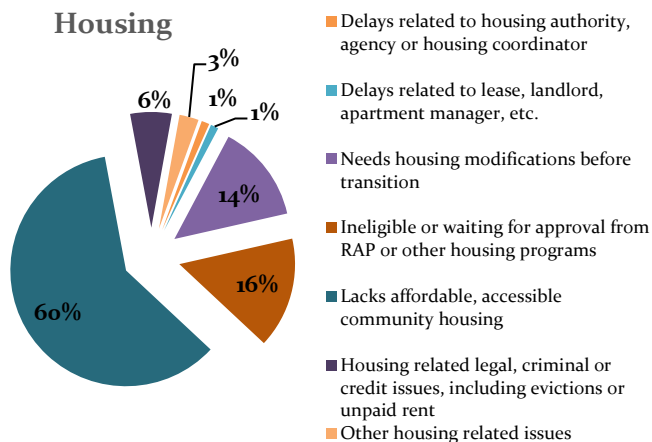
Physical health



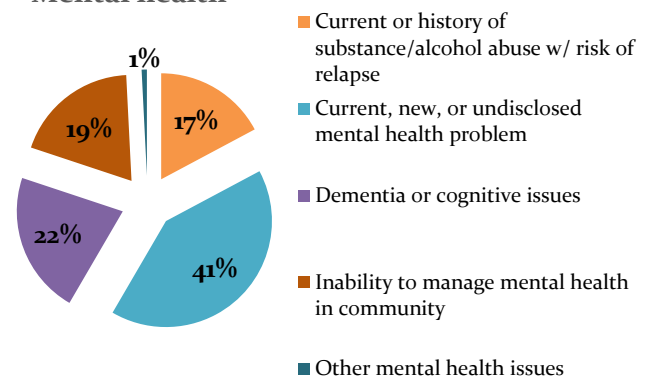
Services and supports



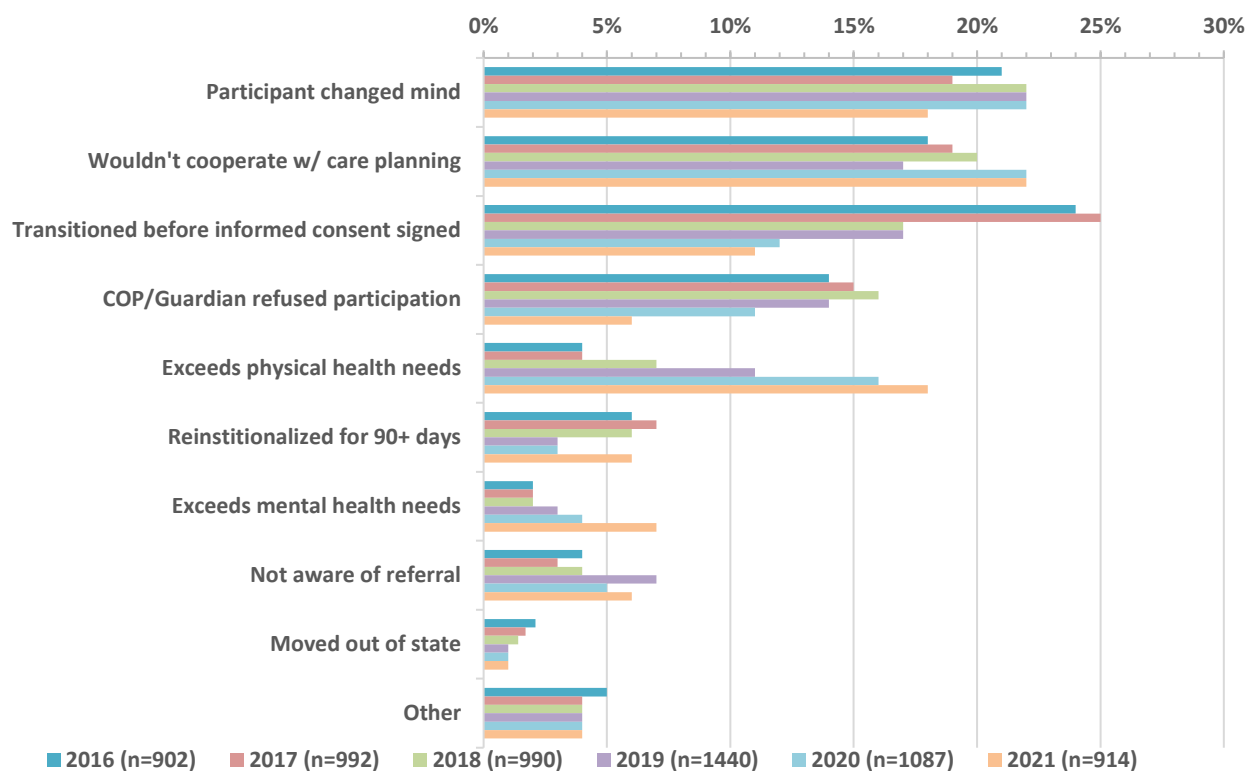
Housing



Mental health

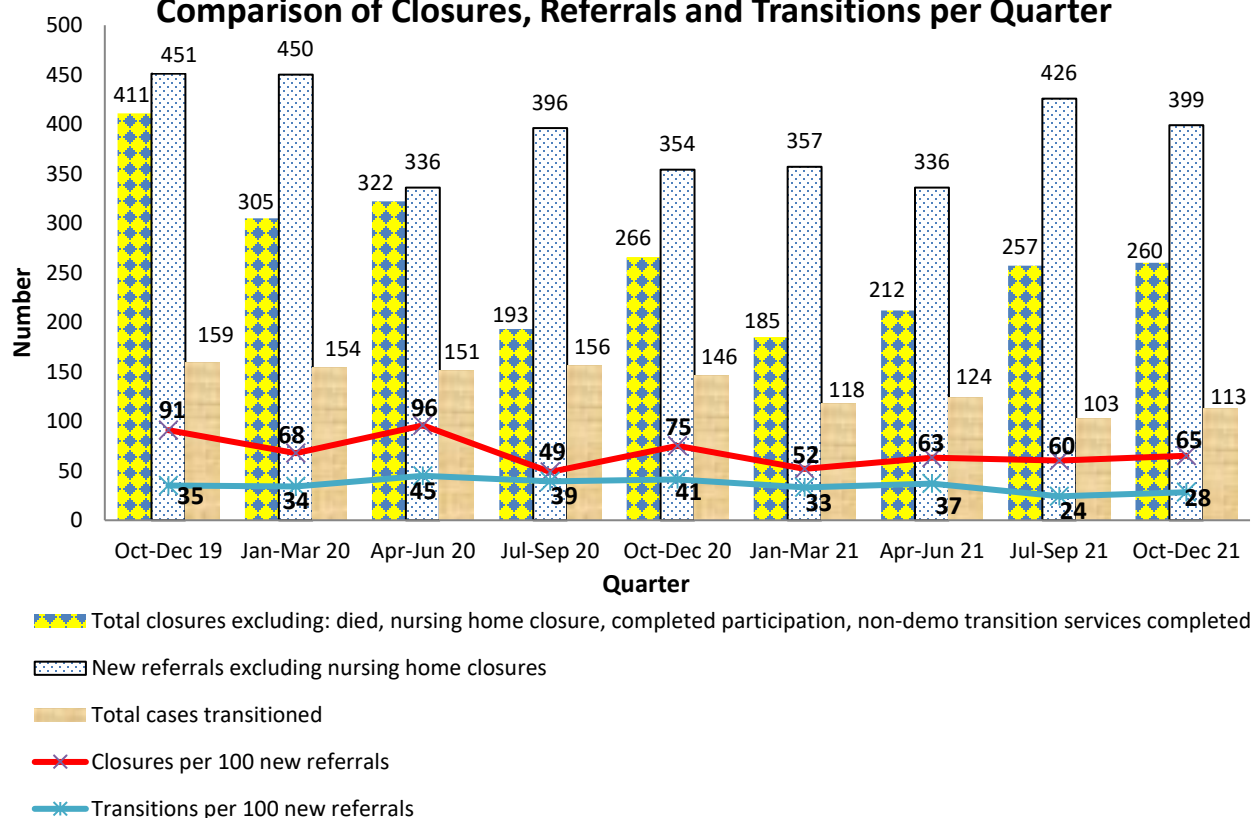


Frequency of Closure Reason by Year of Closure



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

Comparison of Closures, Referrals and Transitions per Quarter



Joann's Story

In February of 2020, Joann was doing some routine grocery shopping when she collapsed. The fall resulted in a broken back, and required her to enter a rehabilitation facility before she could return to the home she shared with her daughter. Joann, unfortunately, was no stranger to the facility. She had been there many times before as a result of a wide array of health issues. Although she was used to the staff and enjoyed their support, the facility was not a place she wanted to stay long.

The following month, COVID began running rampant and lockdowns were put in place. Those living in skilled nursing facilities were greatly affected and required to use extreme caution. Most people, including Joann, were not allowed to leave their rooms. She was already experiencing loneliness due to not having anyone at the rehab facility that she could connect with. Being of a very sound mind, Joann felt the only people she could have a real conversation with were staff. Over the next few months, her condition improved but COVID made it hard to leave.

Thankfully, during this time, a social worker from the rehab facility introduced Joann and her family to the Money Follows the Person program. Because Joann was still very independent, she was a great candidate for the program. She was very excited at the idea of having her own apartment rather than living with her daughter. It was a piece of independence that she could not wait to have back. Even with many complications due to COVID, over the next year, Joann, her family, and the MFP team were able to find her a beautiful apartment.

Finally, on Oct. 4th, 2021, Joann was discharged from the rehab facility and began the next chapter of her life. She immediately fell in love with her apartment. She met her PCA, Georgina, who would spend a few hours with her Monday through Friday to make sure all her needs were met. Her family and MFP team made sure she had everything she needed, including medical equipment like a shower chair.

Joann loves her new sense of independence. Although she sometimes gets down about the things she can no longer do, she feels so grateful that the Money Follows the Person program was able to provide her with the most independence possible. She thinks back to her time in the facility, and explained what a joy it is to be able to decide when you want to get up, and when you want to go to bed. She can decorate her place how she pleases, and light a candle without needing permission. Joann can now enjoy the peace and quiet of her apartment with a good book, with no need to worry about the facility's rules or time constraints.

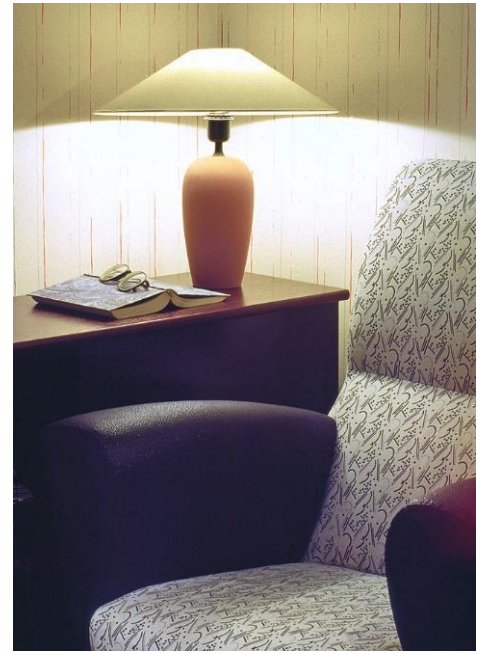


Photo credit: www.commonswikimedia.org

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.