CT Money Follows the Person Report

Quarter 2: April 1 - June 30, 2024

UConn Health, Center on Aging

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

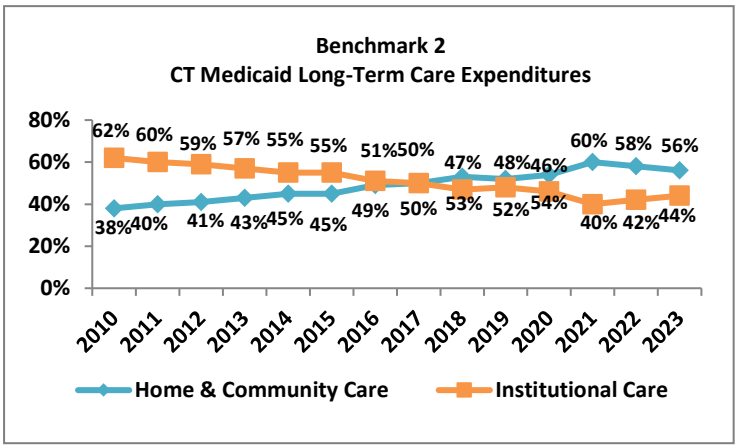
MFP Benchmarks

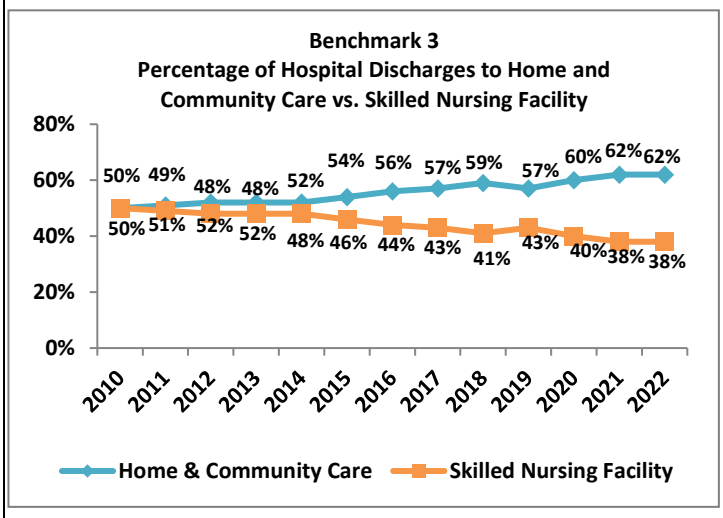
1) Transition 5200 people from qualified institutions to the community
2) Increase dollars to home and community based services
3) Increase hospital discharges to the community rather than to institutions
4) Increase probability of returning to the community during the six months following nursing home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

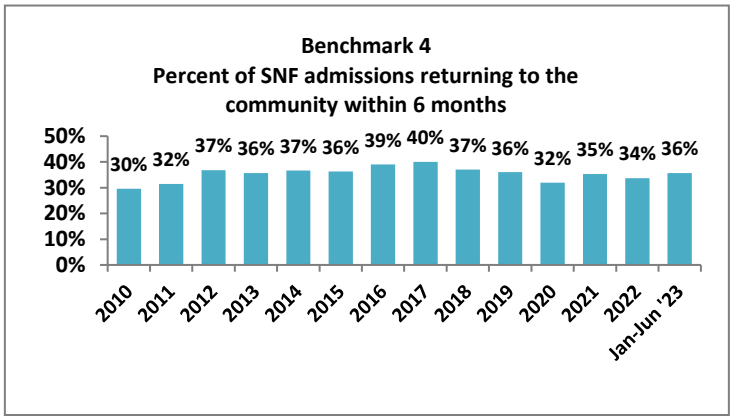
Benchmark 1: Total Transitions = 8,147

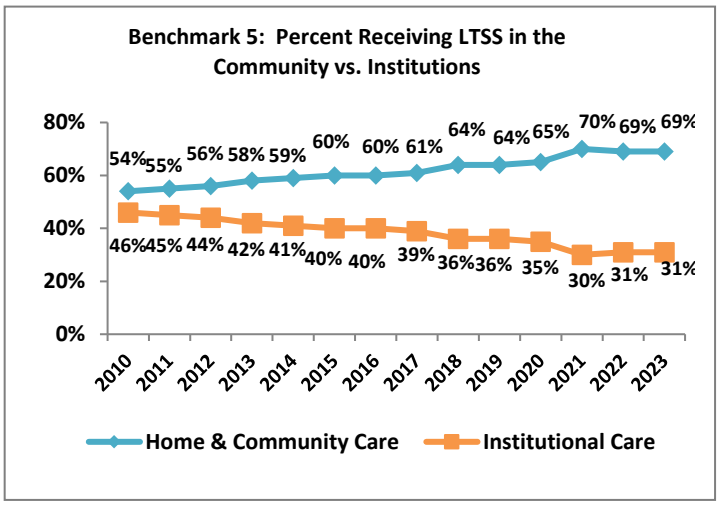
Demonstration = 7,625 (94%)

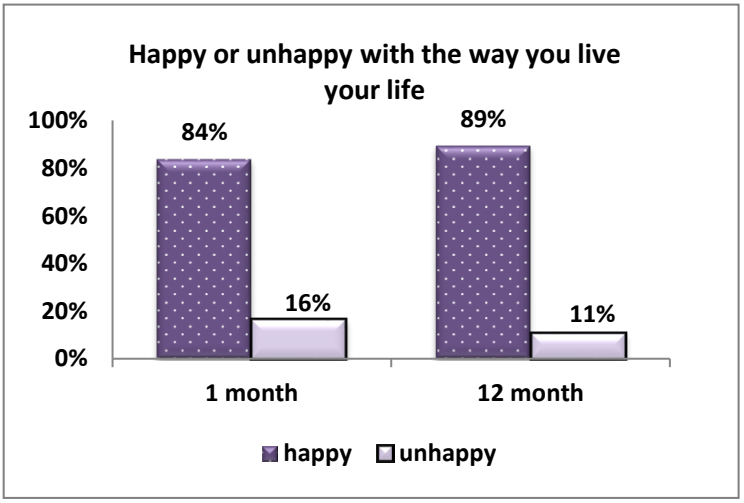
Non-demonstration = 522 (6%)

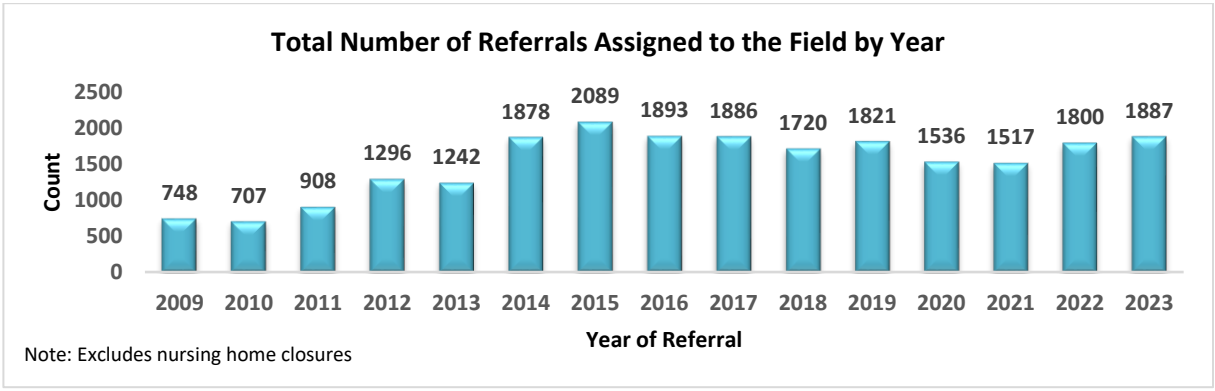




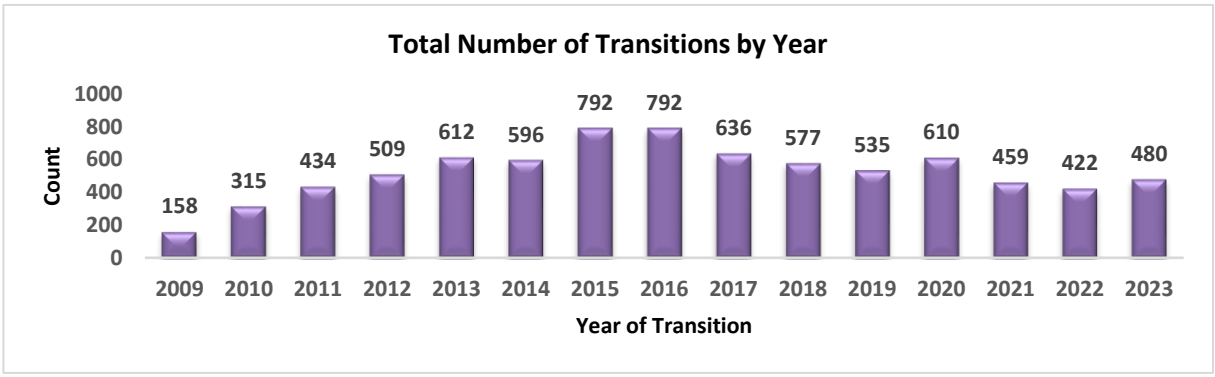


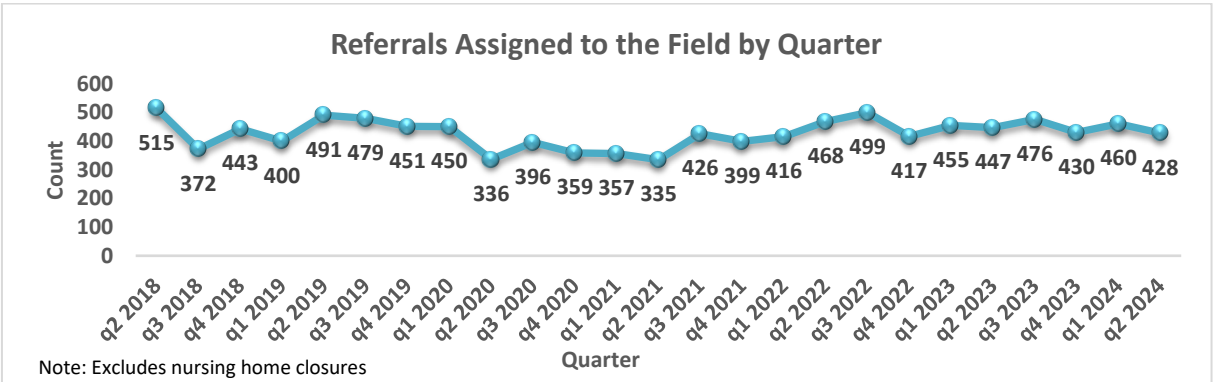






Note: Excludes nursing home closures





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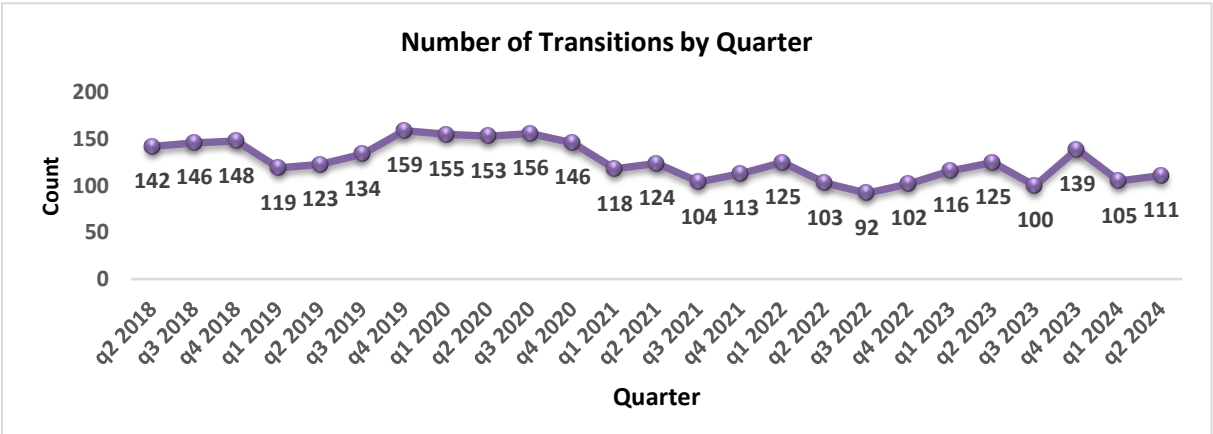
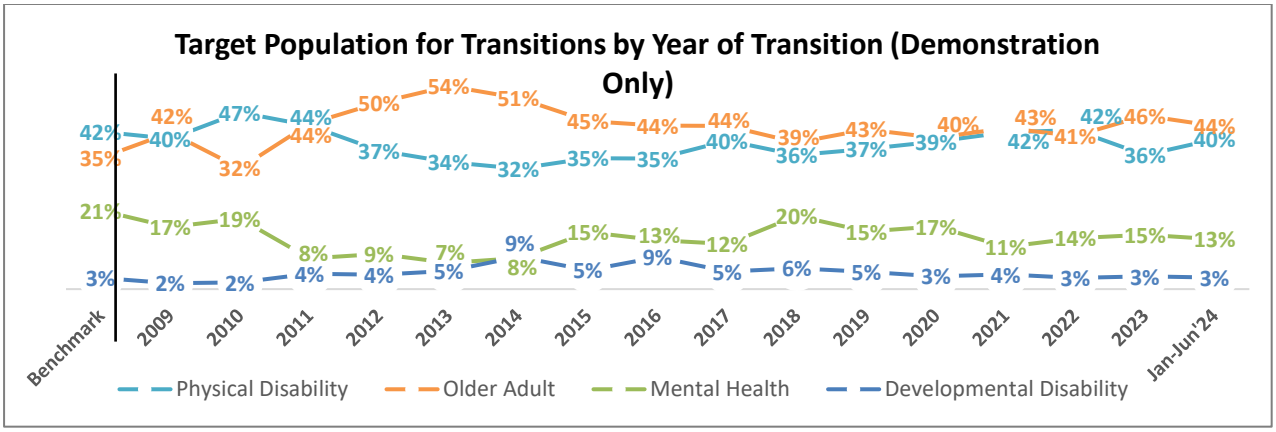
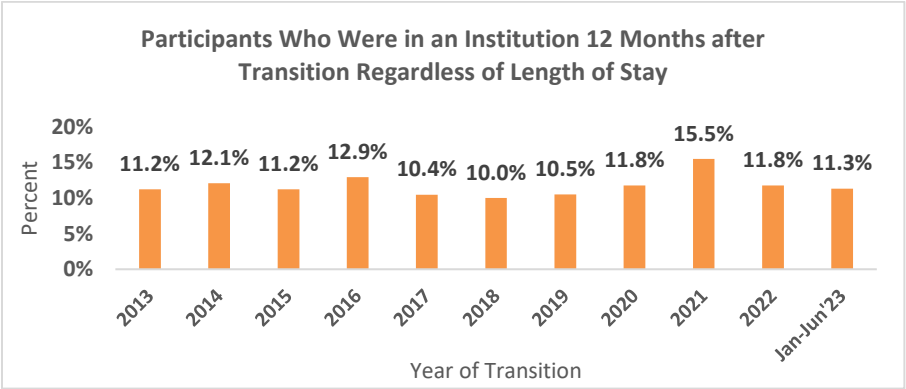
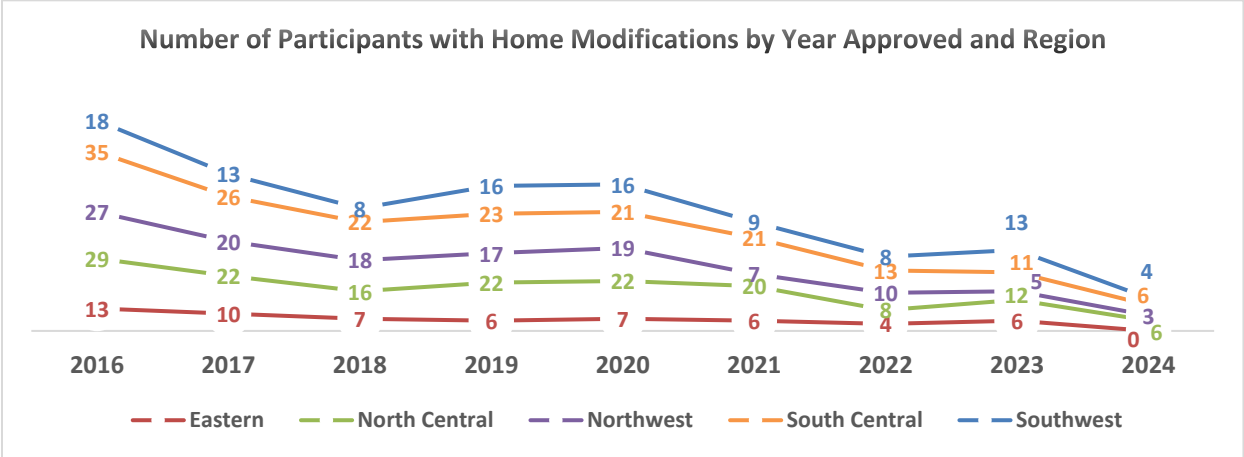
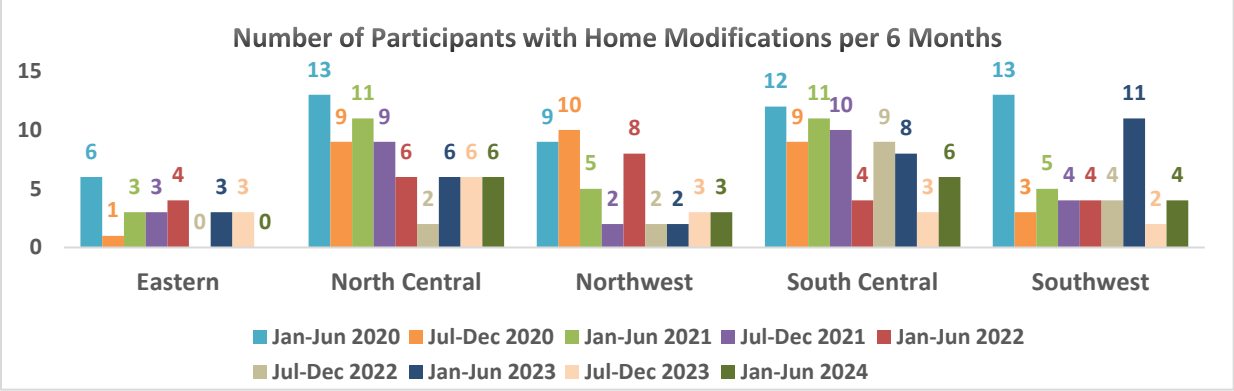


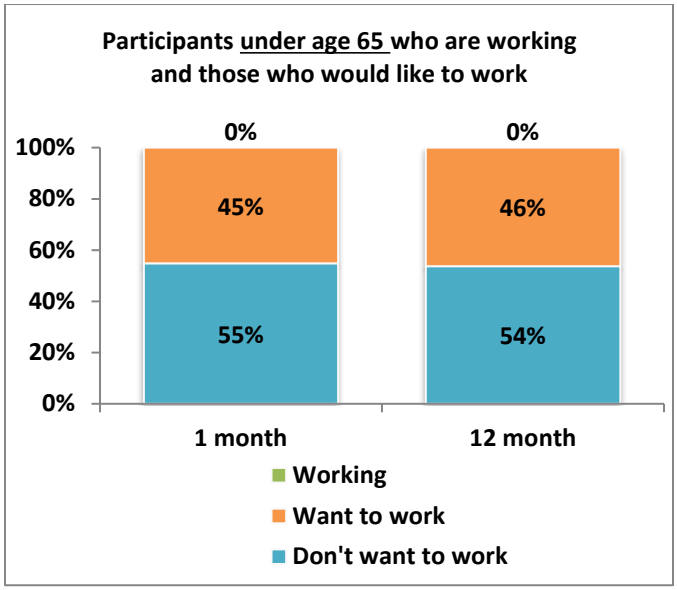

Target Population for Transitions by Year of Transition (Demonstration Only)
Benchmark
2009
2010
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023
Jan-Jun'24
Physical Disability
Older Adult
Mental Health
Developmental Disability

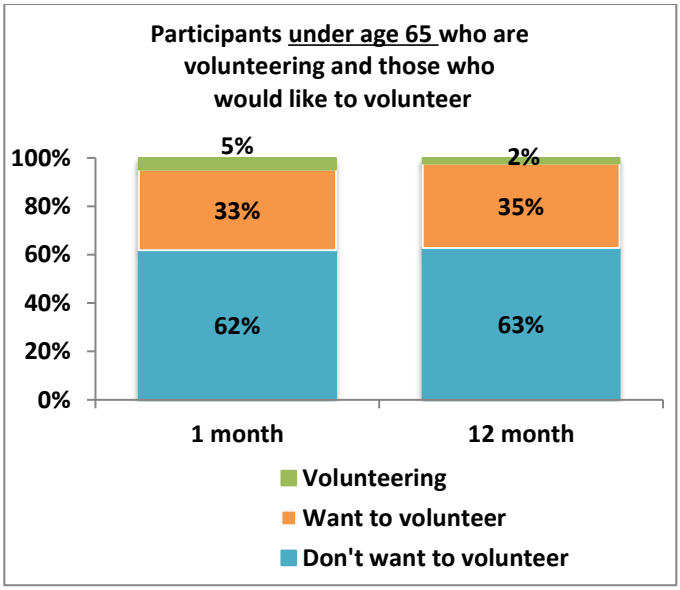

Participants Who Were in an Institution 12 Months after Transition Regardless of Length of Stay
Percent
20%
15%
10%
5%
0%
11.2%
12.1%
11.2%
12.9%
10.4%
10.0%
10.5%
11.8%
15.5%
11.8%
11.3%
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
Jan-Jun'23
Year of Transition

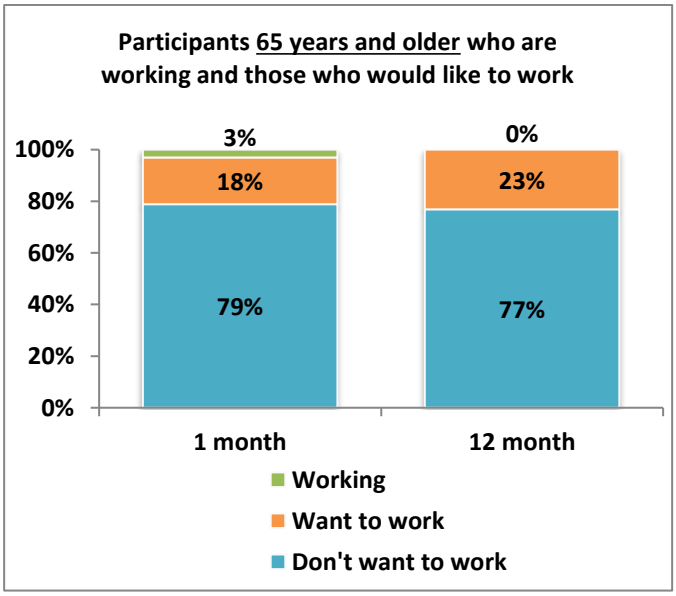

Number of Participants with Home Modifications by Year Approved and Region
2016
2017
2018
2019
2020
2021
2022
2023
2024
Eastern
North Central
Northwest
South Central
Southwest

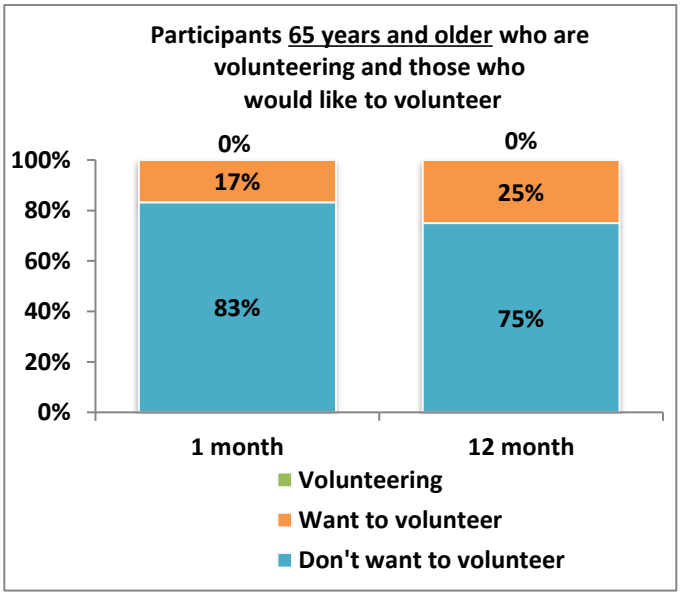

Number of Participants with Home Modifications per 6 Months
Eastern
North Central
Northwest
South Central
Southwest
Jan-Jun 2020
Jul-Dec 2020
Jan-Jun 2021
Jul-Dec 2021
Jan-Jun 2022
Jul-Dec 2022
Jan-Jun 2023
Jul-Dec 2023
Jan-Jun 2024

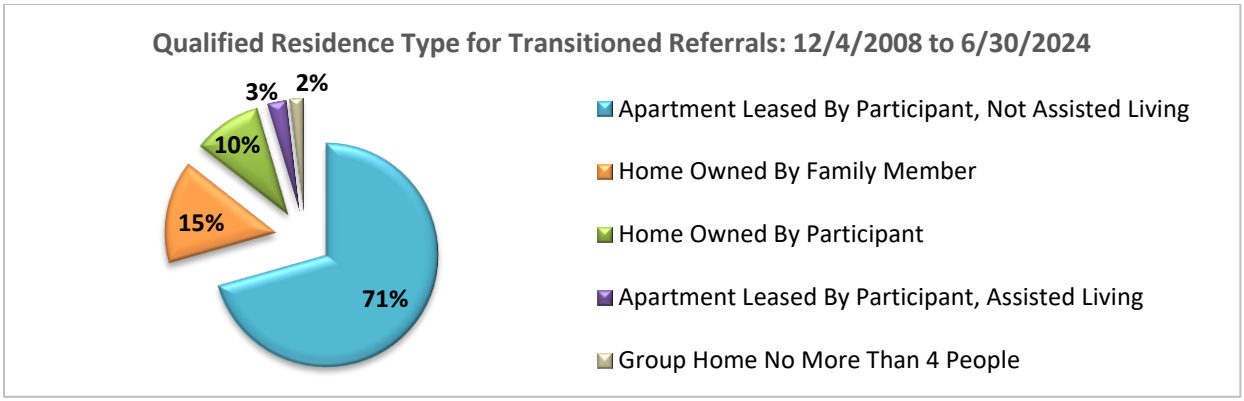
Participants who are Working and/or Volunteering (data 3/1/24-6/30/24)





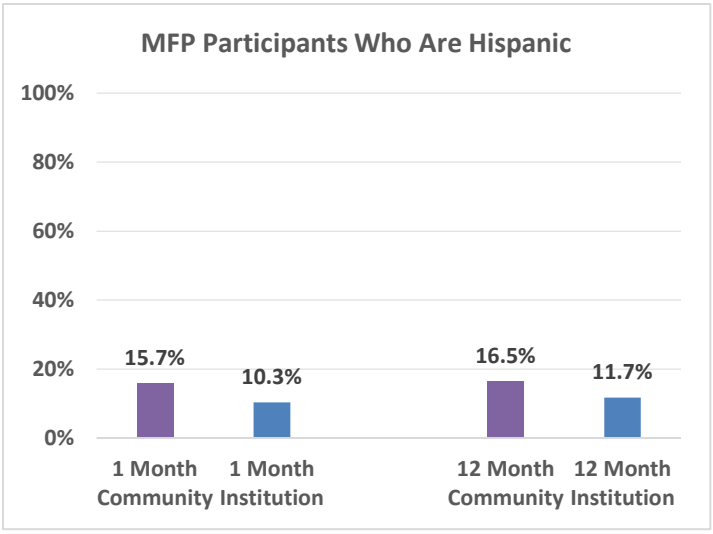


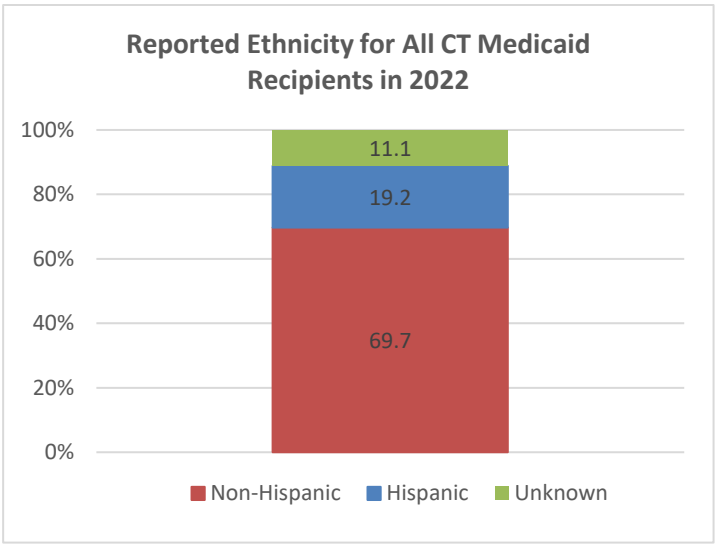


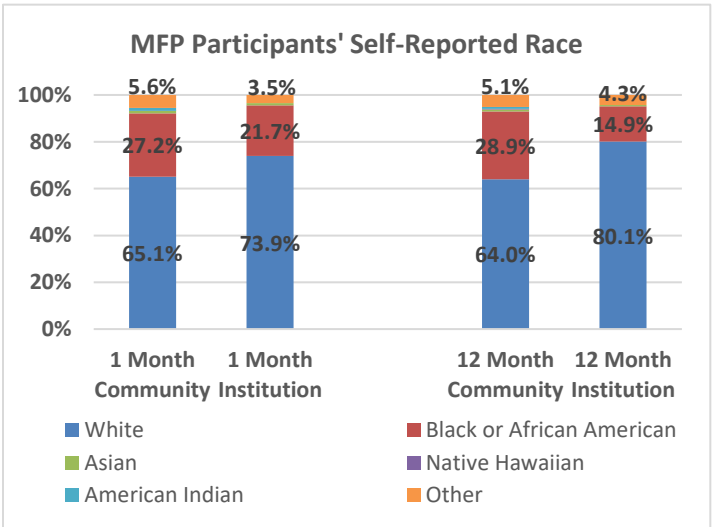


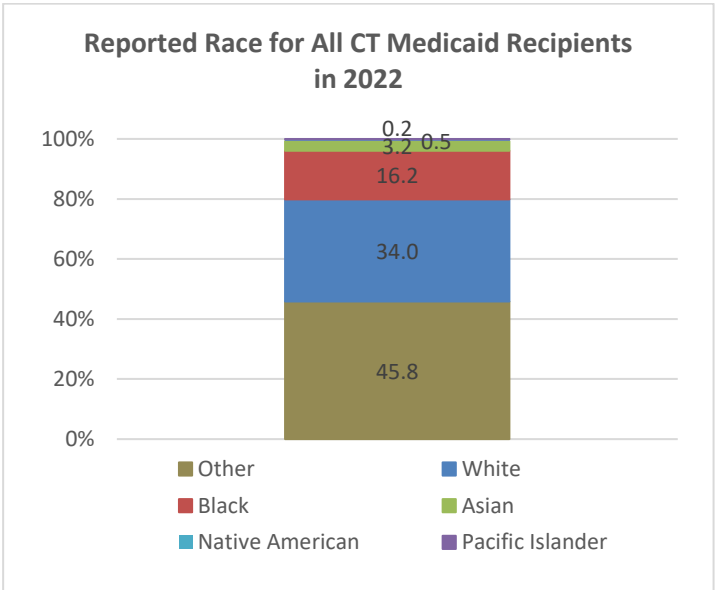
Race and Ethnicity for MFP Participants Transitioned 1/1/19 – 6/30/24 and for CT Medicaid Recipients in 2022

Note: MFP participant results are from responses to the HCBS CAHPS MFP Survey questions 87 and 89 at 1 and 12 month time points.







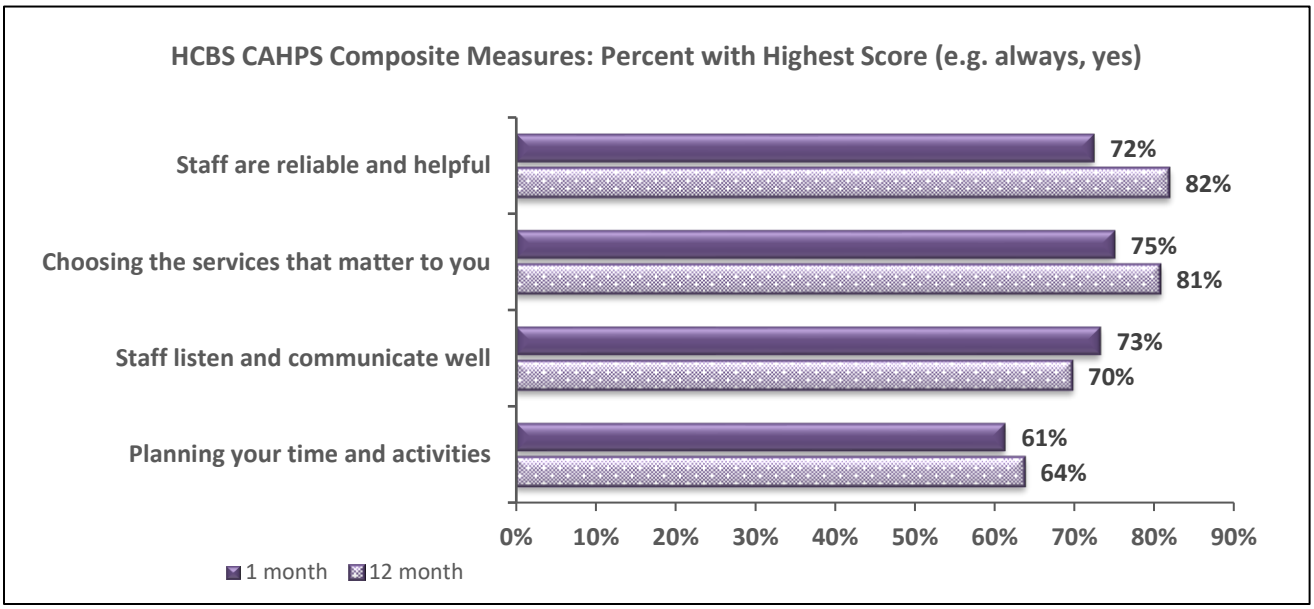


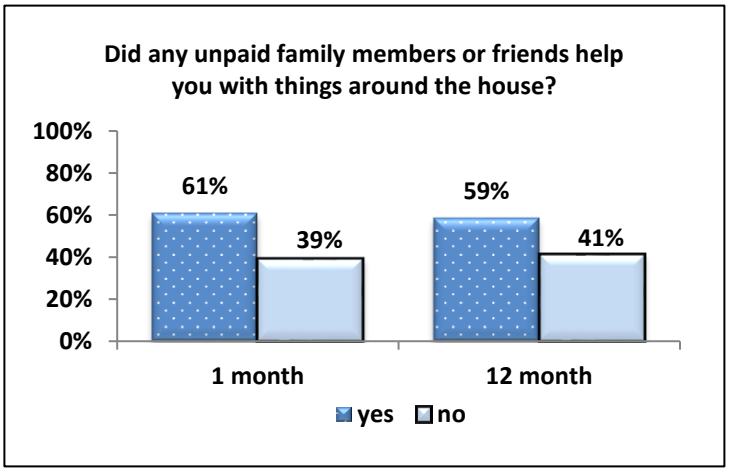
MFP Quality of Life Dashboard

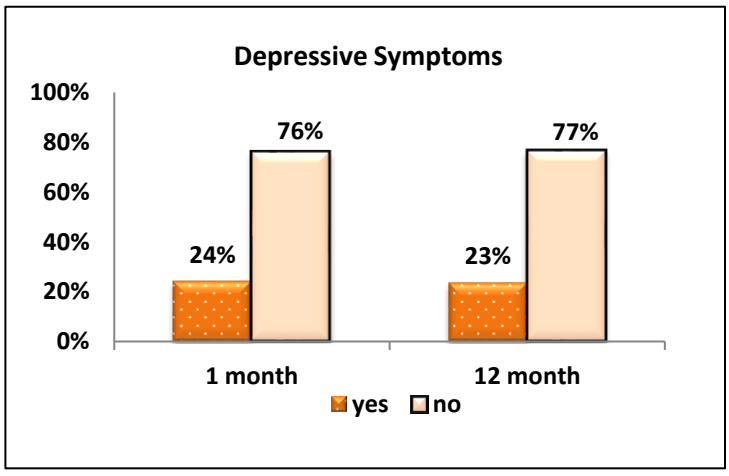
Number of Quality of Life Interviews Completed from 4/1/24 - 6/30/24 (n=143)

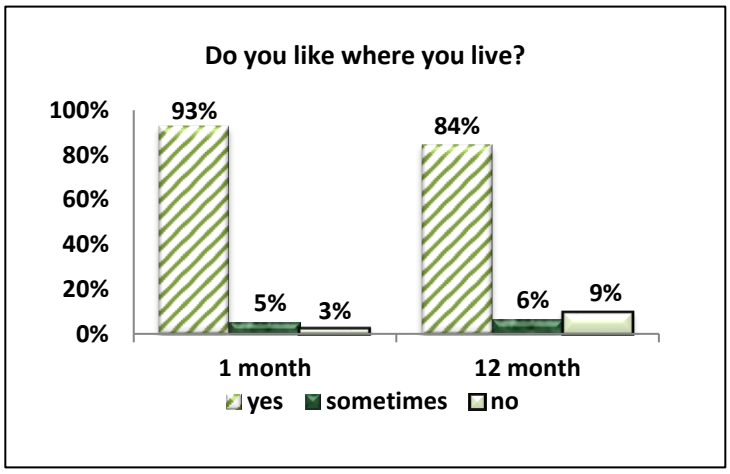
1 month interviews done 1 month after transition, **n=78**

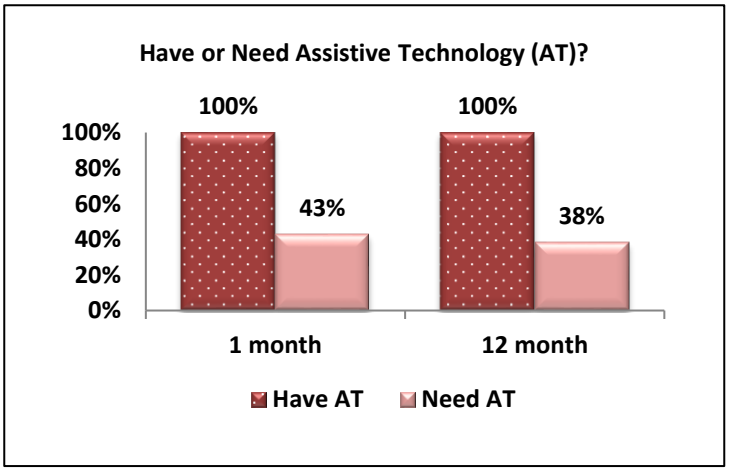
12 month interviews done 12 months after transition, **n=65**



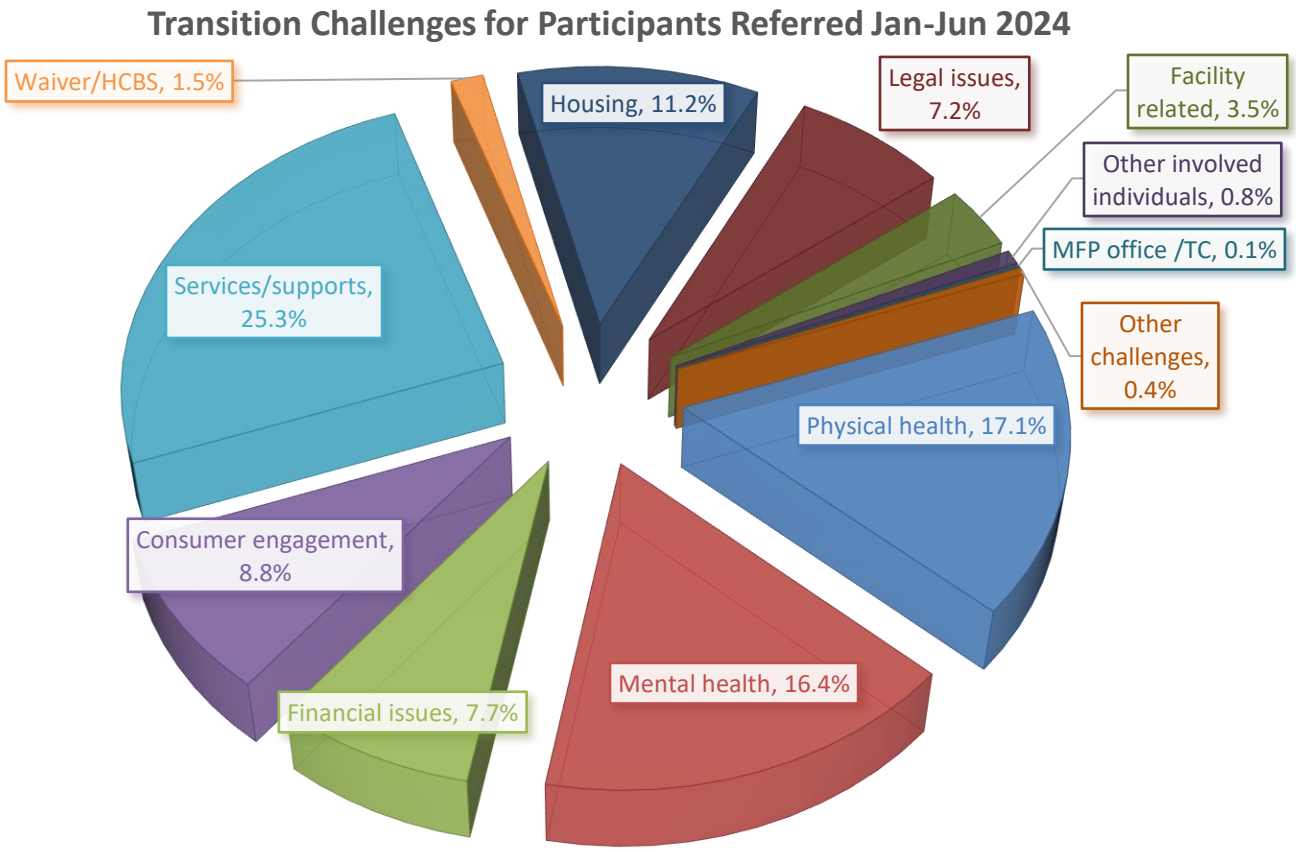


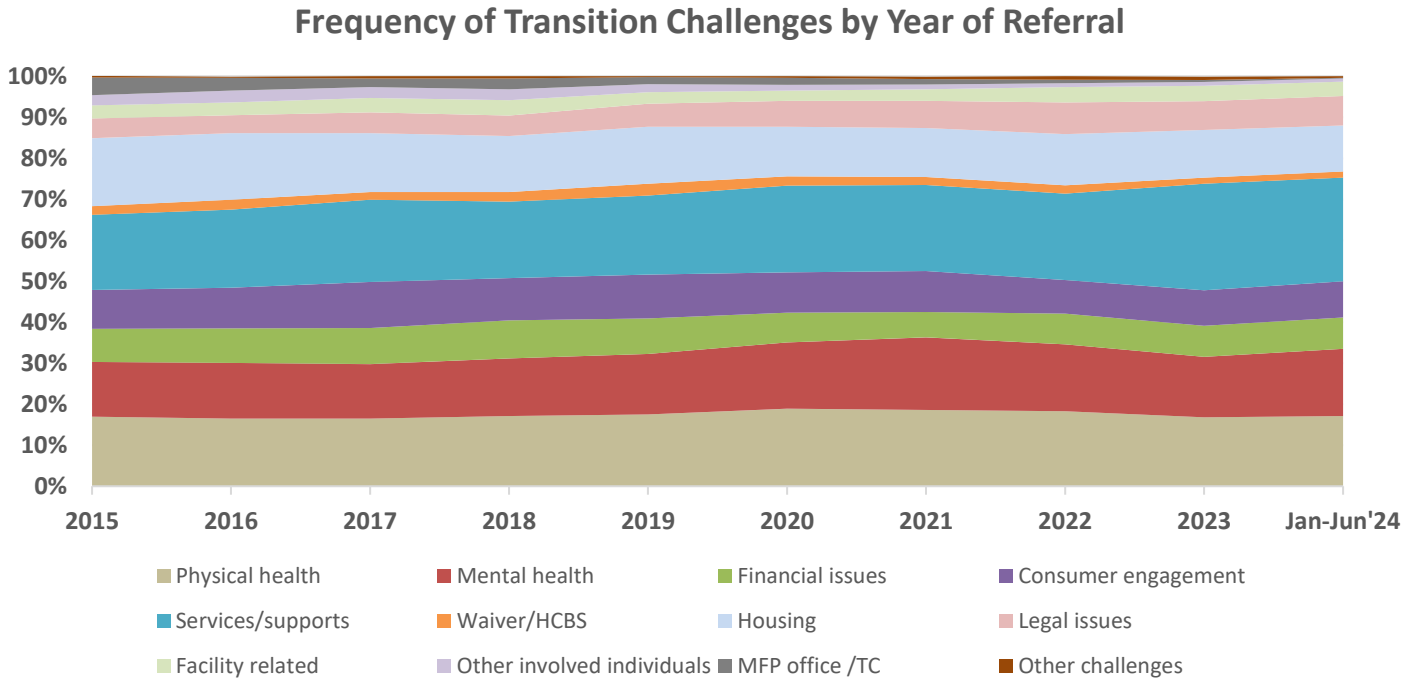


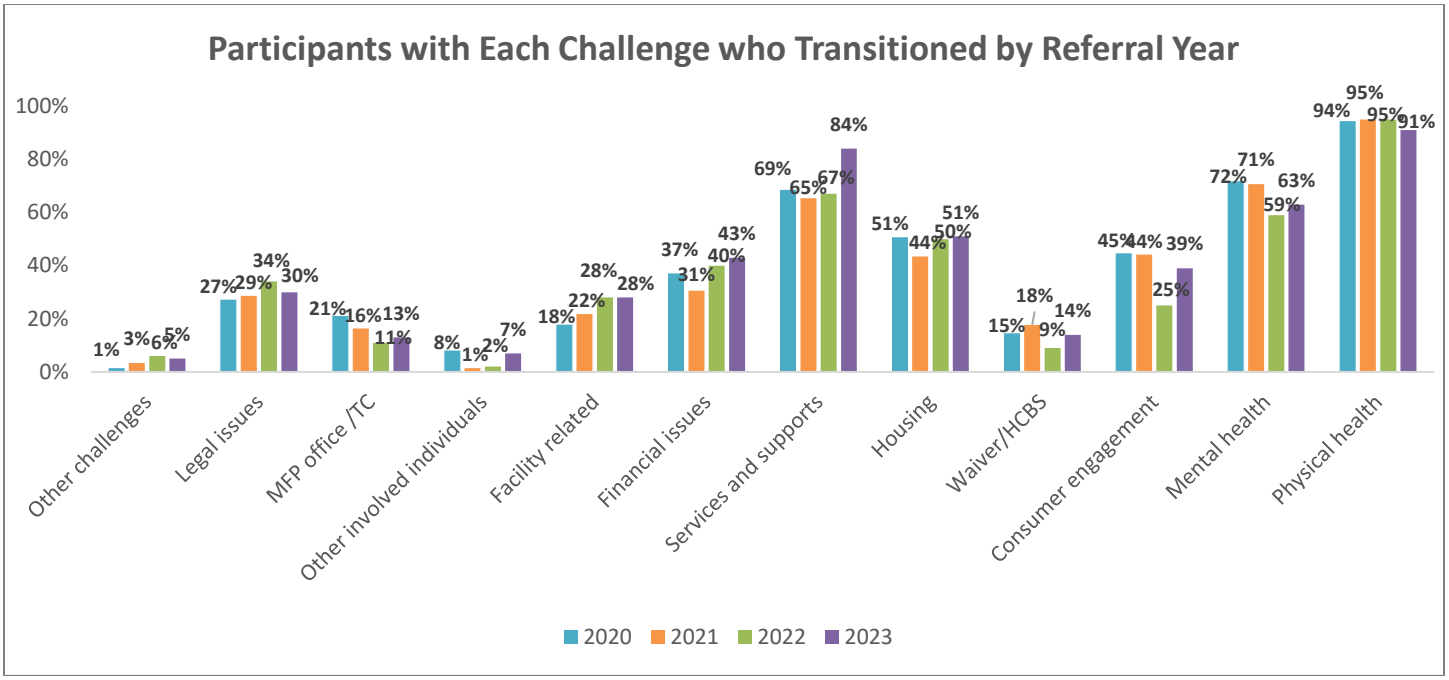




Challenges to Transition as Recorded by TCs and SCMs



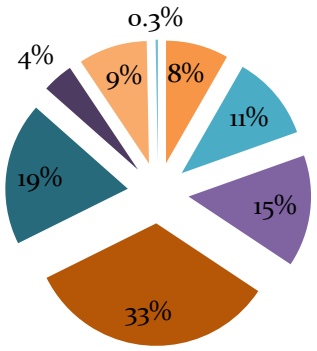




Types of Challenges for Referrals: 1/1/24 - 6/30/24

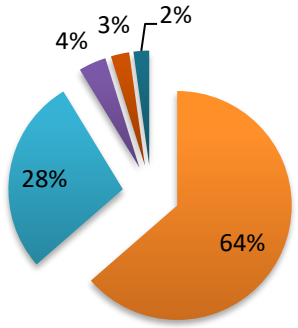
Below are the four most common challenge types for the current quarter

Services and supports



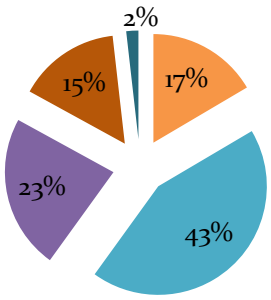
- Lack of alcohol, substance abuse, or addiction services
- Lack of AT or DME
- Lack of mental health services or supports
- Lack of PCA, home health, or other paid support staff
- Lack of transportation
- Lack of any other services or supports
- Lack of unpaid caregiver to provide care/informal support
- Other issues related to services or supports

Physical health



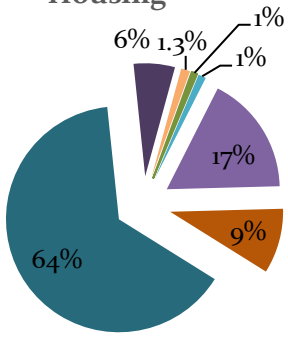
- Current, new or undisclosed physical health problem
- Inability to manage physical disability or physical illness in community
- Medical testing issues or delays
- Missing or waiting for physical health documents
- Other physical health issues

Mental health

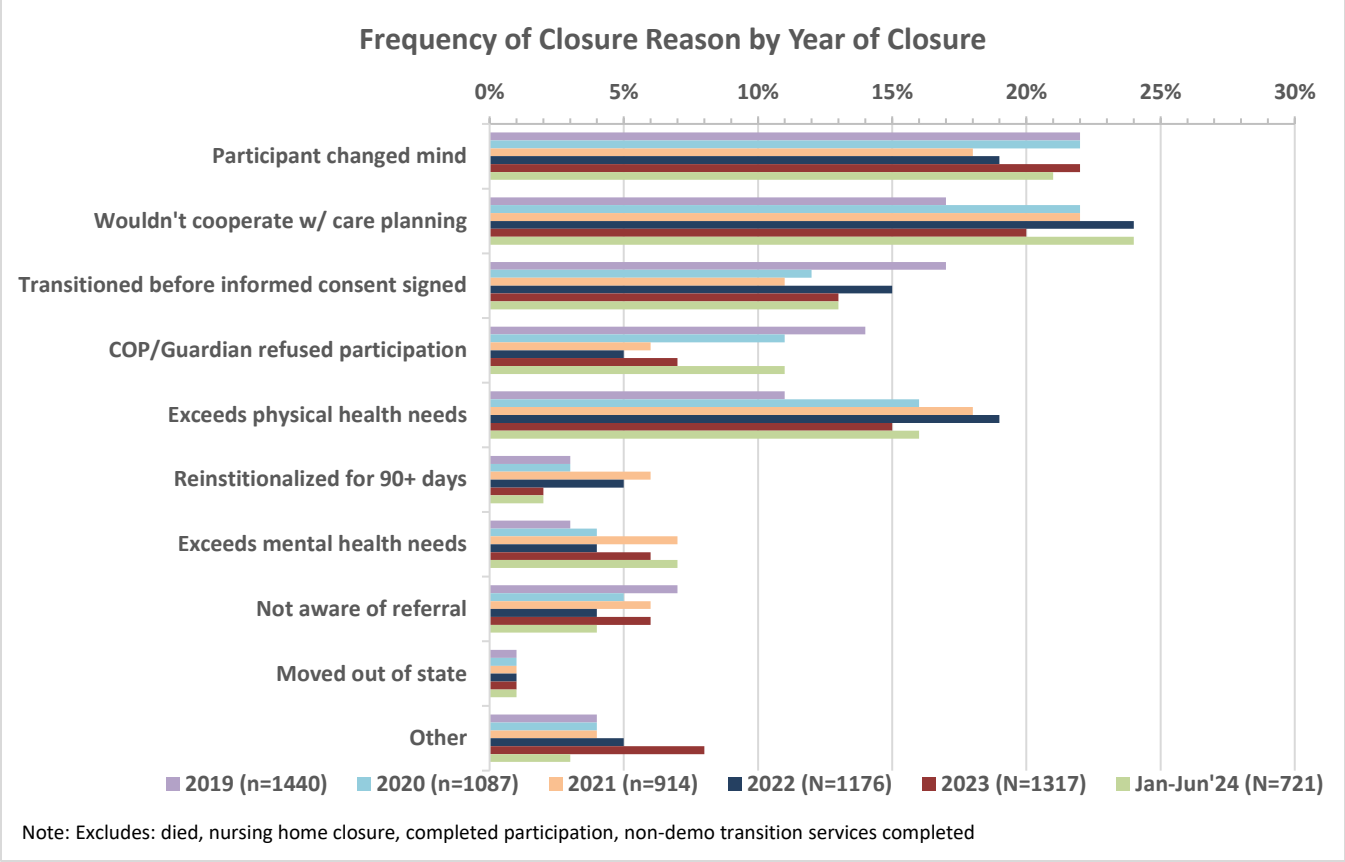


- Current or history of substance/alcohol abuse w/ risk of relapse
- Current, new, or undisclosed mental health problem
- Dementia or cognitive issues
- Inability to manage mental health in community
- Other mental health issues

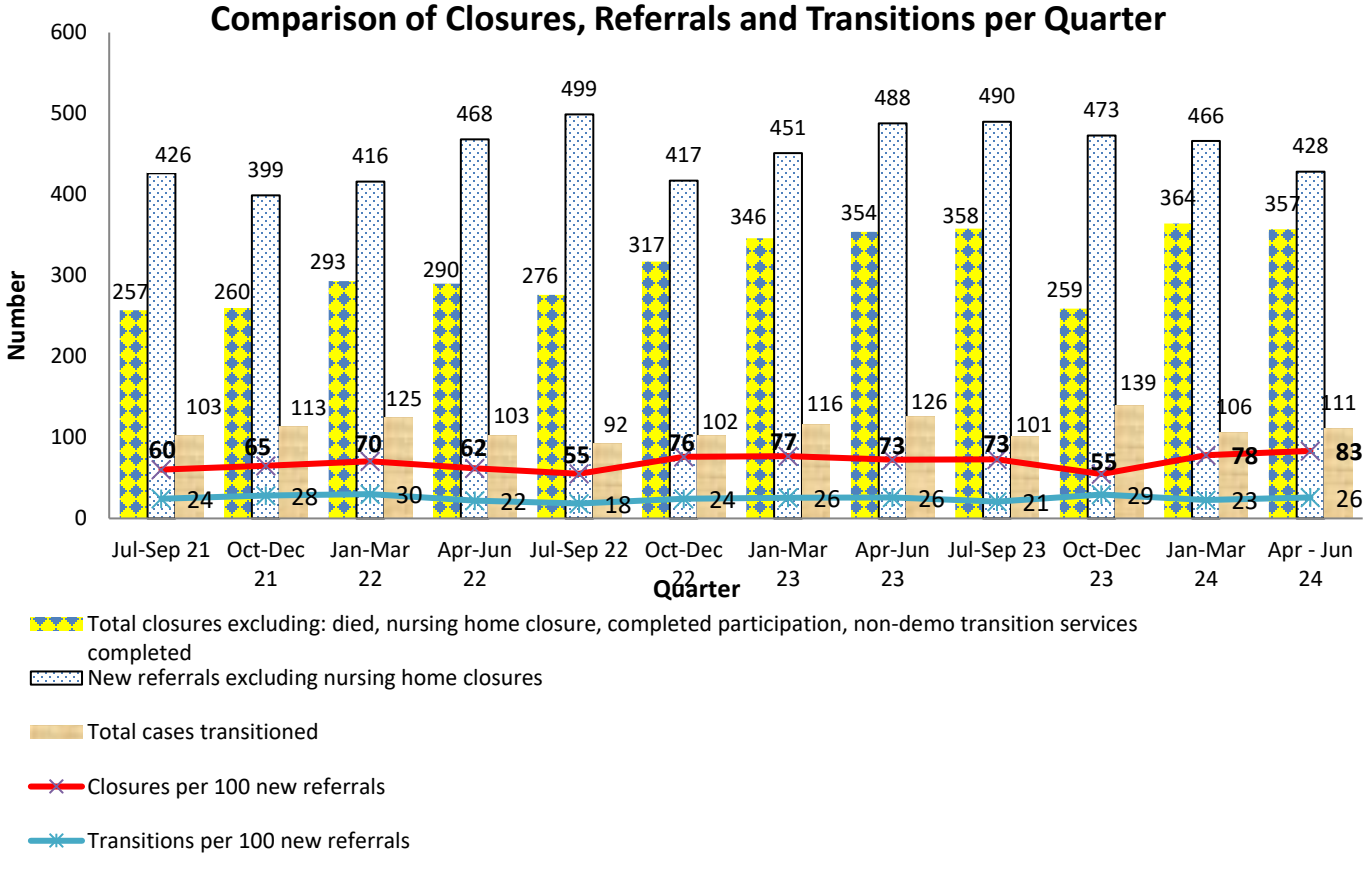
Housing



- Delays related to housing authority, agency or housing coordinator
- Delays related to lease, landlord, apartment manager, etc.
- Needs housing modifications before transition
- Ineligible or waiting for approval from RAP or other housing programs
- Lacks affordable, accessible community housing
- Housing related legal, criminal or credit issues, including evictions or unpaid rent
- Other housing related issues



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



Rosemarie's Story

Photo by Christine Bailey

The heart symbolizes many things for Rosemarie. This is a story about Rosemarie's own heart, the one that slowed so much she needed a Life Star helicopter and emergency surgery to reset its electricity with a pacemaker, and her emotional heart: how she is learning to live a new life after multiple major losses (sister, father, mother, boyfriend, brother-in-law, and her dog). She holds a Valentine's Day balloon, given to her by her wonderful aide, which reminds her of her sister.

Rosemarie was a med-certified community living specialist working with behaviorally and intellectually challenged adults in group home for the last sixteen years. She also volunteered with Special Olympics. "They gravitated to me and me to them." This was a physically demanding job, and she was working double shifts as she knew her clients needed her but became exhausted. At the urging of her boyfriend, she went to the ER with a "crick in her neck." It was much more serious! Everyone was amazed she was able to talk with barely a heartbeat, but she remembers the details of that day, especially the exciting ride in the helicopter to the hospital. After developing sepsis from the first pacemaker, she underwent another more extensive surgery to implant another pacemaker. For the next 6 months she was tethered to the IV pole for 20 hours a day to clear the infection.

Photo courtesy of Rosemaire

Her heart "now had power," but she spent the next two years in a nursing facility learning how to walk and live again. At first, she was very discouraged and really thought she wasn't going to live. All of this was at the height of COVID, and she was unable to see her family for months. Helping her roommate who had dementia gave Rosemarie a purpose. Yet she was determined to leave the nursing home and worked very hard with the wonderful physical and occupational therapy team to regain her independence. Even before she learned about Money Follows the Person (MFP) through the facility social worker, she was very proactive in looking for places to live. Once she applied for MFP, she was connected to the housing coordinator. However, she had already been working with housing attorneys as she found an apartment because the landlord would not accept the housing voucher. She won her case and three months later she moved into her apartment. To this day, however, she is the only tenant whom they've accepted with the housing voucher. She credits the MFP transition coordinator and the care manager at doing a fantastic job to make the phone calls and help her realize her goal of moving to a new home. She would like others to know about MFP and if they are capable, to look on their own for apartments. She thinks that her actions and her determination made the difference to move out of the nursing facility. She now lives close to her daughter, brother, nieces and grandchildren.

Living alone in her new environment, her biggest adjustment is the quiet. She became accustomed to the noise in the nursing facility. The quiet also meant she needed to work through her grief. With monthly professional support she is doing this difficult work. She has reduced the number of medications she's taking with the goal of further reducing them. After the first aide did not work out, the second aide was a great fit. "We are like 2 peas in a pod." Since Rosemarie does not drive, her aide drives her to appointments, shopping and around town to enjoy nature. She is also walking much more, only needing the rollator for longer distances. She has made tremendous progress. Last year she was still learning to walk again. When she watches the beautiful sunset view over the river outside her window, she feels only gratitude.

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