

CT Money Follows the Person Report

Quarter 4: October 1 - December 31, 2024

UConn Health, Center on Aging

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

MFP Benchmarks

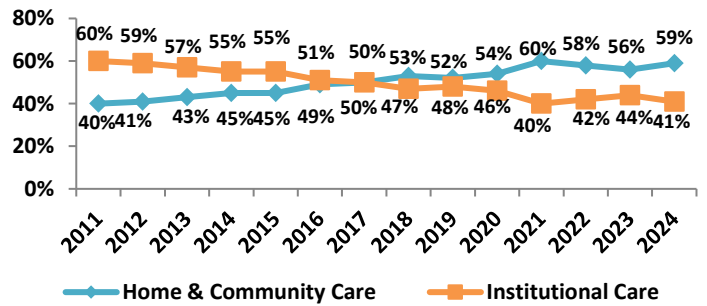
- 1) Transition 5200 people from qualified institutions to the community
- 2) Increase dollars to home and community based services
- 3) Increase hospital discharges to the community rather than to institutions
- 4) Increase probability of returning to the community during the six months following nursing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

Benchmark 1: Total Transitions = 8,392

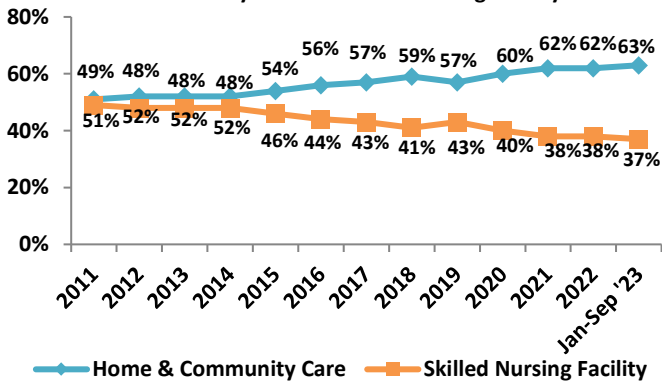
Demonstration = 7,846 (94%)

Non-demonstration = 546 (6%)

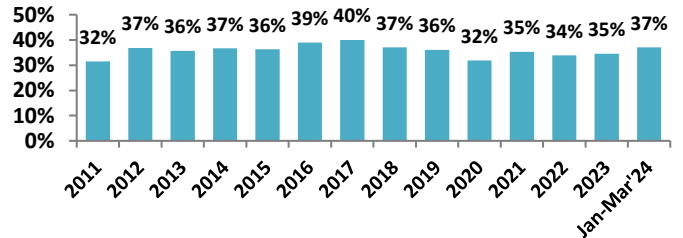
Benchmark 2
CT Medicaid Long-Term Care Expenditures



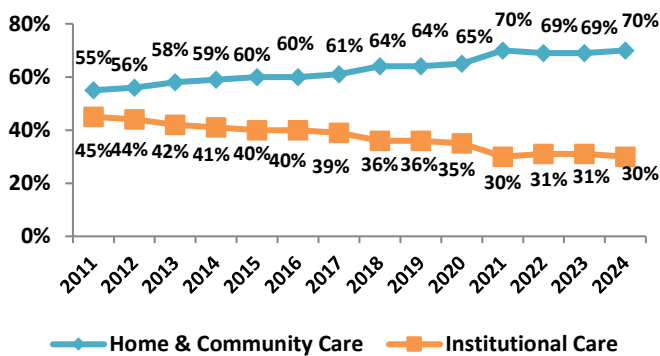
Benchmark 3
Percentage of Hospital Discharges to Home and Community Care vs. Skilled Nursing Facility



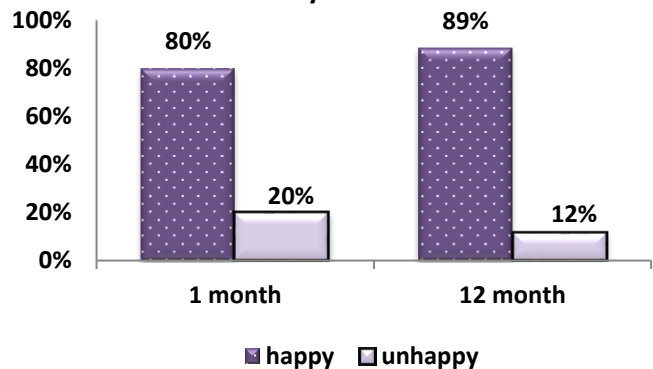
Benchmark 4
Percent of SNF admissions returning to the community within 6 months



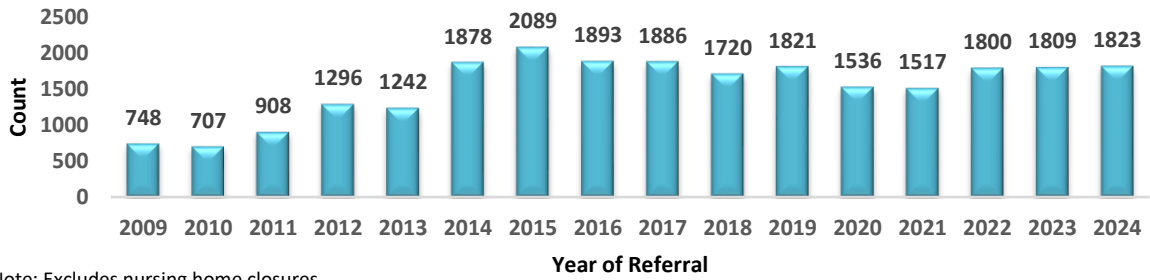
Benchmark 5: Percent Receiving LTSS in the Community vs. Institutions



Happy or unhappy with the way you live your life

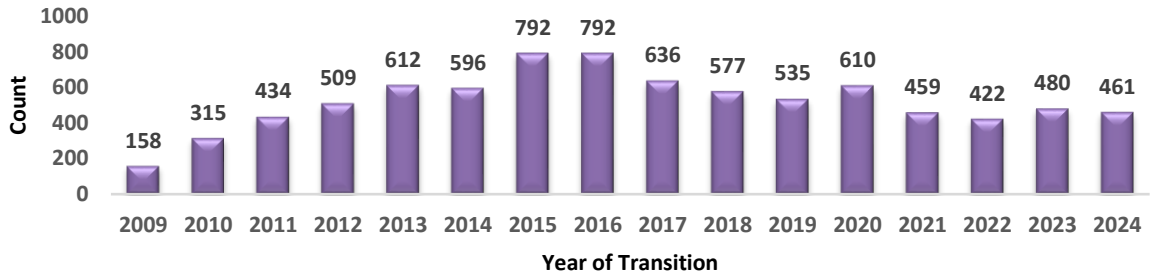


Total Number of Referrals Assigned to the Field by Year

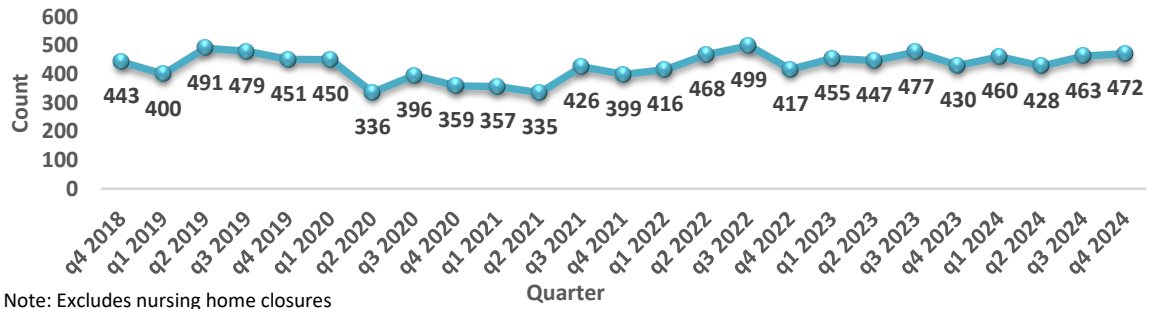


Note: Excludes nursing home closures

Total Number of Transitions by Year

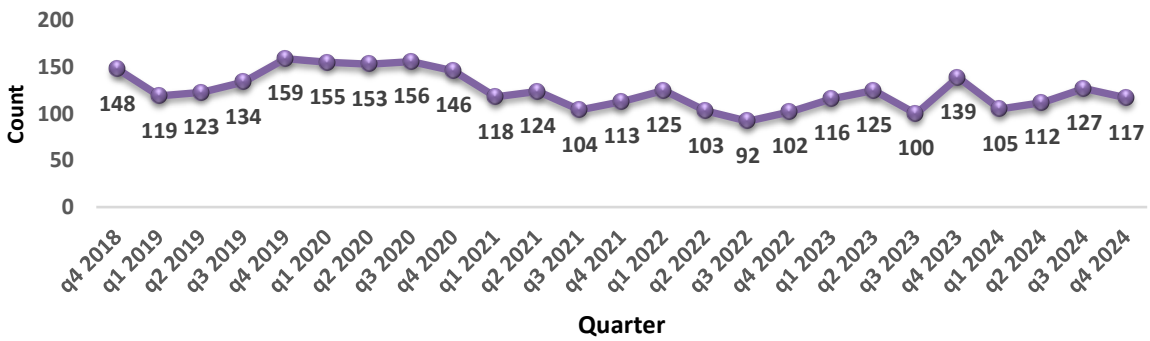


Referrals Assigned to the Field by Quarter

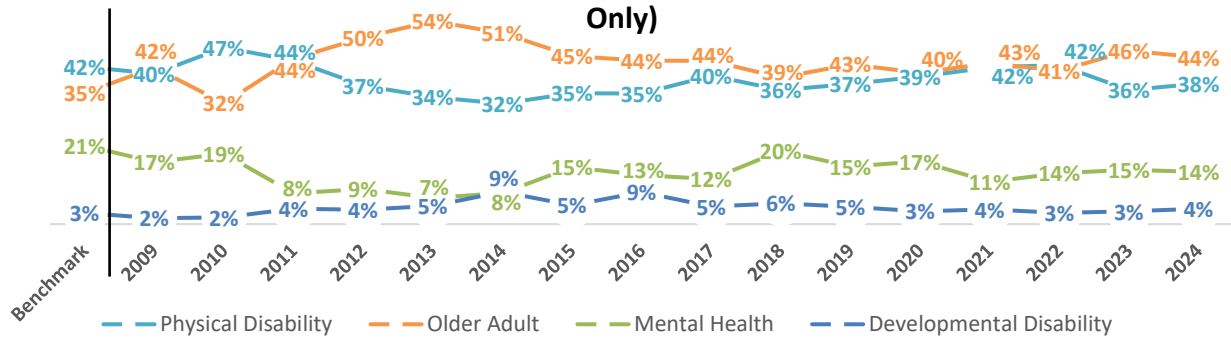


Note: Excludes nursing home closures

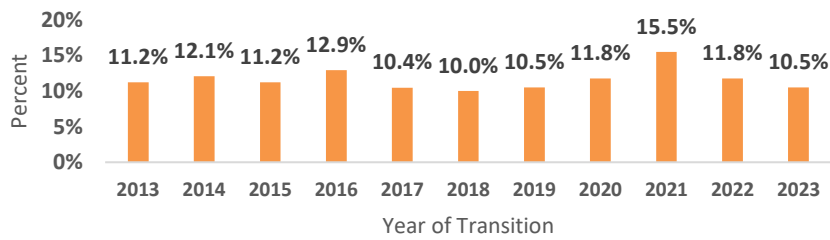
Number of Transitions by Quarter



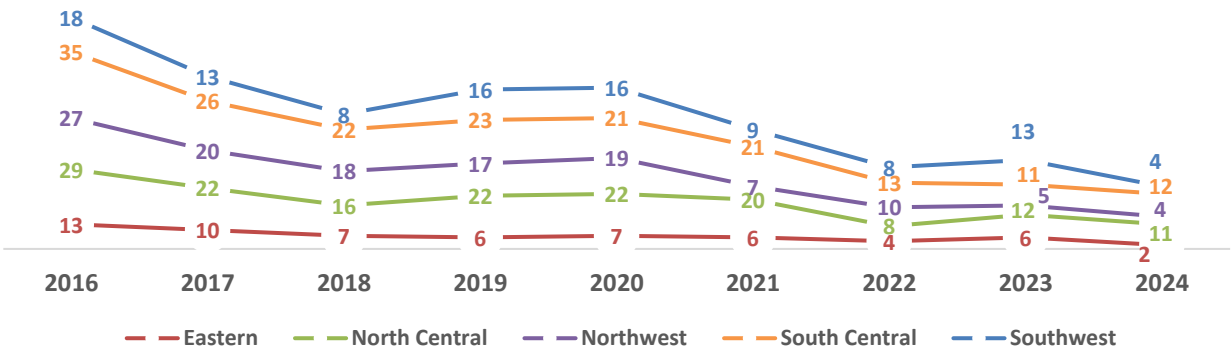
Target Population for Transitions by Year of Transition (Demonstration Only)



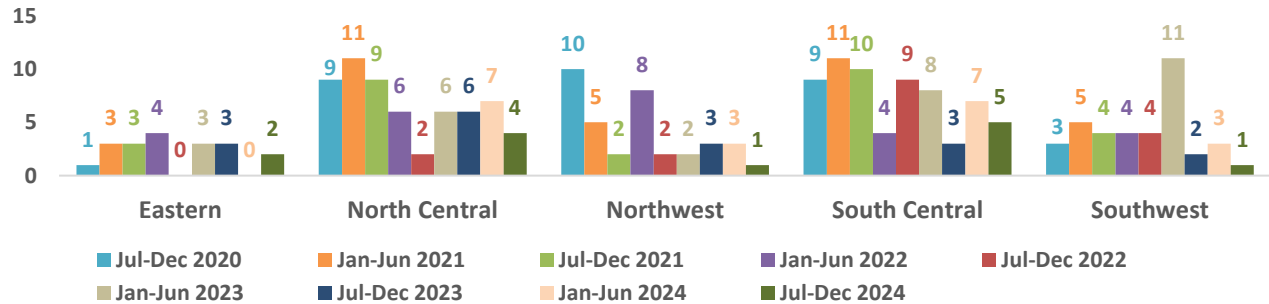
Participants Who Were in an Institution 12 Months after Transition Regardless of Length of Stay



Number of Participants with Home Modifications by Year Approved and Region

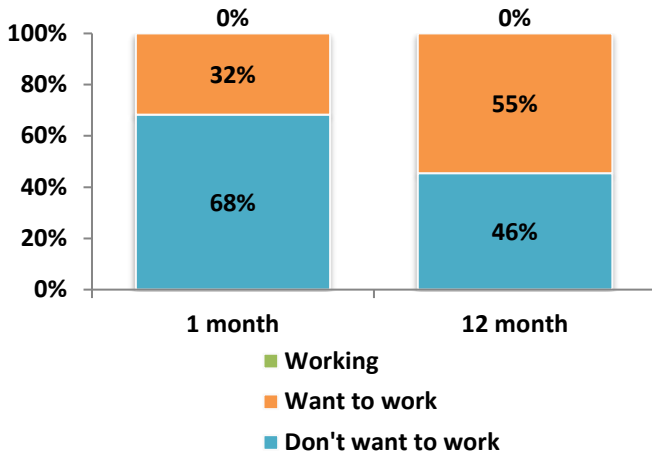


Number of Participants with Home Modifications per 6 Months

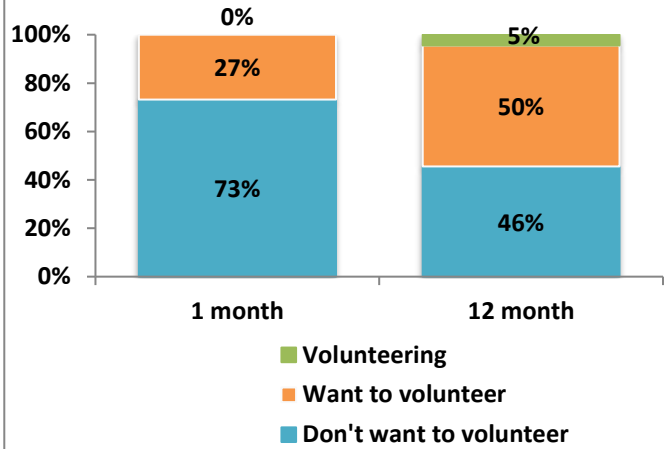


Participants who are Working and/or Volunteering (data 10/1/24-12/31/24)

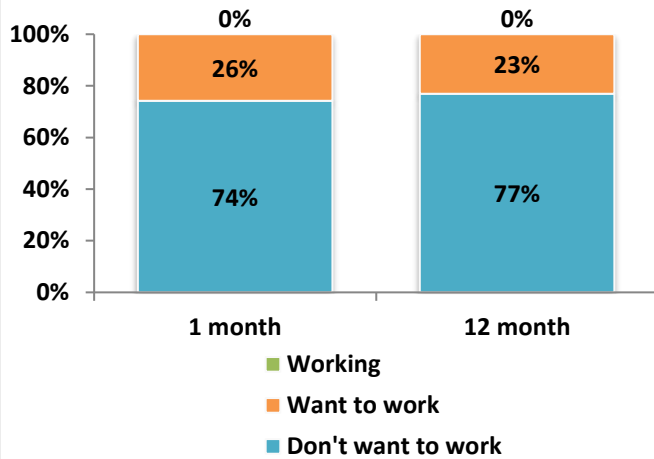
Participants under age 65 who are working and those who would like to work



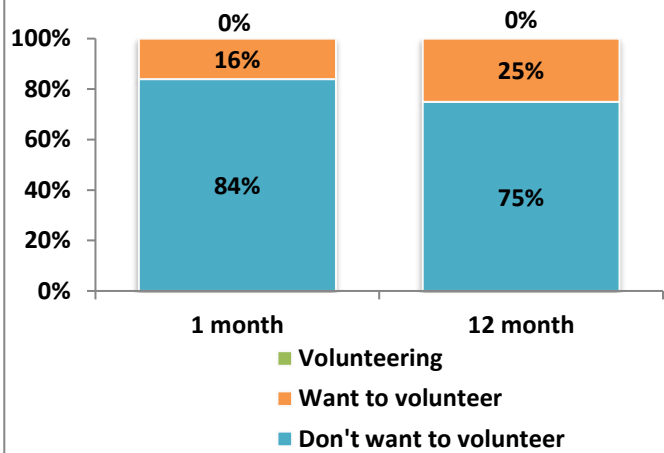
Participants under age 65 who are volunteering and those who would like to volunteer



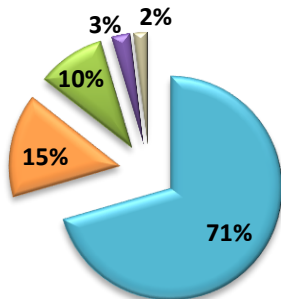
Participants 65 years and older who are working and those who would like to work



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 12/31/2024

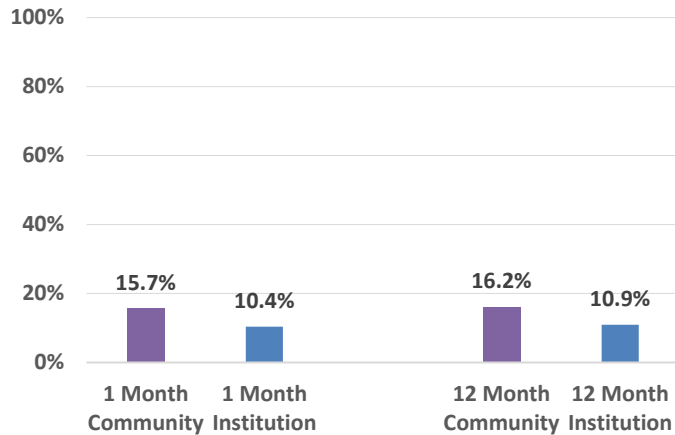


- Apartment Leased By Participant, Not Assisted Living
- Home Owned By Family Member
- Home Owned By Participant
- Apartment Leased By Participant, Assisted Living
- Group Home No More Than 4 People

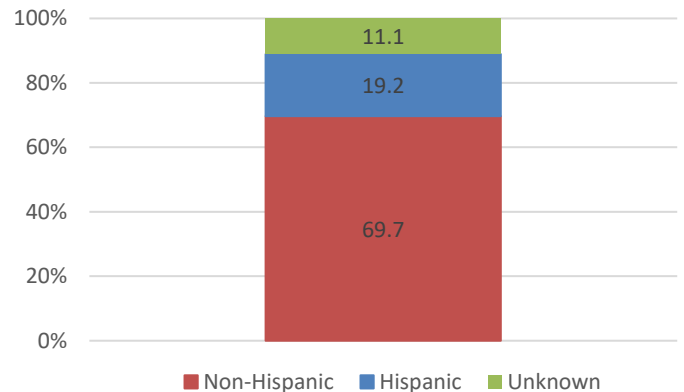
Race and Ethnicity for MFP Participants Transitioned 1/1/19 – 12/31/24 and for CT Medicaid Recipients in 2022

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

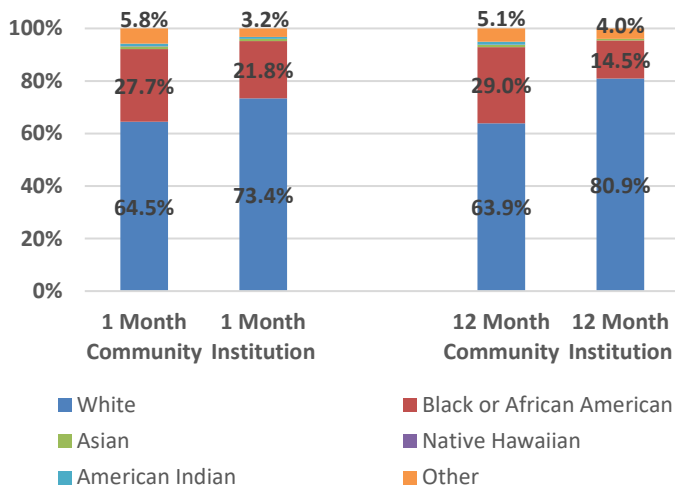
MFP Participants Who Are Hispanic



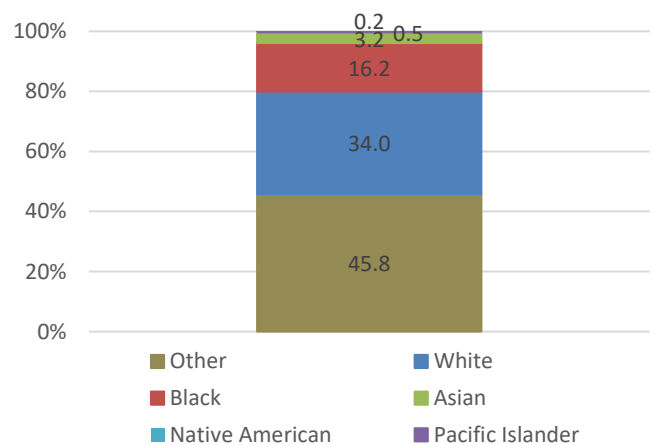
Reported Ethnicity for All CT Medicaid Recipients in 2022



MFP Participants' Self-Reported Race



Reported Race for All CT Medicaid Recipients in 2022

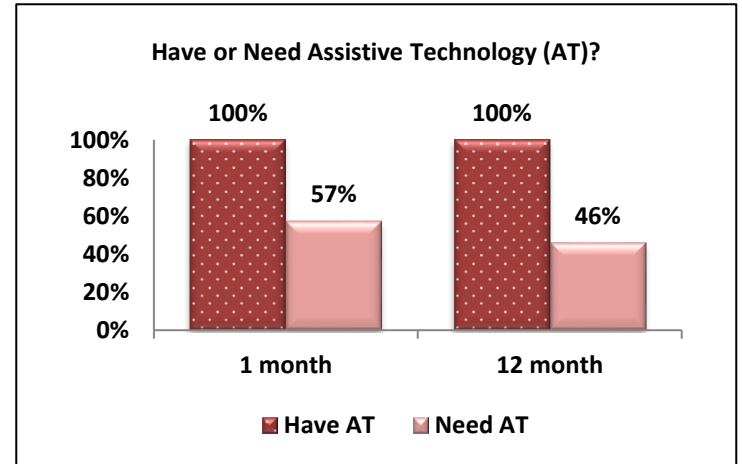
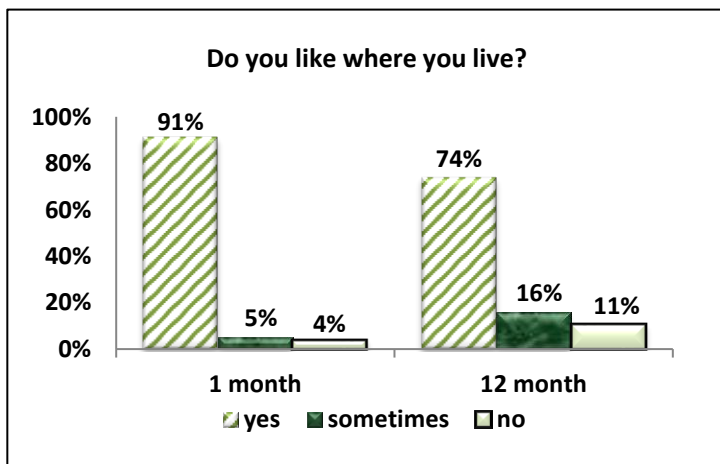
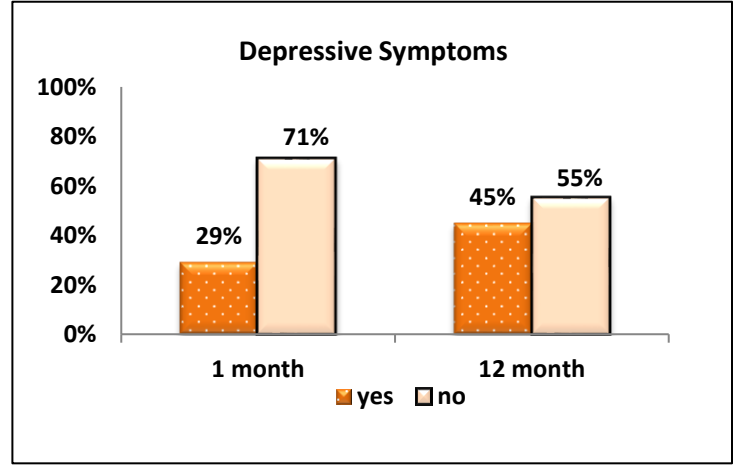
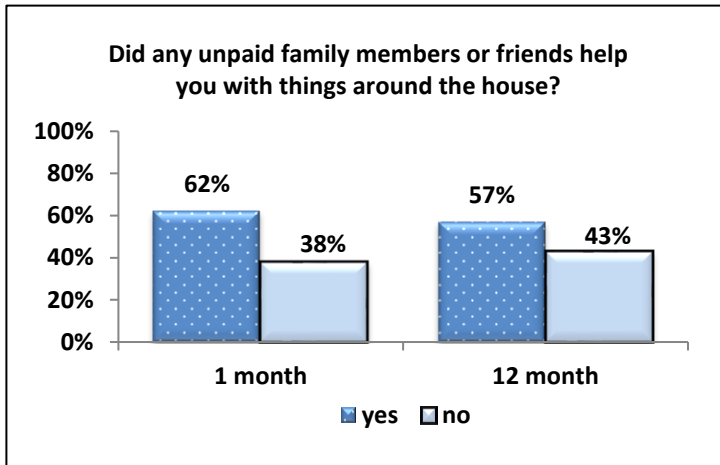
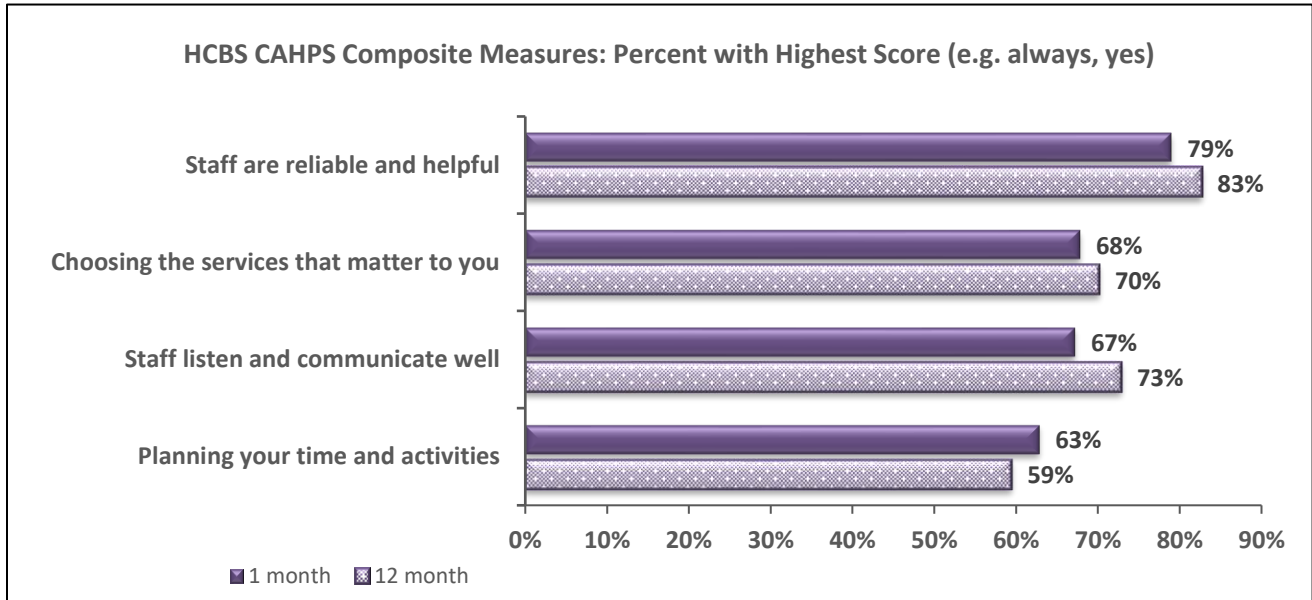


MFP Quality of Life Dashboard

Number of Quality of Life Interviews Completed from 10/1/24 - 12/31/24 (n=138)

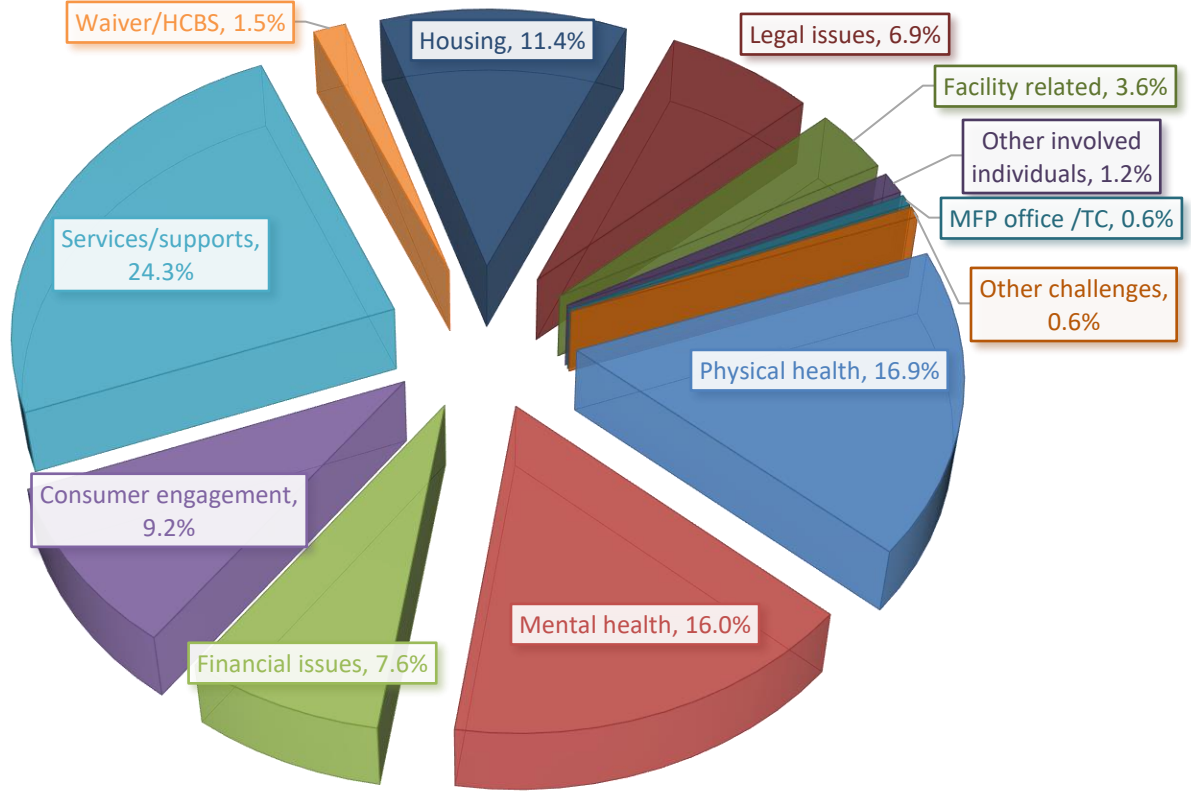
1 month interviews done 1 month after transition, n=79

12 month interviews done 12 months after transition, n=59

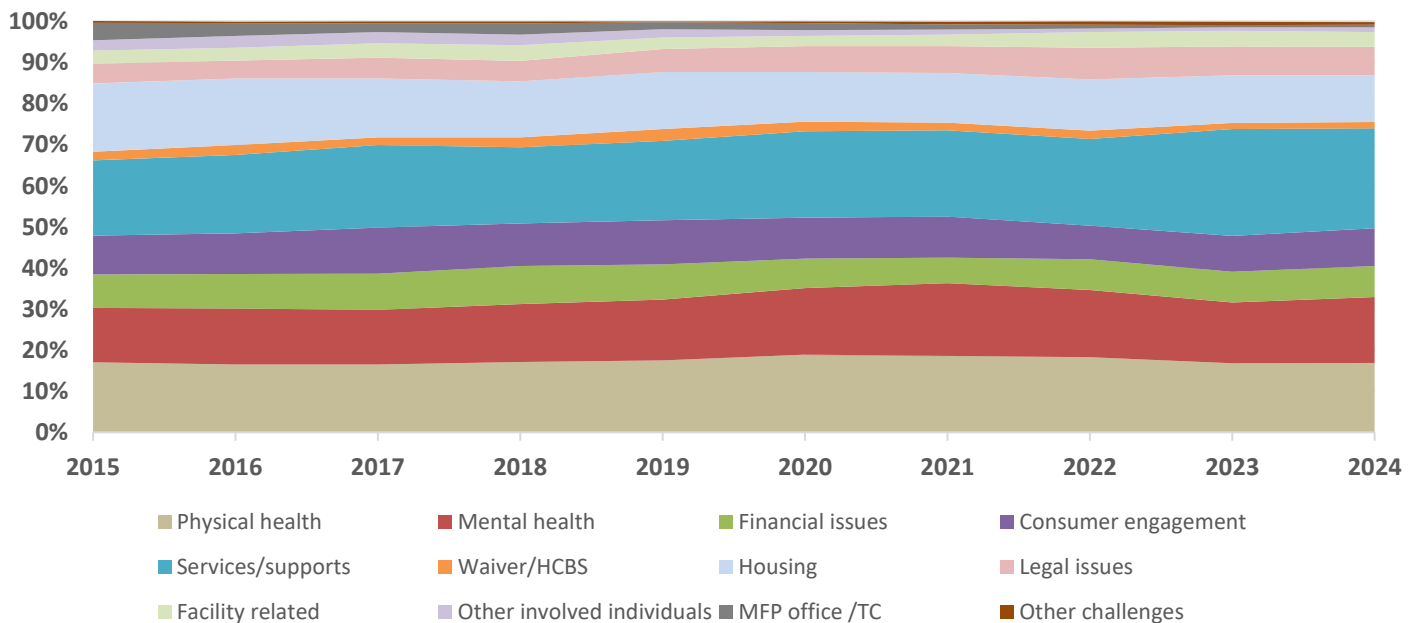


Challenges to Transition as Recorded by TCs and SCMs

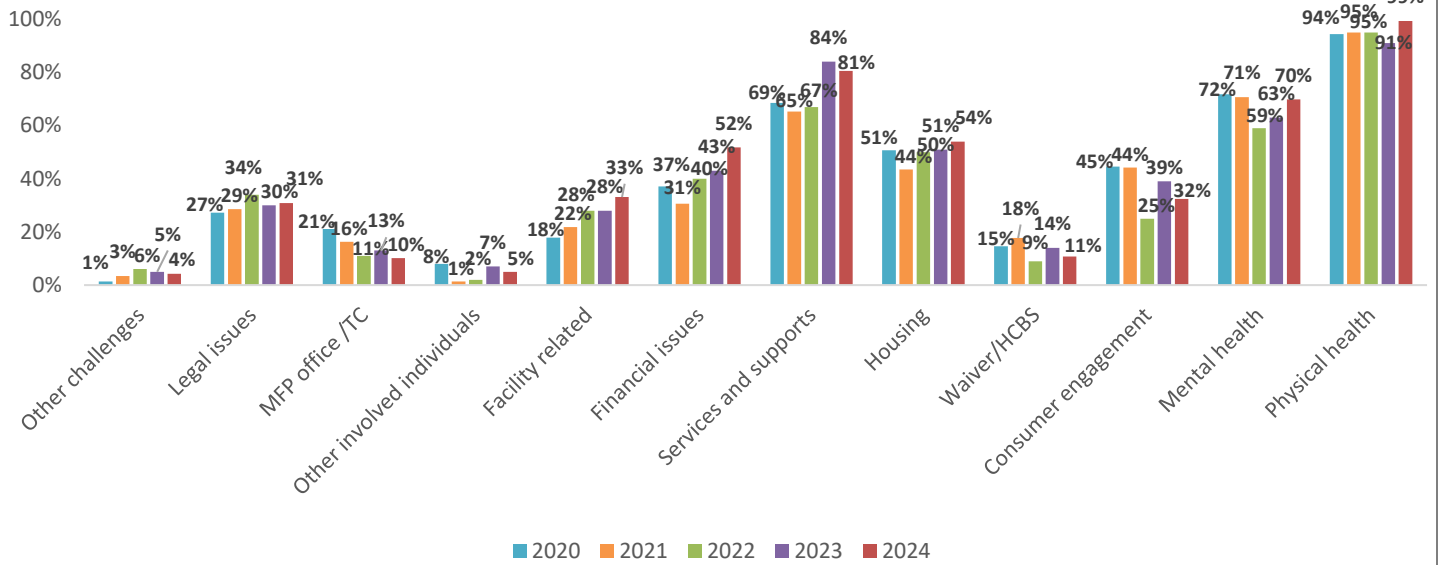
Transition Challenges for Participants Referred Jan-Dec 2024



Frequency of Transition Challenges by Year of Referral



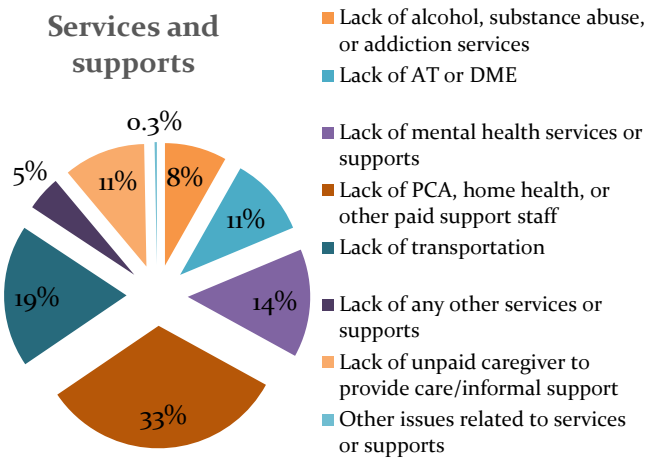
Participants with Each Challenge who Transitioned by Referral Year



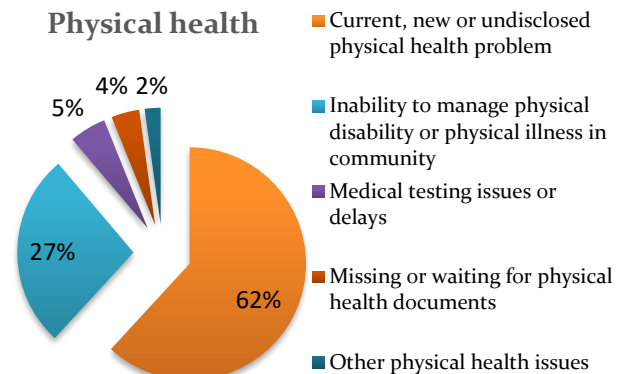
Types of Challenges for Referrals: 1/1/24 - 12/31/24

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

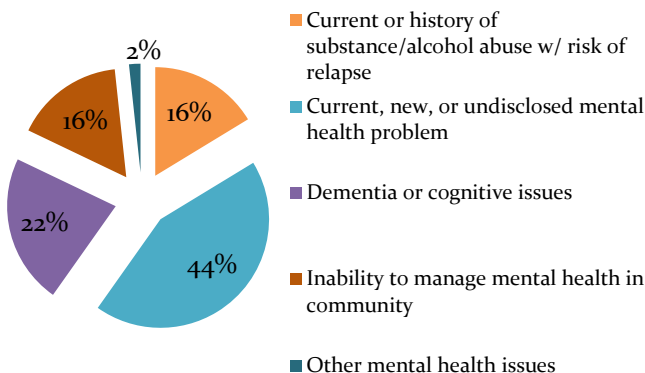
Services and supports



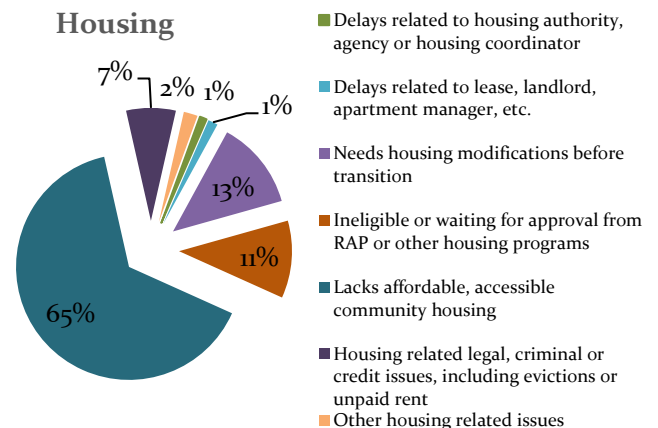
Physical health



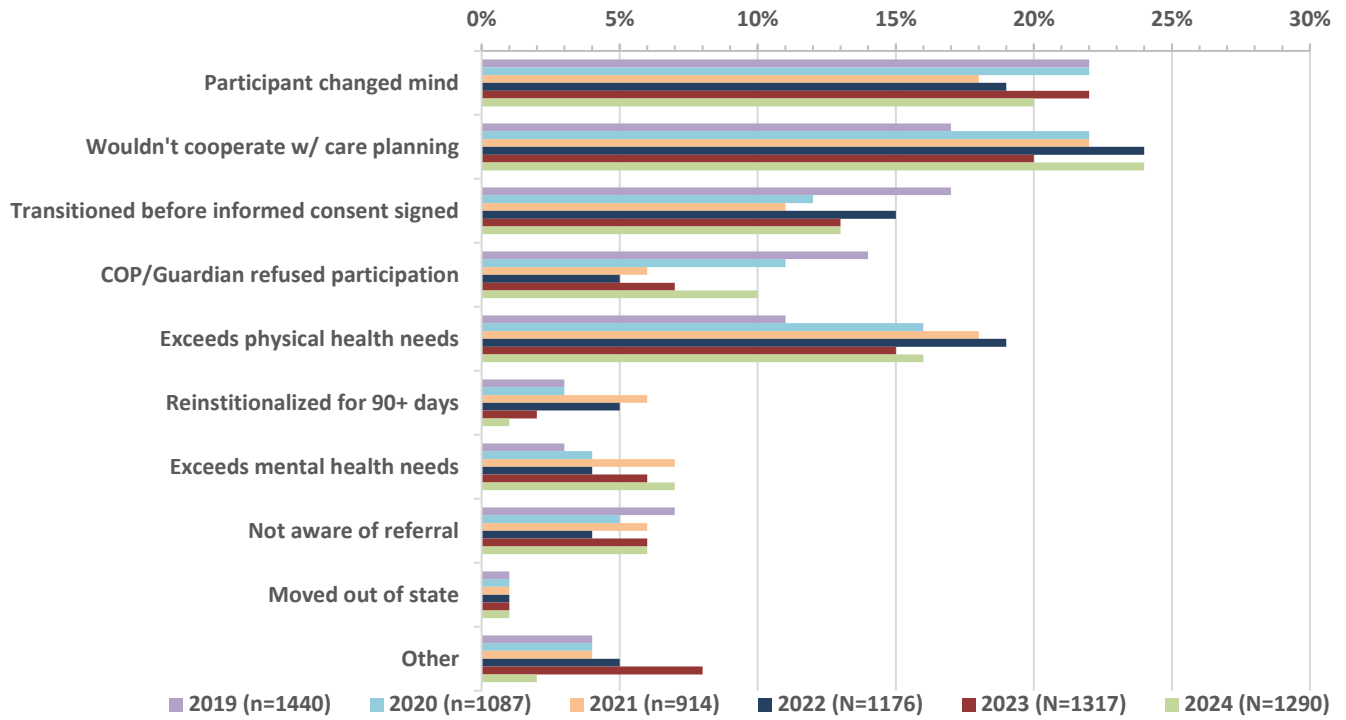
Mental health



Housing

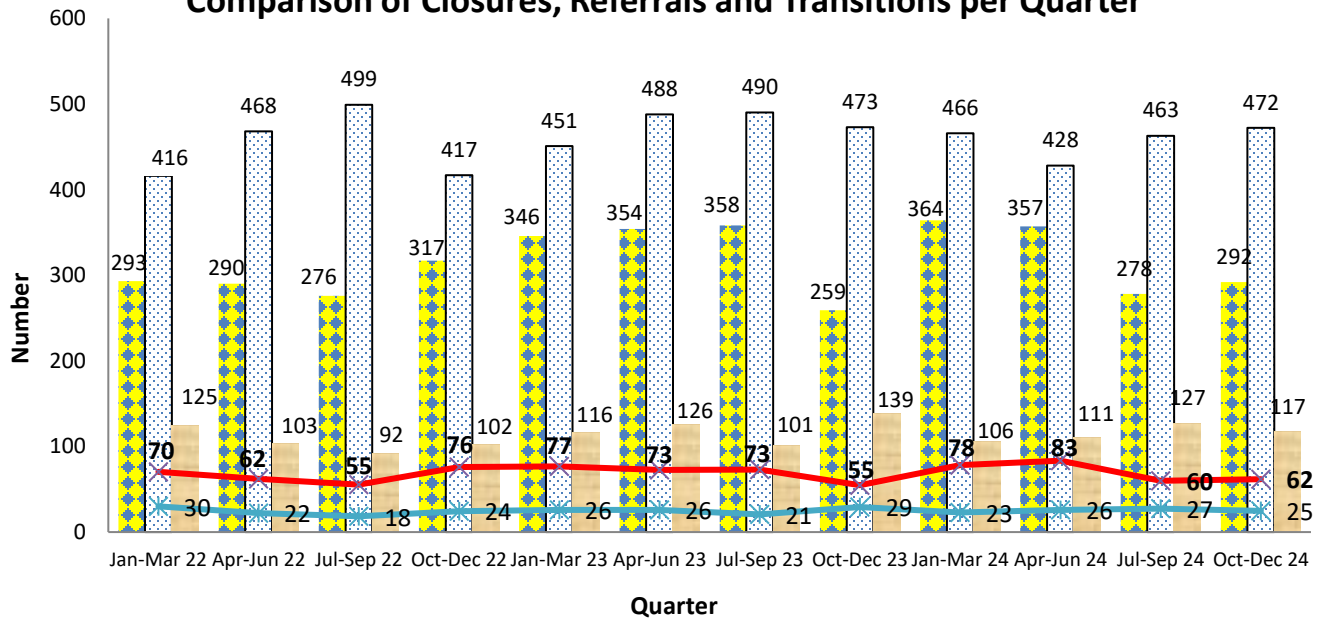


Frequency of Closure Reason by Year of Closure



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
- Closures per 100 new referrals
- Transitions per 100 new referrals

John's Story

There is nothing more soothing than the rhythmic crash of the ocean waves, the salty breeze, and the endless sunsets. For John, the ocean has always been his sanctuary. A place where he finds peace, clarity, and inspiration. As a passionate photographer, he loves capturing the beauty of the ocean and nature in general. His love for traveling has taken him to breathtaking destinations like England and Scotland. Whether on the coastline or traveling, John always searched nature for inspiration.

Unfortunately traveling became rare as the past decade of John's life was complicated by health issues. Emergency rooms, hospital beds and nurses became all too familiar. He experienced everything from complications of diabetes to complete heart and respiratory failure, never expecting his first helicopter ride to come from Life Star.

In 2023, as John was discharging from yet another nursing facility stay, he mentioned to the nursing staff that he was experiencing a persistent pain and burning sensation on the upper part of his middle toe, where a visible red mark had developed. Assuming it was merely due to pressure from improper footwear, he dismissed his concerns and went home. Once settled back at home, John's visiting nurse examined the still sore toe, realizing it had rapidly doubled in size and become necrotic. He was rushed to the hospital for an emergency toe amputation and was later transferred to a different nursing facility. During a follow-up visit, he received devastating news: the infection had spread to his remaining four toes, necessitating their removal as well. John remained at the nursing facility for a year, bedridden for six months before finally beginning therapy. This was an incredibly hard time for John as in addition to trying to heal, he dealt with unfavorable roommates, bad food and a lack of privacy. John knew he wanted to be back on his own but felt overwhelmed with his previous property and current healthcare needs. Thankfully, facility staff introduced him to the Money Follows the Person (MFP) program, a program that would assist him with all aspects of discharging from a nursing home.

While reflecting on his transition process, John shared, "The transition process was horrible. If it wasn't for Money Follows the Person program, I would've probably gave up." One of John's biggest challenges was securing housing. Among other issues, he had to wait over two months for an inspection of his new apartment so he could move in. Adding to his frustration, he had purchased furniture but had to pay for storage until the inspection took place. After all the trouble John happily stated, "When everything was in place and over and done with, it was incredibly smooth after that."

John praised the MFP staff on how efficient they were when it came to moving into his new apartment. They made sure he was stocked with groceries, had necessary appliances, and the proper medical equipment to allow him to live independently. He was very thankful that his MFP team could set up him up with a personal care assistant (PCA) and physical therapy services. John explained how these services greatly contribute to his ability to stay in his own apartment rather than a nursing home.

As John thinks about the biggest difference between living in a nursing home and living in the community, he is quick to mention having his own space with no roommate. Additionally, he's happy to cook his own meals again. Even though he's happy about living in the community, it does get lonely at times living by himself. He's still working on his access to transportation and getting to know the community around him.

When reflecting on his overall experience with MFP, he summarized, "Money Follows the Person is a great program for anyone who needs help with getting housing and assistance with services. I am very thankful for having this program."



Photo Credit: Eboné Daire

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.