

CT Money Follows the Person Quarterly Report

January 1 - March 31, 2026 by UConn Health, Center on Aging

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

MFP Benchmarks

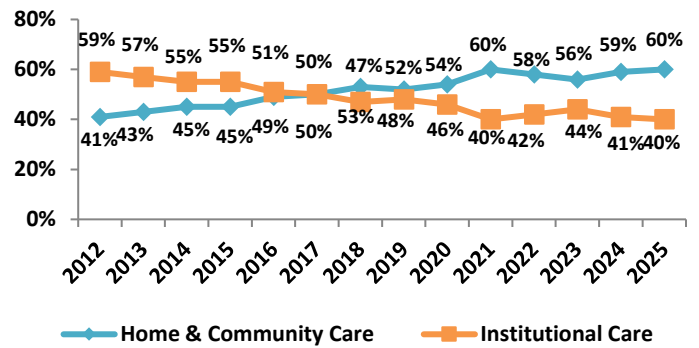
- 1) Transition 5200 people from qualified institutions to the community
- 2) Increase dollars to home and community based services
- 3) Increase hospital discharges to the community rather than to institutions
- 4) Increase probability of returning to the community during the six months following nursing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

Benchmark 1: Total Transitions = 8,895

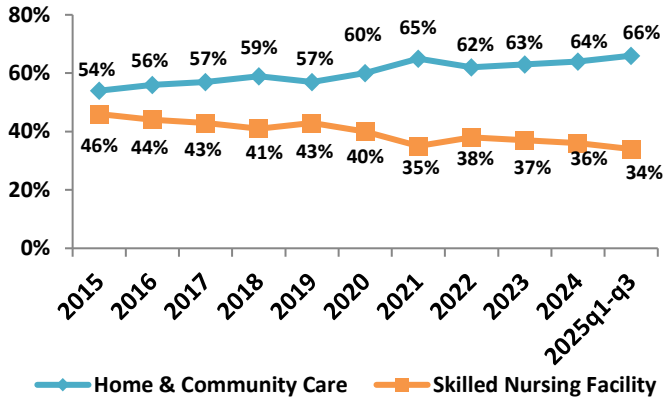
Demonstration = 8,312 (93%)

Non-demonstration = 583 (7%)

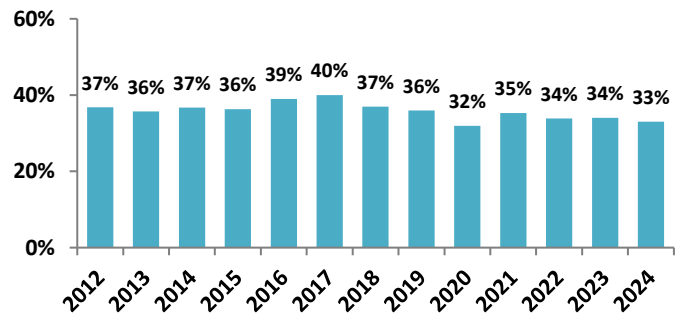
Benchmark 2 CT Medicaid Long-Term Care Expenditures



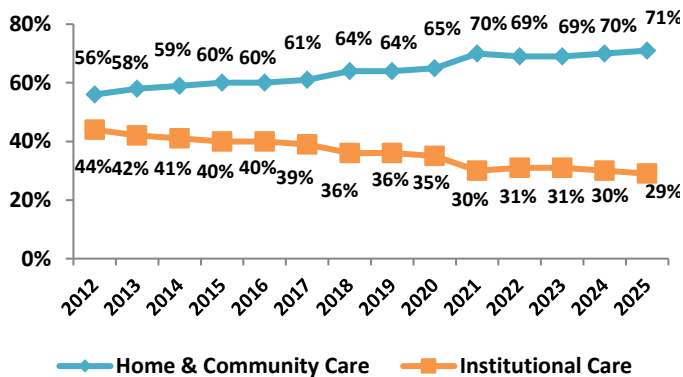
Benchmark 3 Percentage of Hospital Discharges to Home and Community Care vs. Skilled Nursing Facility



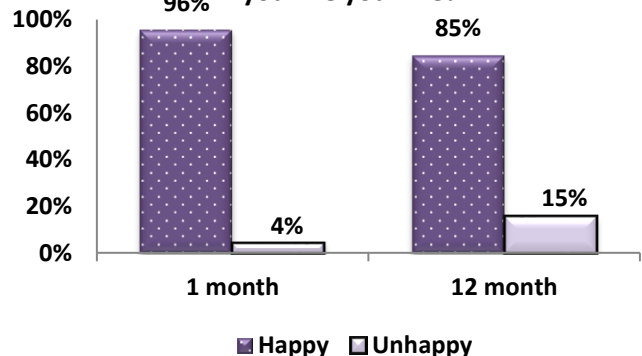
Benchmark 4 Percent of SNF admissions returning to the community within 6 months



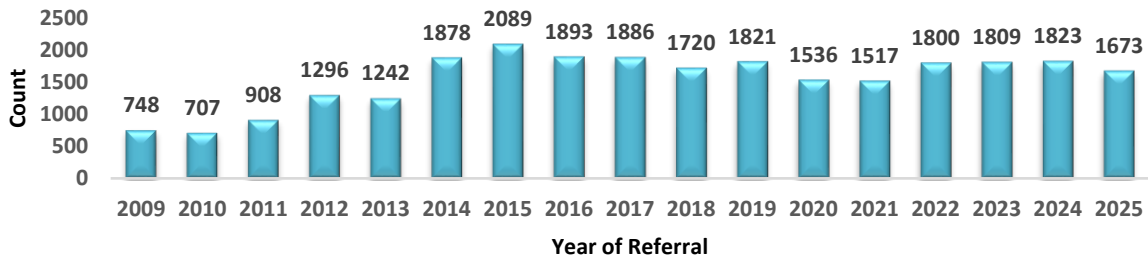
Benchmark 5: Percent Receiving LTSS in the Community vs. Institutions



Are you happy or unhappy with the way you live your life?

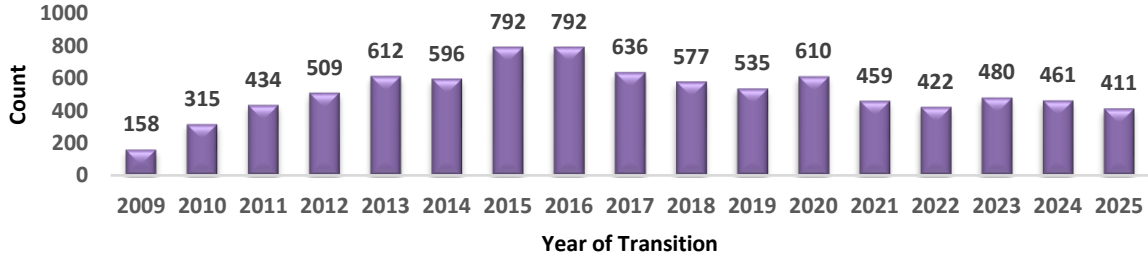


Total Number of Referrals Assigned to the Field by Year

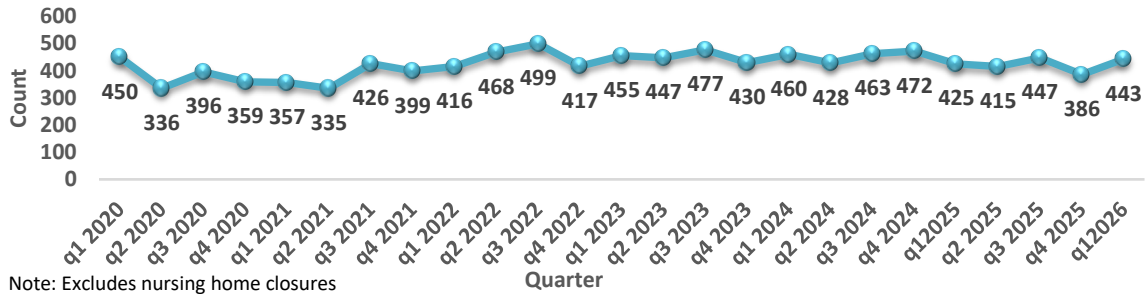


Note: Excludes nursing home closures

Total Number of Transitions by Year

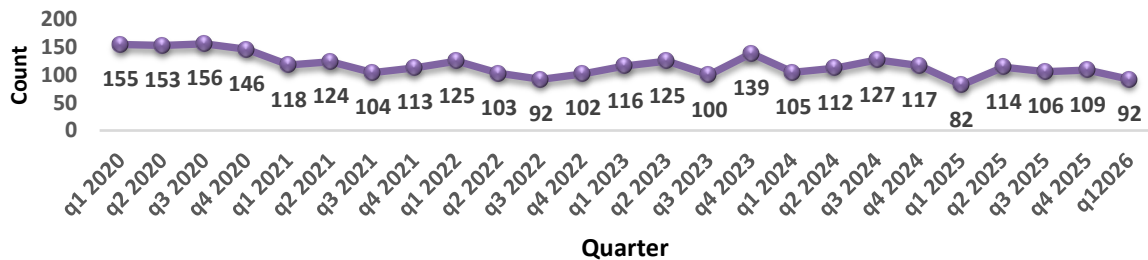


Referrals Assigned to the Field by Quarter



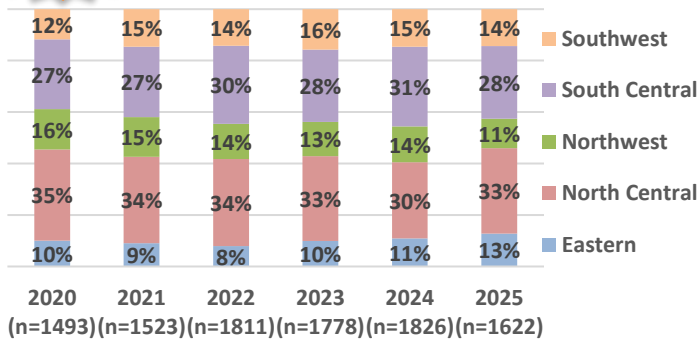
Note: Excludes nursing home closures

Number of Transitions by Quarter



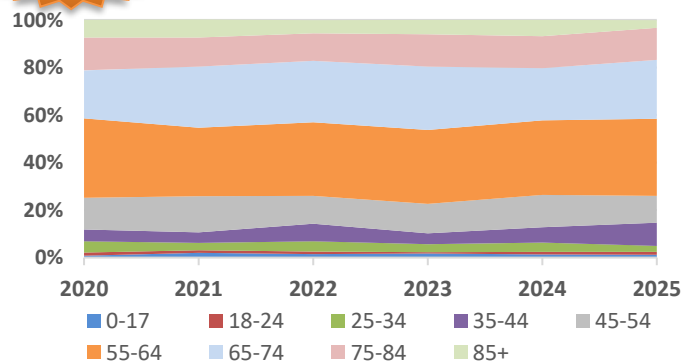
NEW

Applications by Region and Year

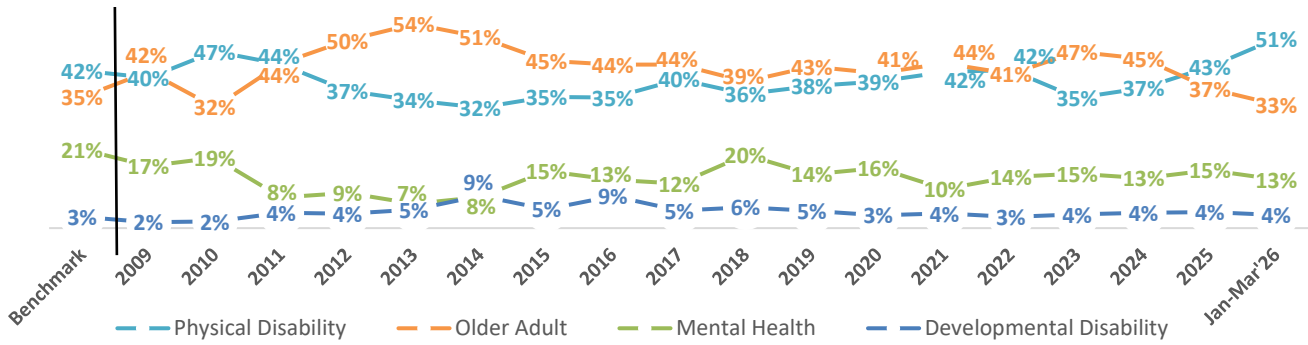


NEW

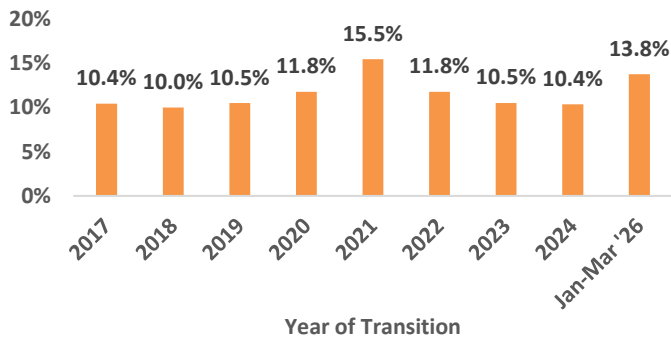
Age at Transition by Year of Transition



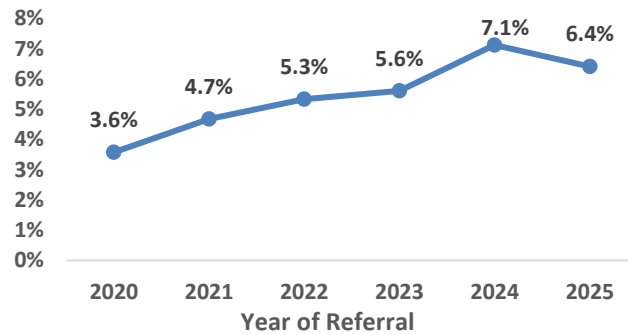
Target Population for Transitions by Year of Transition (Demonstration Only)



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

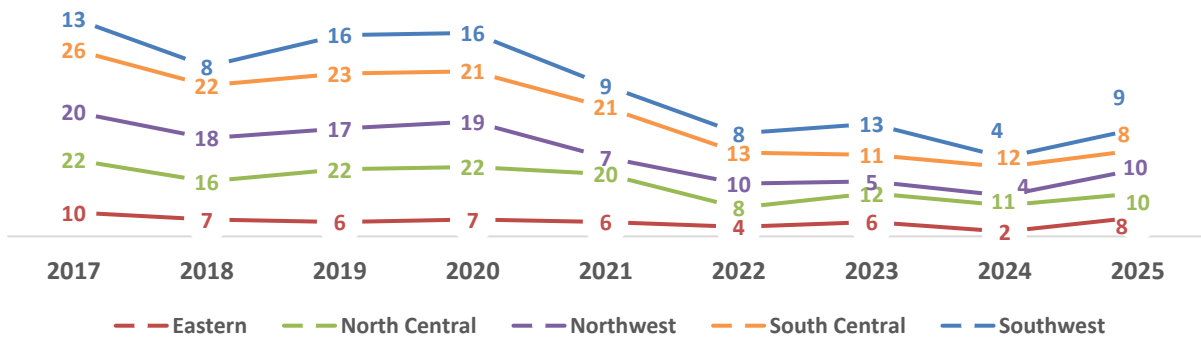


NEW Percent of Cases that were Re-referrals (previously transitioned)

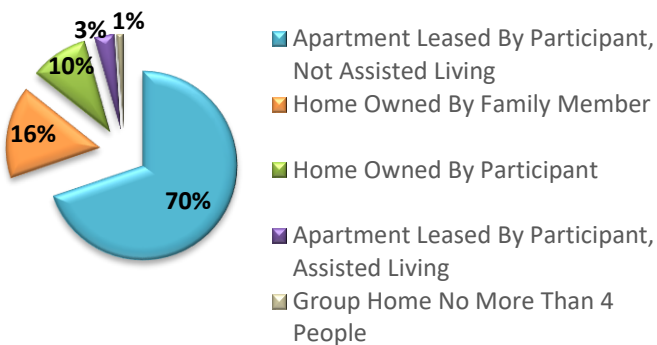


Note: Excludes NH closures

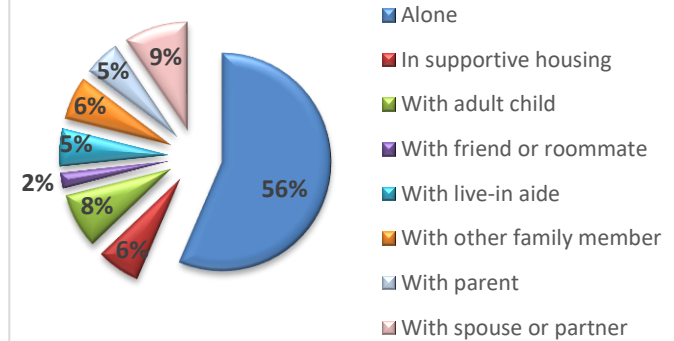
Number of Participants with Home Modifications by Year Approved and Region



Qualified Residence Type for Transitioned Referrals: 1/1/2020 to 03/31/2026

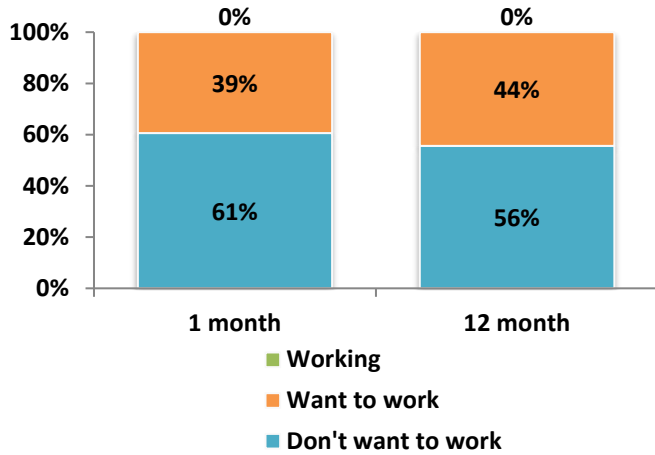


NEW Living Arrangement for Transitioned Referrals: 1/1/2020-3/31/2026

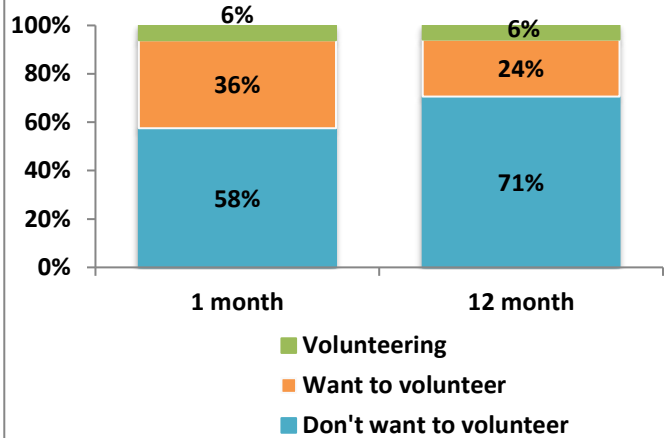


Participants who are Working and/or Volunteering (data 1/1/26-3/31/26)

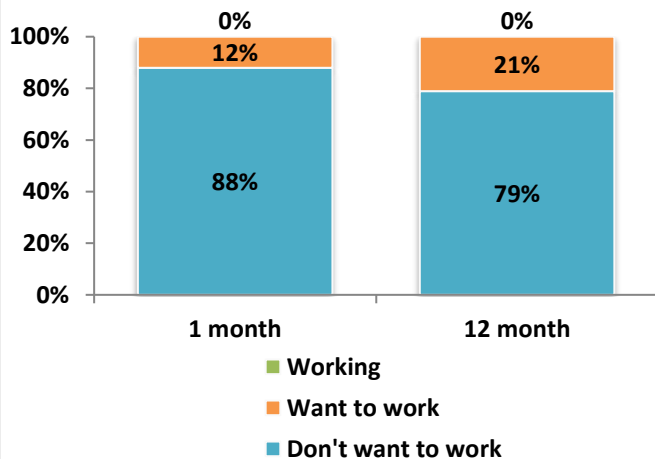
Participants under age 65 who are working and those who would like to work



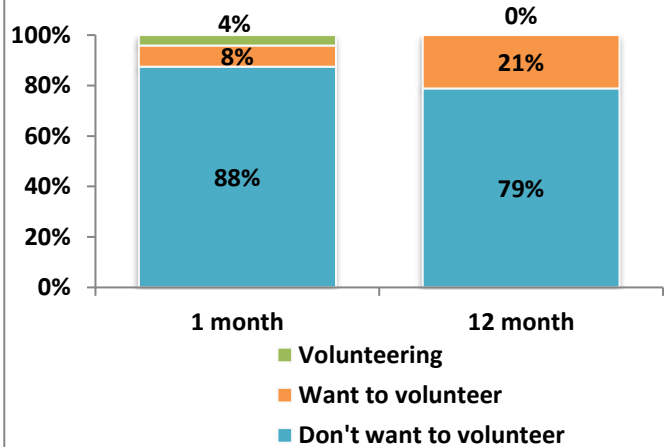
Participants under age 65 who are volunteering and those who would like to volunteer



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

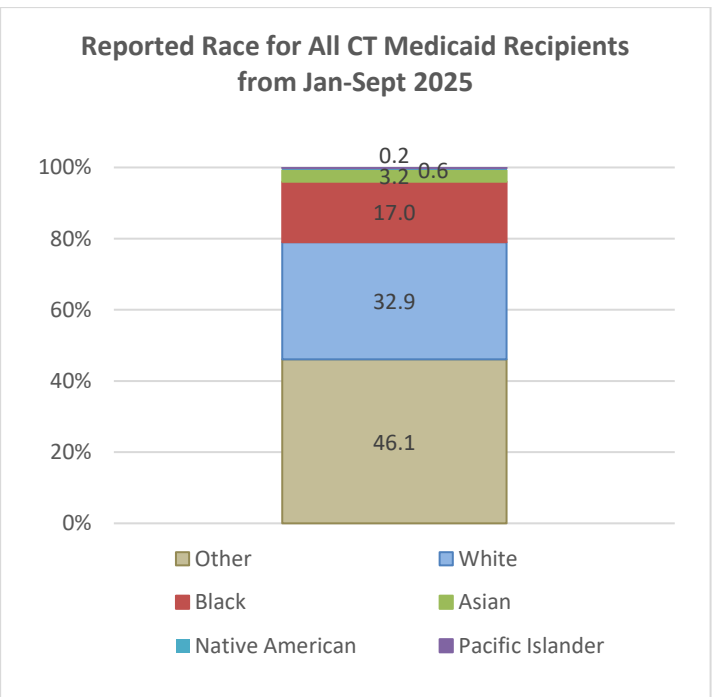
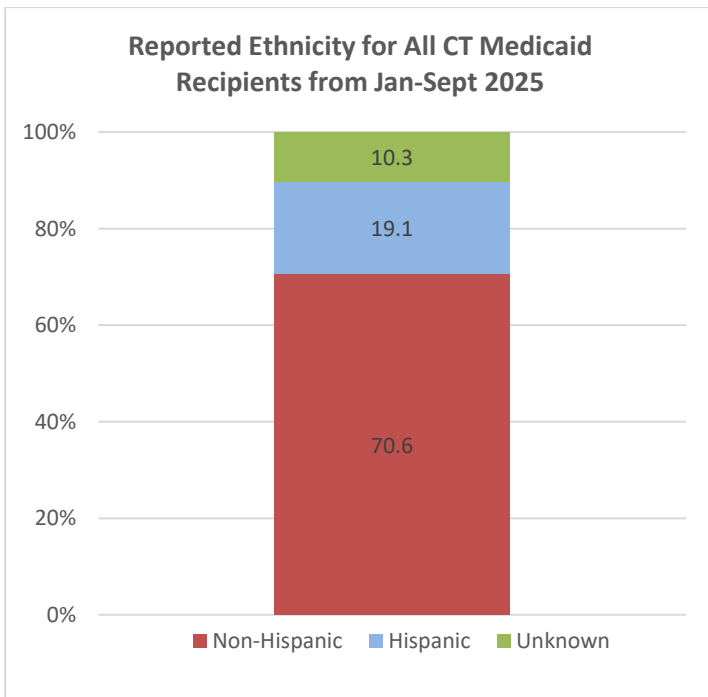
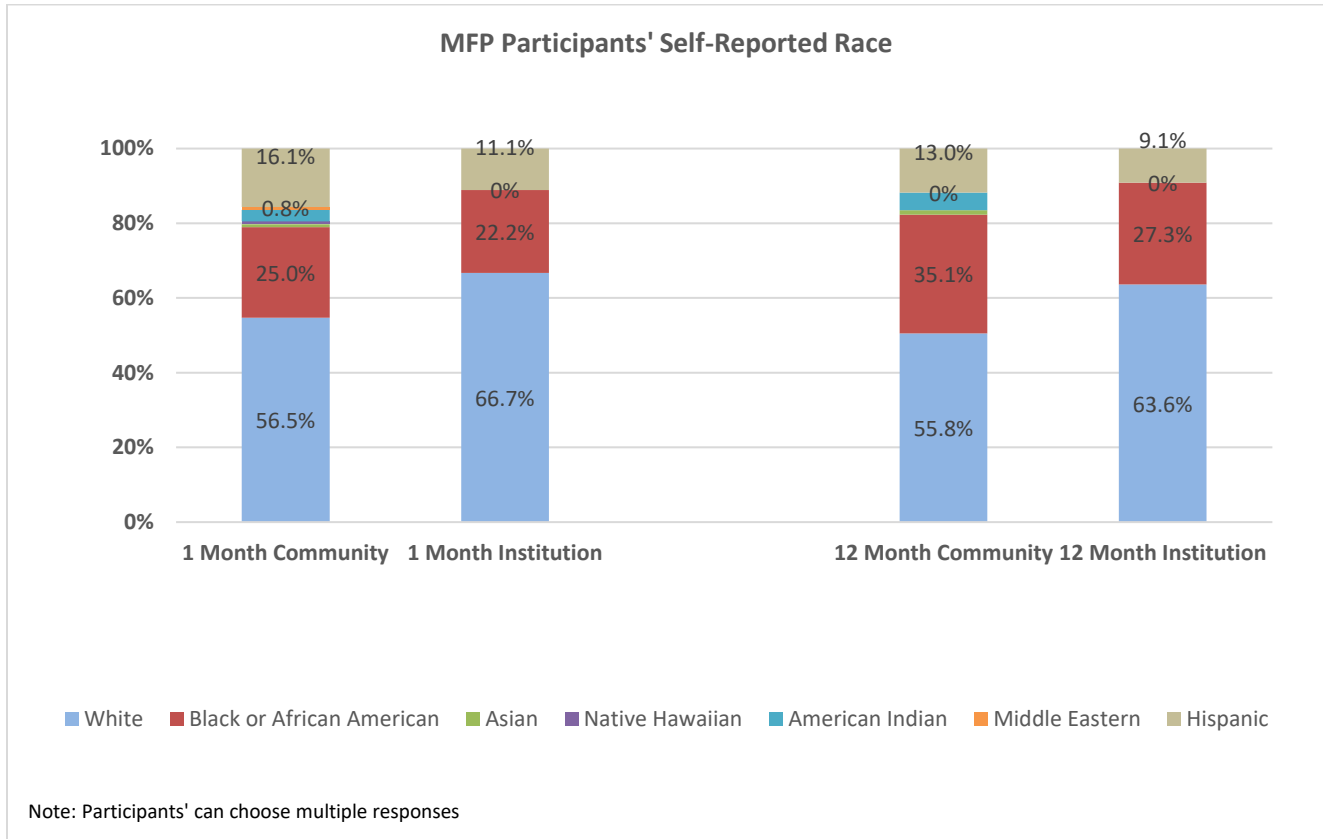


Participants 65 years and older who are volunteering and those who would like to volunteer



Race and Ethnicity for MFP Participants Transitioned 10/1/25 – 3/31/26 and for CT Medicaid Recipients from Jan-Sept 2025

Note: MFP participant results are from responses to the HCBS CAHPS MFP Survey race and ethnicity questions.

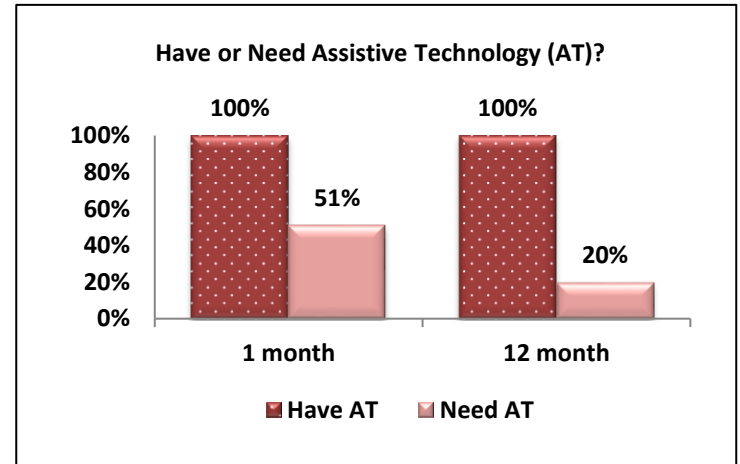
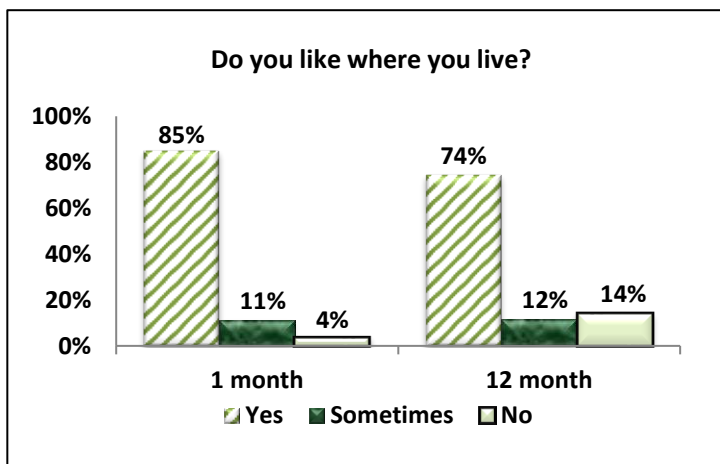
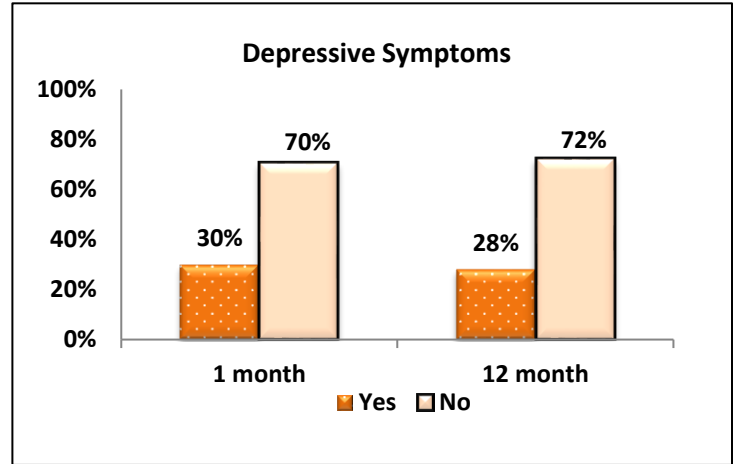
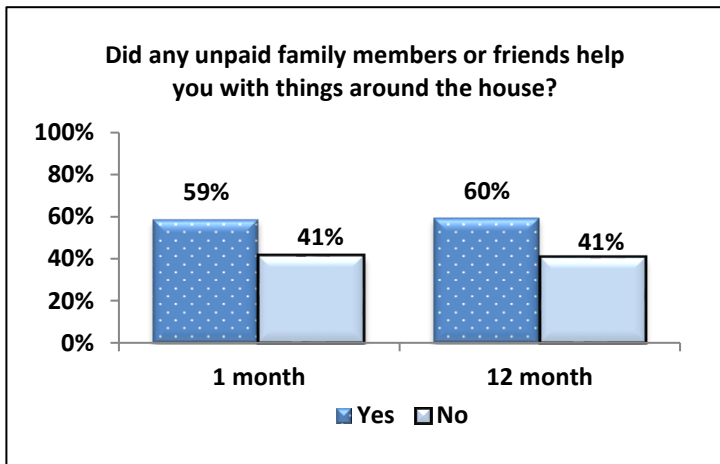
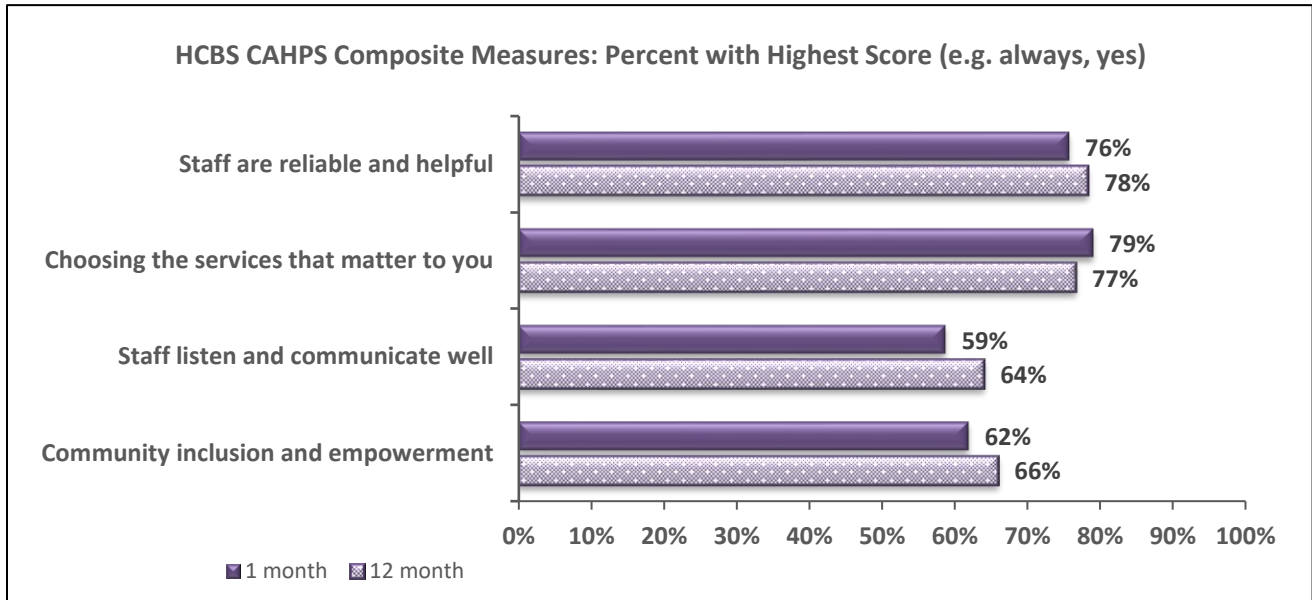


MFP Quality of Life Dashboard

Number of Quality of Life Interviews Completed from 1/1/26 - 3/31/26 (n=99)

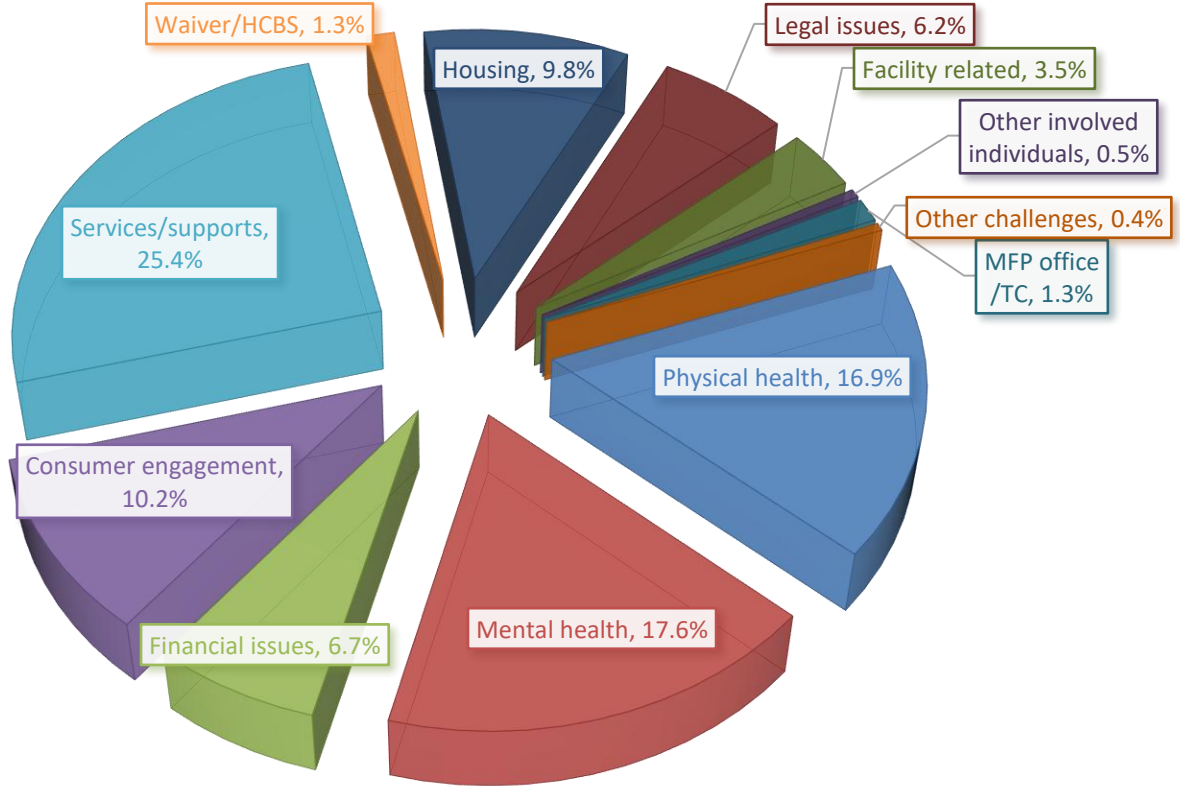
1 month interviews done 1 month after transition, n=56

12 month interviews done 12 months after transition, n=43

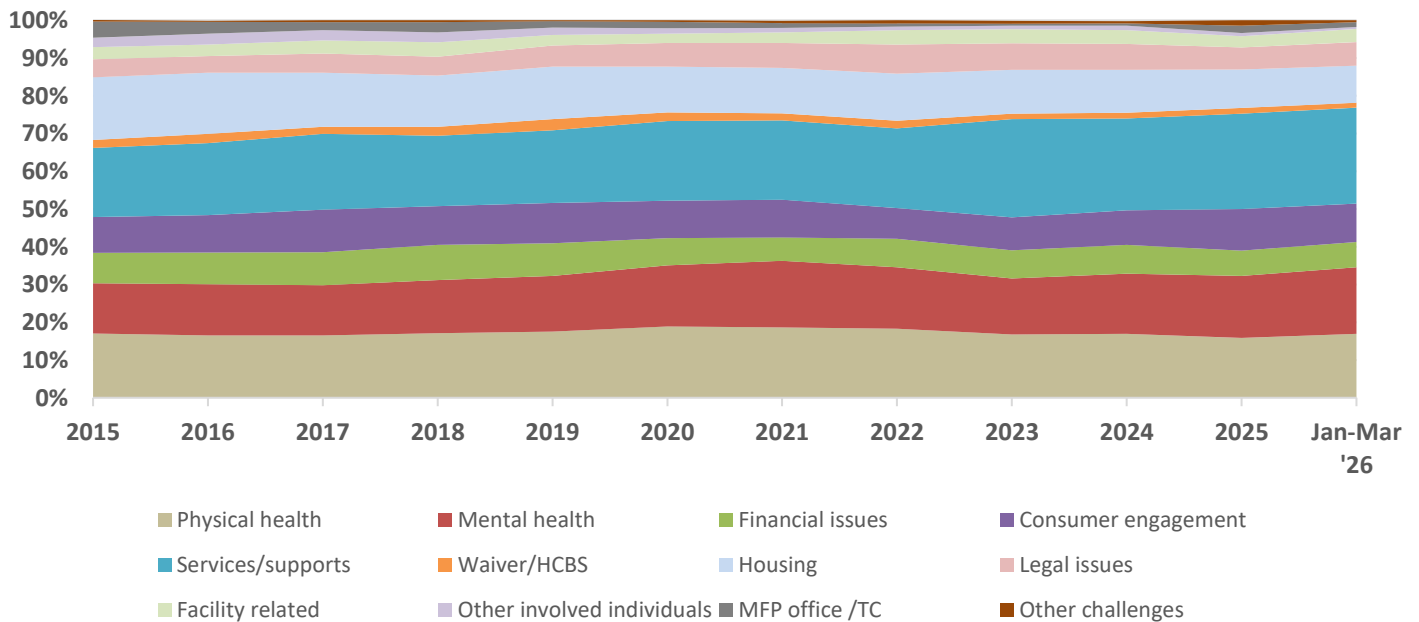


Challenges to Transition as Recorded by TCs and SCMs

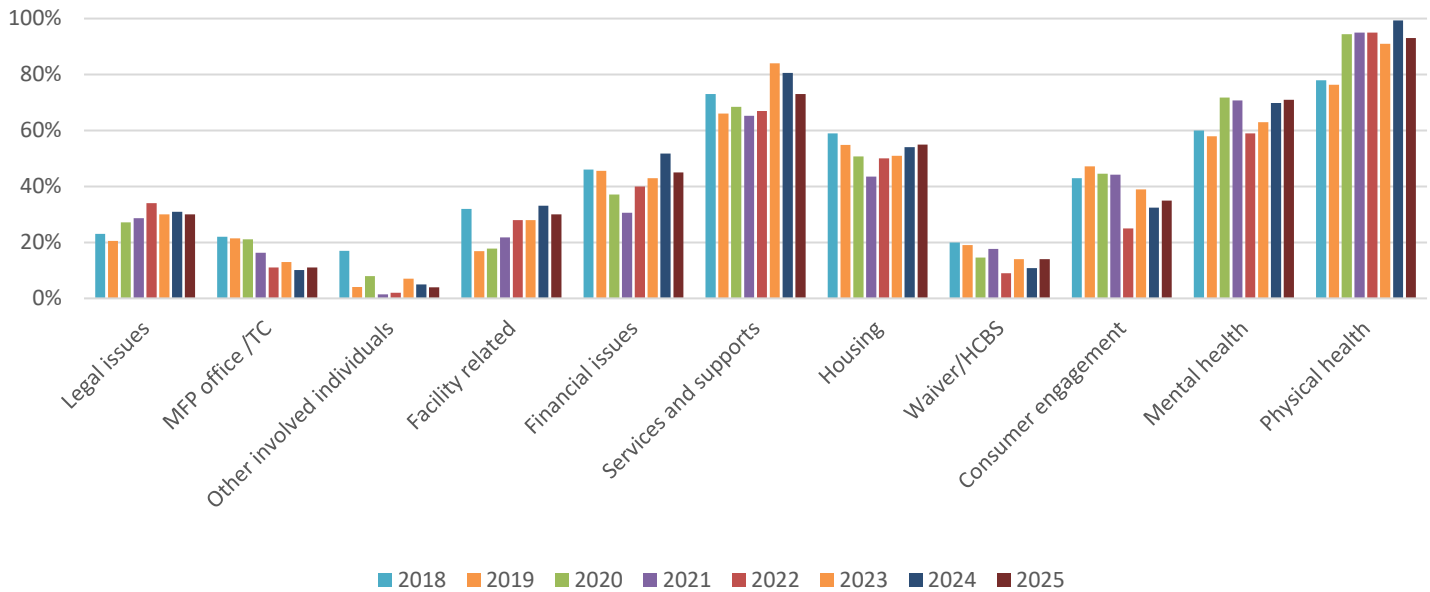
Transition Challenges for Participants Referred Jan-Mar 2026



Frequency of Transition Challenges by Year of Referral



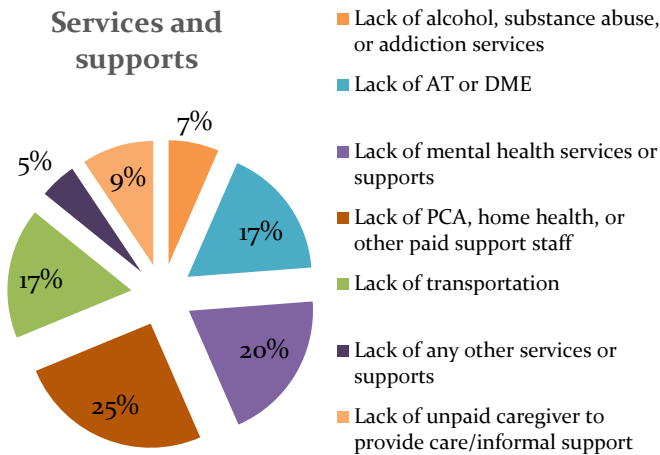
Participants with Each Challenge who Transitioned by Referral Year



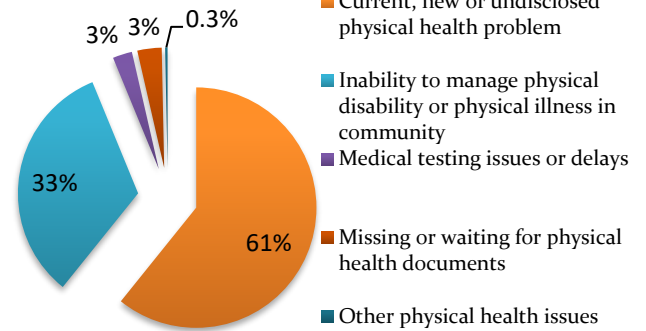
Types of Challenges for Referrals: 1/1/2026 - 3/31/2026

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

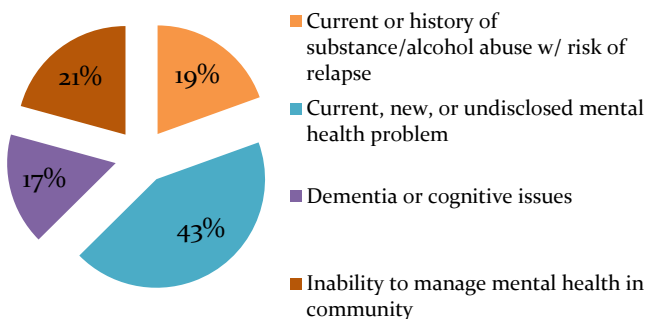
Services and supports



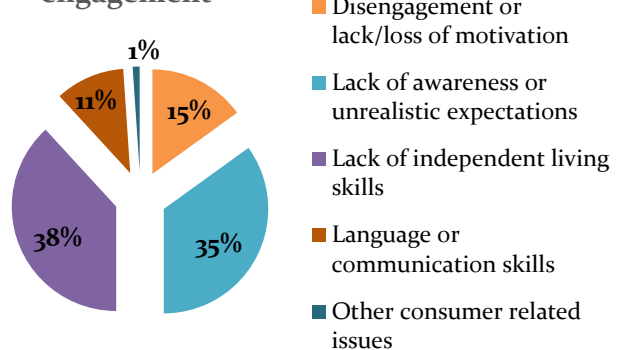
Physical health



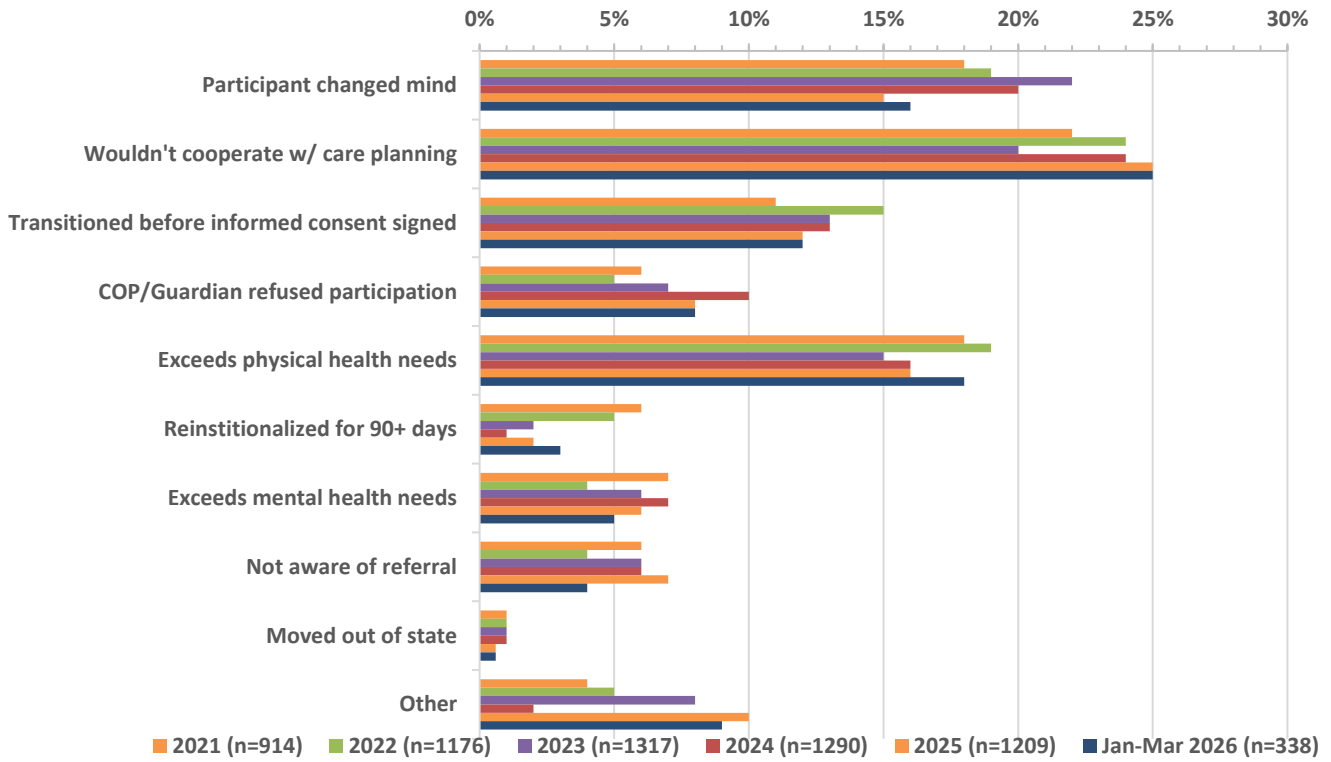
Mental health



Consumer engagement

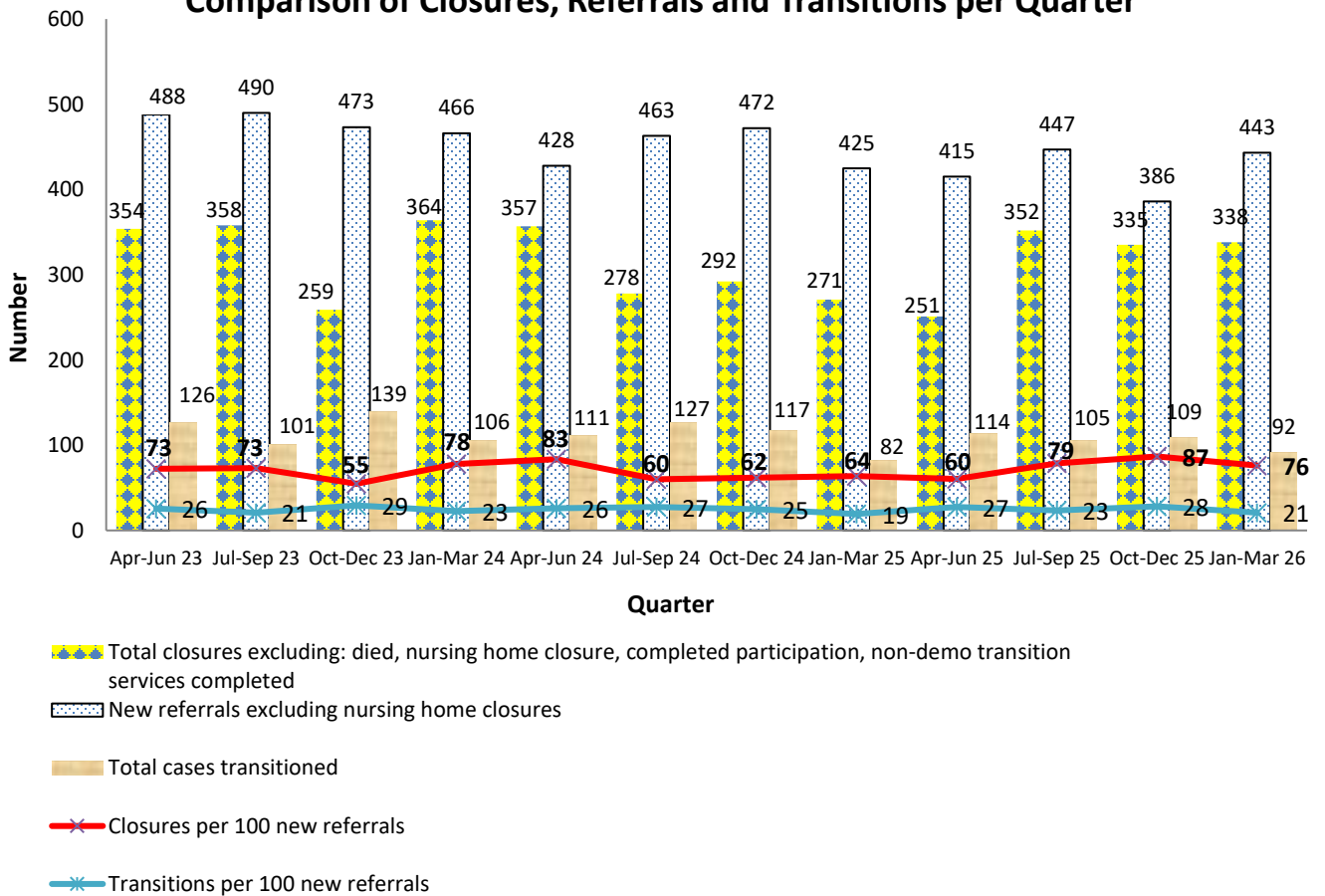


Frequency of Closure Reason by Year of Closure



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

Comparison of Closures, Referrals and Transitions per Quarter



Profiles of Real People: Sally's Story

Sally has always been someone who takes care of others. Whether it was for her dogs, her home, or those around her, she found purpose in nurturing. That sense of independence was disrupted after Sally lost her home due to a motor vehicle crash and moved in with her daughter. While trying to adjust to this new normal, Sally experienced a serious fall caused by a broken walker wheel which led to a fractured hip, emergency surgery, and a pulmonary embolism. "The ICU saved my life," she recalls. What followed was an extended stay in a nursing home — away from her dogs, her kitchen, and her independence.



Photo credit: Aaron Tiscione

Although the facility kept her safe, it didn't feel like home to Sally. "Not having my dogs anymore hurt the most," she reflects. Sally knew she wanted to return to the community but didn't know how to make that possible. That changed when she discovered the Money Follows the Person (MFP) program through a social worker at the facility, who explained that MFP would help her find a place to live and the support she needed to live independently.

Sally's MFP team brought her to four different apartments before they found the right one. She toured it with a physical therapist and an aide, who evaluated the space to ensure it would be a safe new home for Sally, but she still worried it wouldn't feel like home. MFP helped with that, furnishing her apartment with a wardrobe and a bookcase so she would have adequate space. Her PCA also played an important role in her transition back into the community. She helped support Sally when she needed it, but more than that, she had become a dear friend and companion.

As Sally settled into her new home, she began rebuilding the parts of life that mattered most to her. With the help of her PCA, she welcomed a new four-legged friend named Timmy into her home. Timmy is a critical part of Sally's life. He encourages her to walk more and helps with her recovery. He rides along to her doctor's appointments, settling her anxiety. "He's my emotional support dog," she says. "He calms me down. He's always there. I can't imagine my life without him." Sally glows as she talks about him, petting his head as he sits protectively on her lap.

Sally also began decorating her apartment with plants, a large plant stand anchoring the room, pots along the windowsill, all of them beautifully presented and soaking up the light. She propagates cuttings and shares them with those who visit, some of them gifted to her by her PCA. "I just love my plants," she says. "They're great for the air.... they're good therapy."

With Timmy nearby and her plants filling every corner, Sally reflects on what coming home through MFP has meant to her. "It gives you something to do, it answers the question of what am I doing here," she says. Surrounded by light, life, and all the things she cares about, she's found a new sense of purpose. "It's so important to have a place that makes you smile, a place of your own. I wake up every morning, and I can't believe I'm here."

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.