CT Money Follows the Person Quarterly Report

April 1 - June 30, 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

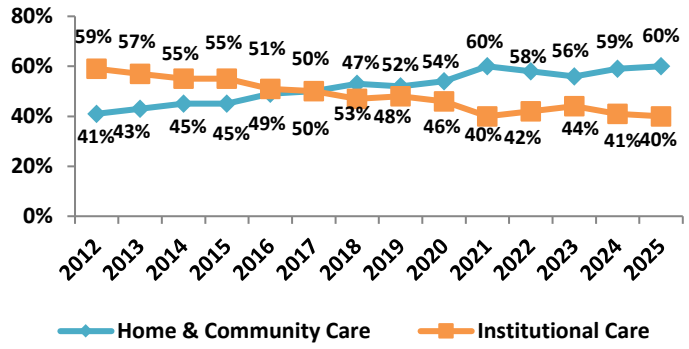
Benchmark 1: Total Transitions = 9,031

Demonstration = 8,434 (93%)

Non-demonstration = 597 (7%)

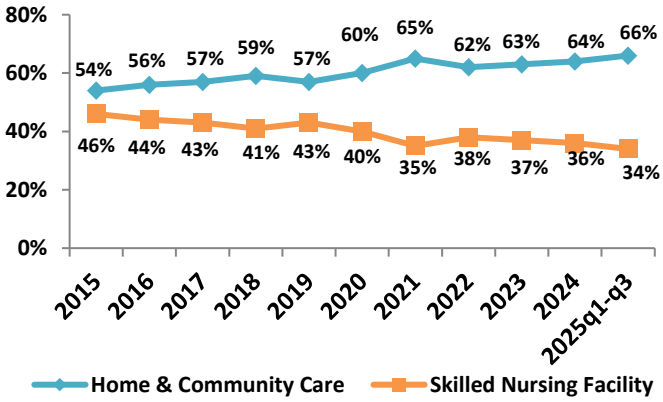
Benchmark 2

CT Medicaid Long-Term Care Expenditures



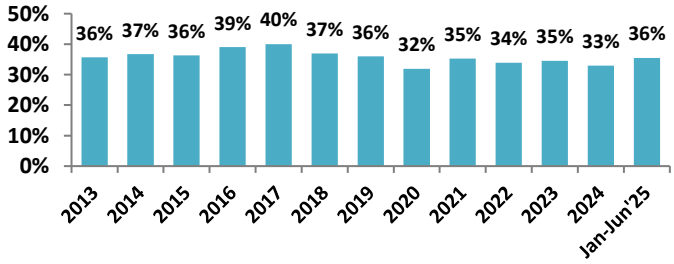
Benchmark 3

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

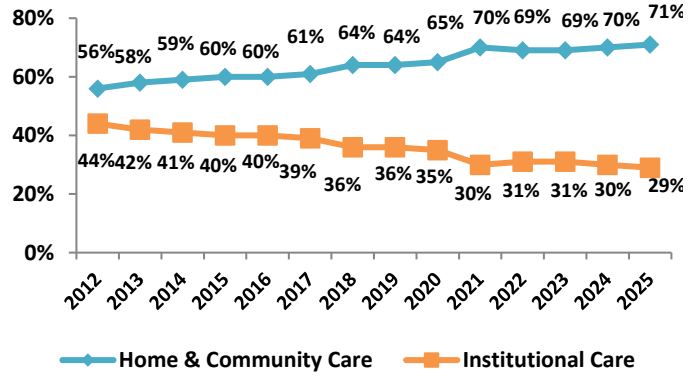


Benchmark 4

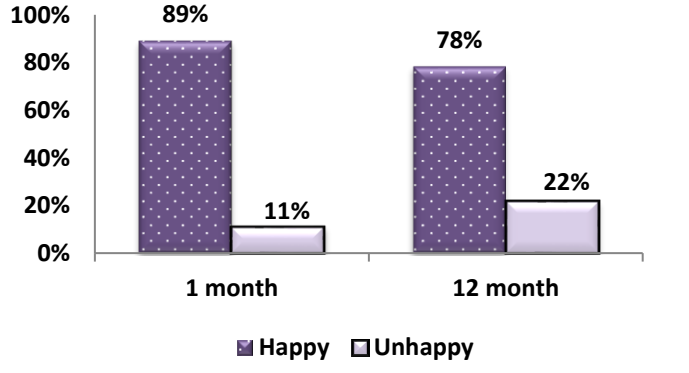
Percent of SNF admissions returning to the community within 6 months

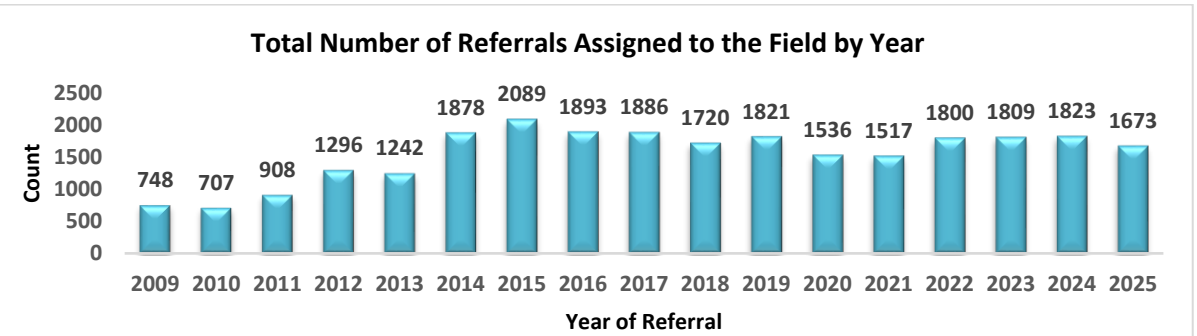


Benchmark 5: Percent Receiving LTSS in the Community vs. Institutions

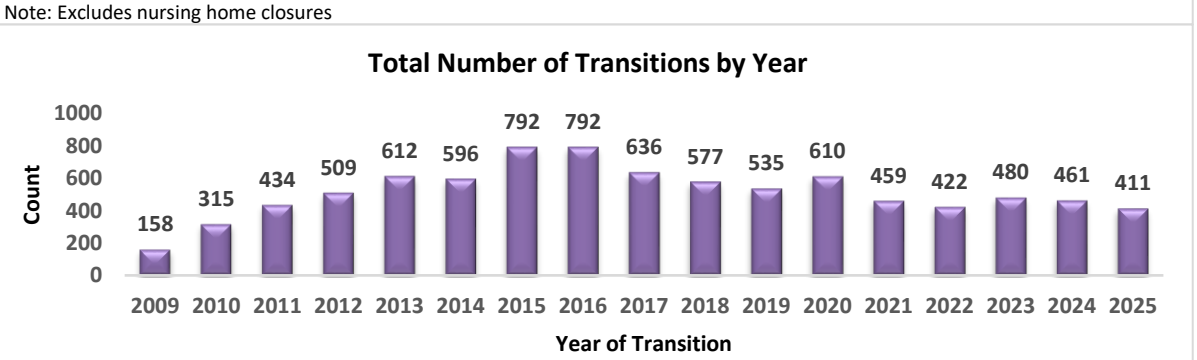


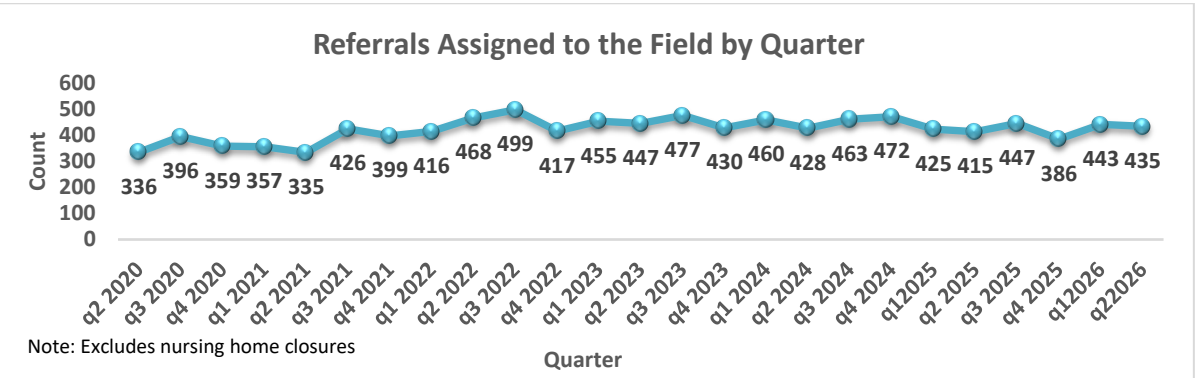
Are you happy or unhappy with the way you live your life?



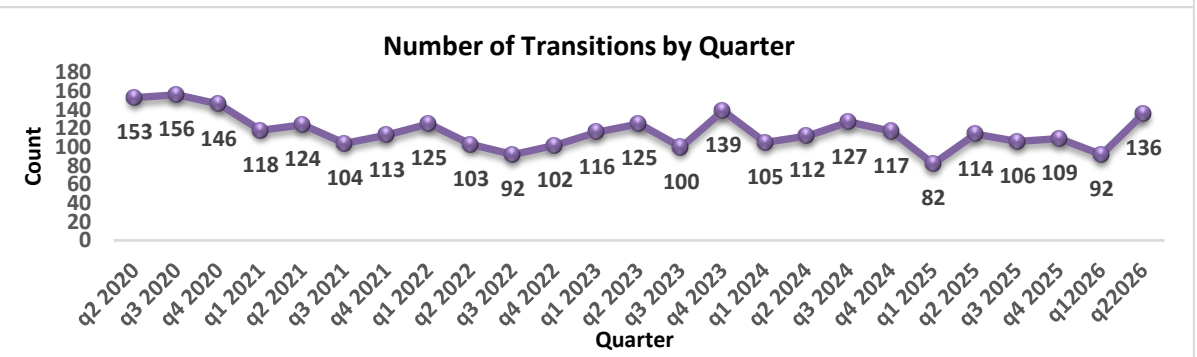


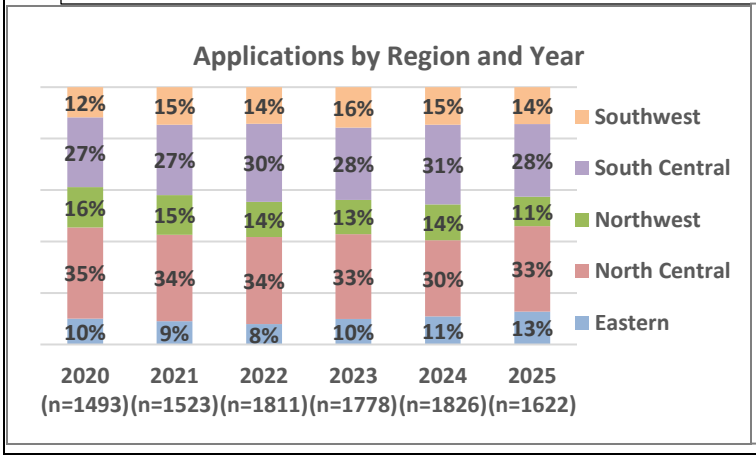
Note: Excludes nursing home closures

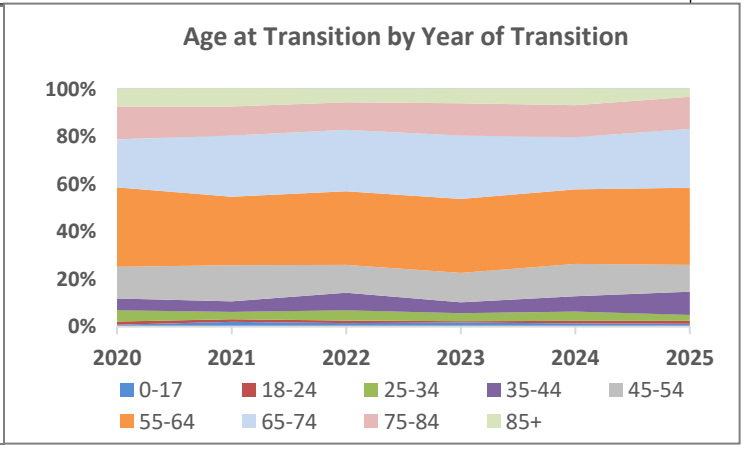


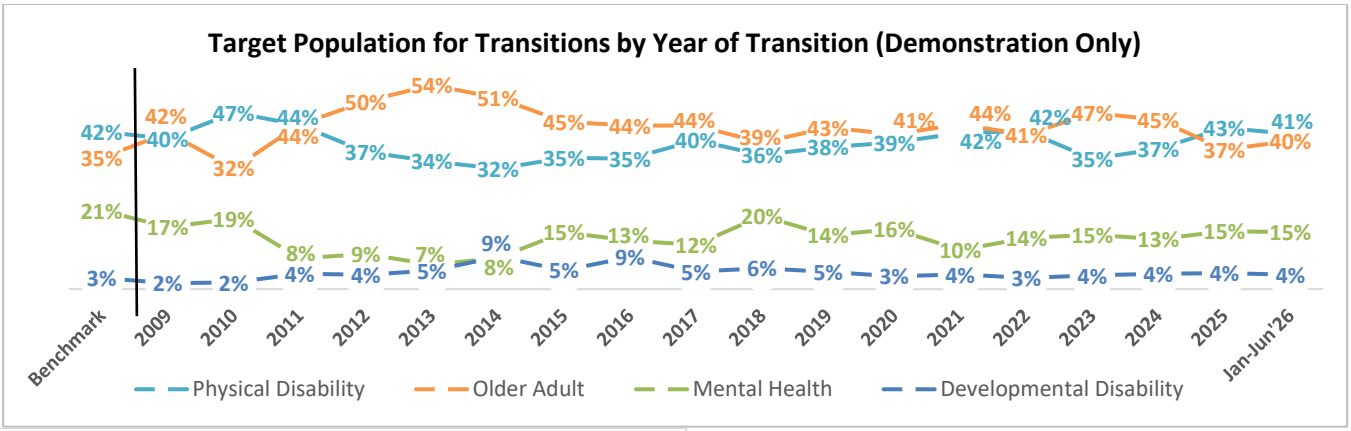


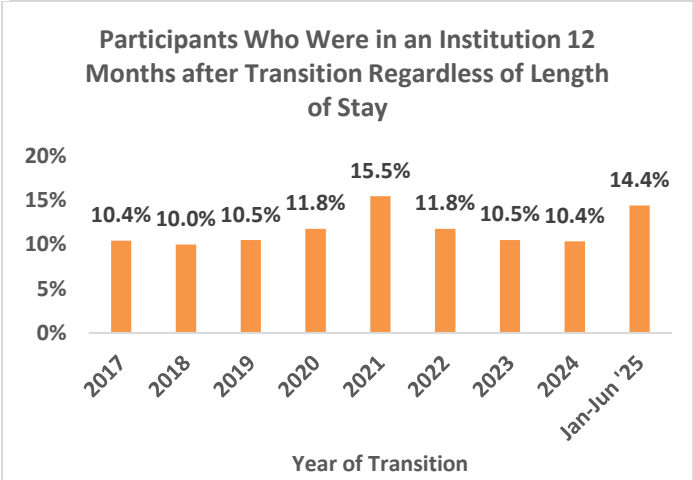
Note: Excludes nursing home closures

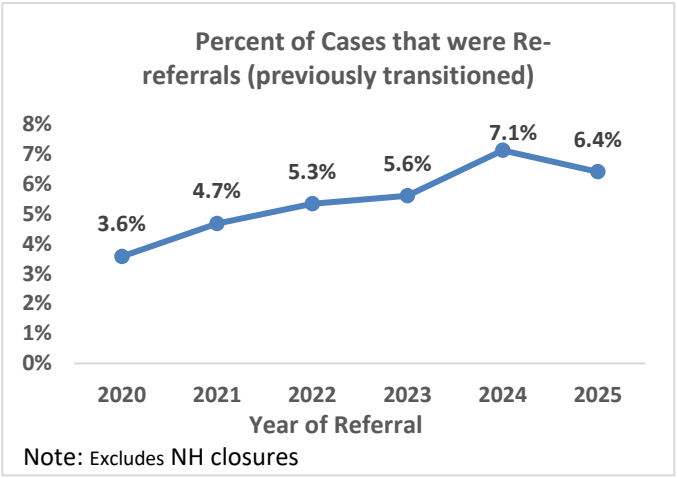


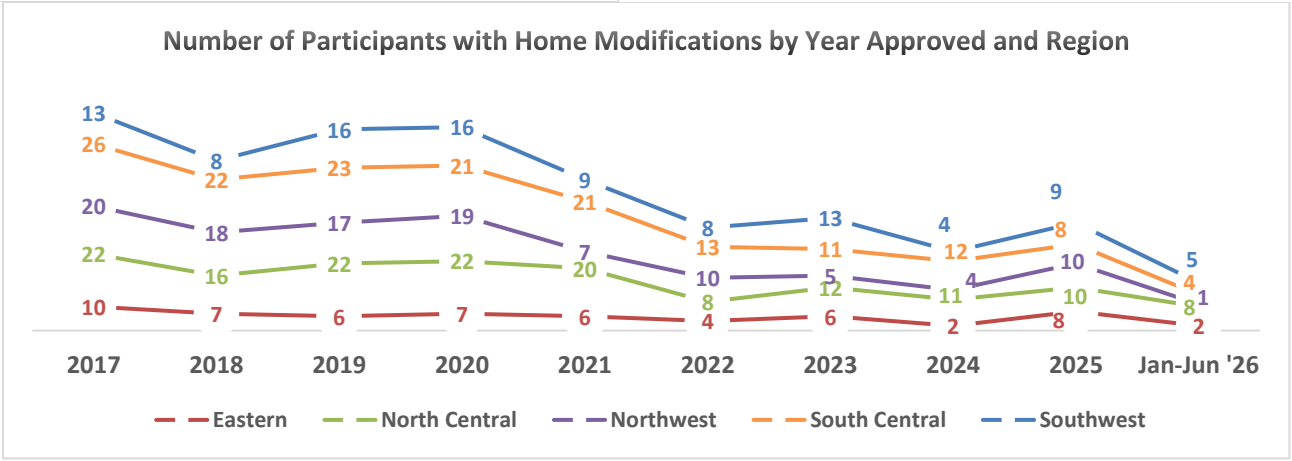


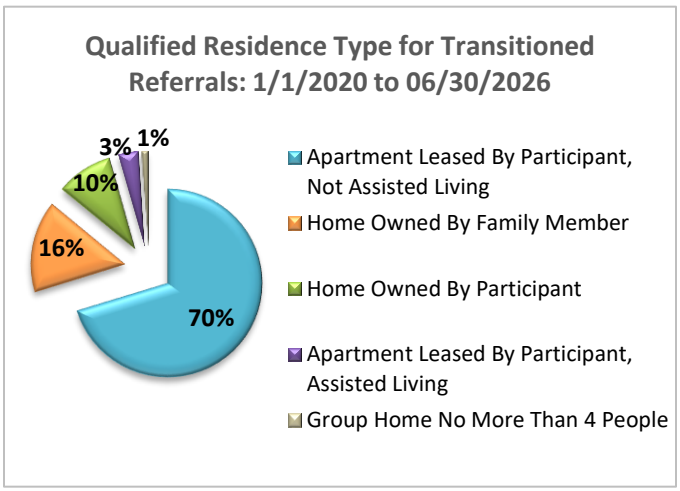


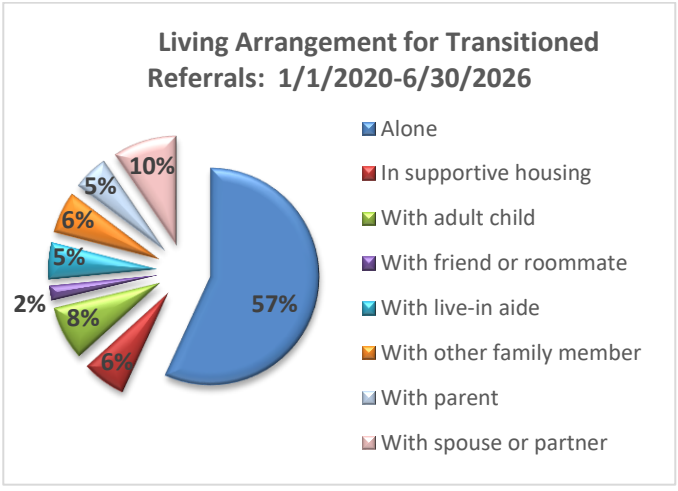

Target Population for Transitions by Year of Transition (Demonstration Only)
Benchmark
2009
2010
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023
2024
2025
Jan-Jun'26
Physical Disability
Older Adult
Mental Health
Developmental Disability


Participants Who Were in an Institution 12 Months after Transition Regardless of Length of Stay
10.4%
10.0%
10.5%
11.8%
15.5%
11.8%
10.5%
10.4%
14.4%
2017
2018
2019
2020
2021
2022
2023
2024
Jan-Jun '25
Year of Transition

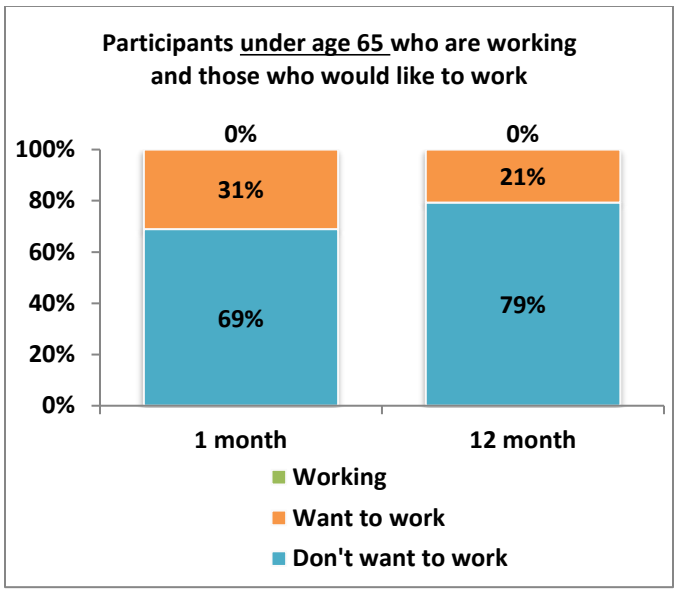

Percent of Cases that were Re-referrals (previously transitioned)
3.6%
4.7%
5.3%
5.6%
7.1%
6.4%
2020
2021
2022
2023
2024
2025
Year of Referral
Note: Excludes NH closures

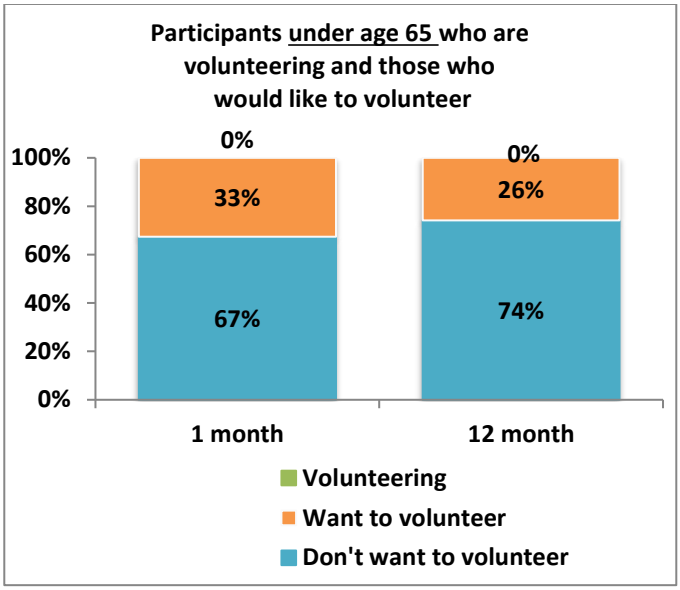

Number of Participants with Home Modifications by Year Approved and Region
2017
2018
2019
2020
2021
2022
2023
2024
2025
Jan-Jun '26
Eastern
North Central
Northwest
South Central
Southwest

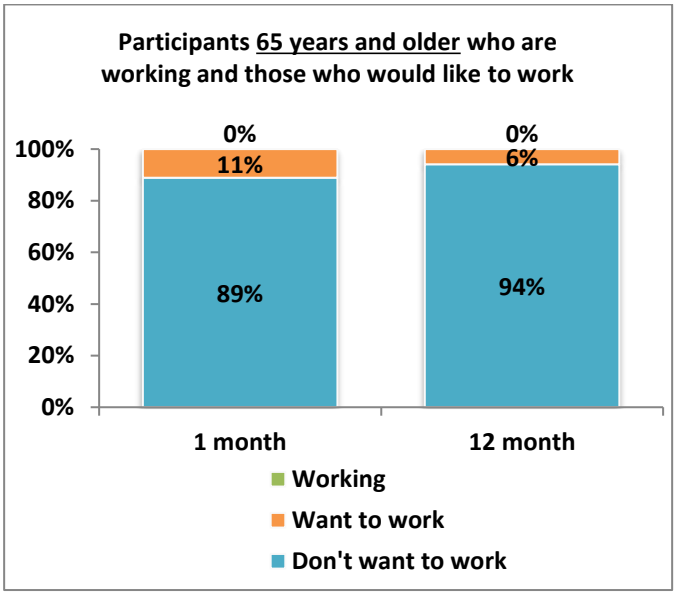

Qualified Residence Type for Transitioned Referrals: 1/1/2020 to 06/30/2026
70%
16%
10%
3%
1%
Apartment Leased By Participant, Not Assisted Living
Home Owned By Family Member
Home Owned By Participant
Apartment Leased By Participant, Assisted Living
Group Home No More Than 4 People

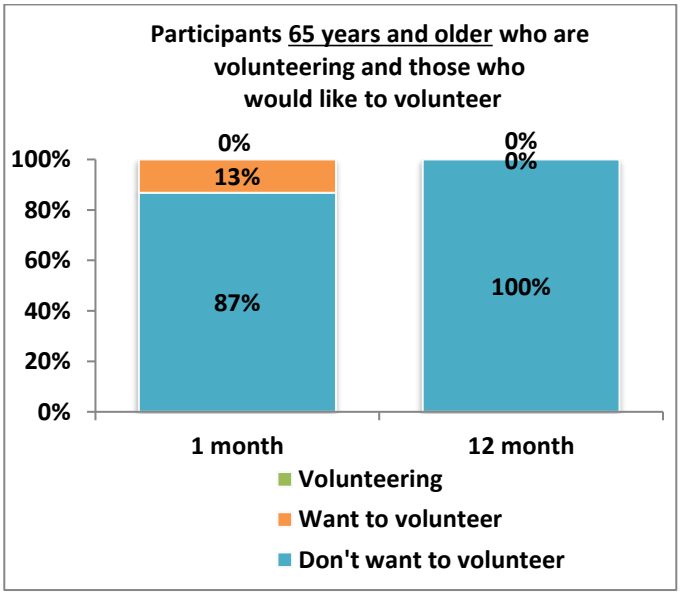

Living Arrangement for Transitioned Referrals: 1/1/2020-6/30/2026
57%
2%
8%
6%
5%
6%
5%
10%
Alone
In supportive housing
With adult child
With friend or roommate
With live-in aide
With other family member
With parent
With spouse or partner

Participants who are Working and/or Volunteering (data 4/1/26-6/30/26)



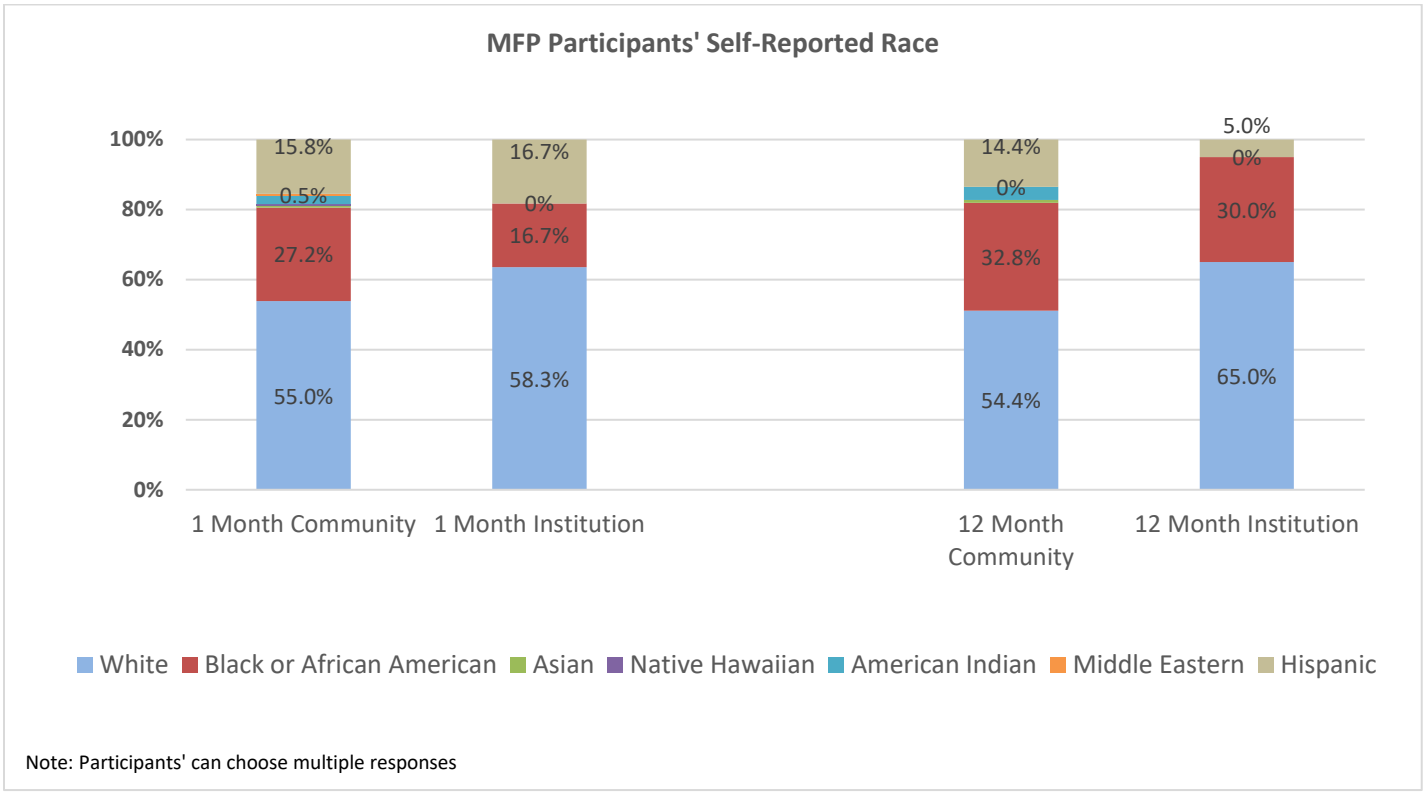




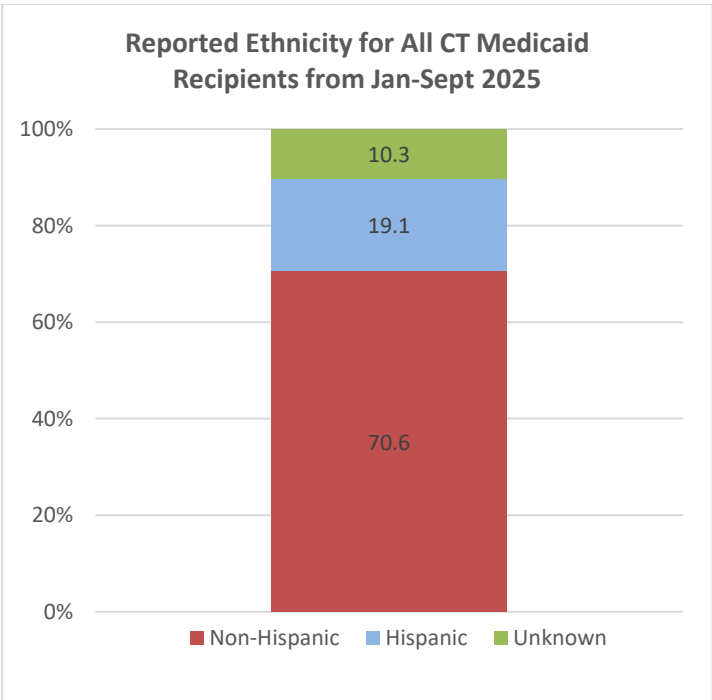


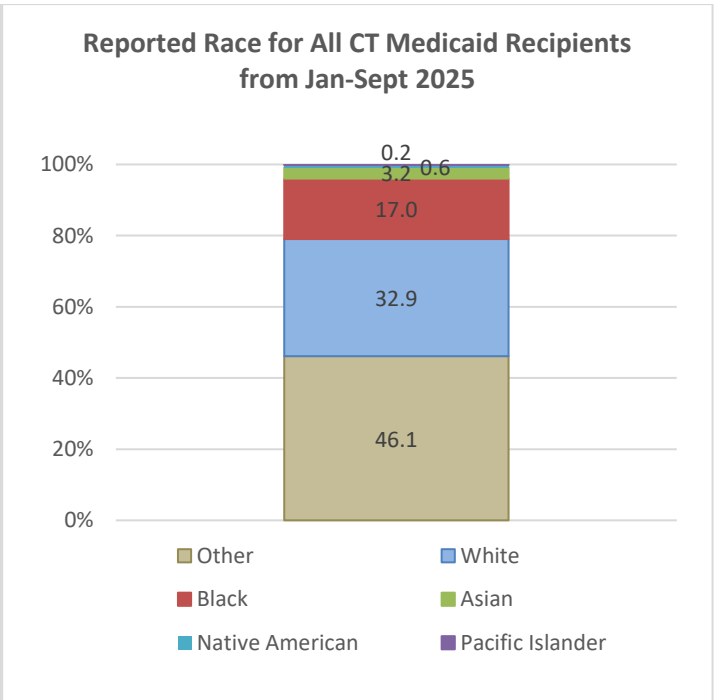
Race and Ethnicity for MFP Participants Transitioned 10/1/25 – 6/30/26 and for CT Medicaid Recipients from Jan-Sept 2025

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



Note: Participants' can choose multiple responses



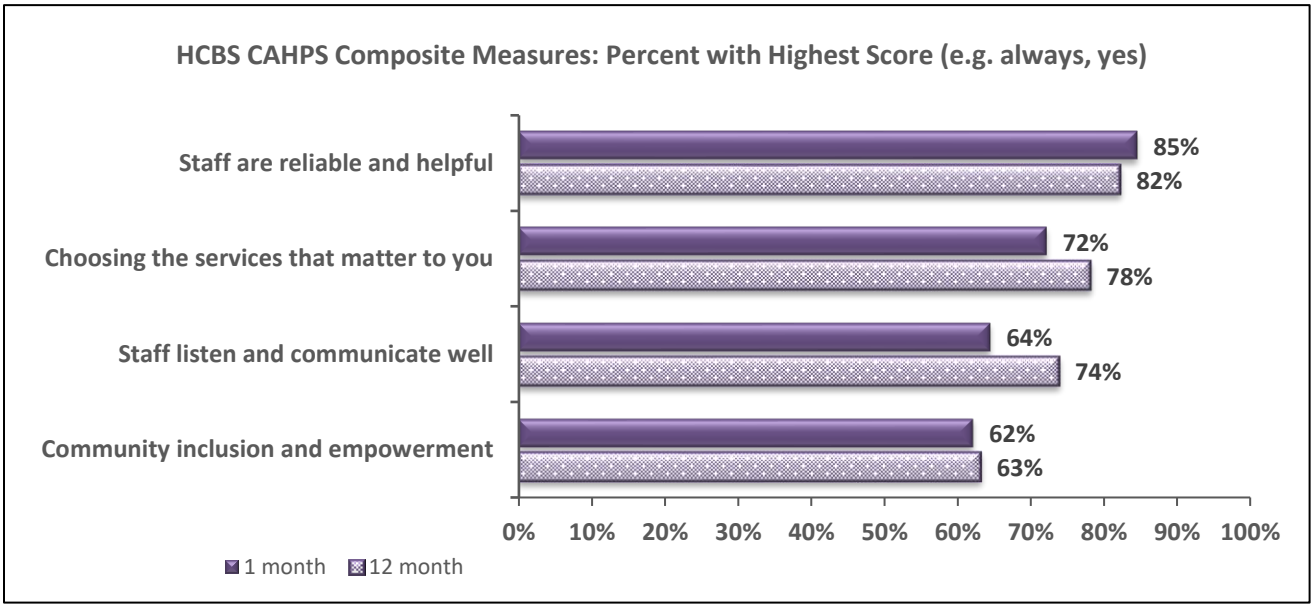


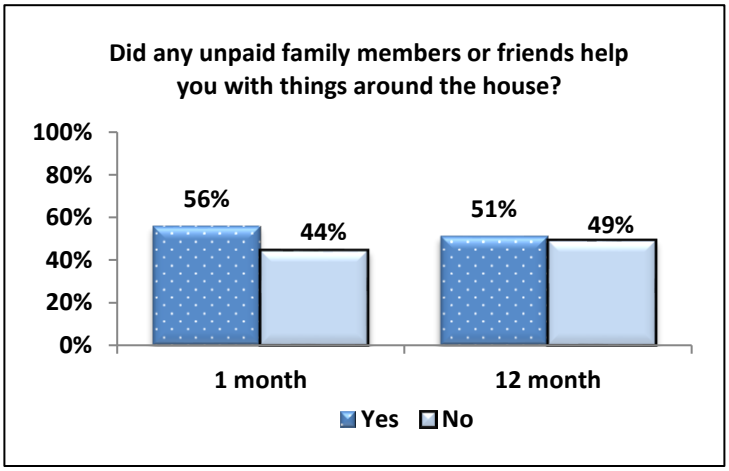
MFP Quality of Life Dashboard

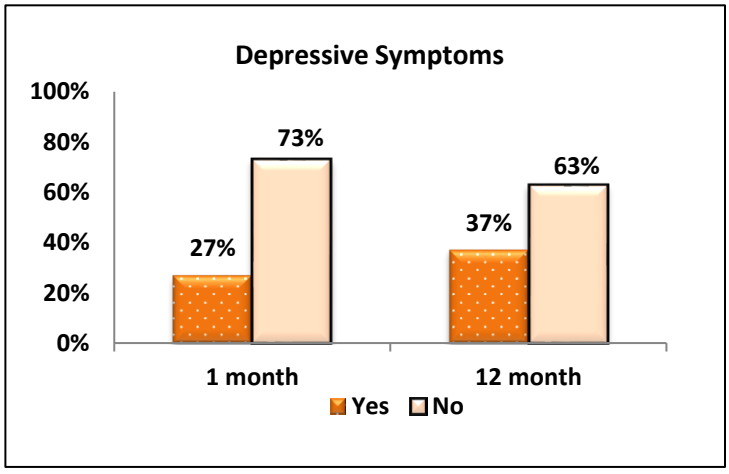
Number of Quality of Life Interviews Completed from 4/1/26 - 6/30/26 (n=136)

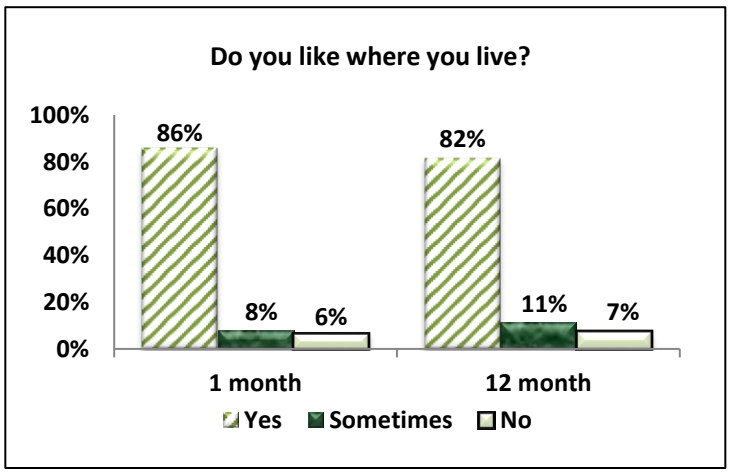
1 month interviews done 1 month after transition, **n=80**

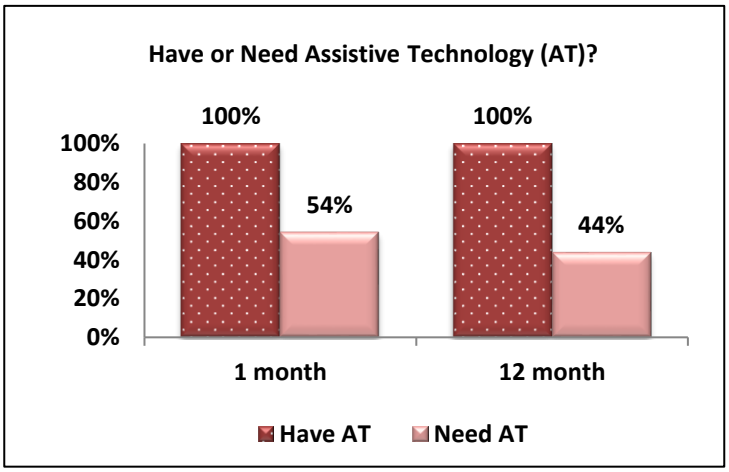
12 month interviews done 12 months after transition, **n=56**





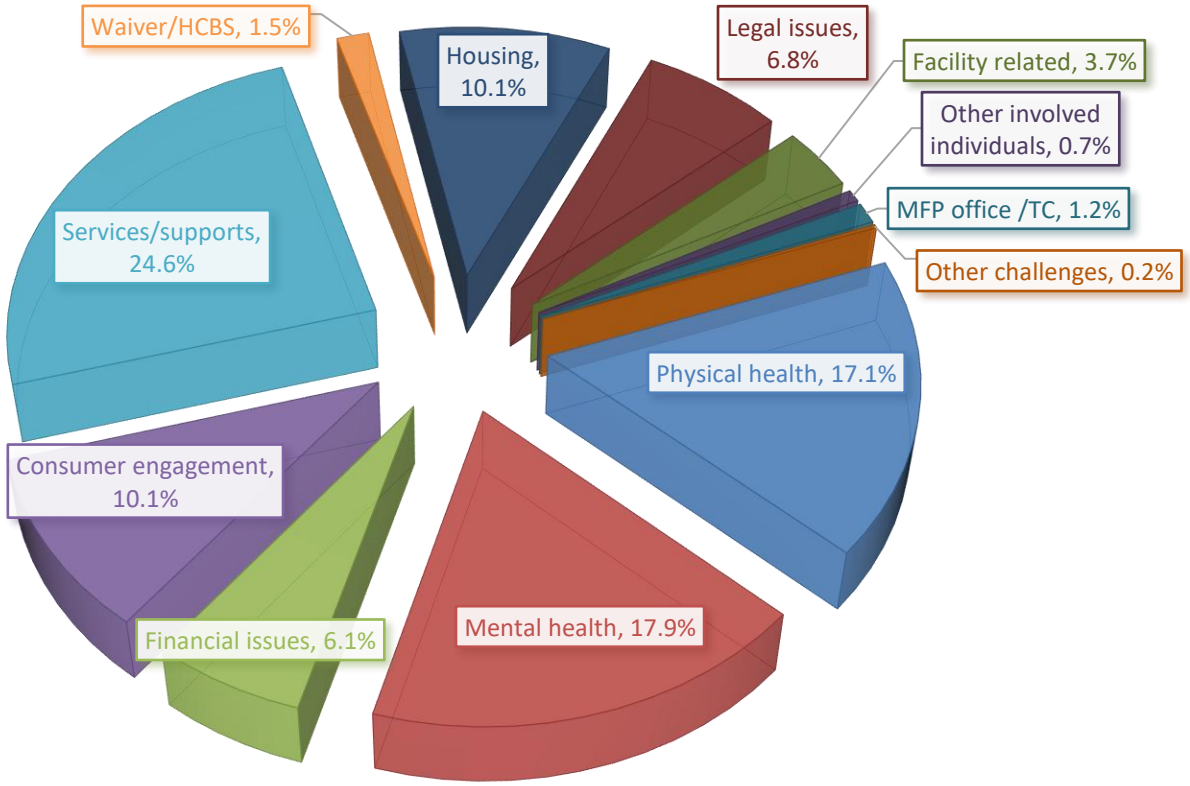




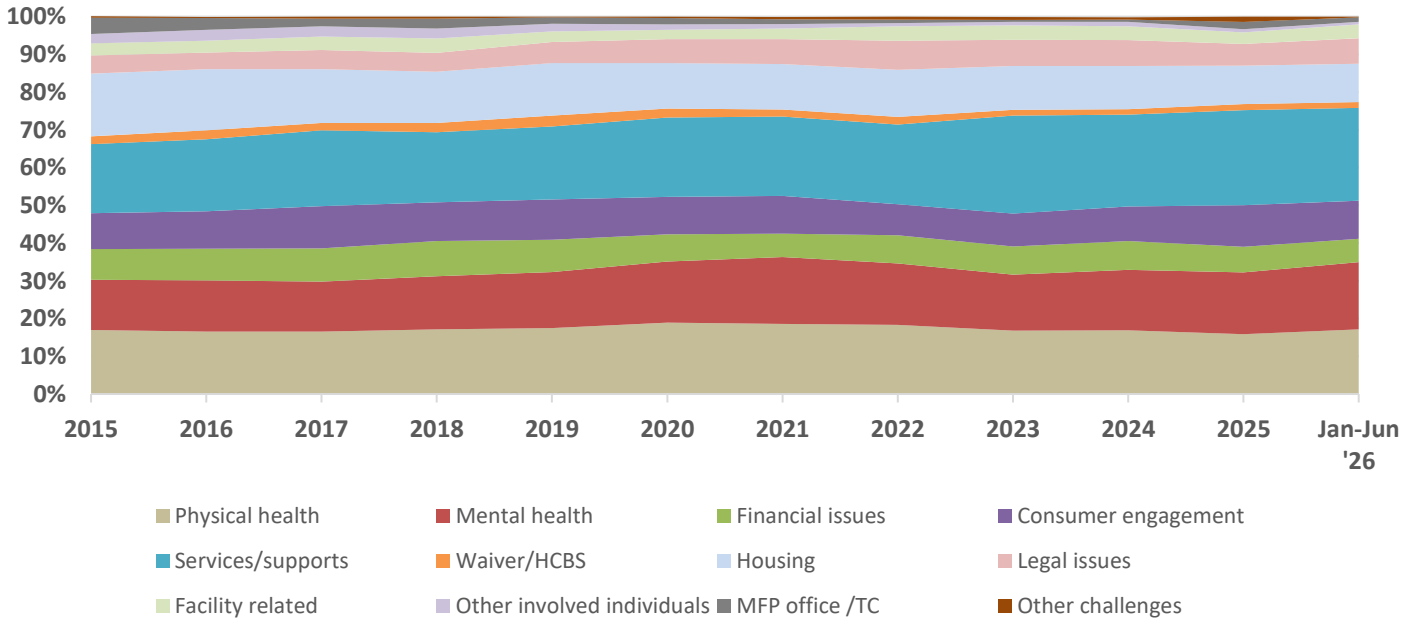


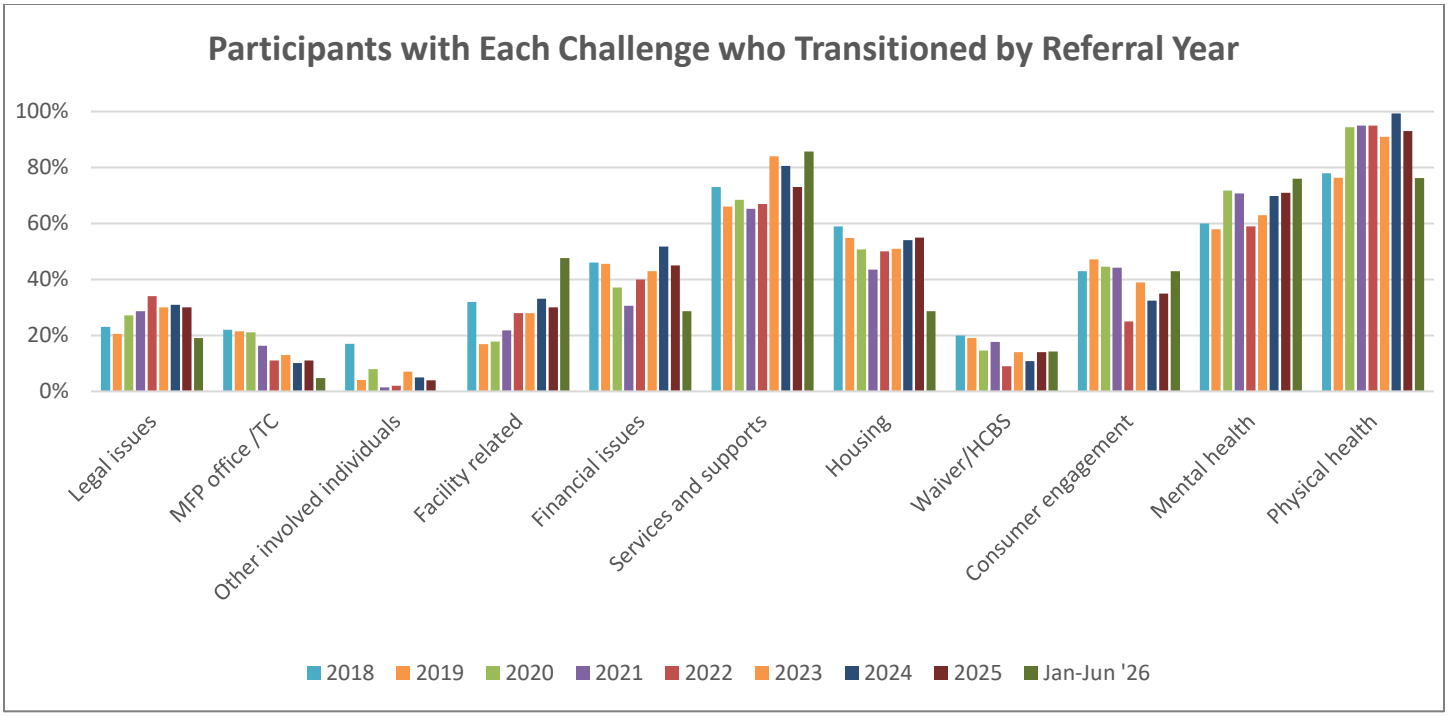
Challenges to Transition as Recorded by TCs and SCMs

Transition Challenges for Participants Referred Jan-Jun 2026



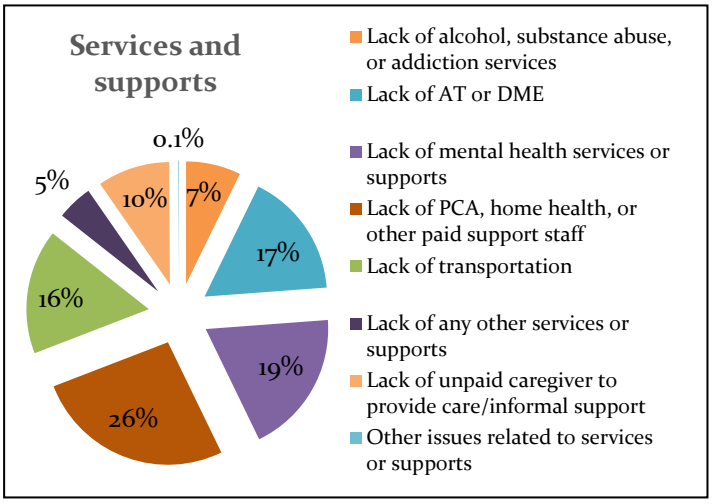
Frequency of Transition Challenges by Year of Referral

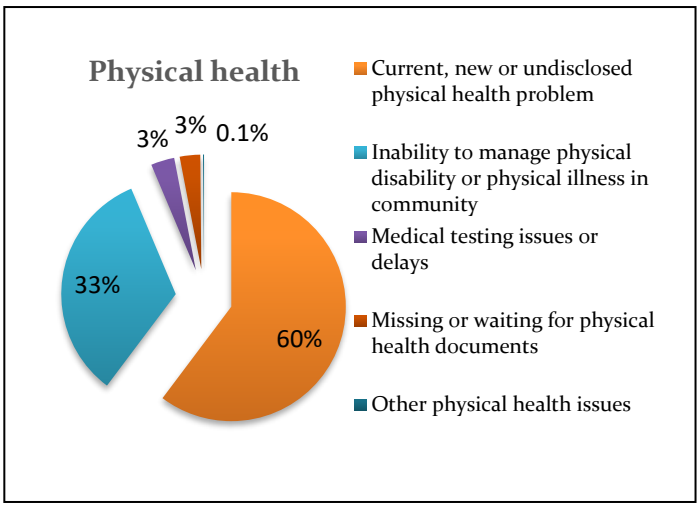


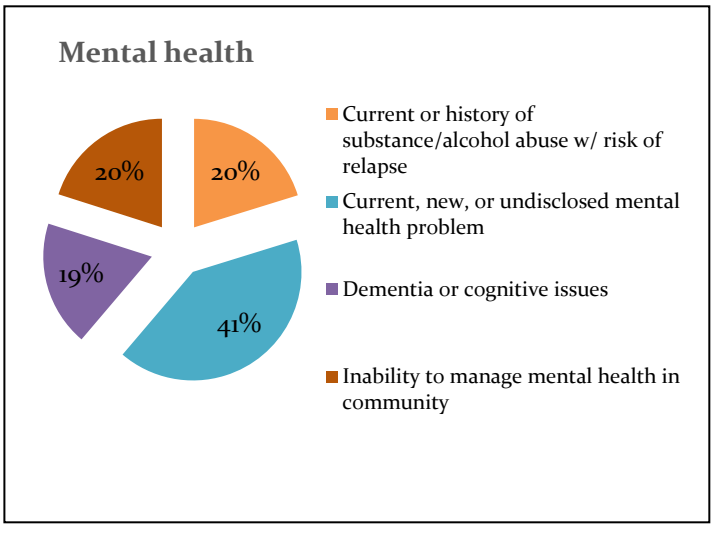


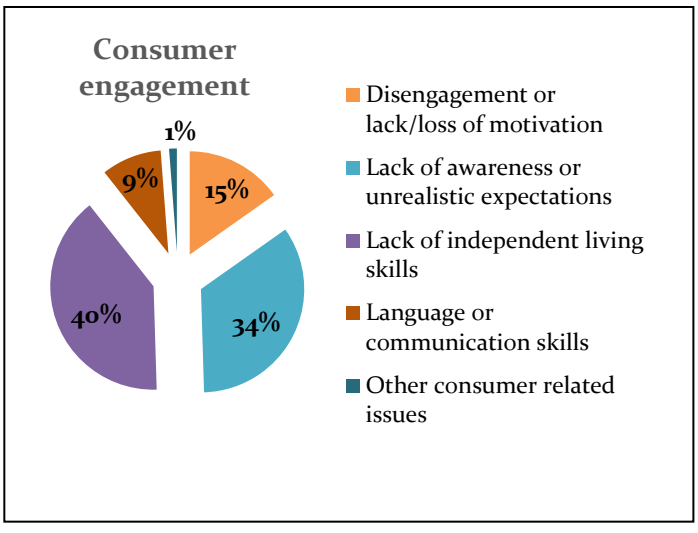
Types of Challenges for Referrals: 1/1/2026 - 6/30/2026

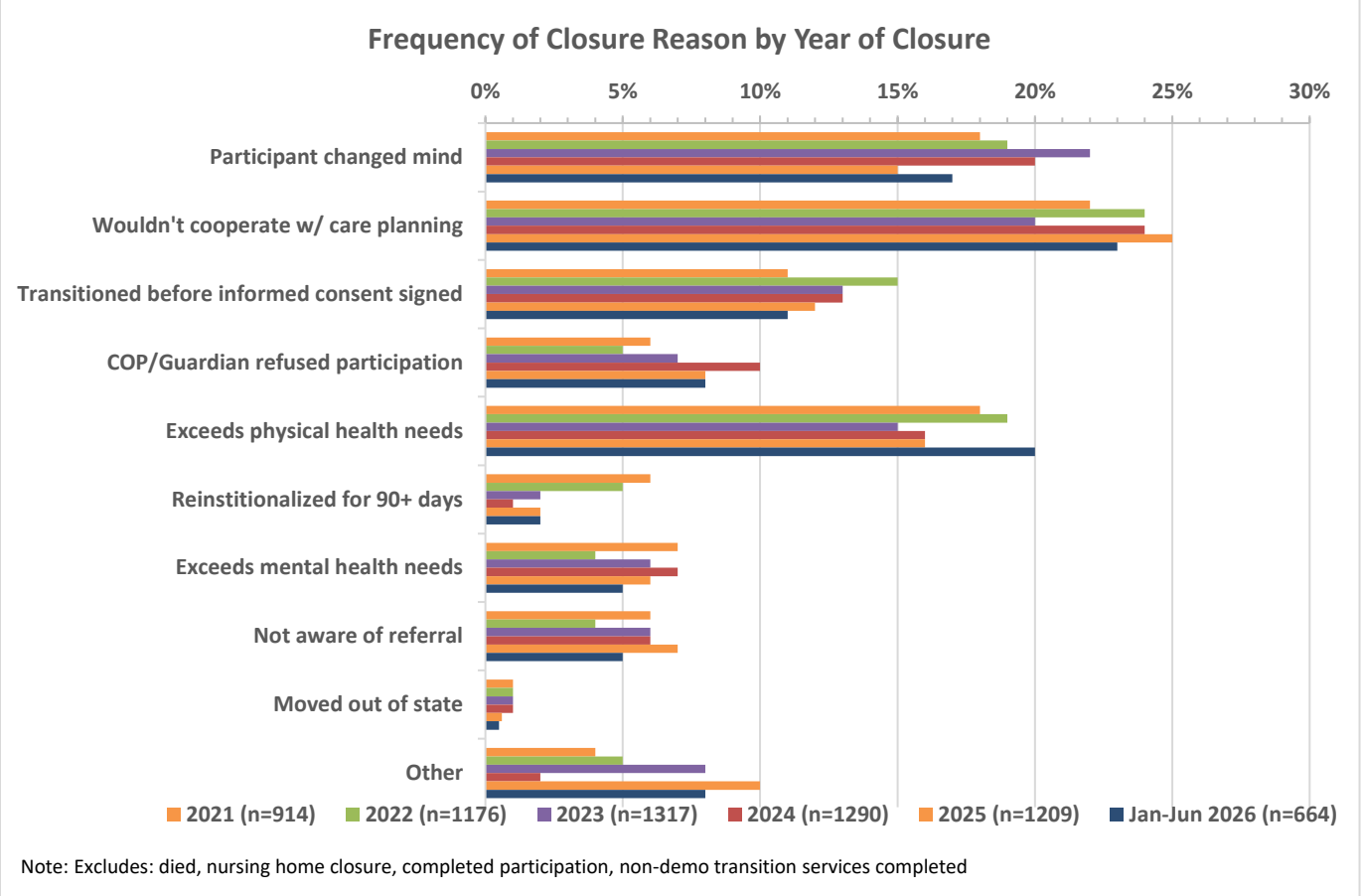
Below are the four most common challenge types for the current timeframe



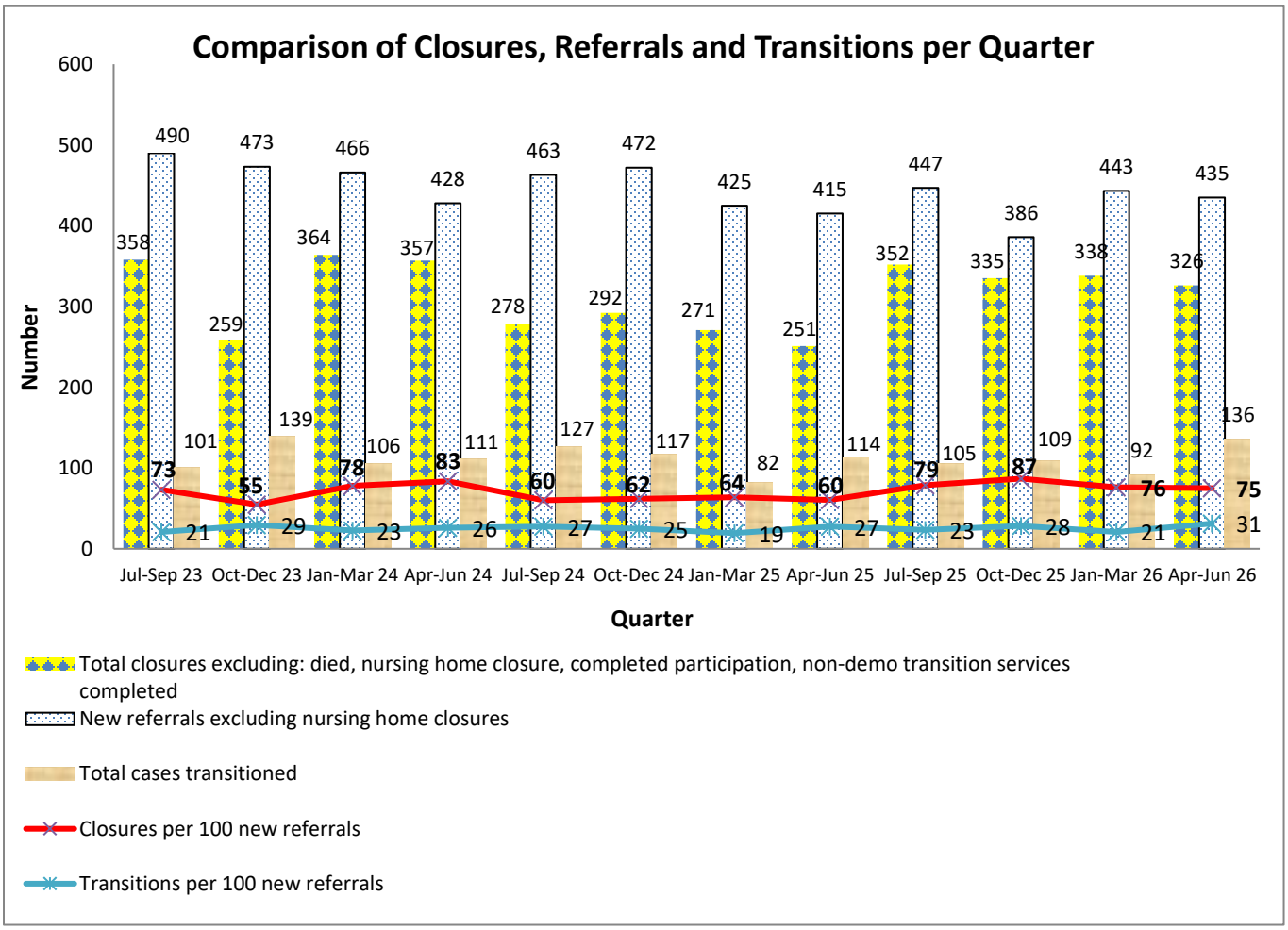








Note: Excludes: died, nursing home closure, completed participation, non-demo transition services completed



Profiles of Real People: Sandy's Story

Photo credit: Christine Bailey

Sandy has been living with her disability called arthrogryposis multiplex congenita (AMC) her whole life. Raised by parents who wanted her to be as independent as possible, she learned from an early age to speak up for what she needed. Her mind is sharp and her voice strong even if her body has many limitations. Sandy earned her advanced degree in social work to help others with disabilities. She is passionate about disability rights, worked for years in education, advocacy, and counseling and continues to advocate for state programs like Money Follows the Person (MFP) and Community First Choice (CFC). Already familiar with MFP in her social work role, she knew she'd need to apply for this program when rehabilitation after a knee replacement in 2016 was compounded with managing her other health conditions that forced her to accept the new reality that she'd now need to use a wheelchair rather than just a walker. Independence would look different. Sandy worked with the Center for Disability Rights through MFP to receive a customized motorized wheelchair, and other adaptive equipment like a Hoyer lift and shower chair with wheels, apply for social security disability and even return to work part time. Using the pencil, she can navigate the keyboard on her laptop despite limited use of her hands. She has been very fortunate to have had consistent personal care assistance (PCA) for the last 20 years. Sandra was also lucky to have housing that she could return to when she transitioned through MFP onto the PCA waiver program. However, since she needed two PCAs to overlap shifts and provide maximum assistance with her daily needs, she paid out of pocket for additional PCA time beyond the PCA waiver program's allowable number of hours. Although still able to work from home, her family had to help financially with the added expenses.

When a bone compressed her spinal cord, she was hospitalized, but due to a high A1C level, she could not have surgery. She now needed to be on injectable insulin to control her diabetes. She learned of an opening at a nursing home where she had been on a waitlist. Back in the nursing home for rehabilitation, she reapplied to MFP in 2025. She expected to be there for only a few months, but it took more than a year with the persistence of MFP staff and her own determination to return to living in the community. She could not return to her former apartment, but she learned of new accessible apartments under construction and she applied. There were many setbacks along the way: paperwork and credit requirements, delays getting needed home modifications due to the contractor bidding process and MFP staff changes. Recently, she moved into her new apartment with features like an automatic door opener operated with a button on a pendant she wears, a hospital bed, a portable ceiling lift, and bathroom adaptations enabling her to regain her independence. Another barrier involved management of her injectable insulin. Since Sandra could not self-administer due to her hand contractures, a long-time PCA was willing to learn to give Sandy her insulin at night with an injectable pen.

Sandy does not let obstacles stand in her way as demonstrated not only by her patience, faith, and advocacy to create a new home for herself but also in working for others using Medicaid programs that could be threatened by federal or state Medicaid funding cuts. While still in the nursing home earlier this year, she rallied with others at the state Capital regarding some proposed changes that would have negatively impacted new CFC applicants. Even on the day she learned her mother died, she went to a previously scheduled event to meet with the Governor, as she knew her mother would want her daughter to keep fighting for others with disabilities. Unfortunately, she never got to meet with the Governor, due to an accident with her wheelchair that sent her to the emergency room where she got multiple stiches: forever a mark of courage she'll wear. She hopes to return to work; she is exploring an opportunity to supervise social work students and inspire them in the field of disability rights.

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.