CT Money Follows the Person Quarterly Report

July 1 - September 30, 2026 by UConn Health, Center on Aging

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

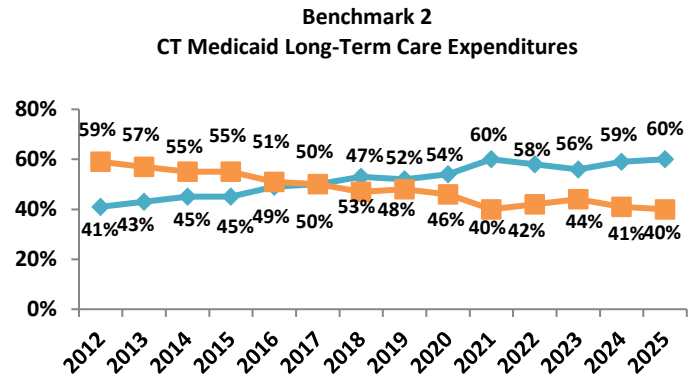
MFP Benchmarks

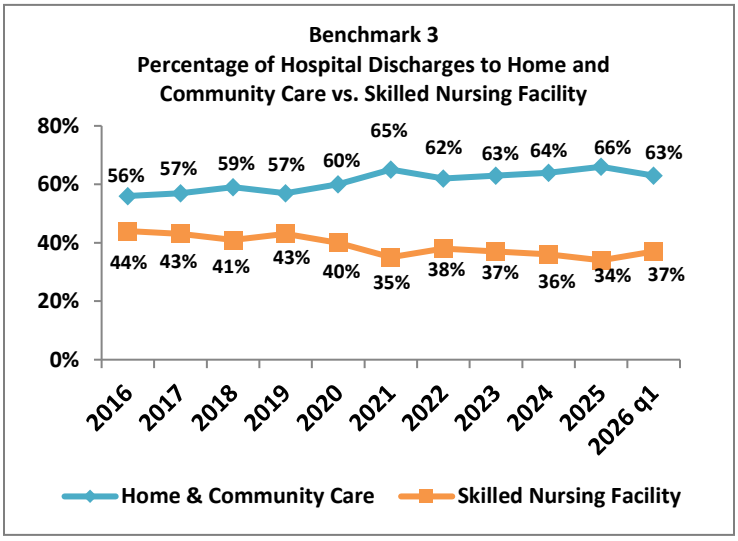
1) Transition 5200 people from qualified institutions to the community
2) Increase dollars to home and community-based services
3) Increase hospital discharges to the community rather than to institutions
4) Increase probability of returning to the community during the six months following nursing home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

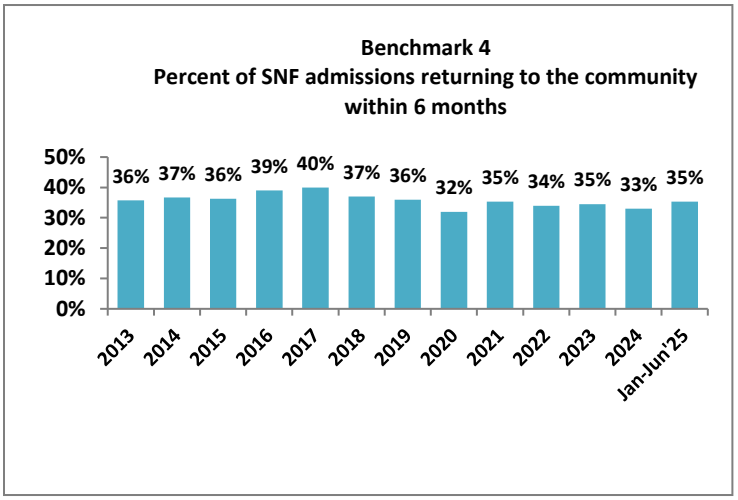
Benchmark 1: Total Transitions = 9,124

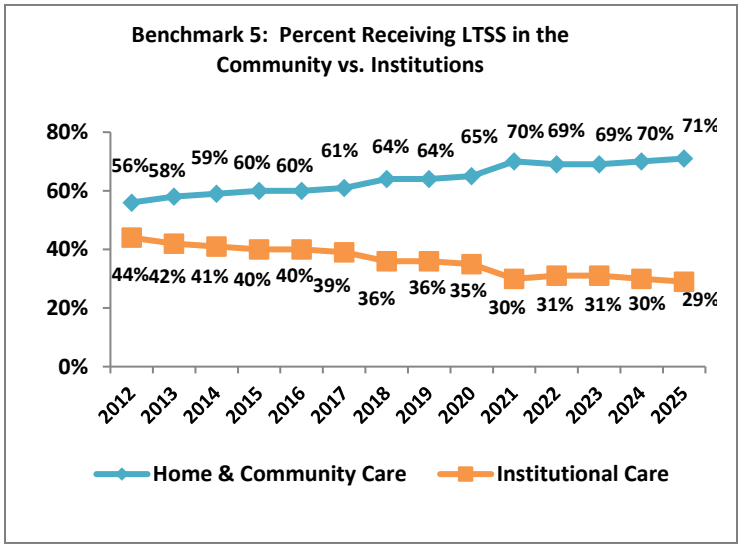
Demonstration = 8,520 (93%)

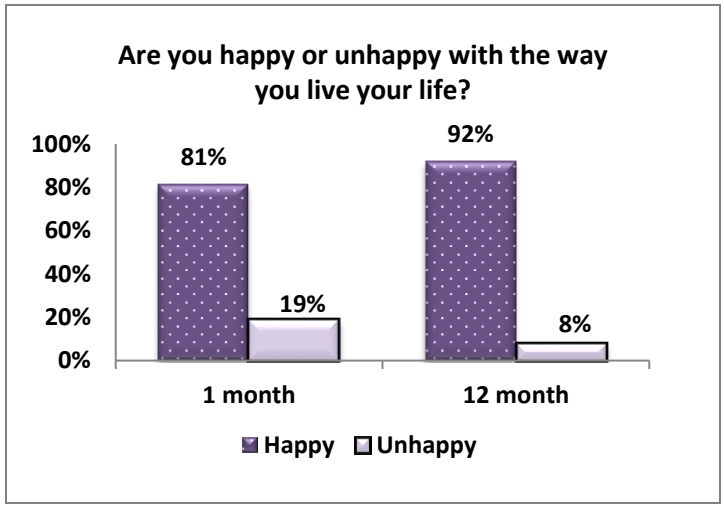
Non-demonstration = 604 (7%)



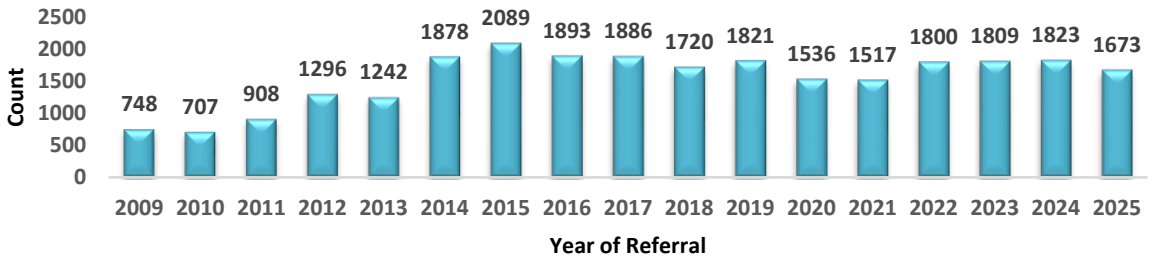






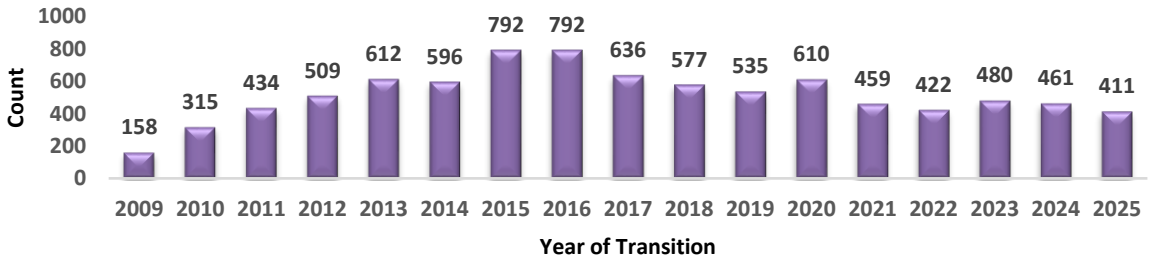


Total Number of Referrals Assigned to the Field by Year

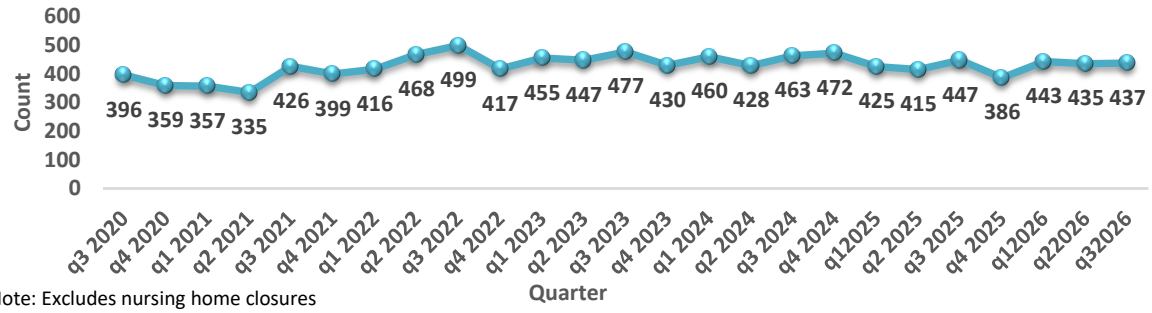


Note: Excludes nursing home closures

Total Number of Transitions by Year

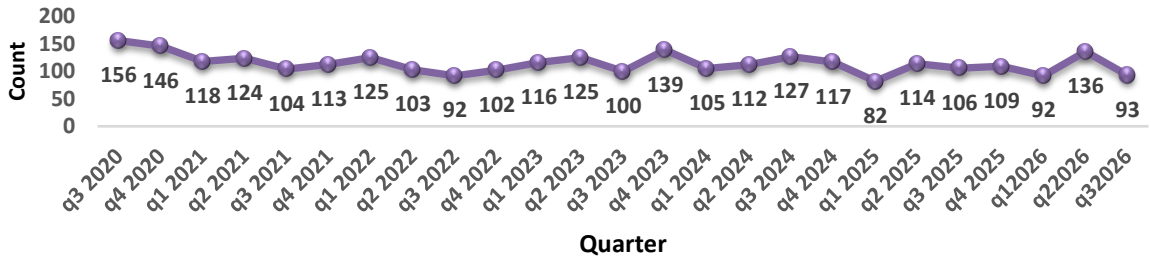


Referrals Assigned to the Field by Quarter

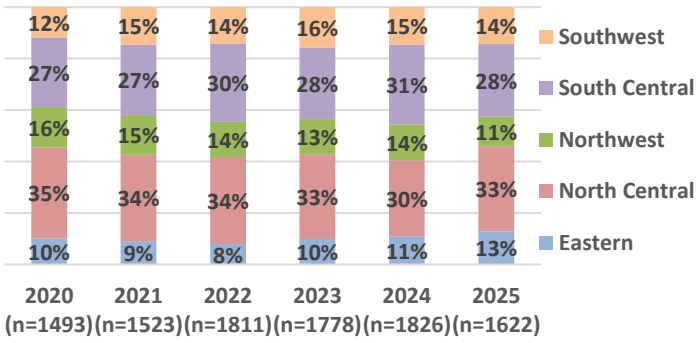


Note: Excludes nursing home closures

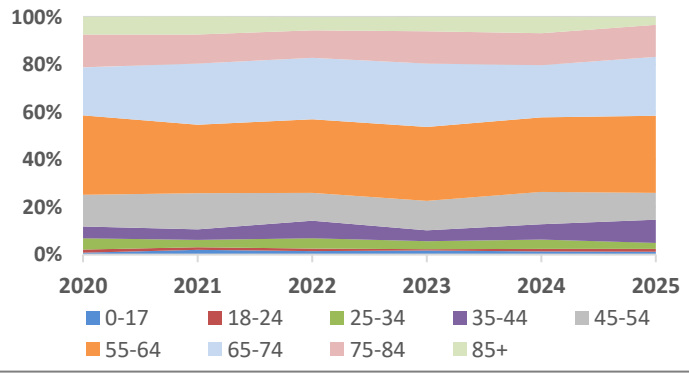
Number of Transitions by Quarter

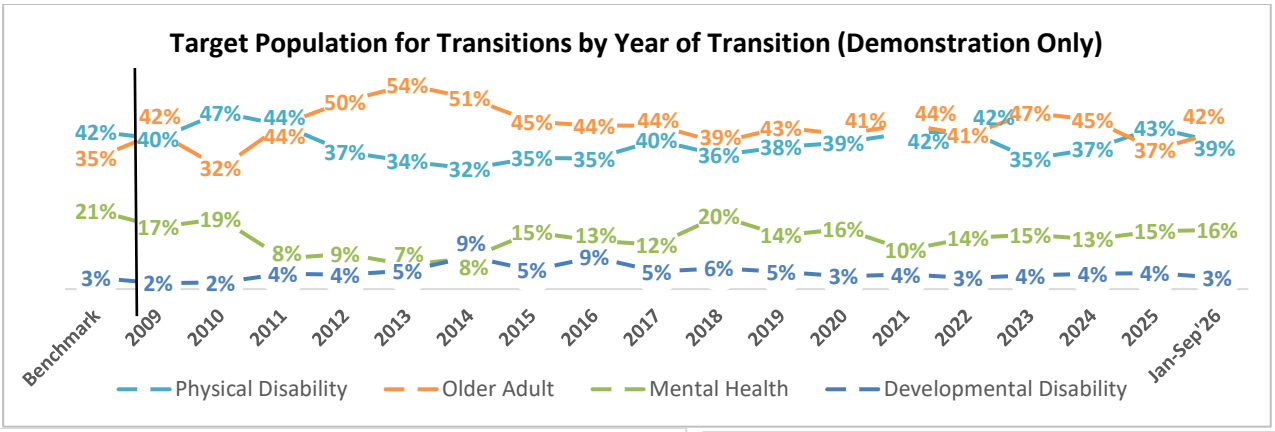


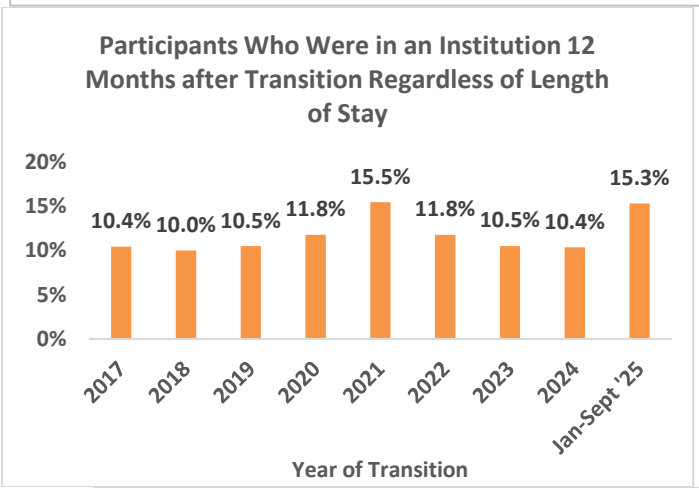
Applications by Region and Year

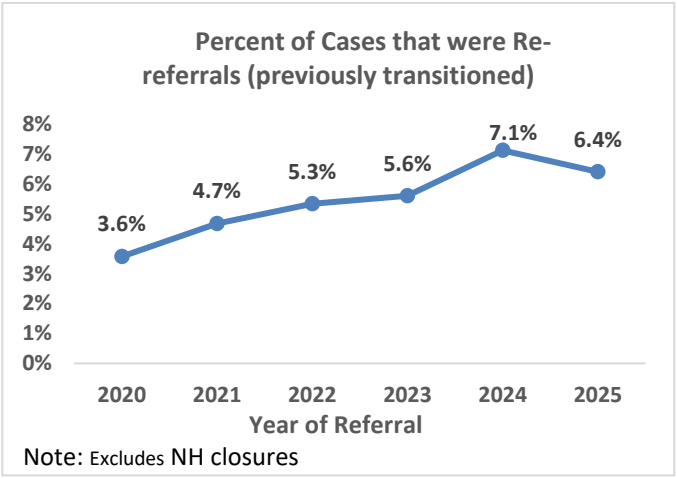


Age at Transition by Year of Transition

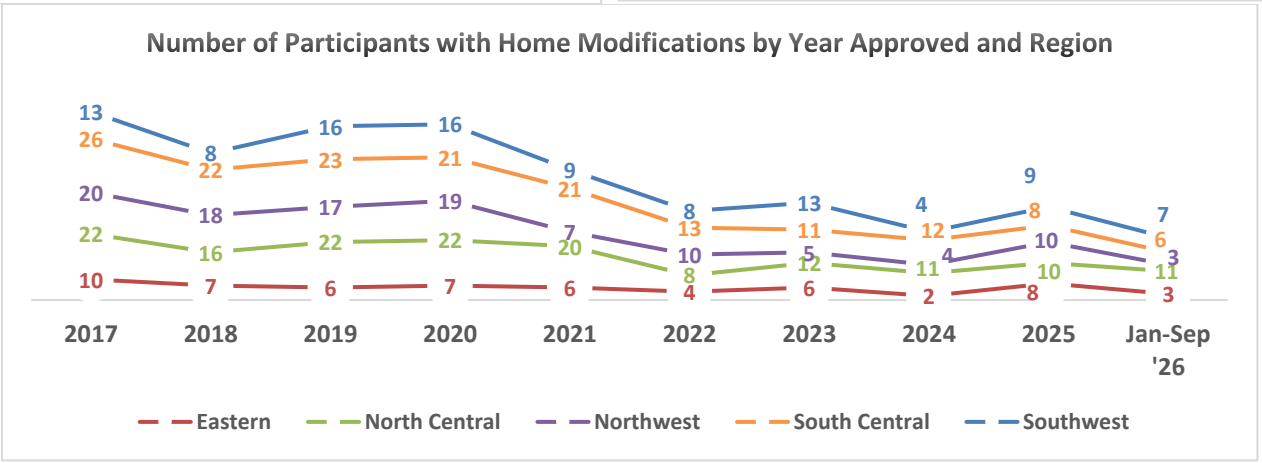


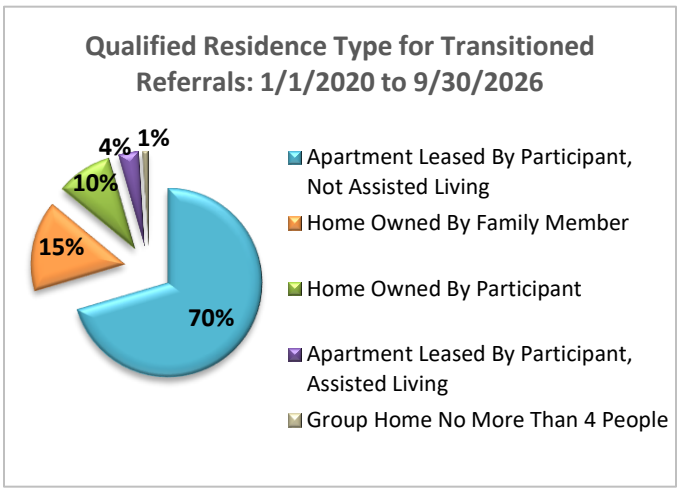


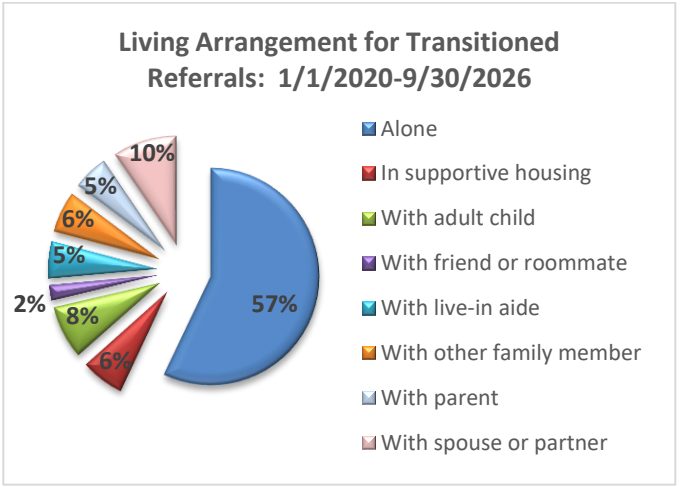




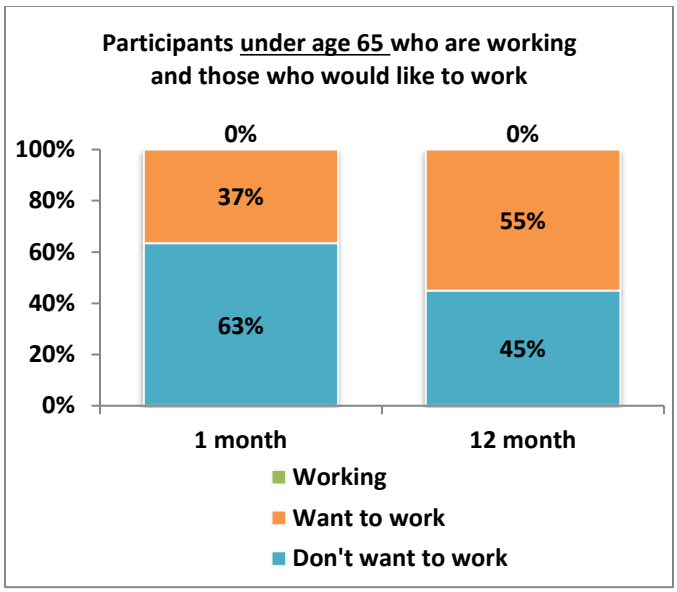
Note: Excludes NH closures

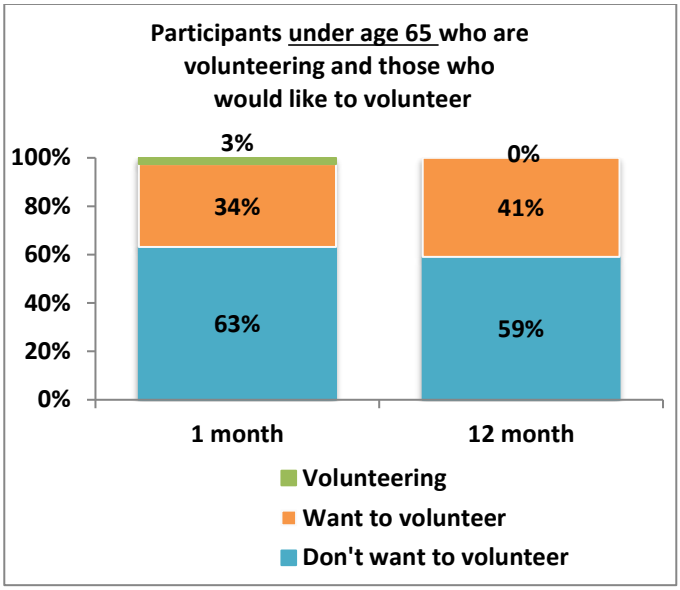


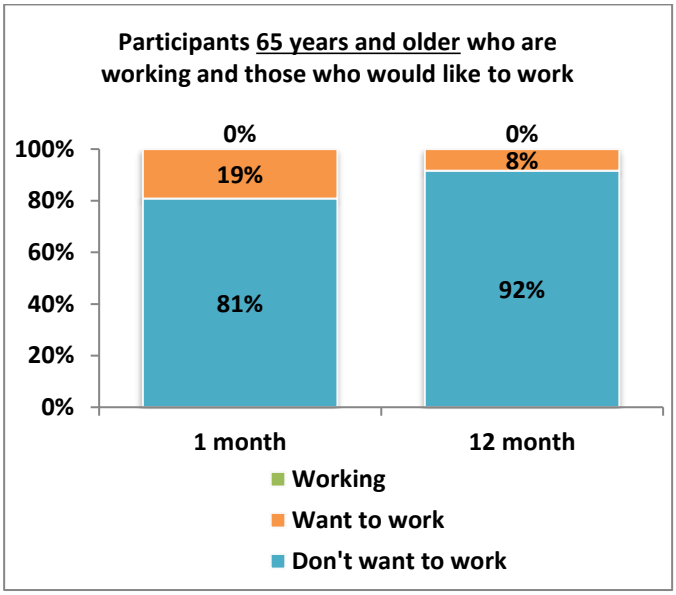


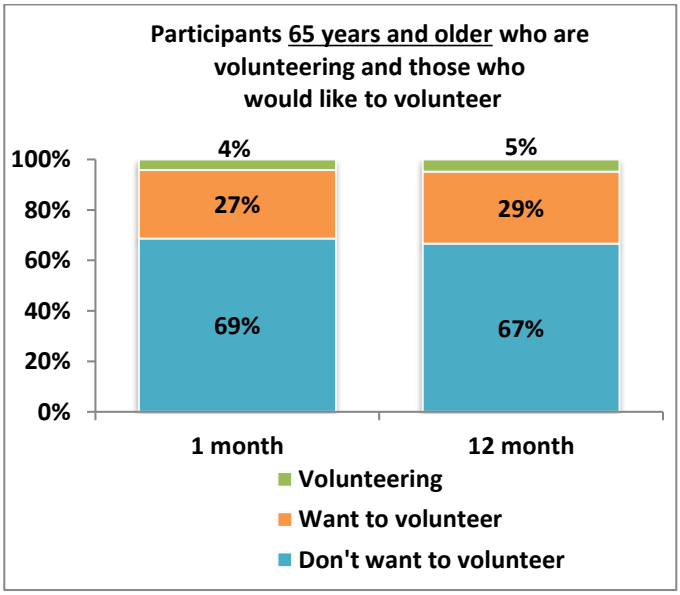


Participants who are Working and/or Volunteering (data 7/1/26-9/30/26)



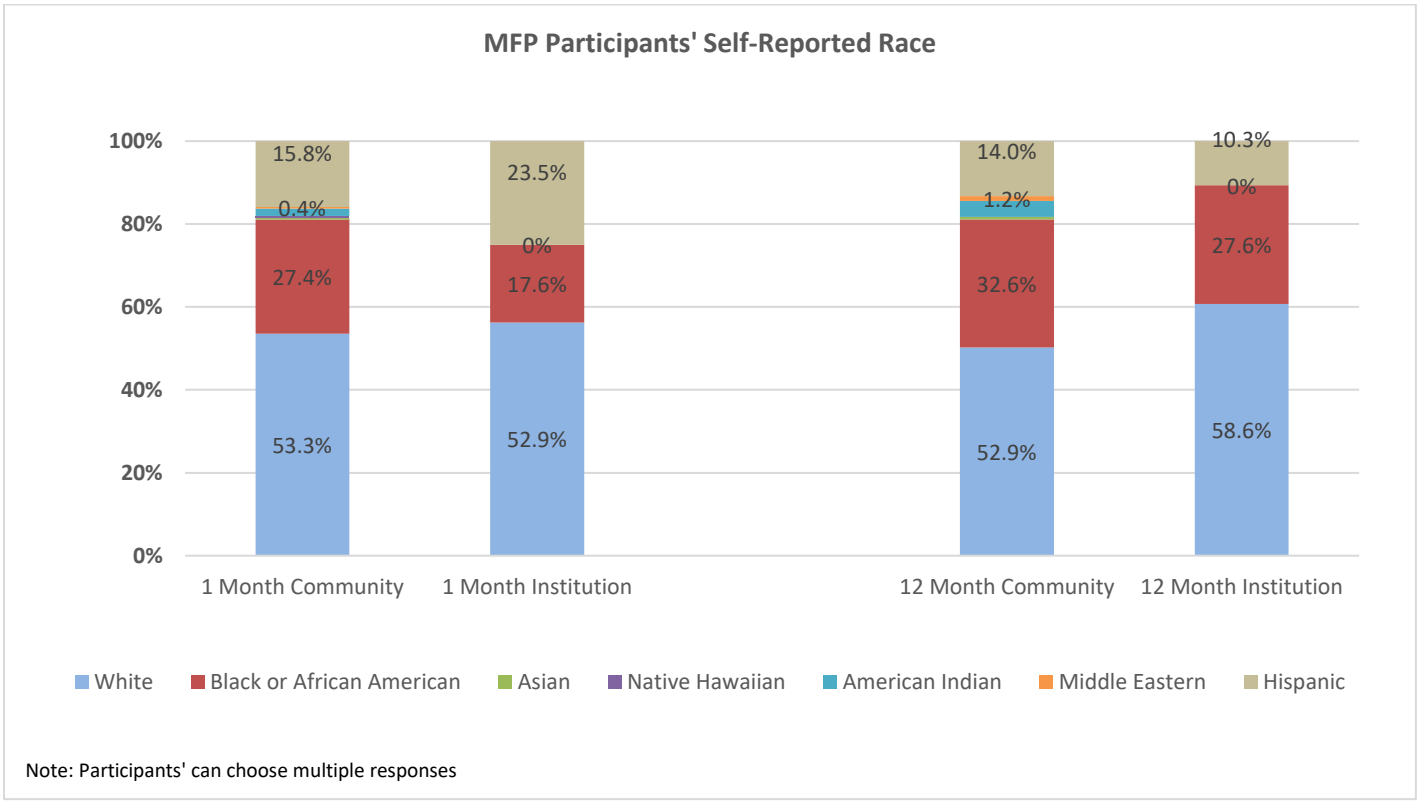




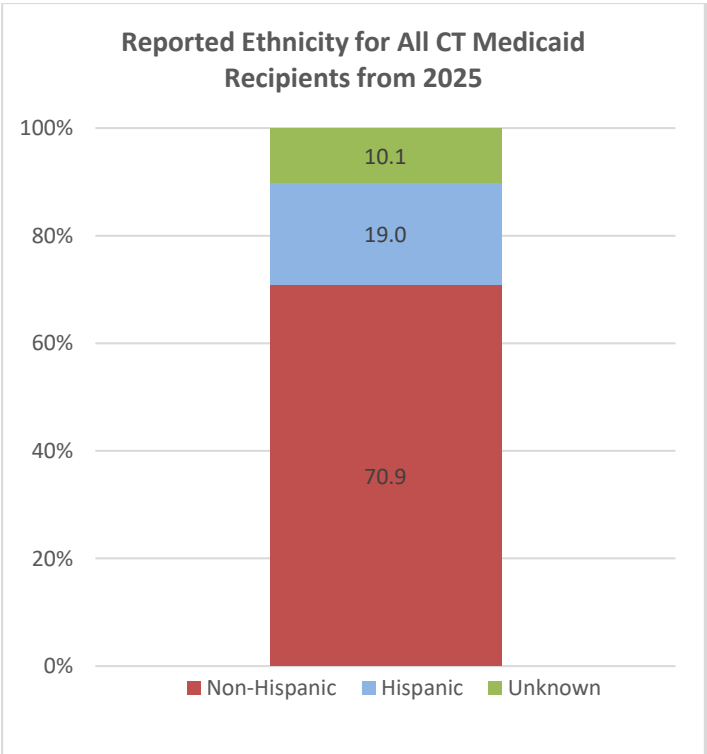


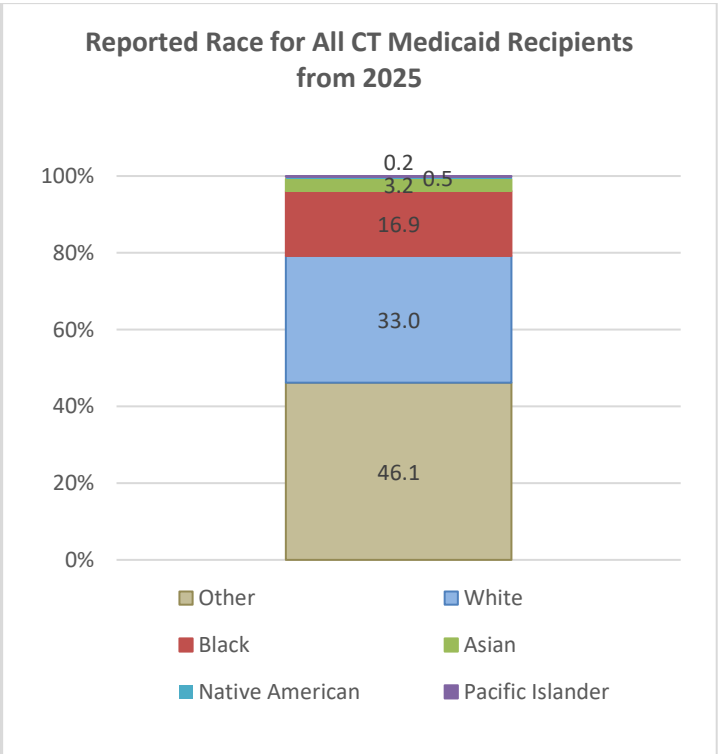
Race and Ethnicity for MFP Participants Transitioned 10/1/25 – 9/30/26 and for CT Medicaid Recipients from 2025

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



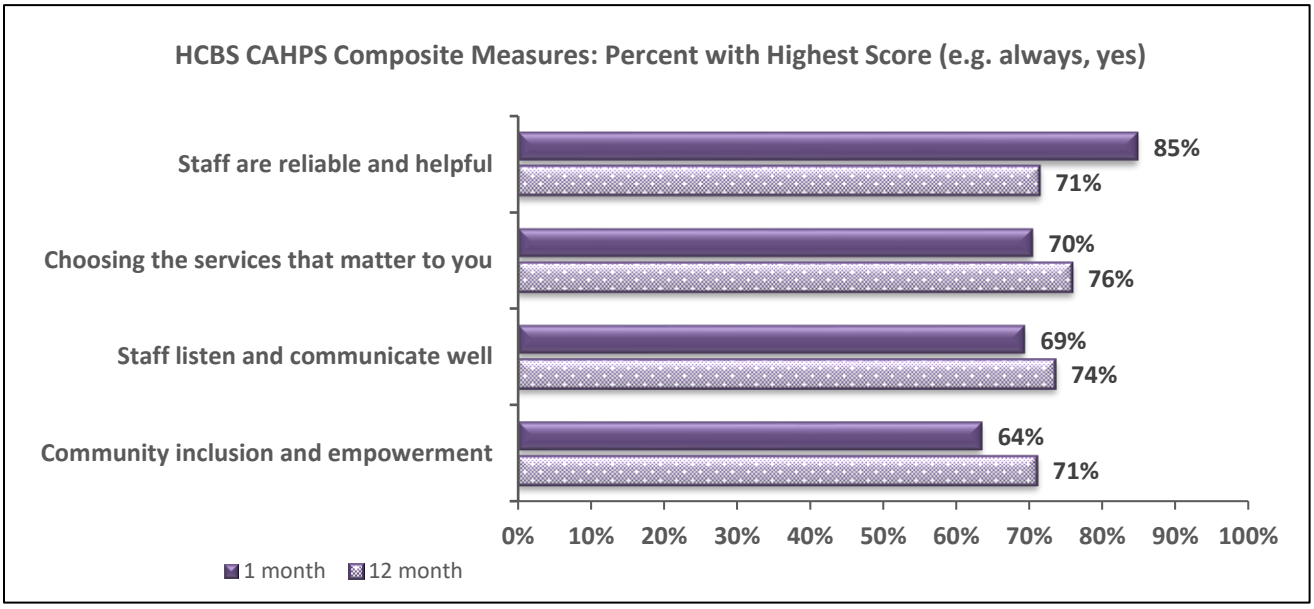
Note: Participants' can choose multiple responses

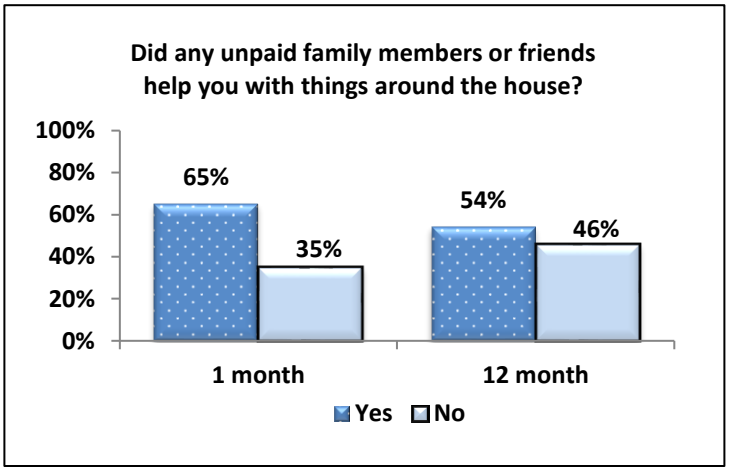


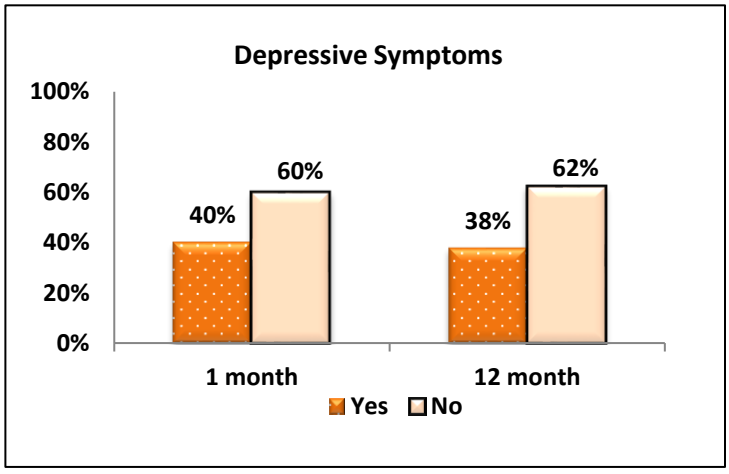


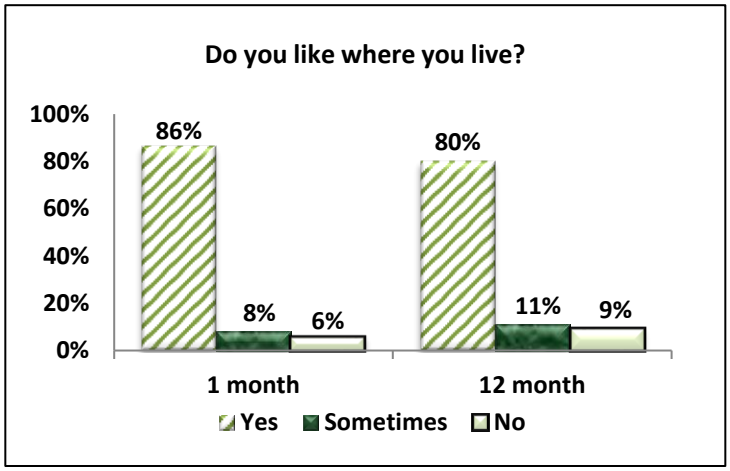
MFP Quality of Life Dashboard

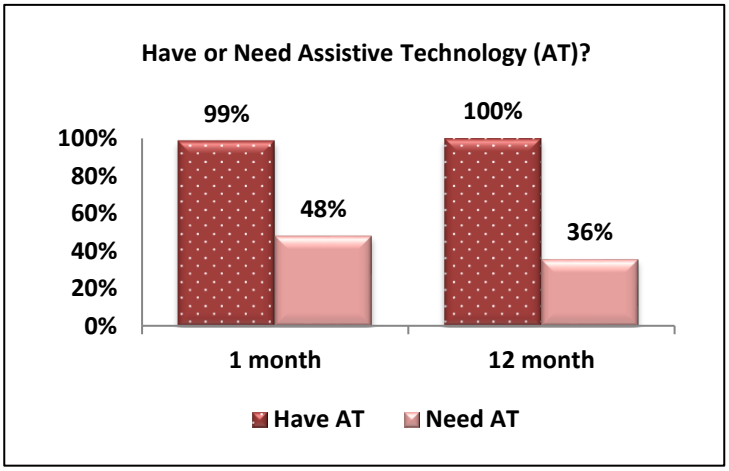
Number of Quality of Life Interviews Completed from 7/1/26 - 9/30/26 (n=144)
1 month interviews done 1 month after transition, **n=88**
12 month interviews done 12 months after transition, **n=56**





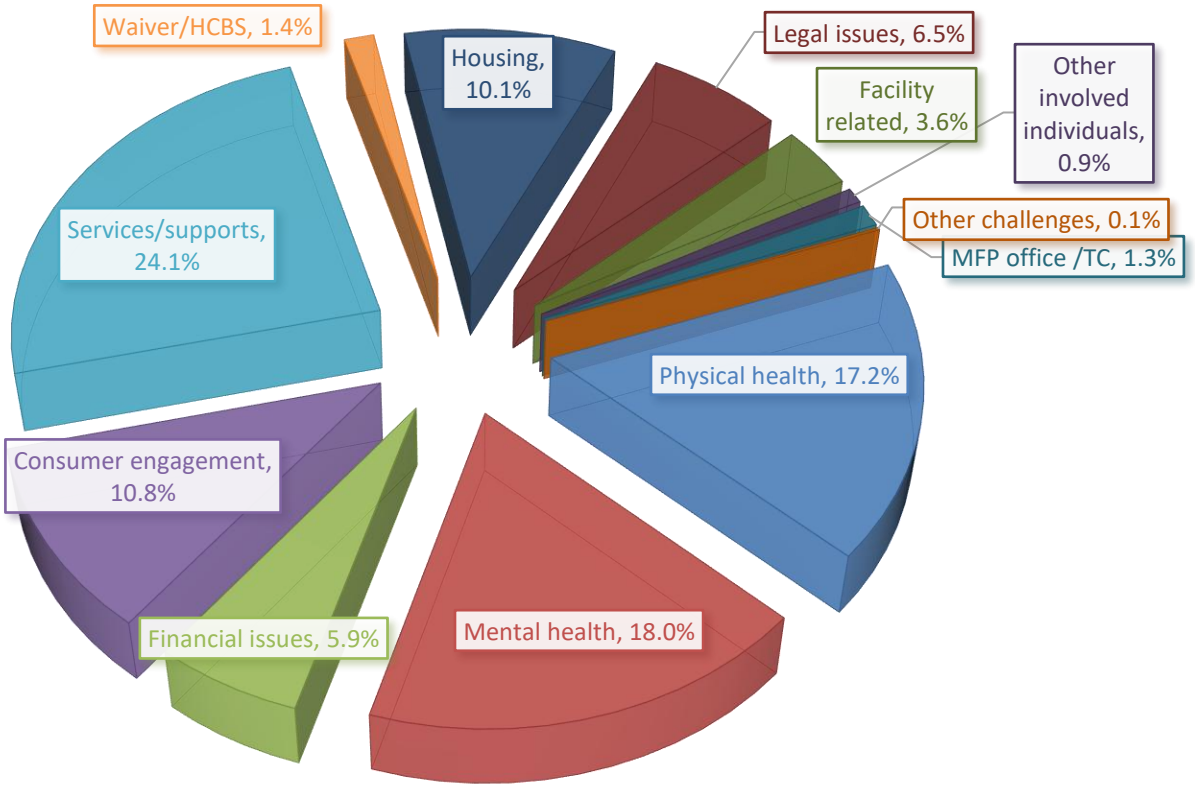




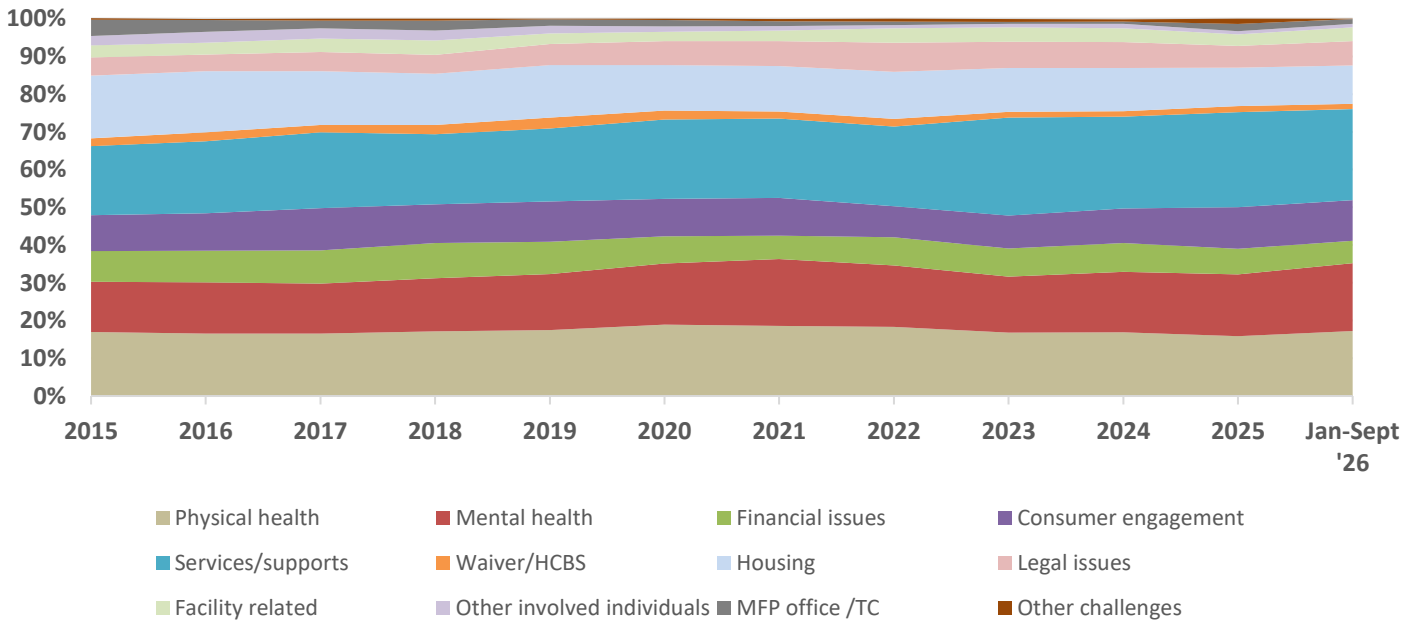


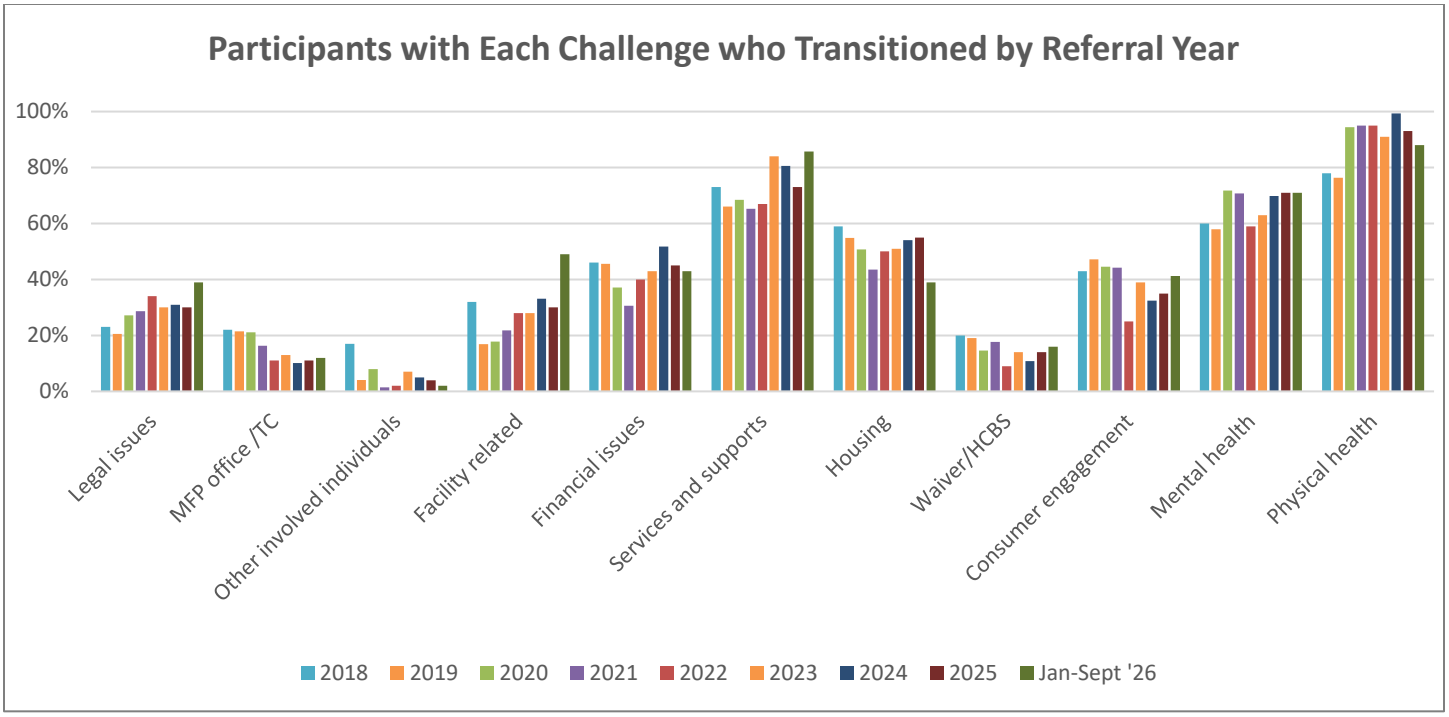
Challenges to Transition as Recorded by TCs and SCMs

Transition Challenges for Participants Referred Jan-Sept 2026



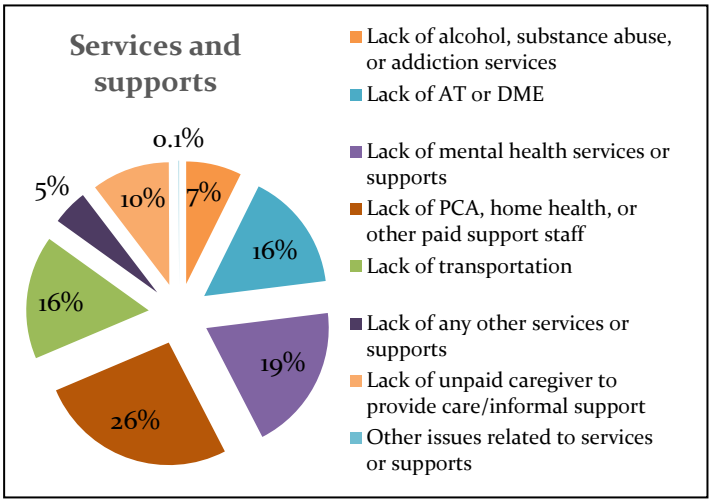
Frequency of Transition Challenges by Year of Referral

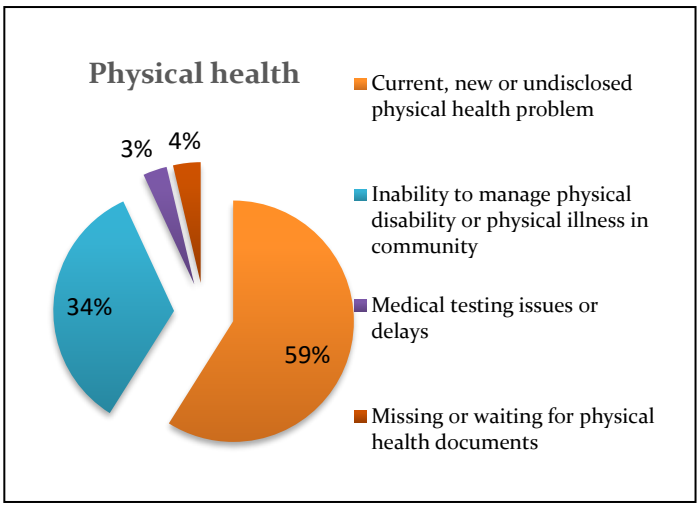


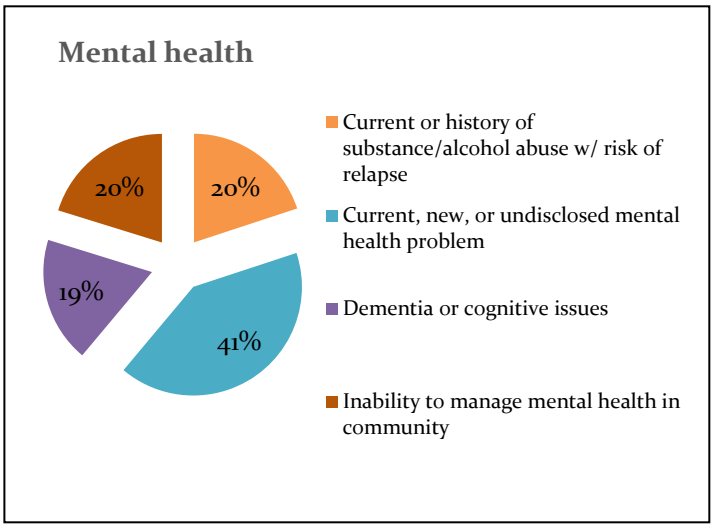


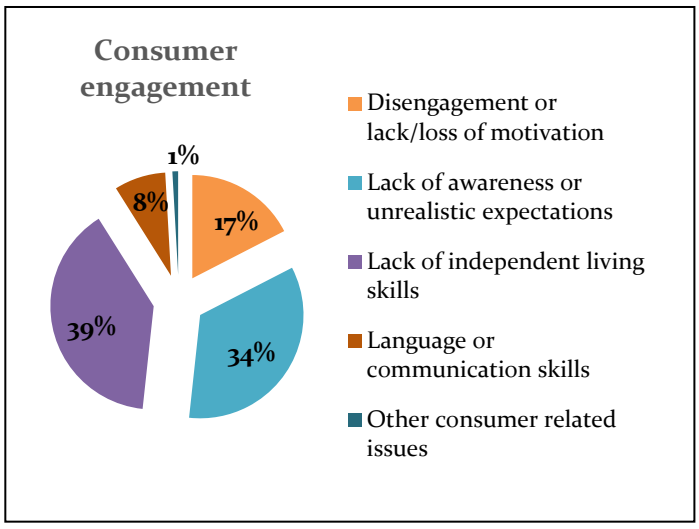
Types of Challenges for Referrals: 1/1/2026 - 9/30/2026

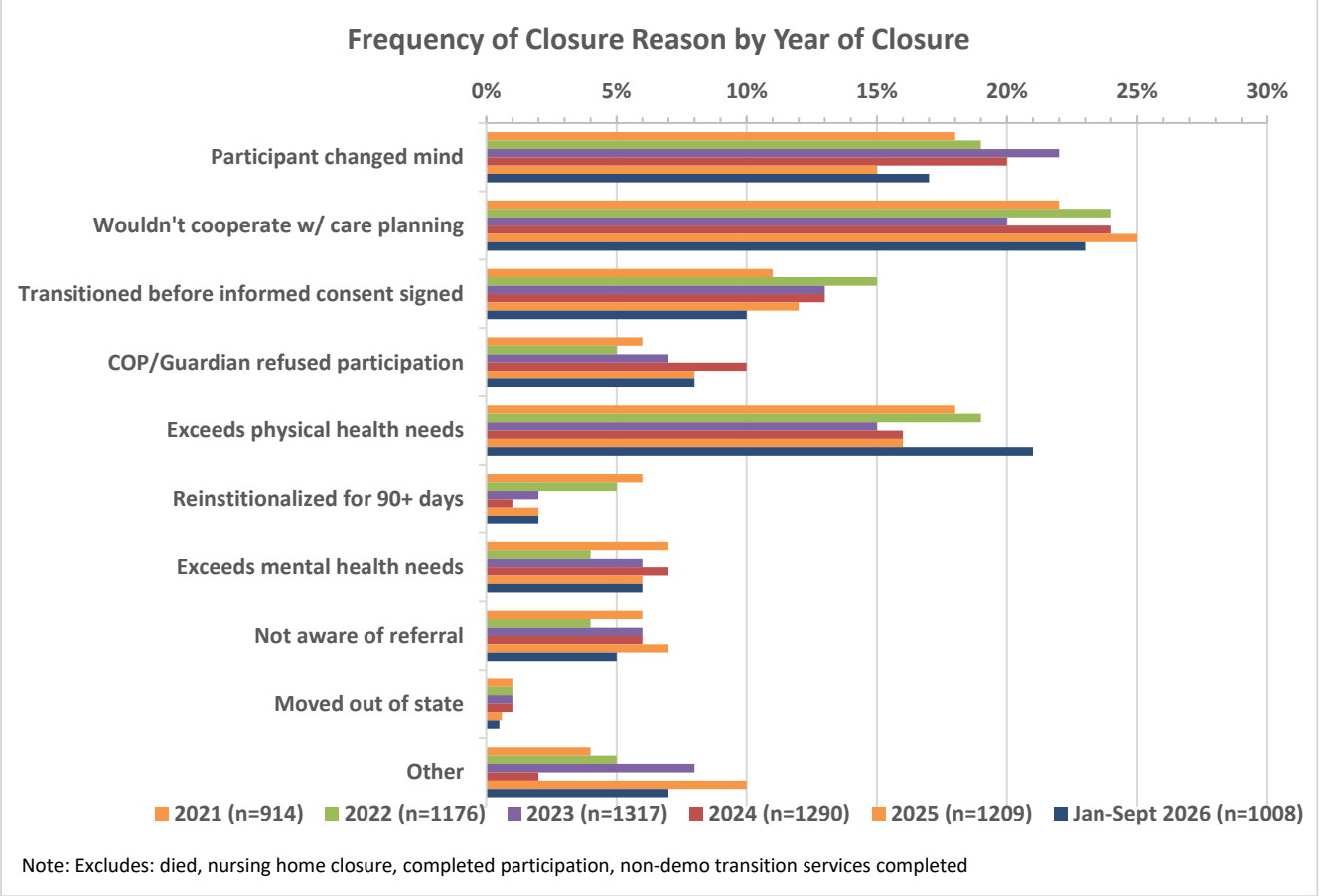
Below are the four most common challenge types for the current timeframe



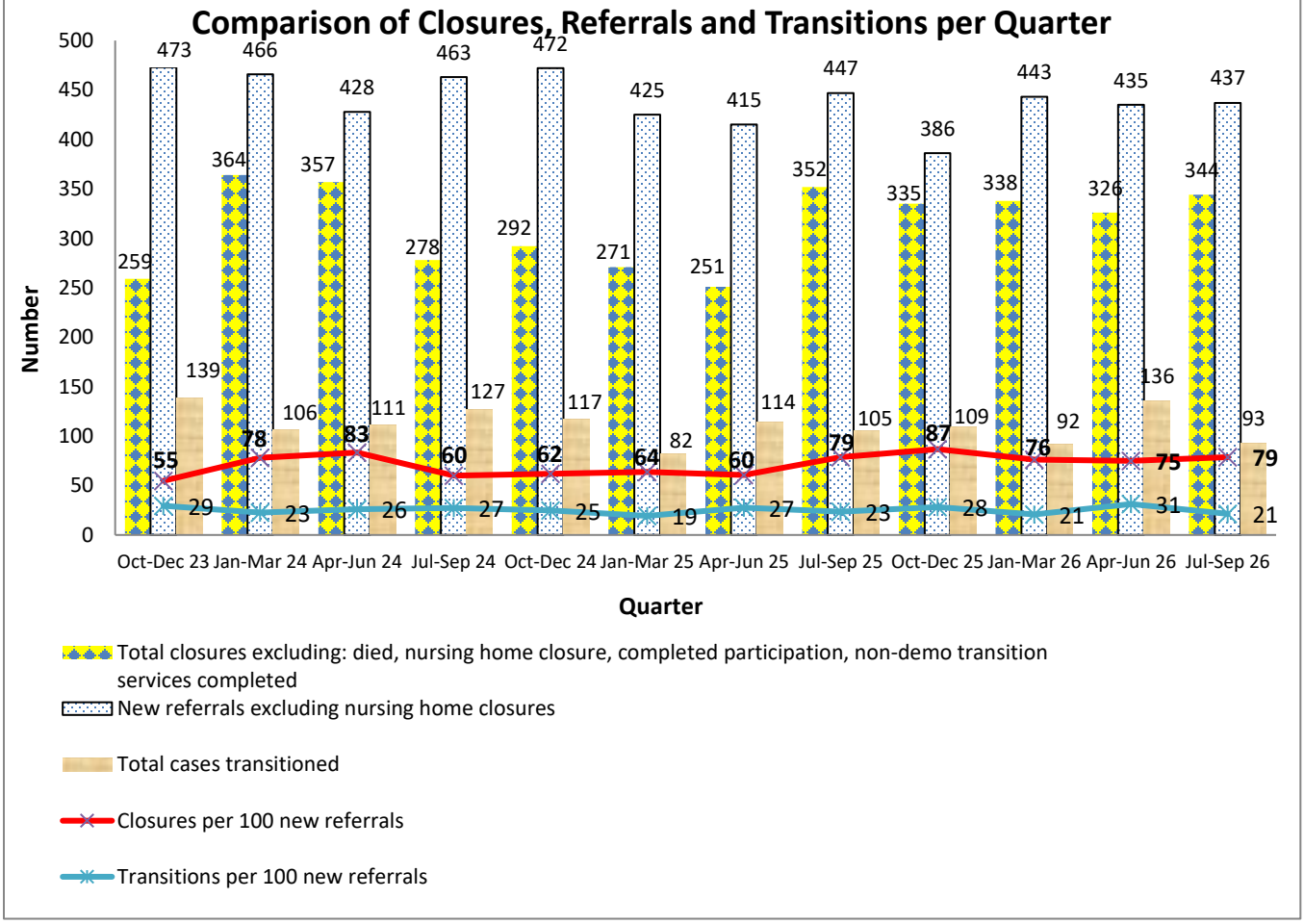








Note: Excludes: died, nursing home closure, completed participation, non-demo transition services completed



Profiles of Real People: William's Story

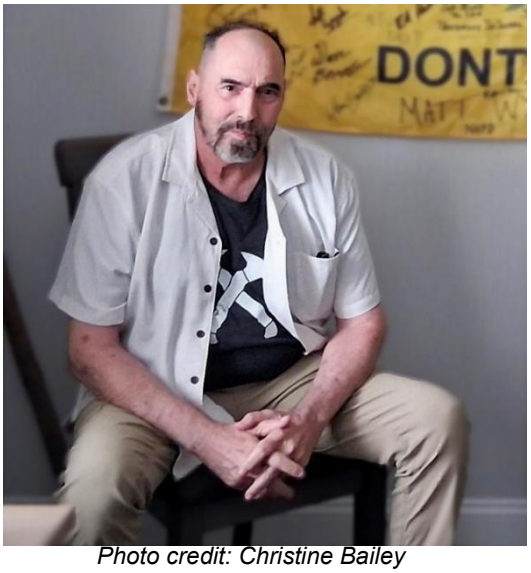


Photo credit: Christine Bailey

Known as the "flagman of Long Wharf" William started selling flags after owning a sign and commercial printing business. A large "Don't Tread on Me" flag hangs in his living room, a symbol of a memorable day from 2010 when a flag was hung to represent his 1st amendment right to free speech.

It has been exactly one year since William left the nursing home and began his "new life" in his new home. It is literally a new life for William who was resuscitated after 45 minutes by the hospital team after suffering two massive heart attacks. Intubated, his family came from across the country and surrounded him in love. His niece, a nurse, knew about Money Follows the Person (MFP) and took charge. Not only did she submit the MFP application but applied for Medicaid on his behalf. She was also successful in finding him his accessible apartment knowing he could not return to living alone in a rented room navigating stairs. He is now supported by his large extended family who live nearby and regularly drop by to visit. "I don't know what I would have done without my family!"

It was "touch and go at first." Nine months of hospitalization and rehabilitation brought him to where he is today. He had a "fabulous experience" with his MFP team of a specialized care manager, housing coordinator who worked with his niece, and transition coordinator who helped to connect him with a personal care assistant (PCA), furnish his apartment and get him settled.

The first year was not without further hurdles. William was in the hospital for a month after a gastrointestinal bleed caused him to need blood transfusions before he could return to his apartment. His current PCA is a perfect match for him; they work well together with the shared goal of improving William's health. They plan meals together, being mindful of his special heart-healthy diet, and take walks together. The PCA drives him to a local recreation center three times a week where he can exercise. His current health goals are to lose weight and regain strength and balance. The PCA also drives him to doctor appointments, and she'll also encourage him when he might feel blue. He tries not to stay in these low moments. A bible sits on his table, and when asked if religion is part of his life, he explains that he has "regained his roots and finds it more important." He and his PCA both feel blessed to know, respect, and support each other.

Giving up 45 years of smoking after this experience was not hard and he does not miss it. He is aware of his mortality in moments of quiet but considers himself a very lucky man! In 2024, the day before Thanksgiving, he suffered those life-changing heart attacks. He does not remember Thanksgiving, Christmas or New Years that year. Two years later he feels well enough to enjoy social events and is "coming back into the community," attributing much to his "relationship with Jesus Christ." He spent his last birthday with his family where they said a prayer of thanks and shared dinner together. William looks forward to many more wonderful years with his family!

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.