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The program "Money Follows The Person" is Connecticut's attempt to keep the elderly and infirm out of costly nursing homes.

SOLUTIONS

STAYING HOME

By **JOSEPH A. O'BRIEN JR.**

People have always struggled when it comes to the question of how best and how long to care for those who are unable to look after themselves.

Throughout human history, families, friends, clans, tribes, religions, even nations have faced it and found their answers at the crossroads of a sense of decency and the social, economic and political realities of their time.

A modern solution often is a nursing home, a place where people go when they can no longer fend for themselves to live out their

remaining days. But in the last eight years, Connecticut has had a program that moves people out of nursing homes and back home or into the community with supportive care. Called "Money Follows The Person," the program was a reaction, in part, to the Deficit Reduction Act of 2005 that mandated \$99 billion in federal spending cuts, including \$26.1 billion from Medicaid's long-term care assistance for the elderly and disabled, by 2015, and in part a reaction to the inclination of many to remain at home when possible.

Since nursing home care tends to be the most expensive form of long-term care — about \$146,000 a year for a private payer —

Connecticut took the hint about adding more community services to the mix.

Money Follows the Person simply means that first consideration should be given to a Medicaid recipient's needs before any taxpayer money is spent. The state Department of Social Services with the help of the University of Connecticut's Center on Aging has been tinkering with how it allocates health care spending for the poor needing long-term care using the MFP model.

Professor Julie Robison, a researcher with UConn's Center on Aging, has led the third-party evaluation of MFP program from its

start eight years ago. She said the program has been the “primary vehicle for revaluing” Connecticut’s long-term health care program for the elderly and disabled. That means more attention to the possibility of home-care services and possibly less consideration of care in an institution, such as a nursing home.

As part of the overall effort, the state has been working to transition those who can and want to get out of nursing homes in Connecticut and helping them get care in the community, Robison said.

It’s “what people prefer and costs less,” Robison said of community-based, long-term care. “Most would rather be at home.”

The shifting emphasis to community care has fostered expansion of community health care services across the state, not just for those on Medicaid, but for those on Medicare and who can pay out-of-pocket. Medicaid is for the poor and disabled, many of whom are

children. It is different than Medicare, which is funded by payroll deductions and helps pay the medical expenses of beneficiaries when they age out of private health insurance coverage at 65.

Under the new program, community health care providers are working together to solve the care puzzle.

Ron D’Aquila, vice president and co-founder of Assisted Living Services Inc. in Meriden, has witnessed the “push to help transition” nursing home residents back into the community.

D’Aquila said his company has been involved in several cases referred to them by Connecticut Community Care Inc., a care management organization for older adults and individuals that assesses potential transition candidates. To qualify for MFP, an individual has had to have been living in a nursing home for at least 90 days.

“CCCI tells us about the case,”

D’Aquila said, and “we find the appropriate caregiver. I can’t think of where it doesn’t work.”

As of the end of last year, just more than 3,500 people in Connecticut had moved out of nursing homes. The goal in Connecticut is to reach 5,000.

As the battle lines over funding waver between community-based care and institutional care in Connecticut, Robison said it’s important to remember that 80 percent of care for the elderly is provided informally by family members.

Societal changes continue to pressure families as a source of care, Robison said, including the fact that families are smaller, that there’s greater “geographic mobility,” and that older people are healthier and living longer.

“One thing that people don’t know, including the people on Medicare, is that long-term care is not covered by Medicare,” Robison said. “They are on their own for that.”

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