

CT Money Follows the Person Report

Quarter 4: October 1 - December 31, 2023

UConn Health, Center on Aging

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

MFP Benchmarks

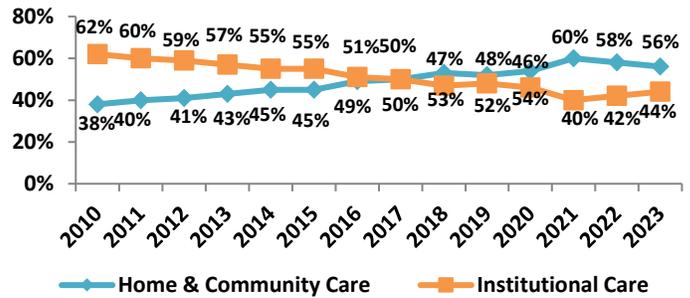
- 1) Transition 5200 people from qualified institutions to the community
- 2) Increase dollars to home and community based services
- 3) Increase hospital discharges to the community rather than to institutions
- 4) Increase probability of returning to the community during the six months following nursing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

Benchmark 1: Total Transitions = 7,932

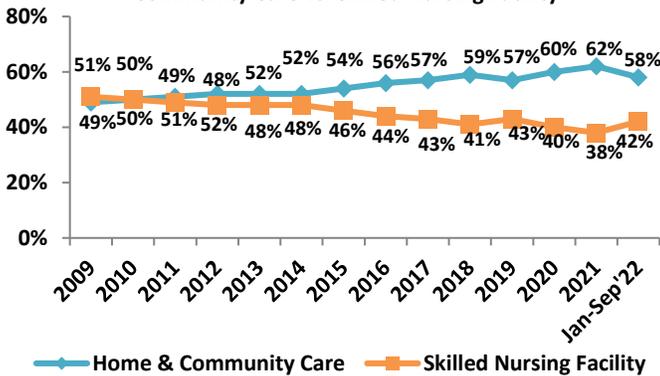
Demonstration = 7,432 (94%)

Non-demonstration = 500 (6%)

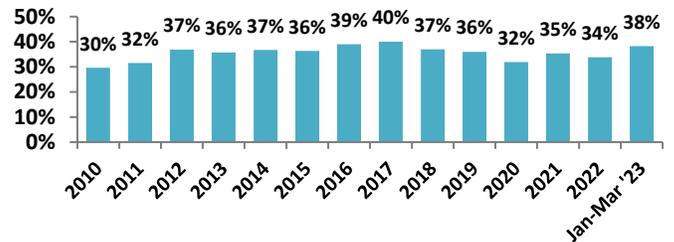
Benchmark 2 CT Medicaid Long-Term Care Expenditures



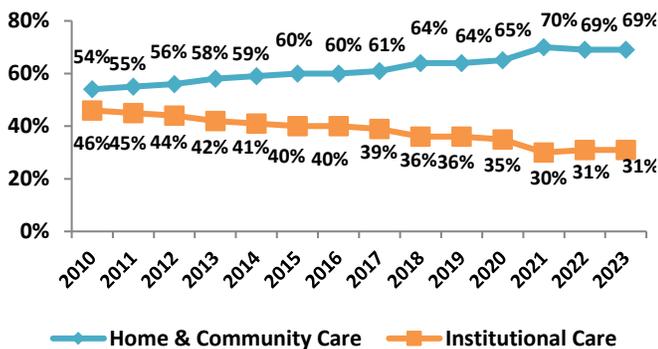
Benchmark 3 Percentage of Hospital Discharges to Home and Community Care vs. Skilled Nursing Facility



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



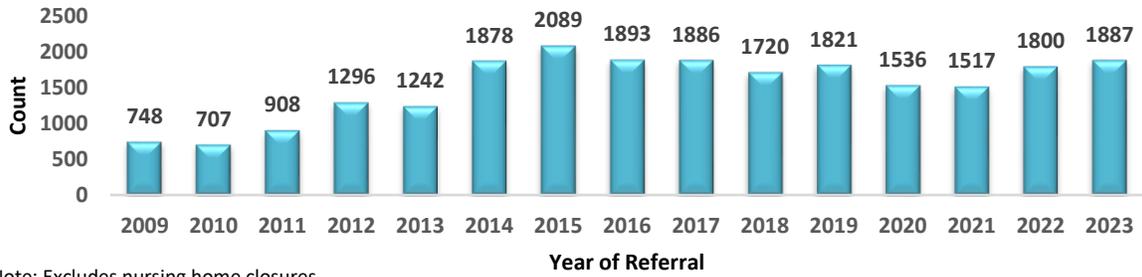
Benchmark 5: Percent Receiving LTSS in the Community vs. Institutions



Happy or unhappy with the way you live your life

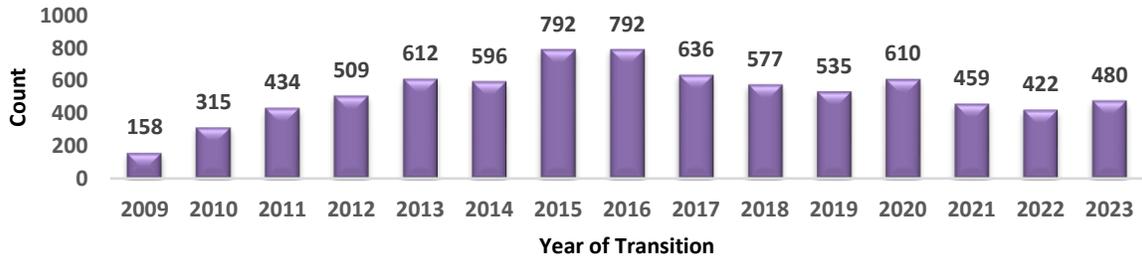


Total Number of Referrals Assigned to the Field by Year

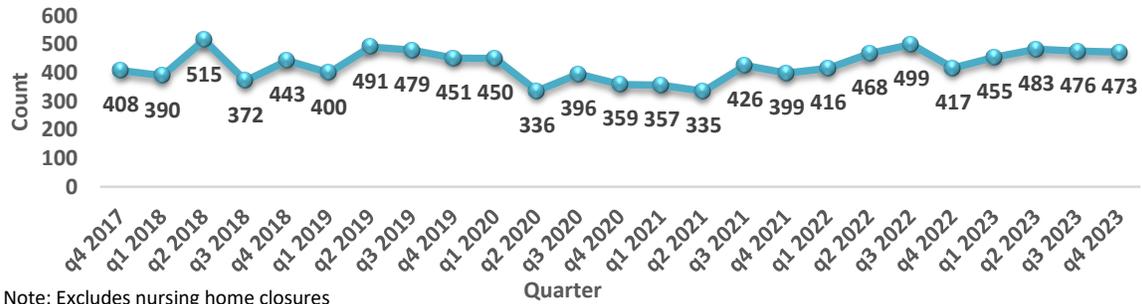


Note: Excludes nursing home closures

Total Number of Transitions by Year

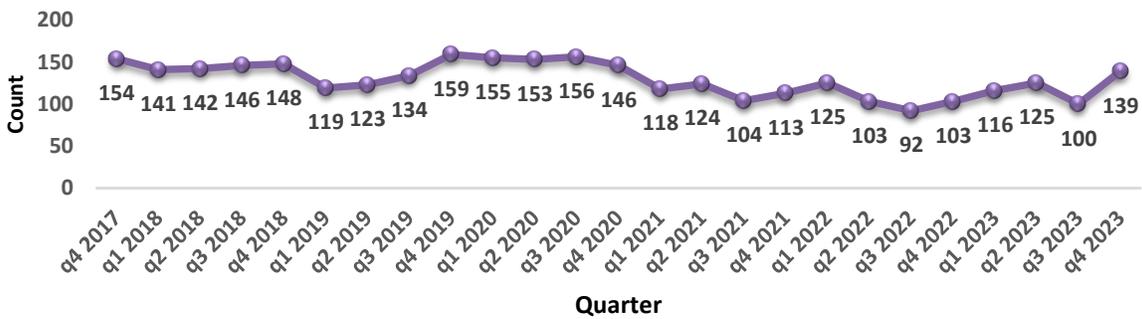


Referrals Assigned to the Field by Quarter

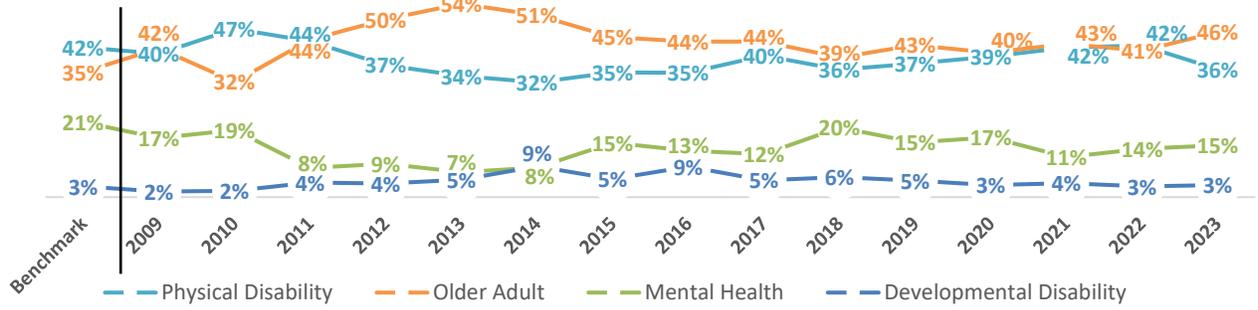


Note: Excludes nursing home closures

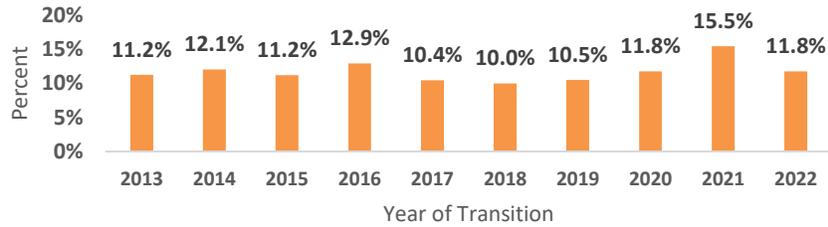
Number of Transitions by Quarter



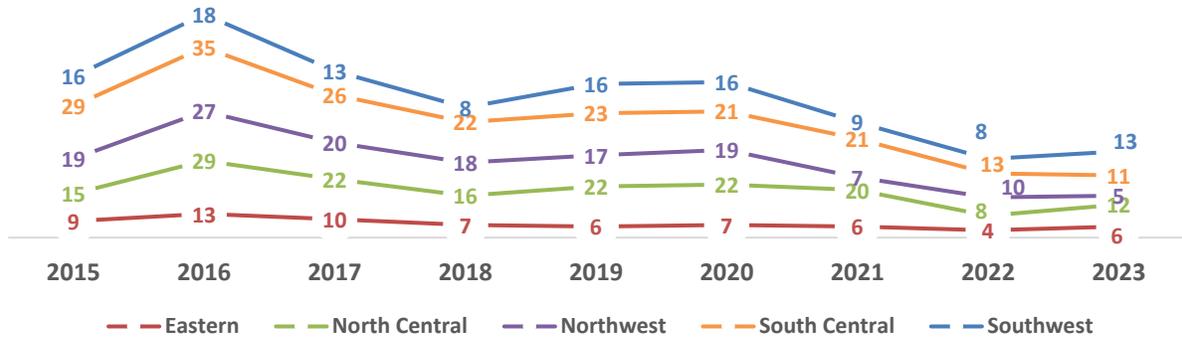
Target Population for Transitions by Year of Transition (Demonstration Only)



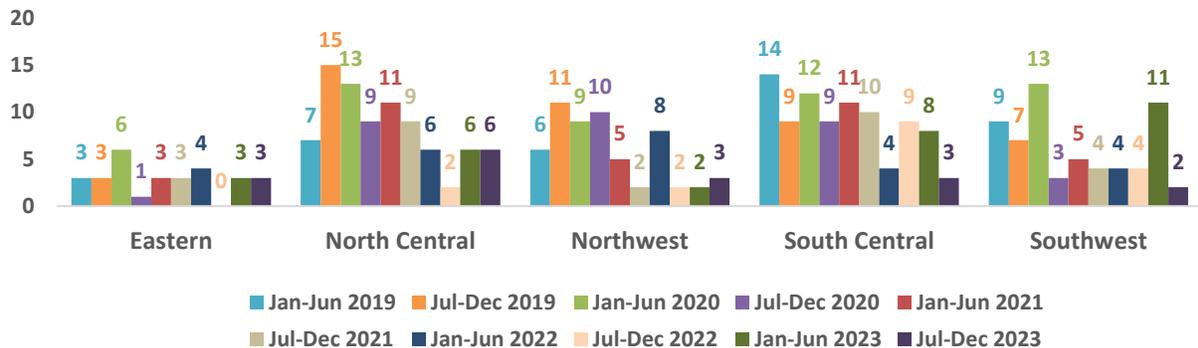
Participants Who Were in an Institution 12 Months after Transition Regardless of Length of Stay



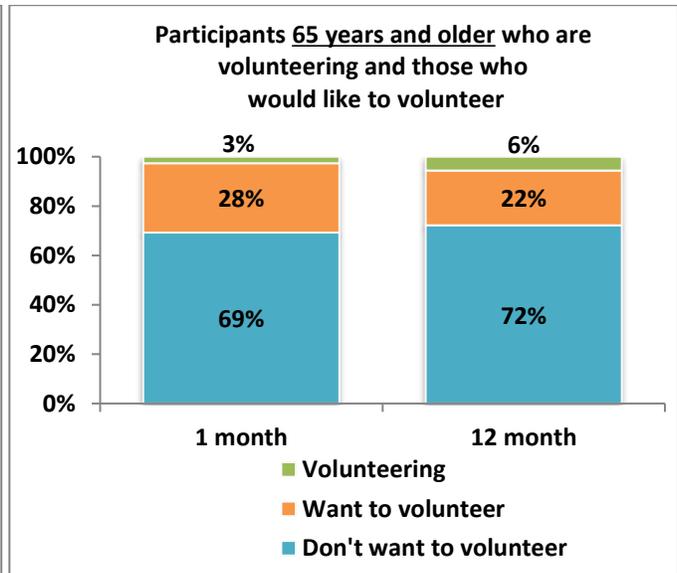
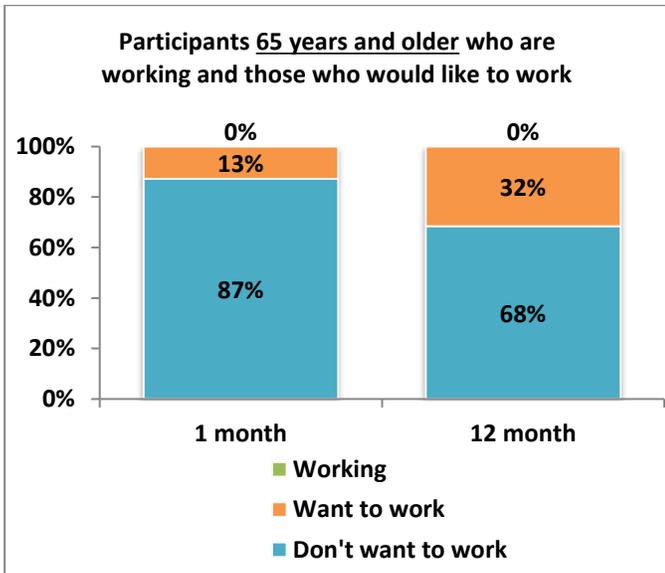
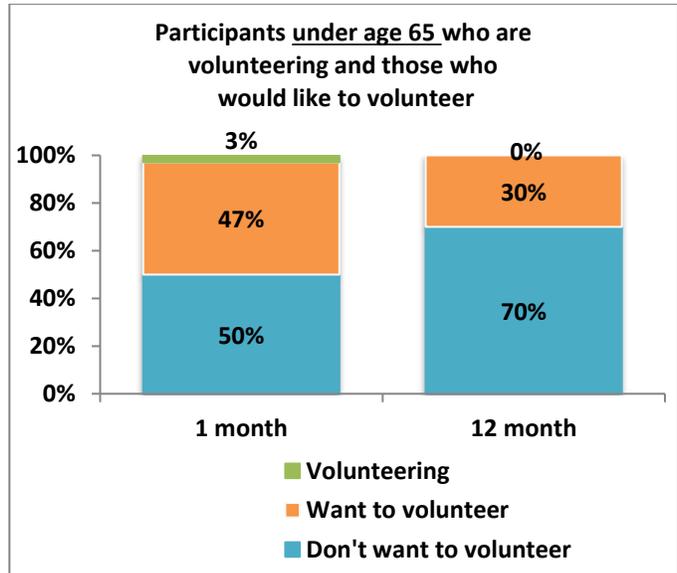
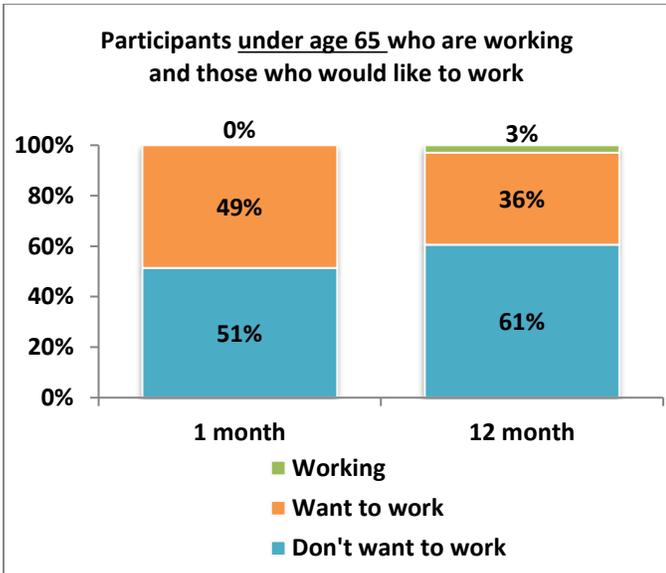
Number of Participants with Home Modifications by Year Approved and Region



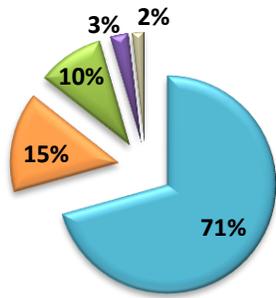
Number of Participants with Home Modifications per 6 Months



Participants who are Working and/or Volunteering (data 10/1/23-12/31/23)



Qualified Residence Type for Transitioned Referrals: 12/4/2008 to 12/31/2023

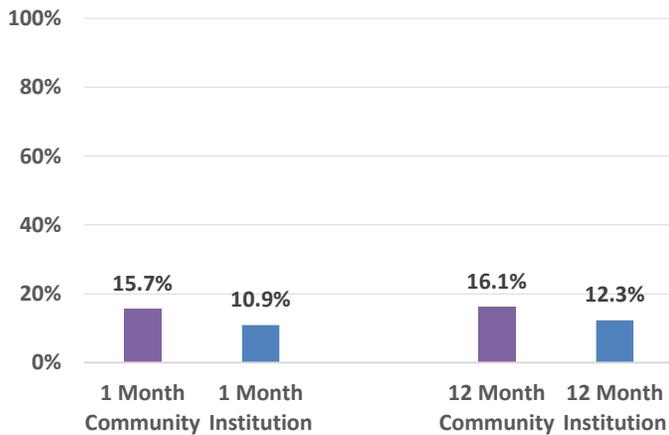


- Apartment Leased By Participant, Not Assisted Living
- Home Owned By Family Member
- Home Owned By Participant
- Apartment Leased By Participant, Assisted Living
- Group Home No More Than 4 People

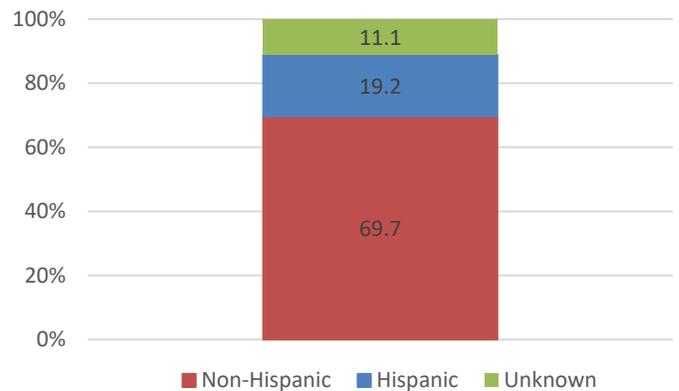
Race and Ethnicity for MFP Participants Transitioned 1/1/19 – 12/31/23 and for CT Medicaid Recipients in 2022

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

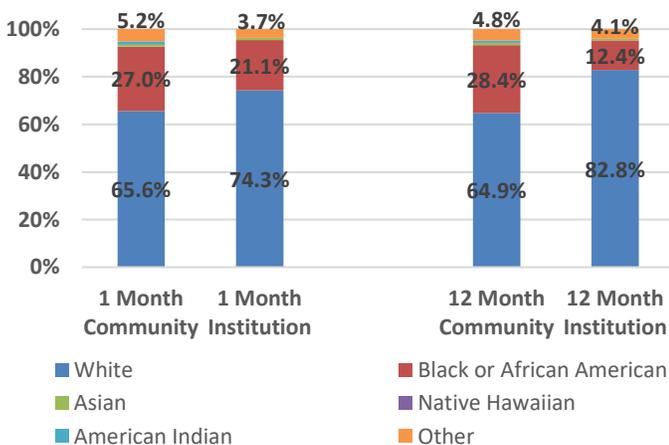
MFP Participants Who Are Hispanic



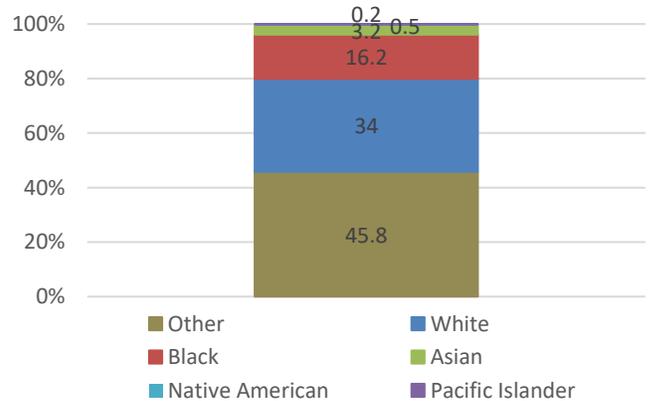
Reported Ethnicity for All CT Medicaid Recipients in 2022



MFP Participants' Self-Reported Race



Reported Race for All CT Medicaid Recipients in 2022

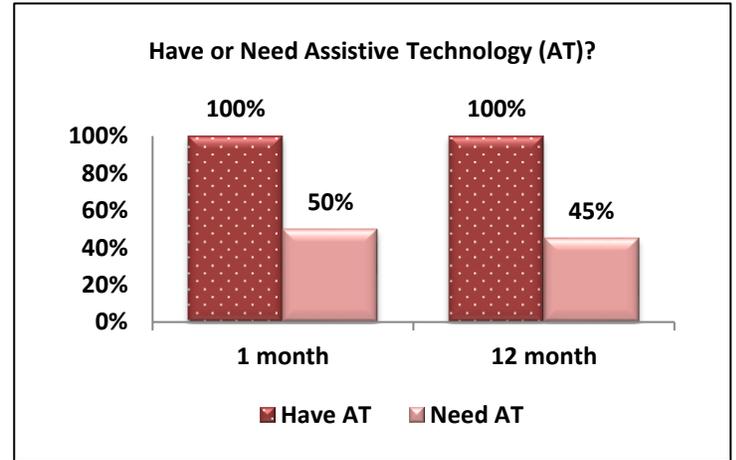
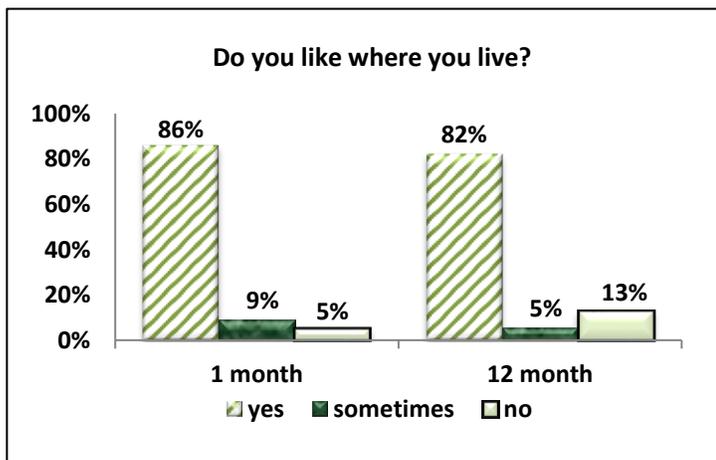
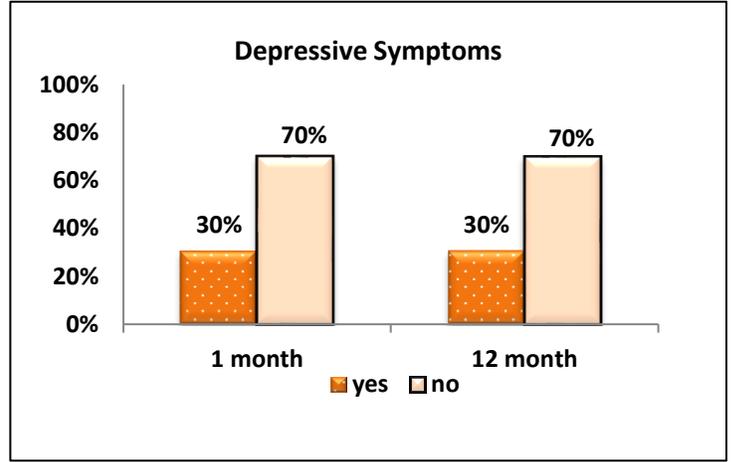
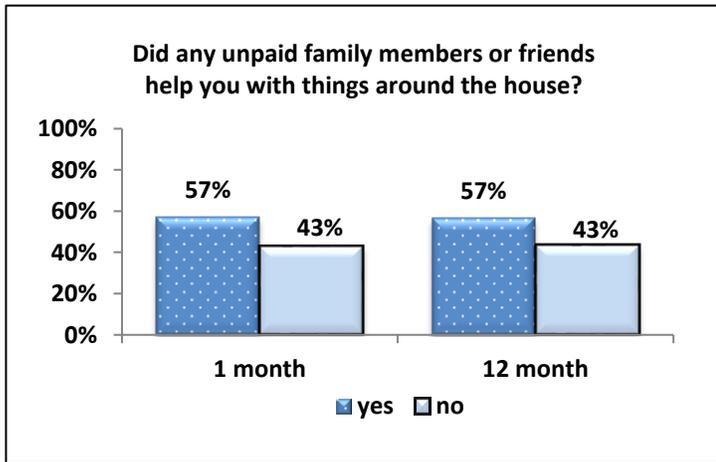
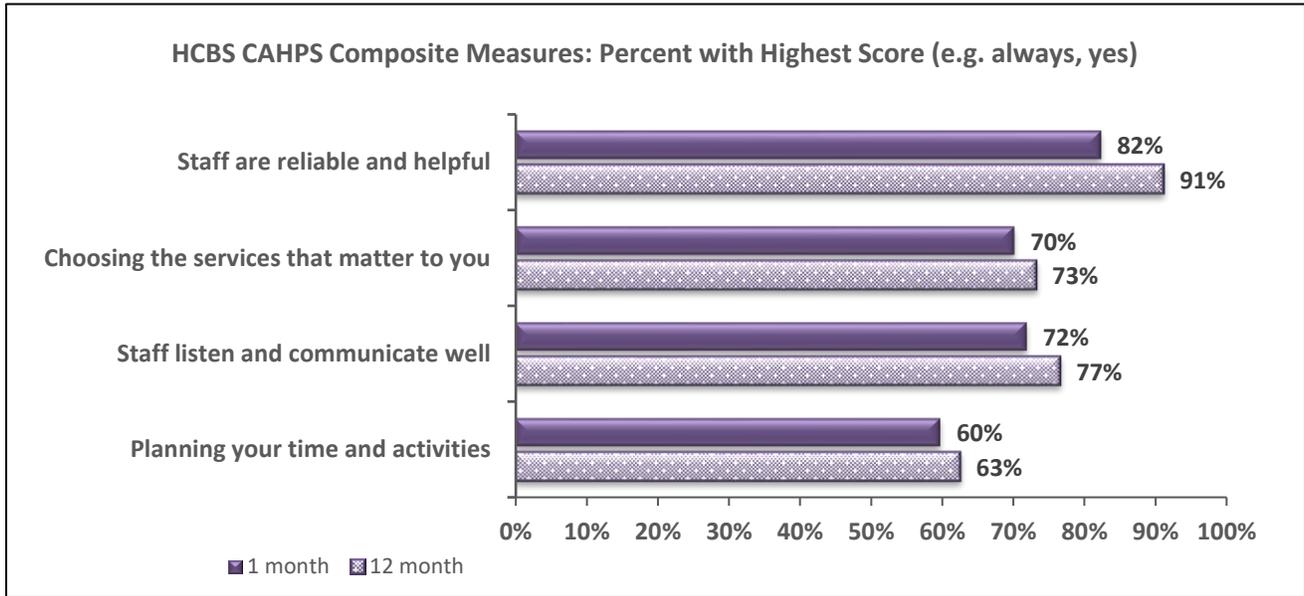


MFP Quality of Life Dashboard

Number of Quality of Life Interviews Completed from 10/1/2023-12/31/2023 (n=135)

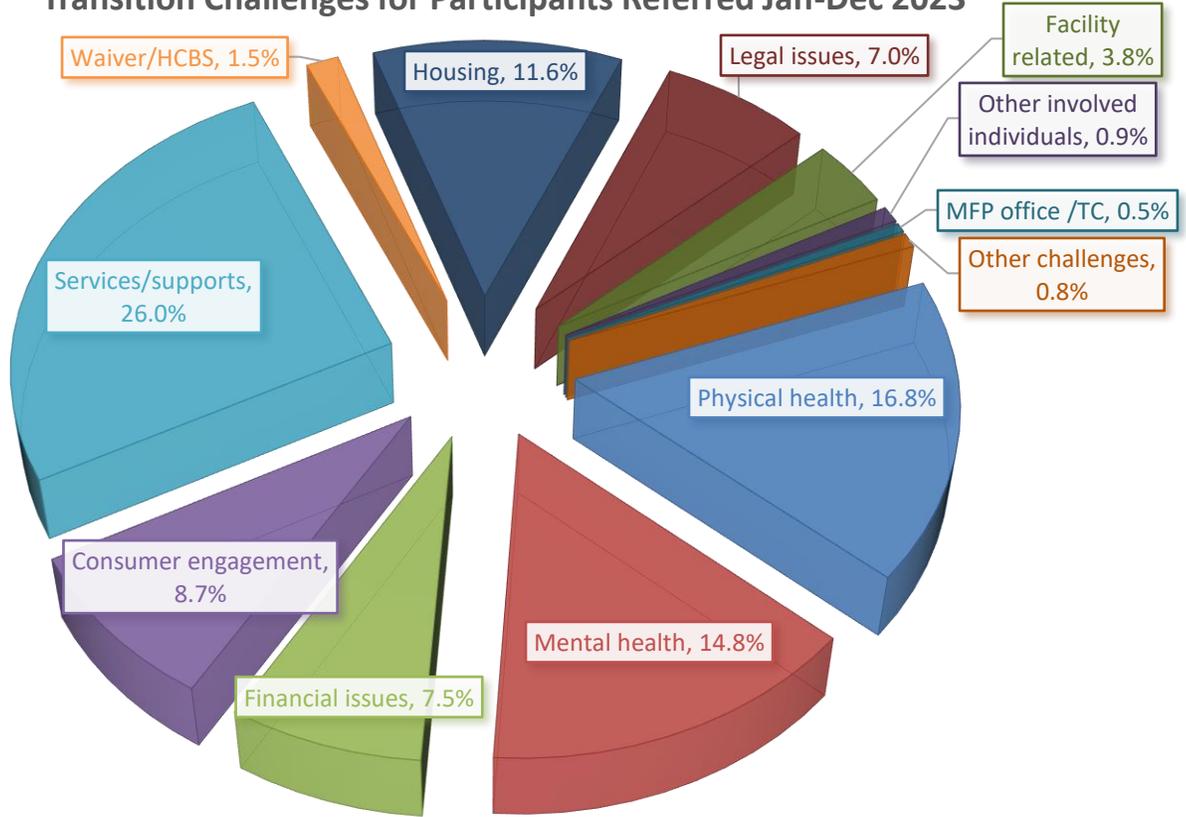
1 month interviews done 1 month after transition, n=78

12 month interviews done 12 months after transition, n=57

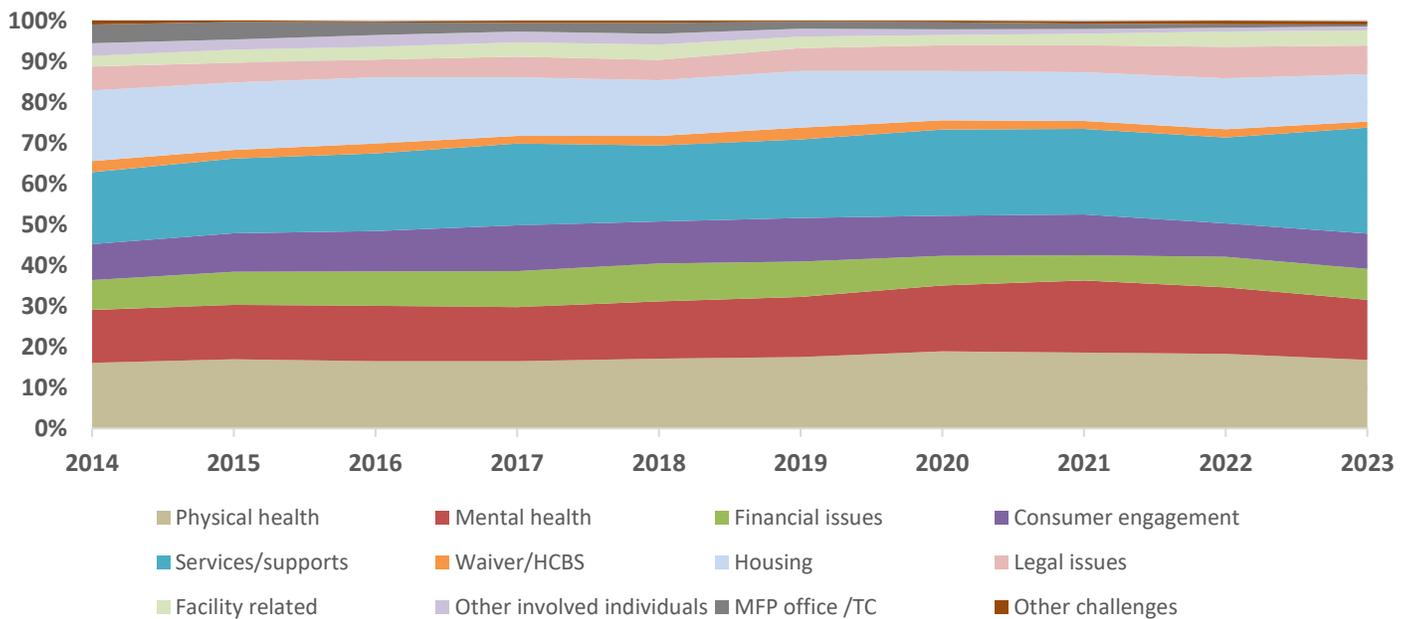


Challenges to Transition as Recorded by TCs and SCMs

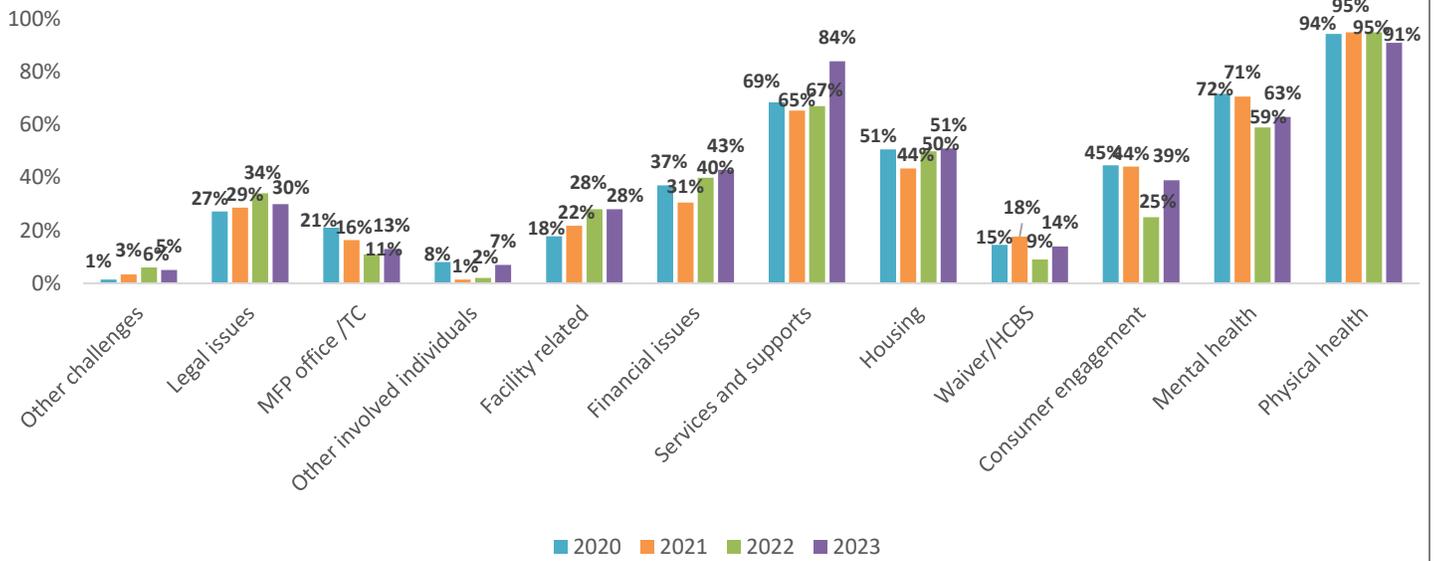
Transition Challenges for Participants Referred Jan-Dec 2023



Frequency of Transition Challenges by Year of Referral



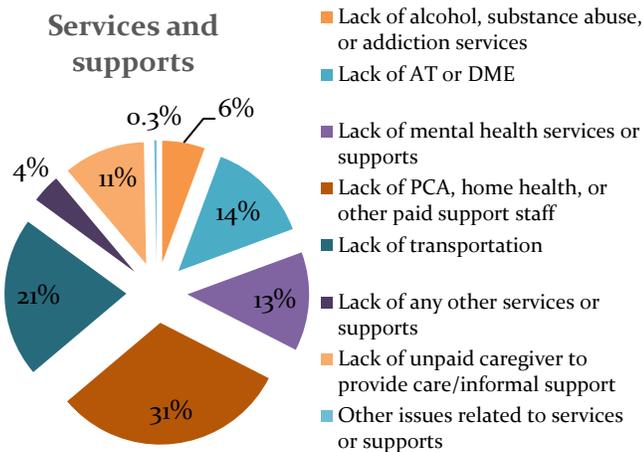
Participants with Each Challenge who Transitioned by Referral Year



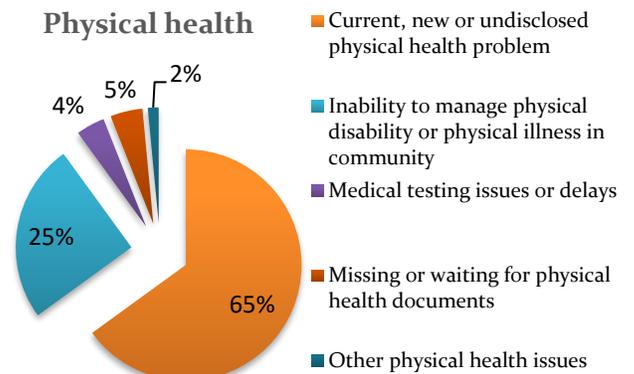
Types of Challenges for Referrals: 1/1/2023 - 12/31/2023

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

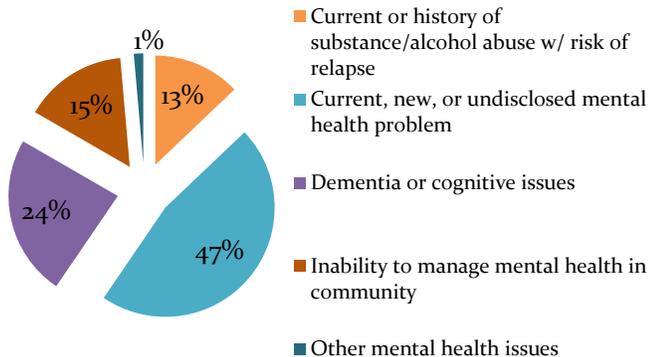
Services and supports



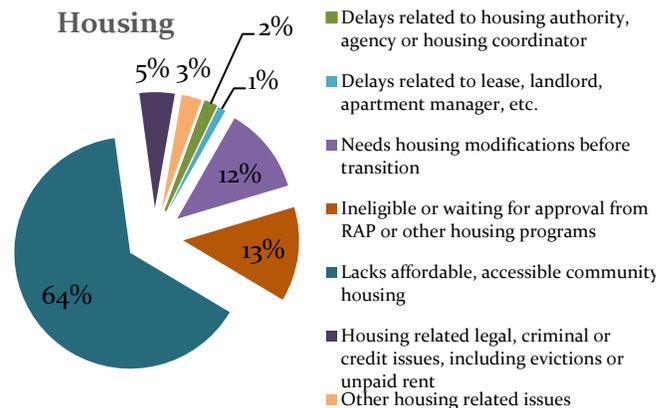
Physical health



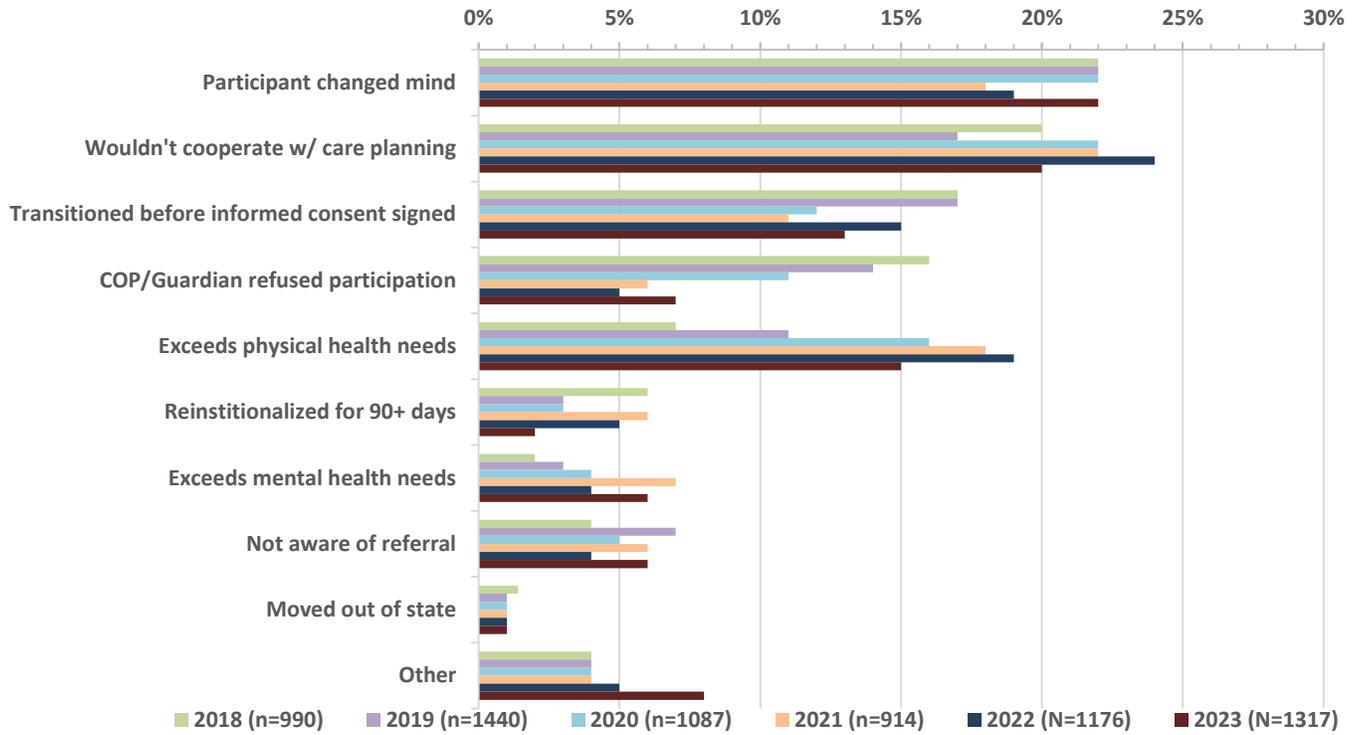
Mental health



Housing

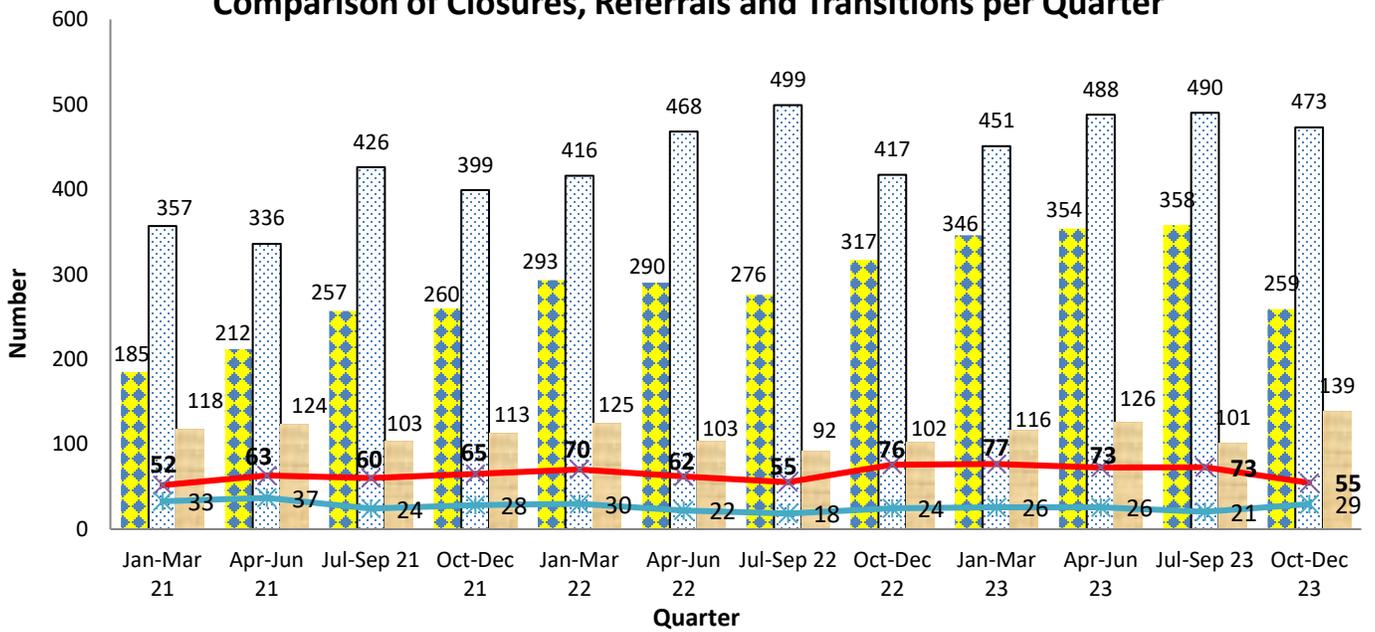


Frequency of Closure Reason by Year of Closure



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
- x— Closures per 100 new referrals
- *— Transitions per 100 new referrals

Kevin's Story

Kevin has battled with his mental health since adolescence. Friends started to notice a change in his behavior during his freshman year of college. Despite his strong academic background, the stress of college and a new environment manifested in the form of delusions and hallucinations. Friends and family were very worried, so he was almost relieved to receive a diagnosis of schizophrenia. With this diagnosis, Kevin, his family, and his doctors could begin to come up with a treatment plan. Although the course of his life was altered, Kevin was able to live independently and manage his mental health.

On a shopping trip to Walmart in December 2022, Kevin remembers starting to feel confused about his surroundings and what he was doing. He eventually made his way to checkout where a vigilant cashier picked up on his confusion and unusual behavior and called 911. In the emergency room, doctors determined he was having a stroke. He spent 11 days recovering in the hospital.

After getting better, Kevin hoped to return to his own apartment. But his family quickly realized the apartment was uninhabitable. Although Kevin had been working with doctors to manage his mental health symptoms, he had trouble managing his housing, had begun hoarding items and trash, and attracted insects including bed bugs. Because of the bed bugs, nothing from the apartment was recoverable, and he had no choice but to move into a nursing home while his family tried to figure out what to do next.

Kevin had a good experience at the nursing home where he lived. He liked the staff, the food, and activities. He enjoyed having help when he needed it and having his meals prepared. His family realized that Kevin was independent enough to do things on his own, but needed some oversight to make sure household tasks like cleaning and laundry were completed. Kevin and his family wanted him to live in a more independent setting where he could still have a room and space to himself.

A social worker at the facility introduced Kevin's family to Money Follows the Person (MFP) program. They began working with a specialized care manager and transition coordinator to identify the services and living situation that would best suit Kevin's needs. He was a perfect fit for assisted living, where Kevin would have his own apartment but still have access to nurses, meals, cleaning and laundry services. Kevin, his family, and his MFP team identified items Kevin would need in his apartment. With MFP funds, they purchased a full-sized bed, kitchen table and chairs, dishes and silverware, a couch, and other supplies.

June 6th, 2023 was a very exciting day for Kevin and his family. Kevin's aunt Jonell brought him to his new apartment. His MFP transition coordinator was waiting for him and helped set up his new place. It would take some time for Kevin to adjust, but he was happy to have a place to call his own again.

To help him adjust to his new setting, MFP assigned a community support provider (CSP) to visit Kevin twice a week. His CSP became a good friend, providing Kevin with socialization, encouragement to join group activities, and even taking him out to get haircuts. Kevin has been living in the community again for 7 months. He enjoys attending exercise class, having meals in the communal dining room, and watching movies from his vast collection. Most importantly to Kevin, he can take shopping trips to Walmart and other stores, one of his favorite activities prior to his nursing home stay. He feels happy, safe, and extremely grateful for the way MFP and his family helped him start this new chapter.



Photo credit: Sarah Driscoll

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.