



OLR RESEARCH REPORT

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CONNECTICUT'S MONEY FOLLOWS THE PERSON PROGRAM

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You asked for a brief description of Connecticut's Money Follows the Person program.

SUMMARY

Money Follows the Person (MFP) is a federal demonstration program designed to help states rebalance their long-term care systems to better support people living in institutions who want instead to live in the community. It serves the elderly and individuals with mental illness and developmental disabilities. Connecticut is one of 43 states, plus the District of Columbia, participating in the program.

The federal program began in October 2007 and ends in September 2016. It supports states' efforts to transition people out of nursing homes and other institutional settings into less restrictive, community-based settings by offering them (1) enhanced Medicaid reimbursement for demonstration program services for the first 12 months the participant lives in the community (in Connecticut this means a 75% reimbursement instead of 50%) and (2) flexibility to provide supplemental support services, such as housing coordinators, that Medicaid does not normally cover. States are expected to reinvest the savings they realize by moving people out of nursing homes and into home- and community-based services.

The Department of Social Services (DSS) implemented MFP in December 2008. To qualify, a person must (1) have been institutionalized for at least 90 days and (2) meet Medicaid eligibility criteria. In addition, it cannot cost more to care for the person in the community than in an institution. After someone qualifies for MFP, DSS assesses the person's service needs, develops a care plan, and helps the person find housing and services.

As of May 25, 2012, DSS has transitioned 1,049 institutionalized people into the community. The FY 13 state budget includes an additional \$3.65 million to support the transition of 2,251 MFP participants into the community by 2013.

By July 1, 2012, the legislature directed DSS to implement a program to extend MFP services to adults who may not meet the MFP federally mandated 90 day institutionalization requirement. This program, often referred to as "MFP II" has not yet been implemented.

CONNECTICUT MFP PROGRAM

Goals

DSS received federal approval to operate an MFP demonstration in June 2007, which it began in December 2008. DSS, in collaboration with a variety of other public and private organizations, established five goals for MFP:

1. transition at least 700 people from qualified institutions to the community (the goal has been increased to 2,251 people by 2013 and 5,200 people by 2016),
2. increase funding for home- and community-based services,
3. increase hospital discharges to the community rather than institutions,
4. increase the probability of a person returning to the community during the six months following nursing home admission, and
5. increase the percentage of long-term care recipients living in the community compared to an institution.

Eligibility

Seniors and individuals with physical, mental, and intellectual disabilities can participate in MFP. In order to participate, a person must (1) meet Medicaid eligibility criteria and (2) have been institutionalized for at least 90 days. (The 2010 federal Patient Protection and Affordable Care Act reduced, from six months to 90 days, the minimum institutional residency requirement and prohibits states from imposing a longer one.) If an individual resides in an institution just for the purpose of receiving Medicare short-term rehabilitation, it does count toward the 90-day residency requirement.

MFP participants are reevaluated for continuing participation every 11 months. If a participant is reinstitutionalized, he or she is disenrolled from MFP but can reapply if the reinstitutionalization lasts less than 90 days.

Services

All participants can receive skilled nursing; physical, occupational, and speech therapy; homemaker and home health aide services; medical social services; and durable medical equipment. A wider range of services is available for specific populations, such as a rehabilitation option (for people with mental illness), assisted living and specialized medical equipment (for the elderly and people with mental retardation (MR)), case management and meal delivery (for the elderly and people with acquired brain injury (ABI)), and day habilitation and supported employment (for people with MR and ABI).

Results

As of May 25, 2012, DSS received a total of 3,394 MFP applications, representing approximately 20% of the total eligible institutionalized population. Because the demand exceeded initial estimates, DSS postponed outreach activities it had planned to introduce the program.

Of the 3,394 applicants, 1,049 completed the intake process, signed an informed consent, and have relocated to the community. DSS received enhanced Medicaid reimbursement on the service costs associated with 935 participants. Approximately 43% of the 1,049 participants transitioned back into the community were under age 65 with a physical disability. In addition, 41% of participants were over age 65, 13% had a mental health disability, and 3% had a developmental disability.

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