

Money Follows the Person is a \$56 million demonstration that is intended to assist with rebalancing Connecticut's long-term care system so that individuals have the maximum independence and freedom of choice about where they live and receive services. Approximately \$31 million of the demonstration cost is reimbursed by CMS. Success of the demonstration is based on attainment of 5 annual benchmarks. Each benchmark was established as a measure indicating Connecticut's advancement towards increased choice and reduced reliance on institutional care. A highlight of Connecticut's program includes transitioning 700 Medicaid-eligible elderly and people with disabilities from nursing facilities or other institutions back into the community to receive support and services at home. The transition of 700 people from institutions to the community is **Benchmark 1** of the demonstration.

Benchmark 1

There will be a broad range of services available under Money Follows the Person Benchmark 1. Transition Coordinators will provide one-to-one assistance with coordinating the move to the community. They will assist with directing community supports, navigating the systems, and accessing resources. If people transitioning need housing, Housing Coordinators will assist by locating acceptable apartments or other living arrangements. Some funds may be available to assist individuals with setting up a household in the community or to make accessibility modifications. Assistive technology will be available to help persons be as independent as possible in the community. Rental assistance will also be available for those who qualify. An Emergency Back up support system will provide additional assistance for emergencies related to care plans. To the maximum degree possible, MFP participants will direct the transition process.. Benchmark 1 will be implemented in two phases.

Phase 1 is scheduled to begin in December of 2008. In addition to the services mentioned above, Phase 1 of the demonstration will include a range of home and community based services including services defined in the following waivers:

- Personal Care Assistance Waiver;
- Acquired Brain Injury Waiver;
- Elder Waiver;
- Mental Illness Wavier;
- Independent Family Support Waiver;
- Comprehensive Waiver

Phase 2 is scheduled to begin in 2009. It will include a new service package for persons at the highest level of need.

Eligibility for the demonstration is based on the following criteria:

- 1) Lived in a nursing home for more than 6 months at the time of transition to community;
- 2) Interested in living in the community;
- 3) Eligible for community Medicaid;
- 4) Eligible for one of the community service packages.

Upon approval, applications for the Money Follows the Person Demonstration will be available on the Department of Social Services (DSS) Website at www.ct.gov/dss/moneyfollowstheperson. The DSS plans to make applications available before the end of October. Completed applications should be submitted to the Money Follows the Person Demonstration unit at the DSS. Applications will be screened initially to verify that the applicant is living in an institution and that the applicant is either approved for participation in Medicaid or has a Medicaid application pending. Applicants meeting the criteria of the initial screen, will have their applications forwarded to a transition coordinator so that a needs assessment for community services can be initiated. The process of eligibility determination is

expected to take 60 – 90 days. Final determination for participation in the MFP Demonstration will be based on a functional and financial community assessment.

While transition of 700 people from an institution to the community is an integral component of the Money Follows the Person Rebalancing Demonstration, it is only one of five rebalancing benchmarks. Additional benchmarks and rebalancing activities of the MFP Demonstration are as follows:

Benchmark 2: Increase dollars to Home and Community Based Services;

Connecticut plans to increase funding for Home and Community Based Services over the next 5 years. The aggregate increase is estimated at \$4.4 Billion. This increase will help assure that community based options are available to help persons who would like to stay at home rather than receive care in a nursing home.

Benchmark 3: Increase the percentage of persons receiving long-term care services in the community relative to the number of persons in institutions;

Connecticut plans to explore different service and care options that may better meet the needs of persons requiring long term care.

Benchmark 4: Decrease the hospital discharges to nursing facilities among those requiring care after discharge;

Under this benchmark, a new screening system will be created and implemented. The purpose of the screening system is to improve the assessment and appropriateness of placement for those requiring continued care upon discharge from a hospital. In addition, a strategy will be created in partnership with hospitals to assure that home and community supports can be coordinated in a timely manner for those being discharged.

Benchmark 5: Increase the probability of persons returning to the community within the first six months of admission to an institution.

Transitional Services will be available for Medicaid eligible persons who do not qualify for the MFP Demonstration. Under this benchmark, Connecticut will create a tool to identify persons in nursing homes who at risk of long term stay. Persons will be counseled regarding their options to receive care in the community. For those who would like to return to the community, transition and care planning will be available.