Money Follows the Person (MFP): The Whole Picture!
MFP is a 56 million dollar federal demonstration grant, received by the CT Department of Social Services, that is intended to rebalance the long-term care system so that individuals have the maximum independence and freedom of choice where they live and receive services.

MFP is a systems change project aimed at rebalancing the long-term care system. While very important, transitioning 700 (up to 5,000) people with disabilities and older adults out of nursing homes and back into the community is only one of five major goals of MFP.

Five Major Goals (benchmarks) of MFP:

1. **Increase dollars spent on home and community based services:** Increase the dollars spent on home and community based services. *This increase will help ensure that community-based options are available to help all people, not just MFP participants.*

2. **Increase the number of people living in community:** Increase the percentage of people receiving long-term care services in the community relative to the number of persons in institutions.

3. **Increase hospital discharges to community:** Decrease the number of hospital discharges to nursing facilities among those requiring care after discharge. *Data available through MFP shows that people who are Medicaid eligible have a high likelihood of never being able to leave an institution once discharged from a hospital.*

4. **Increase the probability of returning to the community:** Increase the probability of people returning to the community within the first six months of admission to an institution.

5. **Transition people from institutions to the community:** Transition 700 (up to 5,000) individuals out of institutions back into the community. 60% of those transitioned will be younger persons with disabilities, 40% will be people over the age of 65+.

**Major Systems Change Initiatives:** The MFP steering committee and staff are working on major systems change initiatives that will help the project meet its benchmarks. These initiatives include:

- **Workforce Development** – developing a strategic plan to address the home and community based workforce shortage. MFP will begin implementing low-cost activities based on the plan;
- **Hospital Discharge Planning** – training and piloting nursing home diversion activities with hospital discharge planners;
- **Quality Improvement** – creating emergency back-up systems for MFP participants. In addition to providing proper emergency back-up services, data collected through this system will be used to identify and address challenges of community living;
- **Housing** – working with other state agencies to increase the amount of available accessible housing.

**NEW FEDERAL DOLLARS ARE COMING TO THE STATE:** Under MFP the state will receive an “enhanced Medicaid match” of 11 million dollars over five years. For more information on what Connecticut should do with this money, see the Commission on Aging’s fact sheet on the Long-Term Care Reinvestment Account at [www.cga.ct.gov/coa/coalegislativepriorities](http://www.cga.ct.gov/coa/coalegislativepriorities).

*For more information, please contact the Connecticut Commission on Aging, at 860-240-5200. The Commission on Aging serves as an active member of the MFP steering committee.*