



# MONEY FOLLOWS THE PERSON PROGRAM: COVID-19 IMPACTS ON ACCESSING HEALTH CARE

*The GHPC COVID Collection*

## INTRODUCTION

The Money Follows the Person Program (MFP) is a rebalancing initiative funded through a Centers for Medicare and Medicaid Services demonstration grant. The program is designed to help older adults and people living with physical and developmental disabilities transition from institutions, like nursing homes, to their homes and communities. Georgia's MFP program is administered through the Georgia Department of Community Health.

MFP participants represent vulnerable populations. Public health measures, such as physical distancing and stay-at-home orders, which are necessary to protect against the virus, may also threaten access to health services and supports for MFP participants.

The Georgia Health Policy Center (GHPC) has provided evaluation support for Georgia's MFP program since 2009. Survey data on program participants' experiences and outcomes have been collected throughout the pandemic. This series of briefs draws on data collected from 127 MFP participants between October 2019 and August 2020. The sample was divided into pre- and post-COVID-19 groups based on whether the participant was surveyed before or after the March 13 declaration of a national state of emergency. There are no significant differences in demographic characteristics between groups.

## COVID-19 HAS DISRUPTED ACCESS TO MEDICAL PROFESSIONALS

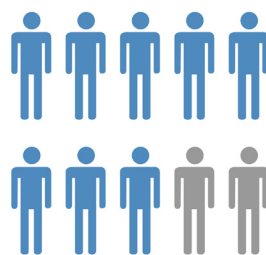
Low-income older adults and those with physical disabilities face many barriers to accessing medical care. These barriers have been amplified by the spread of COVID-19, as reflected by the experiences of Georgia's MFP participants. Compared to before the declaration of the public health emergency on March 13, there was a 12.5% increase in participants who could not receive or could not get to medical care in the past month (see table). Older adults and females were particularly impacted.

Participants' responses to open-ended questions provide further insight. Several participants reported that they had not attended office visits or received care in their home by choice or due to cancellations. One participant with a physical disability stated, "[I'm] nervous about going to doctor's appointments — been missing them for two months." Another participant's caretaker explained physical therapy was stopped because the primary care doctor recommended they discontinue for a while to limit risk of exposure.

MFP Quality of Life Survey Question	Oct. 4–March 12 (n = 66 yes responders)	March 13–Aug. 14 (n = 61 yes responders)	Difference
Is there any medical care which you have not received or could not get to within the past month?	12.1%	24.6%	12.5%

## HEALTH CARE-RELATED FEARS DUE TO COVID-19

Public health messaging and media coverage of COVID-19 emphasized the increased risk and higher mortality rates observed among older adults and other vulnerable populations. While informative messaging about prevention is important, it also generates fear and anxiety, as reflected in MFP participants' responses.



**81% of respondents report receiving everyday help.**

When asked to share any thoughts or concerns held amidst the pandemic, one participant with a physical disability noted, "I don't want to get coronavirus and die in a hospital all alone." An older adult respondent shared the concern that "I hope I don't get [COVID-19] because I'm already not in the best of health right now."

Not only are some MFP participants fearful of their own risk of contracting the virus, but several also expressed concern for the health of loved ones and caretakers. An older adult participant shared, "[I'm] afraid of people dying, especially the people who take care of me." In addition to the emotional distress these losses would cause, many MFP participants rely on these individuals to provide care and support, and experience fear due to this potential disruption or loss of services. The majority of respondents, both older adults and those with physical disabilities, report that they received help with everyday activities across the full timeframe of data collection.

## THE CHANGING HEALTH CARE LANDSCAPE: TELEHEALTH

The pandemic caused a noticeable shift in health care delivery toward providing services via telecommunications technology, also known as telehealth. Several participants shared positive experiences with telehealth. A caretaker of one participant using telehealth expressed satisfaction, commenting that the participant enjoys the virtual appointments and that she has been more agreeable to scheduling appointments. By preventing transmission of the virus while still providing needed medical care that otherwise may be forgone due to pre-existing conditions, fear, or transportation limitations, telehealth is establishing itself as a promising solution to barriers in health care access for MFP populations. Yet, despite its heightened use and merits, telehealth is not without limitations, such as difficulties related to sensory impairments and access to technology or broadband.

## LOOKING TO THE FUTURE

GHPC is assisting partners and stakeholders by providing clear, practical resources; responding to client requests; and facilitating important, strategic conversations about the impact of COVID-19. GHPC's Long-Term Services and Supports Team will continue to examine the impact of COVID-19 public health measures on the health and well-being of Georgia MFP participants.

For the past 25 years GHPC has been guided by its commitment to connecting decision-makers with the objective research and guidance needed to make informed decisions about health policy and programs. Please reach out to us if you have any research or policy analysis needs.

Please see related briefs in this series on [COVID-19's impact on social disconnectedness and caregiving](#) for Georgia MFP participants.

### For more information:

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