

# Long-Term Care Advisory Council

THE HUMAN SERVICES COMMITTEE & THE CONNECTICUT COMMISSION ON AGING  
LEGISLATIVE OFFICE BUILDING  
HARTFORD, CT 06106-1591

TO: David Guttchen, Chair  
& Members of the LTC Planning Committee

FROM: Representative Peter Villano and Julie Evans Starr, Co-Chairs  
& Members of the LTC Advisory Council

DATE: February 13, 2007

RE: Key Issues of the 2007 Long-Term Care Plan

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On behalf of the Long-Term Care Advisory Council – comprised of consumers, providers, and advocates - we would like to thank you for this opportunity to outline key issues that are identified in the 2007 LTC Plan. We also celebrate and welcome the collaborative approach you took throughout its development.

As you know, Connecticut's long-term care system is on the verge of change. Several state and national trends and initiatives have created immediate and compelling new opportunities that urge dramatic changes in the way we deliver long-term care services and supports.

The most publicized factor is the profound shift in demographics. The aging population is burgeoning, as the first baby boomers (those born in the years between 1946-1964) turned sixty last year. At the same time, both older adults and persons with disabilities are experiencing unprecedented longevity and represent a far more ethnically diverse profile.

Equally noteworthy is the shift in public policy. Federal policy has begun to acknowledge that peoples' long-term care needs should be based not solely on age or life stage, but on functionality. In support of this, on the national level we are witnessing remarkable synergy between two federal departments – the Centers for Medicare and Medicaid Services (CMS) and the Administration on Aging (AoA) which have in the past operated quite separately. As a result of greater attention to quality of life and respect for consumer preferences, we are seeing heightened emphasis on consumer-directed care models and also realizing exciting grant opportunities. Among these is the Money Follows the Person initiative, through which grant funding was recently awarded by CMS to the Department of Social Services. These funds will enable approximately seven hundred residents living or rehabilitating in facilities to move back into the community with home and community-based services supported by Medicaid.

The 2007 Long-Term Care Plan, entitled: Balancing the System: ***Working Toward Real Choice for Long-Term Care in Connecticut*** captures these opportunities and challenges while laying out a broad framework in Connecticut's future progress. The overall theme of the LTC Plan is that the present long term care system in Connecticut is out-of-balance. In order to have real choice for older adults and persons with disabilities in Connecticut there must be a stronger and more flexible infrastructure of home and community based services and supports.

*The Long Term Care Advisory Council represents an active and remarkable collaboration of a most diverse group of providers, consumers, and advocates for older adults and persons with disabilities.*

This was also the theme of the 2004 Long-Term Care Plan. In support of this effort, the Legislature passed into law the following guiding principle (Public Act 05-14):

*“Such policy and plan shall provide that individuals with long-term care needs have the option to choose and receive long-term care and support in the least restrictive, appropriate setting.”*

This guideline principle is consistent both with the Supreme Court’s 1999 decision in *Olmstead*, which interpreted the Americans with Disabilities Act as requiring States to create plans to assist individuals with disabilities in accessing Medicaid-funded home and community-based care, and with the expansion in 2001 of the statutory scope of authority of the Long -Term Care Planning Committee to include all people in need of long-term care, not simply older adults.

Additionally, in order to provide policymakers with critical baseline information to plot a course for action for Connecticut, the General Assembly in 2006 funded a Long-Term Care Needs Assessment. This comprehensive needs assessment, conducted by the UConn Health Center, Center on Aging, provides a remarkable opportunity to evaluate consumer preferences, the demographic shifts, the needs of providers, and the capacity and adequacy of the present long-term care system in Connecticut. A unique function of the needs assessment is a comparison, by national pioneers in the field of aging from University of Minnesota, of Connecticut’s rebalancing progress as compared to other states. While some preliminary trends and data from the needs assessment are incorporated in the 2007 Long -Term Care Plan, a full report will be issued in March 2007.

In the interim, the LTC Advisory Council is pleased to submit key recommendations primarily based on the 2004 and 2007 LTC Plans. To help make these recommendations a reality, the LTC Advisory Council respectfully seeks the leadership and support of the legislative members of LTC Planning Committee (representing the Committees of Human Services, Aging, and Public Health), their colleagues in the General Assembly, and Governor M. Jodi Rell.

Key issues are as follows:

- 1) **Infrastructure of the Long -Term Care System:**  
Ensure that state departments responsible for long-term care services and supports and regulations coordinate their planning, budgeting, quality assurances and direct service efforts.
- 2) **Infrastructure of Home and Community:** Life at home and in the community is only possible if there is sufficient and locally available, accessible, safe, and affordable housing, accessible and affordable transportation, accessible employment opportunities, and training of and adequate compensation for paid caregivers, and full support to paid and unpaid caregivers.
  - a) Coordinate all legislative initiatives regarding housing, transportation, and employment to ensure that the needs of people requiring long-term care services and supports are being addressed.
  - b) Provide adequate training and support to paid and unpaid caregivers, including respite support.
  - c) Approve Executive Branch requests for infrastructure revisions that:
    - i) Authorize restructuring and expansion of Connecticut’s Medicaid Waivers.
    - ii) Expand successful Pilot Programs for self-directed and other innovative care options.

- 3) **Education and Access:** The aforementioned guiding principle, implemented through PA 05-14, must be supported by educating citizens to plan ahead for their long-term care needs. Mistakenly, a remarkable number of people believe that Medicare will pay for their long-term care needs.
  - a) Establish a communication and outreach program on long-term care planning and Education initially emphasizing public and professional organizations utilizing key resources such as the LTC website and the CHOICES program.
  - b) Appropriate adequate funds to inform individuals of home and community services as well as institutional options for long-term care during the prescreening process.
  - c) Explore and enhance a prescreening process for all applicants to nursing facilities and other institutions.
  - d) Improve the eligibility process for individuals applying for state programs so that individuals are granted eligibility more expeditiously and efficiently.
- 4) **Workforce Shortages:** To make all long-term care options accessible, Connecticut must increase the supply of paid and unpaid caregivers.
  - a) Employ strategies to attract students into the field with scholarships and grants, develop career paths allowing for increases in responsibilities, increase status, wages, and benefits, enhance public perception of all related positions, and professionalize paraprofessional roles.
  - b) Enable families and friends to be recognized as paid providers of service in addition to or in lieu of the existing pool of paraprofessional workers, where appropriate.
  - c) Provide adequate respite for both paid and unpaid caregivers so as to avoid burnout.
- 5) **Demand for Long-Term Care Services:** A major strategy should be to reduce the intensity of the need for long-term care services and supports. Initiatives can span ages and disabilities; from public health measures to development of systems of care with the goal of pro-active monitoring and management of chronic illnesses.
  - a) Revisit the 2004 report entitled “Federal and State Initiatives on Chronic Disease Management prepared by the Office of Legislative Research (requested at that time by Rep. Villano and the LTCAC).
  - b) Request that the Department of Public Health provide a current report on existing and proposed public health initiatives whose goal is to reduce or prevent the incidence of disability, illness or injury requiring long term care.
- 6) **Funding:** The 2007 Long-Term Care Plan calls for a rebalancing of state expenditures between institutional and community-based services and supports.
  - a) Allocate more resources to home and community-based services to achieve rebalancing goals.
  - b) Approve increases in appropriations necessary to meet the related current and increasing long-term care needs of Connecticut’s citizens.
  - c) Realize adequate adjustments to the institutional capacity as a result of rebalancing and the evolving constituency (increased acuity levels).

# Members of the Long-Term Care Advisory Council

(State Statutes Section 17b-338)

## Organization

Legislative Member of the Planning Committee  
CT Commission on Aging  
CT Association of Residential Care Homes  
Personal Care Attendant  
CT Association of Area Agencies on Aging  
CT Council for Persons with Disabilities  
CT Association of Health Care Facilities  
CT Assisted Living Association  
CT Association of Adult Day Care  
Bargaining Unit for Health Care Employees/1199 AFL-CIO  
CT Family Support Council  
Consumer  
AARP – CT  
CT Association of Home Care, Inc.  
LTC Ombudsman’s Office  
Legal Assistance Resource Center  
CT Community Care, Inc.  
CT Hospital Association  
CRT/CT Association of Community Action Agencies  
CT Alzheimer’s Association  
CANPFA  
Family Caregiver  
CT Coalition of Presidents of Resident Councils  
American College of Health Care Administrators  
Consumer  
Consumer  
Nonunion Home Health Aide

## Representative

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CT Council on Developmental Disabilities  
AARP-CT  
CT Association of Resident Service Coordinators in Housing  
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Select Committee on Aging

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