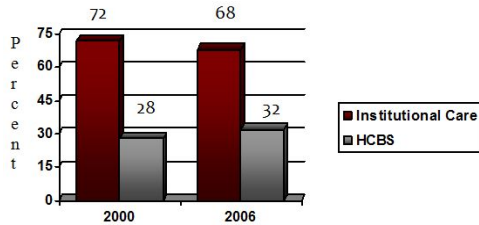


Connecticut Commission on Aging: Results-Based Accountability 2009 – working document

Quality of Life (Population) Result: All present and future older adults in CT live in the secure, healthy and productive environment of their choice.

Percent of CT Medicaid LTC dollars for institutions vs. HCBS



Indicator 1: % of Medicaid LTC dollars spent on institutional care vs. HCBS

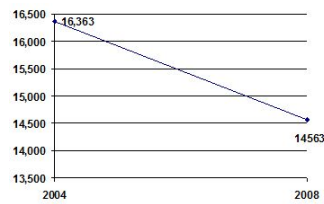
Story Behind the Baseline: CT spends 68% of its over 2 billion Medicaid LTC dollars on institutional care and 32% on home and community-based services (HCBS). (Notably, this 32% serves over half of all LTC Medicaid recipients.) Utilizing Medicaid LTC dollars for HCBS costs significantly less. If CT mirrored progressive states like Oregon and invested a higher percentage of Medicaid LTC dollars into HCBS, data indicate the state could save almost \$600 million annually.

Proposed Strategies to Turn the Curve:

- Transition older adults/persons with disabilities from nursing homes back into the community
- Incent nursing homes to diversify services
- Promote programs such as fall prevention
- Restructure State LTC systems for maximum integration and coordination
- Support and enhance LTC Infrastructure (e.g. workforce, housing)
- Renew legislative support for LTC Reinvestment Account and MFP2 (PA 08-180)

How CoA Helps Turn the Curve: CoA spearheaded the LTC Needs Assessment (PA 06-188); co-chairs and manages LTC Advisory Council; partners in the development of the State’s LTC Plan; championed PA-05-14 consistent with the federal Olmstead Decision; convenes briefings; developed proposal to re-organize LTC state systems; and leads/participates in range of MFP activities such as: informed the MFP Protocol process as active member Steering Committee, chairs workforce subcommittee, held workforce summit, and helped craft and advance MFP- related legislation.

Fall-related ER and hospital admissions pre and post Hartford-area intervention



Indicator 2: # of fall-related emergency room and hospital admissions

Story Behind the Baseline: Falls are the leading cause of injury-related death for CT residents aged 65+. CT spends \$119 million annually on Medicaid LTC services for those who have sustained a fall-related injury. A comprehensive intervention in the Hartford area for a two-year period reduced fall-related ER and hospital admissions by 11%, saved an estimated 21 million dollars for Medicare, and saved an additional 5 million dollars in state funds (Medicaid/CHCPE).

Proposed Strategies to Turn the Curve:

- Continue state funding for the CT Collaboration for Fall Prevention (CCFP) to expand the training and prevention program statewide
- Pursue and secure federal and private funding to turn data into practice statewide
- Publicize goals of prevention programs through existing low-cost mechanisms
- Enhance partnerships with DSS, DPH, Local Health Districts, and clinicians

How CoA Helps Turn the Curve: CoA educated policymakers about the success of CCFP to encourage initial funding and continues to promote this program; connected and facilitated incorporation of CCFP into the State LTC Plan and the MFP initiative; and continues its partnership with CCFP and pursues opportunities to connect this program with other diverse stakeholders (e.g. hospitals and insurance companies).

“The CoA provides the structure to turn evidence into policy.”
 ... Dorothy Baker, Ph.D. Executive Director
 Connecticut Collaboration for Fall Prevention

Median Retirement Income in CT



Older adults in CT need an annual income of \$24,408 to be economically secure

Indicator 3: Economic security of older adults

Story Behind the Baseline: Economic security is vital for individuals who want to remain in their homes and communities as they age. According to the recently released Elder Economic Security Initiative (EESI), more than half of older adults statewide are unable to make ends meet without the support of public programs.

Proposed Strategies to Turn the Curve:

- Evaluate and prioritize public programs that are most effective in impacting economic security, particularly housing and health care (e.g. ConnPace Plus)
- Raise income potential for older workers by encouraging workplace flexibility
- Simplify eligibility for programs and create a single intake application
- Encourage retirement planning

How CoA Helps Turn the Curve: CoA partnered with PCSW, D.C.-based WOW, Inc. and UMass Boston on EESI, which calculates how much older adults across CT need to earn to attain economic security. EESI also evaluates the impact of support programs in our state. CoA will continue to utilize the data to inform public policy. Additionally, CoA supports the above strategies through conducting specific studies (e.g. workplace flexibility), convening forums, raising public awareness, submitting related legislation and developing various proposals.

RBA – CoA General Information



Created in 1993
CT General
Statutes 17b-420

Location: State Capitol - 5th floor

Annual Budget: Presently \$444,172 for FY '09

Personnel: 4 full-time plus one unfilled position:

Its staff “team” approach delivers deep knowledge, experience and responsiveness, motivated personnel, continued opportunities for growth and enrichment and a cost-effective agency.

Partnerships: An extensive network of relationships and partnerships exists, both inside and outside state government, which has been created by CoA and carefully nurtured and developed over a decade. A list of diverse and knowledgeable formal relationships for the statutory volunteer-member Board and Long-Term Care Advisory Council is attached.

Work in Relation to Demographics and to State Budget: CoA works to ensure that all present and future older adults in CT live in the secure and productive environment of their choice. At the same time, we work to prepare the state for a vastly changed demographic – a dramatic increase in the sheer numbers of older adults and unprecedented longevity. This growing constituency has a profound effect on nearly every facet of society and most certainly the state budget. Medicaid LTC expenditures alone represent approximately 14% of the state budget. Large scale efficiencies can be achieved at a lower cost to the state and an increased quality of life.

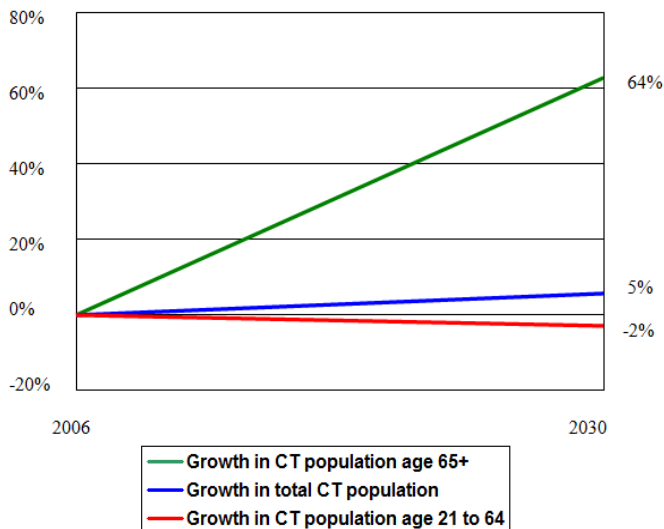
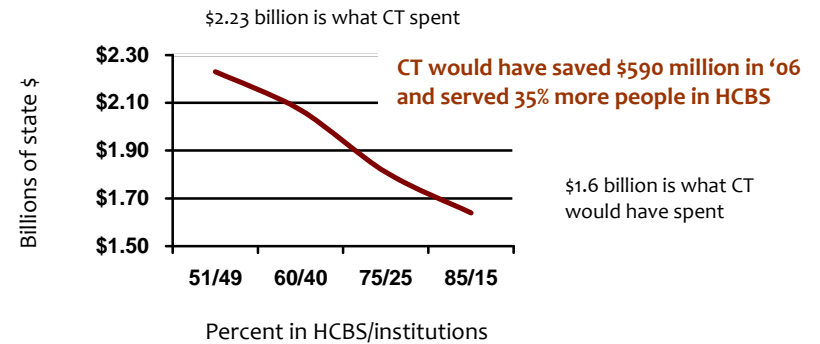
CoA Staffers:

*Deb Migneault,
 Julia Evans Starr,
 Robert Norton,
 & Deb Polun*



Connecticut Commission on Aging: a non-partisan, independent agency of the General Assembly which provides objective oversight within government and an independent voice on aging-related issues. The CoA is comprised of a resourceful team of 17 citizen voting (unpaid) members, 16 non-voting members (state legislators and representatives of state departments), 4 professional staff, and volunteers.

If CT's LTC Medicaid System was modeled after Oregon



Data Development Agenda: Extensive data set created with UConn Health Center, Center on Aging Long-Term Care Needs Assessment in 2007. Continue and expand efforts to build data capacity and systems integration in the service of better management and client service. Also, data needs to be developed specific to those not on Medicaid.

CoA RBA Approaches: The following are the general activities/approaches that CoA uses to support the strategies: **Independent Oversight, Research, Education, Information Dissemination, Partnership-Building, and Advocacy.**