

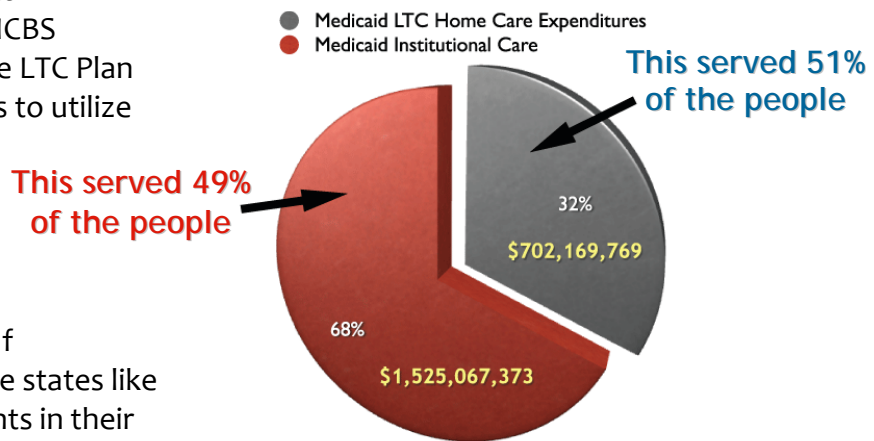
## 1999 Supreme Court “Olmstead Decision” Connecticut’s Response, 1999 to the Present

Since 1999, Connecticut has made a number of important strides to improve and “rebalance” the long-term care (LTC) system. However, there is still much work left to be done so that **everyone** can have choice in how and where they receive long-term services and supports.

Latest data show that approximately 52% of Connecticut Medicaid Long-Term Care (LTC) recipients receive home and community based services (HCBS) while 48% are in institutions; this number represents a gradual improvement this decade. In 2000, 41% of HCBS recipients were in the community. The state LTC Plan goal (set in 2004) is for 75% of LTC recipients to utilize HCBS by 2025. Oregon leads the nation, serving 85% of its Medicaid recipients in their homes and communities.

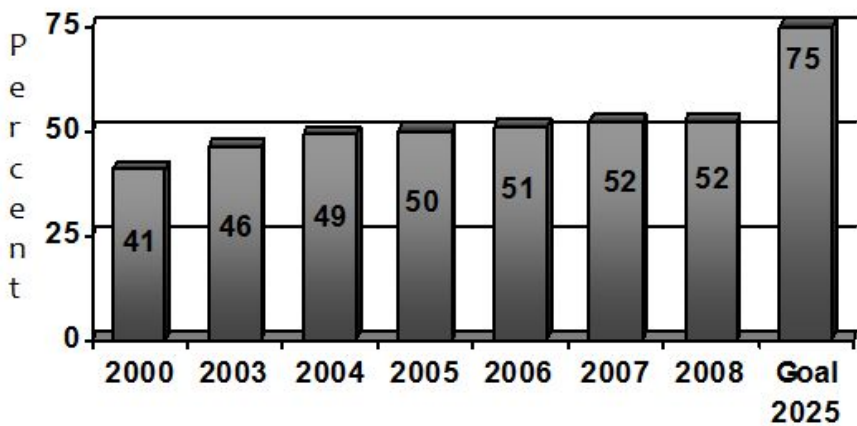
Rebalancing also makes good fiscal sense. If Connecticut were modeled after progressive states like Oregon (serving 85% of its Medicaid recipients in their homes and communities), it would have saved **600 million** dollars in 2006 alone!

**CT’s LTC Medicaid Balance in 2006**



**Percent of Medicaid LTC recipients in CT who receive home and community-based services**

This graph illustrates Connecticut’s gradual progress



## **Below is a timeline of steps Connecticut has made intent of Olmstead.**

**2000:** The LTC Planning Committee and the Department of Social Services created a Community Options Task Force.

**2001:** Legislation (PA 01-119) broadened the LTC Planning Committee's and the LTC Advisory Council's scope and membership to include all people in need of long-term care instead of only older adults.

Complaint filed in US District Court by The ARC of Connecticut against the Commissioners of the Departments of Mental Retardation (currently called the Department of Developmental Services, DDS) and Social Services on behalf of persons with intellectual disabilities wait-listed for Medicaid waiver services. The federal court allowed the lawsuit to proceed as a class action, which included over 1,000 individuals on the DDS wait list. A settlement was reached in 2005 to help alleviate the wait-list and provide additional supports; the settlement also required the DDS to apply for a new federal Medicaid waiver with an emphasis on self-directed supports and services.

As part of the federal New Freedom Initiative, the Nursing Facility Transition Grant was awarded to the Department of Social Services. Later, this successful program became the foundation for elements of the Money Follows the Person Demonstration.

**2002:** Connecticut's implementation plan for Olmstead, "Choices are for Everyone" was completed. The Vision Statement for this plan is "To assure that Connecticut residents with long-term support needs have access to community options that maximize autonomy, freedom of choice and dignity." The Long-Term Care Plan, released once every three years, tracks progress on the "Choices are for Everyone" action steps.

**2004:** Connecticut's LTC Plan established a goal of rebalancing the long-term care system by 1% per year; so that by year 2025, 75% of all Medicaid long-term care recipients would receive their care in the community.

**2005:** As proposed by the Long-Term Care Advisory Council, PA 05-14 codified into law a broad philosophical statement consistent with the intent of Olmstead. As a result of this legislation, the policy and planning work done through the LTC Planning Committee is required to "provide that individuals with long-term care needs have the option to choose and receive supports in the least restrictive, appropriate setting."

The Department of Mental Health and Addiction Services was awarded the Mental Health Transformation State Incentive Grant. The purposes of the Transformation Grant are: 1) improve the mental and physical health and well being of citizens; 2) increase productivity of the workforce; 3) ensure "a life in the community for everyone"; and, 4) allows states to improve their mental health infrastructure.

**2006:** Long-Term Care Website ([www.ct.gov/longtermcare](http://www.ct.gov/longtermcare)) completed. The goal of the website is to provide easy access to comprehensive information on private and public long-term care services in Connecticut. The website provides information to all individuals in need of long-term services and supports, regardless of age or disability. In 2008, there were 76,000 visits to the LTC website.

The Department of Social Services was awarded the Medicaid Infrastructure Grant. Named Connect-Ability, the project began in late 2005 to identify and remove barriers to employment faced by people with disabilities. This five-year, multimillion dollar systems change grant involves a detailed look at the State's employment and disability services infrastructure in order to identify problem areas and implement lasting solutions. ([Connect-ability.com](http://Connect-ability.com))

Connecticut Office of Protection and Advocacy filed a complaint in US District Court against Connecticut Departments of Social Services, Public Health and Mental Health and Addiction Services alleging that individuals with mental illness are needlessly and unnecessarily isolated and segregated in nursing facilities. It was reported to courts in September 2006 that the parties are making progress in arriving at a settlement, however there has yet to be a settlement.

**2007:** The Department of Social Services was awarded a Money Follows the Person Rebalancing Demonstration Grant. MFP's two major goals are: 1) to reduce reliance on institutional care; and, 2) to increase the efficiency and effectiveness of the long-term care system. One of the five benchmarks of MFP is to transition 700 people out of institutions and back into the community. ([www.ct.gov/moneyfollowstheperson](http://www.ct.gov/moneyfollowstheperson))

Legislation (PA-116) significantly amended Connecticut's conservatorship laws. In brief, the changes include: 1) adoption of a rebuttable presumption of limited conservatorship and a requirement that all less restrictive alternatives be considered prior to appointment; and, 2) important new protections including requirements for notice, jurisdiction, hearing location, legal representation, and hearing on the record.

**2008/2009:** The Department of Social Services was awarded the Administration on Aging's Nursing Home Diversion Modernization Grants. Two new initiatives are being piloted using these funds: a Cash and Counseling pilot and two Aging and Disability Resource Center pilots.

### **Home and Community-Based Services (HCBS) Programs**

Some of the most significant changes made in the delivery of long term care services and supports in Connecticut have been the addition and expansion of various home and community-based service waivers and pilot programs. Connecticut currently has a total of 14 HCBS waiver and pilot programs. While these waiver programs give many people who might otherwise have been institutionalized access to home and community based care, the creation of these programs comes at some cost. The addition of new waivers and pilots has created a complex and fragmented system of care. In order to utilize Medicaid to receive HCBS, you have to fit into one of these narrowly defined waivers that serve distinct populations with age restrictions and differing service packages. Additionally, many of these waivers and pilots now have waiting lists. Please see the attached graphic representation of Connecticut's HCBS system.