

**Connecticut Long-Term Care Needs Assessment
Progress to Date on June 2007 Recommendations
January 2009**

Since the Needs Assessment recommendations were issued in June 2007, the General Assembly and Executive branch have taken positive, though modest, steps towards rebalancing Connecticut's long-term care system. Much remains to be done, however, as our state is losing ground in its rebalancing efforts compared with other states. Progress made to date falls short of what is necessary to prepare for the huge increase in need as the percentage of our population needing long-term care continues to soar. Money Follows the Person has potential to cut across many of these recommendations. While the program holds significant promise, much more needs to be done to ensure it meets its potential.

Below, in boldface, are recommendations from the Needs Assessment. Listed below each recommendation are short summaries of the modest progress made to date towards each recommendation.

1. Create a statewide Single-Point of Entry (SPE) or No Wrong Door (NWD) long-term care information and referral program across all ages and disabilities.

... Small pilots are under way in the South Central and Western regions of the state, funded by the federal Administration on Aging through Connecticut's "Nursing Home Diversion" grants. Funding ends March 2010.

... A statewide committee to establish a SPE in the form of an Aging & Disability Resource Center meets quarterly; funding is needed to expand this program statewide.

2. Provide a broader range of community-based choices for long-term care supports.

... "Money Follows the Person" has begun to make progress in this area but more needs to be done to ensure it meets its potential.

3. Foster flexibility in homecare delivery.

... Very little progress has been made in this area.

4. Address scope and quality of institutional care.

... Pilot for 10 "small house" nursing homes approved (but not funded) in 2008 legislative session. (PA 08-91)

5. Provide true consumer choice and self-direction for all long-term care users.

... Key to rebalancing. Two modest "cash & counseling" pilots under way in South Central and Western Regions as part of Nursing Home Diversion Grant – only for respite care clients. While "cash and counseling" doesn't provide any additional funds for services it allows consumers/families to choose their own care providers.

6. Simplify Connecticut's Medicaid structure.

... At discussion stage only. No progress toward simplification or universal waiver.

7. Create greater integration of functions at the state level, and consider alternative configurations of state government structure in order to best meet the long-term care needs of Connecticut's residents.

... No progress toward greater integration of functions. In fact, two proposals would have moved in the opposite direction of best practices and national trends: separate organization to serve citizens with Autism Spectrum Disorder (did not pass in 2008) and separate Department on Aging (slated to begin 7/1/09).

8. Address education and information needs of the Connecticut public.

... No broad, umbrella educational efforts.

... The state's Long-term care website is up and running, receiving approximately 80,000 visits annually. The LTC website was created and is collaboratively maintained by the Office of Policy and Management and the Commission on Aging without any state funds. The CT Partnership for Long-Term Care continues to hold informational sessions on LTC insurance.

... One pilot Aging & Disability Resource Center began operating in South Central in October 2008; another is scheduled to begin operation in the Western Region in 2009. Part of Nursing Home Diversion Grant - federal funding expires March 2010.

9. Increase availability of readily accessible, affordable transportation.

... No major changes, though some regional efforts are under way including the Independent Transportation Networks. Federally-funded Medicaid Infrastructure Grant ("Connect-Ability") is beginning to address transportation needs for employment.

10. Address long-term care needs of persons with mental health disabilities.

... New Medicaid waiver obtained for persons with serious mental illness is expected to serve 216 people. However, creating small disability specific waivers and pilots, while well-intentioned, further fragments an already complex and siloed waiver system.

11. Address access and reimbursement for key Medicaid services.

... Rates increased in 2007 but still significantly lag behind cost. Hospice benefit was added to Medicaid state plan (PA 08-158).

12. Expand and improve vocational rehabilitation for persons with disabilities.

... Medicaid Infrastructure Grant ("Connect-Ability") is addressing barriers to employment for persons with disabilities.

13. Address the long-term care workforce shortage.

... Key concern of Money Follows the Person being addressed by MFP work group; lots of work is needed in this area.

14. Provide support to informal caregivers.

... Small Nursing Home Diversion Grant pilot programs in South Central and Western Regions make “cash & counseling” option available to two respite programs. Federal grant funding expires March 2010. The cash and counseling option does not provide additional funds for caregivers but allows for flexibility in spending the funds.

15. Continue and expand efforts to build data capacity and systems integration in the service of better management and client service.

... Data interoperability initiative underway, supported by several state agencies and organizations including Office for Workforce Competiveness, Department of Developmental Services, Department of Social Services – Bureau of Rehabilitation Services, Department of Mental Health and Addiction Services, Department of Education and others.