

**A Balanced Approach to Long-Term Services and Supports:
Meeting Needs, Honoring Choice, and Maximizing State & Federal Funds**

A legislative briefing sponsored by the Connecticut Commission on Aging and the Long-Term Care Advisory Council in partnership with the Appropriations, Public Health and Human Services Committees and the Select Committee on Aging

**Friday, February 5, 2010, 1:30-3:00 pm
Legislative Office Building, Room 2C**

AGENDA

Greetings by Committee Chairs

Introductory Remarks

Julia Evans Starr, Executive Director, Connecticut Commission on Aging

The US Olmstead Decision and Connecticut's Statement of Principle

Michelle Duprey, Director, Department of Services for Persons with Disabilities, City of New Haven

Update on the Long-Term Care Needs Assessment

Julie Robison, PhD, Associate Professor, Center on Aging, UConn Health Center

Summary of the 2010 Long-Term Care Plan

Julia Evans Starr

Rebalancing in Action/Money Follows the Person

Deborah Migneault, Connecticut Commission on Aging

Policy Directions

Molly Rees Gavin, President, Connecticut Community Care, Incorporated
Kate McEvoy, Legislative Liaison for the CT Association of Area Agencies on Aging & Deputy Director, Agency on Aging of South Central Connecticut

Wrap-Up/Questions and Answers

Julia Evans Starr

Long-Term Care Advisory Council

The Long-Term Care Advisory Council is established under CGS § 17b-338 “to advise and make recommendations to the Long-Term Care Planning Committee.”

Membership (as of February 3, 2010)

Legislative Member: Representative Peter F. Villano (Co-Chair)
CT Commission on Aging: Julia Evans Starr (Co-Chair)
AARP-CT: Brenda Kelley
Alzheimer’s Association-CT Chapter: Patricia Clark
American College of Health Care Administrators: George Giblin
Bargaining Unit for Health Care Employees/ 1199 AFL-CIO: Deborah Chernoff
CANPFA: Margaret Morelli
CRT/CT Assoc. of Community Action Agencies: Rolando Martinez
CT Assisted Living Association: Christopher Carter
CT Association of Adult Day Care: Maureen Dolin/Kathy Donahue
CT Association of Area Agencies on Aging: Kate McEvoy
CT Association of Health Care Facilities: Matthew Barrett/Richard Brown
CT Association of Home Care, Inc.: Brian Ellsworth
CT Association of Residential Care Homes: Sonja Zandri
CT Coalition of Presidents of Resident Councils: Veronica Martin
CT Community Care, Inc.: Molly Rees Gavin
CT Council for Persons with Disabilities: Gary Waterhouse
CT Family Support Council: Laura Knapp
CT Hospital Association: Jennifer Jackson
Consumer: Michelle Duprey
Consumer: Sue Pedersen
Family Caregiver: Susan Raimondo
Legal Assistance Resource Center: Joelen Gates
Long-Term Care Ombudsman’s Office: Nancy Shaffer
Personal Care Attendant: Debbie Barisano
Consumer: Vacant
Nonunion Home Health Aide: Vacant

Friends of the Advisory Council

Quincy Abbot, ARC/CT
Bill Eddy, CT Commission on Aging, Member
Maggie Ewald
Claudio Gualtieri, AARP-CT
Senator Jonathan Harris
Senator John Kissel
Stan Kosloski, CT Disability Advocacy Collaborative
Mary-Ann Langton, CT Council on Developmental Disabilities
Cathy Ludlum
Stacey Walker, CT Association of Resident Service Coordinators in Housing

Long-Term Care Planning Committee

The Long-Term Care Planning Committee is established under CGS § 17b-337 “for the purpose of exchanging information on long-term care issues, coordinating policy development and establishing a long-term care plan for all persons in need of long-term care. 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. Such plan shall integrate the three components of a long-term care system including home and community-based services, supportive housing arrangements and nursing facilities.”

Membership (as of December 31, 2009)

State Agencies’ Representatives

Office of Policy and Management: David Guttchen (Chair of LTCPC)

Department of Social Services: Kathy Bruni, Pam Giannini, Amy Porter

Department of Developmental Services: Deborah Duval

Department of Mental Health and Addiction Services: Jennifer Glick

Department of Transportation: Dennis King, Michael Sanders

Office of Protection and Advocacy for Persons with Disabilities: Beth Leslie

Department of Economic and Community Development: Fran Messina

Department of Children and Families: Kim Samaroo-Rodriguez

Department of Public Health: Janet Williams

Legislators

Human Services Committee: Senator Paul R. Doyle, Representative Toni E. Walker, Senator Robert J. Kane, Representative Lile R. Gibbons

Public Health Committee: Senator Jonathan A. Harris, Representative Elizabeth B. Ritter, Senator Dan Debicella, Representative Janice R. Giegler

Select Committee on Aging: Senator Edith G. Prague, Representative Joseph C. Serra, Senator John A. Kissel, Representative John H. Frey

A Balanced Approach to Long-Term Services and Supports: Meeting Needs, Maximizing State & Federal Funds

Legislative Update

February 5, 2010



Julie Robison, PhD
UConn Health Center
Center on Aging

LTC: The Modern Definition



LTC Encompasses:
Rather, a large
umbrella definition

Not Just Nursing Homes
Not Just Insurance

The entire range of assistance, services, or devices provided over an extended period of time to meet medical, personal, and social needs in a variety of settings and locations.

LTC: Knows no Age or Disability Boundary!

CT 2007 LTC Needs Assessment Findings Led to Guiding Principles:

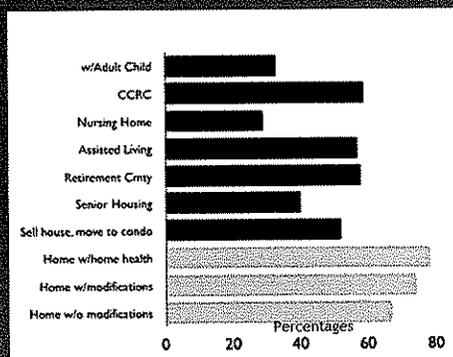


1. Create parity among age groups, across disabilities, and among programs.

Allocate funds equitably based on level of need... not simply age or type of disability

2. Break down silos that exist within and among state agencies and programs.

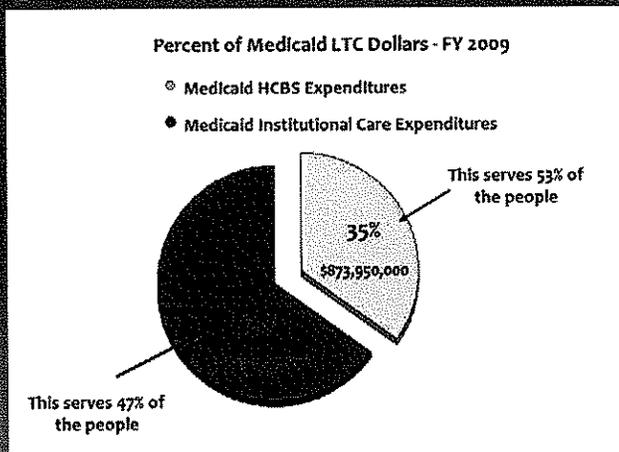
2007 LTC Needs Assessment: CT Residents Plan to Stay in Their Homes and Communities



- 80% of people plan to stay in their homes
- Living with an adult child is just slightly more expected than moving to a nursing home

CT is Institutionally Biased

Percent of Medicaid LTC Dollars for HCBS



CT Lags Behind Other States in Balancing LTC dollars

Percent of Medicaid LTC Dollars for HCBS

	2005		2008	
	Percent	Rank	Percent	Rank
All Long Term Care	37%	26	37%	31
MR-DD only	66%	27	67%	29
Aging/other disability only	22%	24	22%	29

Oregon & NM top 2 states: > 70% HCBS

Source: Thomson Reuters

LTC in Connecticut in 2006

	With state Medicaid	Without state Medicaid	Total
Receiving care in nursing homes	18,700	9,000	27,700
Receiving care in the Community (formal/paid)	21,300	116,000	137,300
Receiving care in the Community (informal/unpaid)	N/A	200,000	200,000
Total	40,000	325,000	365,000

Inaction vs. Relief from Rebalancing

Hypothetical FY06 Medicaid LTC Savings

	Percent of People covered by HCBS vs. Institution	Cost	2006 Savings	Percent saved
CT	51% / 49%	\$2.23 B	-	-
	60% / 40%	\$2.07 B	\$155 M	7%
CT GOAL	75% / 25%	\$1.81 B	\$417 M	19%
OR	85% / 15%	\$1.64 B	\$590 M	26%

Conclusions

Most CT residents are planning to age in place,
modifying their homes and using home care
BUT some CT residents do expect to use institutional
LTC

KEY TO LTC: Choice, parity among groups, access,
efficiency, quality

Rare policy opportunity when constituent preferences
align with fiscal savings - CT must focus on further
balancing LTC

Progress can
SIGNIFICANTLY SLOW GROWTH
of LTC spending

Program Cost Comparison Per Client

<i>Institutionalized Care (SNF)</i>	<i>Money Follows the Person</i>	
Monthly Program Cost: \$6658	Monthly Program Cost: \$3676	
	MFP Services: \$3388	
	Rental Assistance: \$288	
Federal Match: (\$4008)	Federal Match: (\$2713)	
Net Cost to State: \$2651	Net Cost to State: \$963	

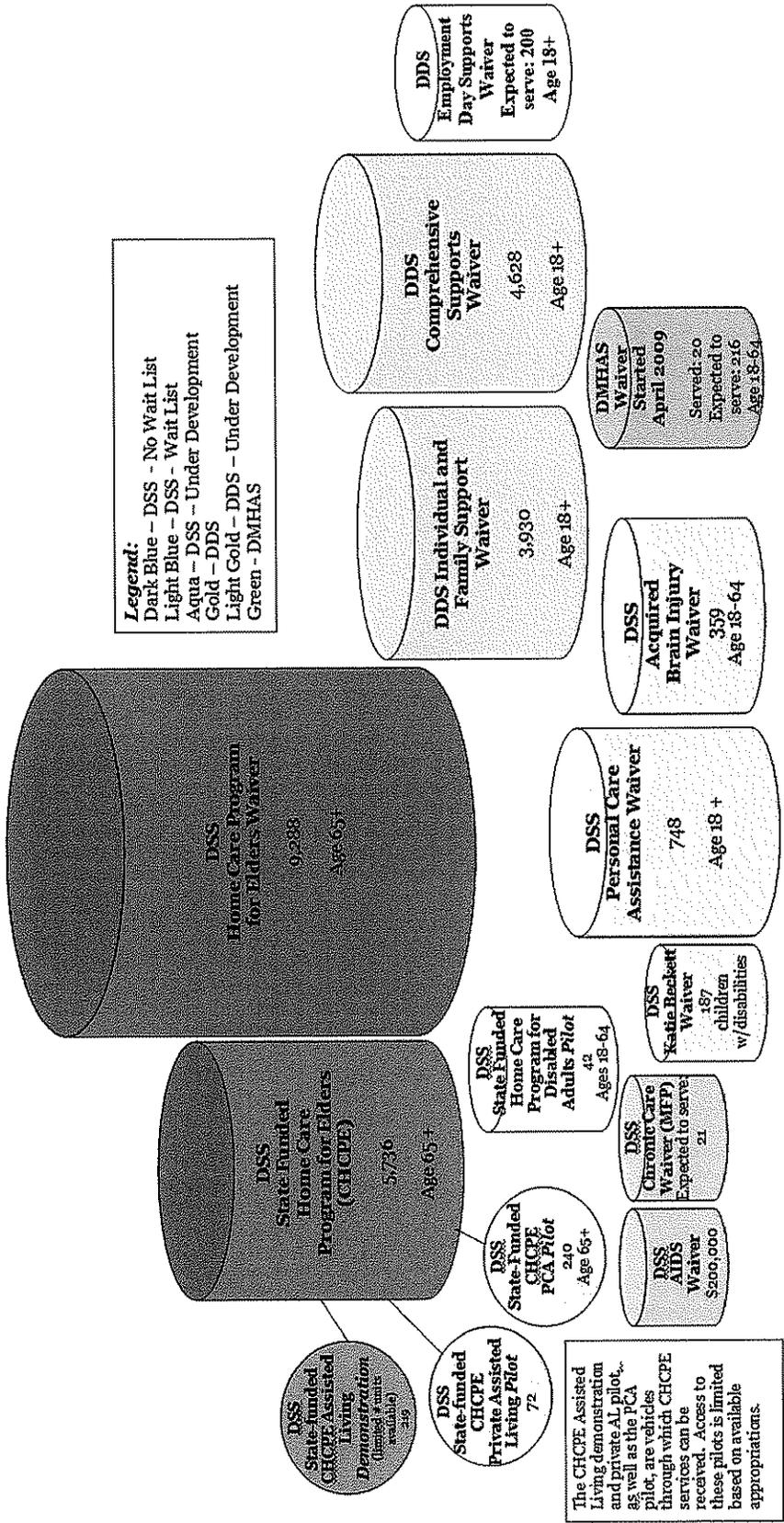
Notes: (1) Does not include Administration Costs. (2) Actual service utilization of an approved care plan is estimated at 80% of the actual care plan cost. (3) The group of MFP participants not eligible for enhanced match includes 3 persons who transitioned to group homes. Their costs are not included in the analysis. (4) All participants are eligible for services under the Medicaid State Plan.

This information provided by DSS in its October, 2009 Money Follows the Person Status Update.

Break Down the Silos Streamline the Home & Community-Based System

To utilize Medicaid to pay for HCBS, you must fit into one of these narrowly defined waivers (or related state-funded pilots)

National experts say “CT has too many waivers.”



The Connecticut Commission on Aging Maximizes Federal Funds And is a Strategic Investment for the State

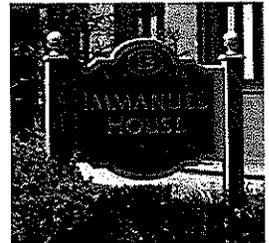


Recently, the CoA was successful in championing policy changes that help people age in their homes and communities. These changes give people a choice in how and where they live and receive services ~and at the same time bring into the state tens of millions of new federal dollars!

With a nominal budget of \$234,000, CoA is clearly a wise investment for Connecticut.

The following highlights two of the CoA's recent successes:

1. **Housing Opportunities for Low-Income Older Adults:** The availability of appropriate, affordable housing is a significant barrier for individuals hoping to "age in place" or return to the community through efforts such as Money Follows the Person.



The federal Assisted Living Conversion Program provides money to low-income congregate housing facilities (section 202 housing) to convert into assisted living facilities. This federal money is used to build communal laundry facilities, dining areas and make other upgrades that allow residents to receive assisted living services on-site.

To date, 271 individuals have received these services in the past six years, at a state cost of approximately \$27,000 annually per person (versus \$62,000 annually for nursing home care).

However, existing state law (CGS §8-206e) restricted Connecticut to having only four of these projects, limiting the state's ability to receive federal funds. The Commission on Aging identified this obstacle and successfully worked with policymakers to lift this restriction (PA 09-5).

Connecticut has received over \$65 million in federal funds for this program to date.

Without this change in state law, our state would have been ineligible for any additional federal funds for this worthy program.

2. **Money Follows the Person:** In late May, the Commission on Aging detected a trend with individuals being transitioned out of nursing homes and back into the community under the Money Follows the Person program. Because of a quirk in Connecticut's "operating protocol," our state was receiving extra federal funds on approximately half of the transitions, leaving additional federal money in Washington. After identifying this trend, the CoA educated policymakers and, as a result, the administration submitted the change to the federal government. **This oversight activity of the CoA has the potential to bring up to \$11 million in new federal money into Connecticut.**



The Commission on Aging is established under CGS §17b-420. Our mission is to serve as an objective, credible source of information on issues affecting Connecticut's older adults, to prepare our state for the needs of its soaring older adult population and to provide accountability within state government.

For more information, please contact the Connecticut Commission on Aging, at 860-240-5200.