Overview

DSS Vision and Mission

Why Rebalance?

Actual and Projected Financial Impact on System

Strategic Rebalancing Plan

Federal Grants and Initiatives

Outcomes
DSS Mission

Guided by shared belief in human potential, we aim to increase the security and well-being of Connecticut individuals, families, and communities.

Division of Health Services

An effective, person-centered health care delivery system for eligible people in Connecticut that promotes:

- well-being with minimal illness and effectively managed health conditions,
- maximal independence, and
- full integration and participation in their communities.
Why Rebalance Connecticut’s Medicaid System?

• Consumers overwhelmingly wish to have meaningful choice in how they receive needed long-term services and supports (LTSS).

• Average per member per month costs are less in the community

• In Olmstead v. L.C., 527 U.S. 581 (1999), the Supreme Court held that title II prohibits the unjustified segregation of individuals with disabilities.
  • Medicaid must administer services, programs, and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities.
Percentage of Medicaid LTSS Users Compared to Overall Medicaid Expenditures

- Population: 750,000
- Dollars: $6.7B

- Medical
- LTC
Community Compared to Institutional Costs
Average Annual Medicaid PMPM Nursing Home Level of Care
2012

Note: Analysis completed by Mercer Consulting based on dual eligible incurred claims 2012 grouped on category of service logic from Jen Associates.
## Supply and Demand Projections

<table>
<thead>
<tr>
<th>Supply Excess (Deficiency)</th>
<th>2010 Actual</th>
<th>2015</th>
<th>2020</th>
<th>2025</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Homes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beds</td>
<td>1378</td>
<td>2995</td>
<td>4999</td>
<td>7208</td>
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<tr>
<td>CNA</td>
<td>421</td>
<td>914</td>
<td>1525</td>
<td>2199</td>
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<tr>
<td>Home and Community Based Services</td>
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<td></td>
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<tr>
<td>PCA</td>
<td>0</td>
<td>(382)</td>
<td>(797)</td>
<td>(1294)</td>
</tr>
<tr>
<td>Home Health Aide</td>
<td>0</td>
<td>(720)</td>
<td>(1493)</td>
<td>(2416)</td>
</tr>
</tbody>
</table>
Benchmarks
Percentage of LTSS Expenditures and People Community vs. Institution

Source: Office of Policy and Management
Benchmark
Percentage of Hospital Discharges to Community vs. Nursing Home
Individuals who Require Services after Discharge

Source: Department of Public Health, Office of Healthcare Access
Governor Malloy’s Strategic Rebalancing Plan Updated July 1, 2015

The Rebalancing Plan addresses the following systemic barriers:

- Lack of sufficient services, supply, and information about home and community based services (HCBS),
- Inadequate support for self-direction and person-centered planning,
- Lack of housing and transportation,
- Lack of a streamlined process for hospital discharges to the community rather than nursing homes for persons requiring LTSS,
- Lengthy process for accessing Medicaid as a payer, and
- Lack of a sufficient workforce
Strategic Rebalancing Plan Con’d

Key Goals of the Strategic Rebalancing Plan

- **To improve effectiveness and efficiency of Connecticut’s HCBS system**

- **Decrease hospital discharges to nursing facilities among those requiring care after discharge**

- **Transition 5,200 people from nursing homes to the community by 2016**

- **To build capacity in the community workforce sufficient to sustain rebalancing goals**

- **To increase availability of accessible housing and transportation**

- **To adjust supply of institutional beds and community services and supports based on demand projections**

Principles of Connecticut’s System

- Person Driven
- Inclusive
- Effective and Accountable
- Sustainable
- Coordinated and Transparent
- Culturally Competent
Federal Funds to Support Rebalancing

- **$20M +**
- **3 Years**

- **$5M (TEFT)**
- **$4.1M (HUD)**
- **5 years**

- **$78M**
- **2 years**

- **$225M**
- **5 years**

90-10 Data Systems

Money Follows the Person

TEFT HUD

Balancing Incentive Program
Lead Initiatives

Money Follows the Person

• Transition Program
• Nursing Home Diversification
• Community Partnerships
• Hospital Discharge Infrastructure

Balancing Incentive Program

• Community First Choice Option
• No Wrong Door
• Universal Assessment
Under MFP 3037 People Have Transitioned to Community

- People with Physical Disabilities: 1104
- People without MFP: 229
- Elders: 1321
- People with Mental Health Disabilities: 239
- People with Developmental Disabilities: 144

Applications available at: https://ctmfp.com/
MFP - Transition Challenge Categories

- Physical Health: 17%
- Mental Health: 14%
- Waiver Program: 12%
- Consumer Engagement: 13%
- Housing: 11%
- Services and Supports: 8%
- Financial Issues: 6%
- Facility Related: 6%
- Other Involved Individuals: 4%
- Legal Issues: 3%
- Other: 6%
## MFP - Using Data to Address Transition Challenges

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Demonstration Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health</td>
<td>Substance Abuse Services</td>
</tr>
<tr>
<td>Consumer Engagement</td>
<td>Professional Development focusing on Engagement Informal Caregiver Supports</td>
</tr>
<tr>
<td>Housing</td>
<td>Adult Family Living Housing Coordinators</td>
</tr>
<tr>
<td>Transportation</td>
<td>Funded as an option under Nursing Home Diversification Grants</td>
</tr>
<tr>
<td>Workforce</td>
<td>Workforce Development Campaign</td>
</tr>
</tbody>
</table>
MFP - Nursing Home Rightsizing

• $40 million in grant and bond funds through FY 2017 has been dedicated to nursing facilities that are interested in diversifying their scope to include HCBS

• DSS has issued town-level projections of need for LTSS and need for workforce

• This data has informed applicants and selection of facilities through a Request for Proposals process
MFP - Nursing Home Rightsizing (cont.)

- Applicant nursing facilities are required to work collaboratively with the town in which they are located to tailor services to local need.

- In early 2014, the administration awarded $9 million in grant funds to seven entities.

- Another Request for Proposals was issued on October 16, 2014 and in May 2015, 4 additional nursing homes were awarded grants.
Community First Choice Option

- State plan amendment
- Institutional level of care
- Personal Care Assistance and other services that offset need for hands-on assistance
- 6% enhanced FMAP
- Individual budgets
- Maximum choice and control for Medicaid participants
Community First Choice Option

• State Plan Amendment Submitted June 23

• Verbal approval on July 16

• Connecticut joins 6 states
  • California
  • Maryland
  • Montana
  • Oregon
  • Washington
  • Texas

Applications are available at:
https://ctmfp.com/
Balancing Incentive Program

BIP Structural Change

No Wrong Door

- Develop Online Screening Application
- Integrate waiver application process with financial eligibility process

Universal Assessment (CSA)

- Develop core assessment
- Develop and implement needs based budget allocations

Conflict Free Case Management

- Design and implement firewalls between case management and services

BIP Implementation

- Streamline participant access to information and services
- Standardize assessment tools so that participants are assessed with one tool for multiple programs
- Ensure equitable distribution of dollars based on need
- Ensure decision making is person-centered

Strategic Objectives
Balancing Incentive Program – A Person Centered View

The Connecticut Balancing Incentive Program (BIP) is a person centered system allowing Consumers and their circle of support to have access to information and services across multiple LTSS Agencies and programs.
Making choices about care and support just got easier.

We’re the one source for everything about care and support in your community. My Place CT. You’ve come to the right place.

Learn more about long-term care.

› What are your needs?
› How do you find care and support?
› How do you pay?
› What are your housing and transportation options?
Access to Information

Community Partnerships

Learning Collaboratives

Resource Coordination

Navigators

Nursing Home Assessments

United Way

211 – 24 hour phone support
Live Chat
Housing

HUD Grant 150 New Housing Units

TEFT Grant

e – LTSS

Experience of Care

Personal Health Record
So, how are we doing?

Strategic LTSS rebalancing initiatives have changed the historical trend of where LTSS participants will receive services by 2025. Current projections indicate that 75% of all LTSS participants will receive services in the community rather than in a nursing home by 2025.
What impact has this had for people served?

*We have increased the percentage of people who:*

- are happy with the way they live their lives - from 62% while institutionalized to 79% after their move to the community

- report that they are doing fun things in their communities - from 42% while institutionalized to 60% after their move to the community

- increased the percentage of people who report that they are being treated the way in which they wish to be - from 82% while institutionalized to 93% after their move to the community
Stakeholders

- Connecticut Department of Social Services
- DAS
- United Way
- My Place CT
- MINTZ-HOKE
- DDS
- State Department on Aging
- University of Connecticut Health Center
- DMHAS
- InterRAI
- CCCI
- Morrow Consulting
- DoRS
- Agency on Aging
- Western Connecticut Area Agency on Aging
- Agency on Aging of South Central Connecticut
- WCAAA
- MERCER
Public Contact Information

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