



Department of Social Services

Division of Health Services

Rebalancing Initiatives

Complex Care Committee

Medical Assistance Program Oversight Council

July 24, 2015



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

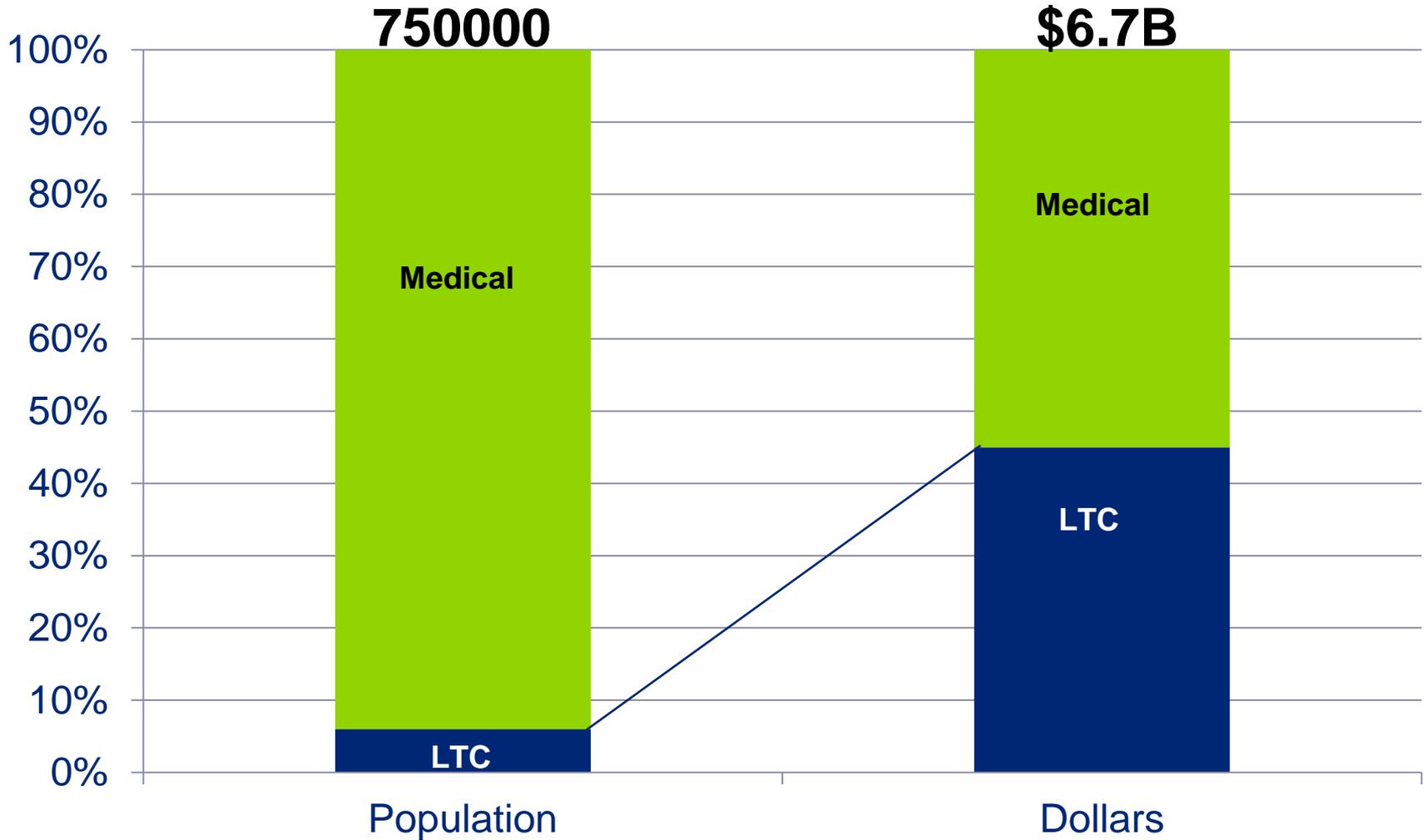
An effective, person-centered health care delivery system for eligible people in Connecticut that promotes:

- ***well-being with minimal illness and effectively managed health conditions,***
- ***maximal independence, and***
- ***full integration and participation in their communities.***

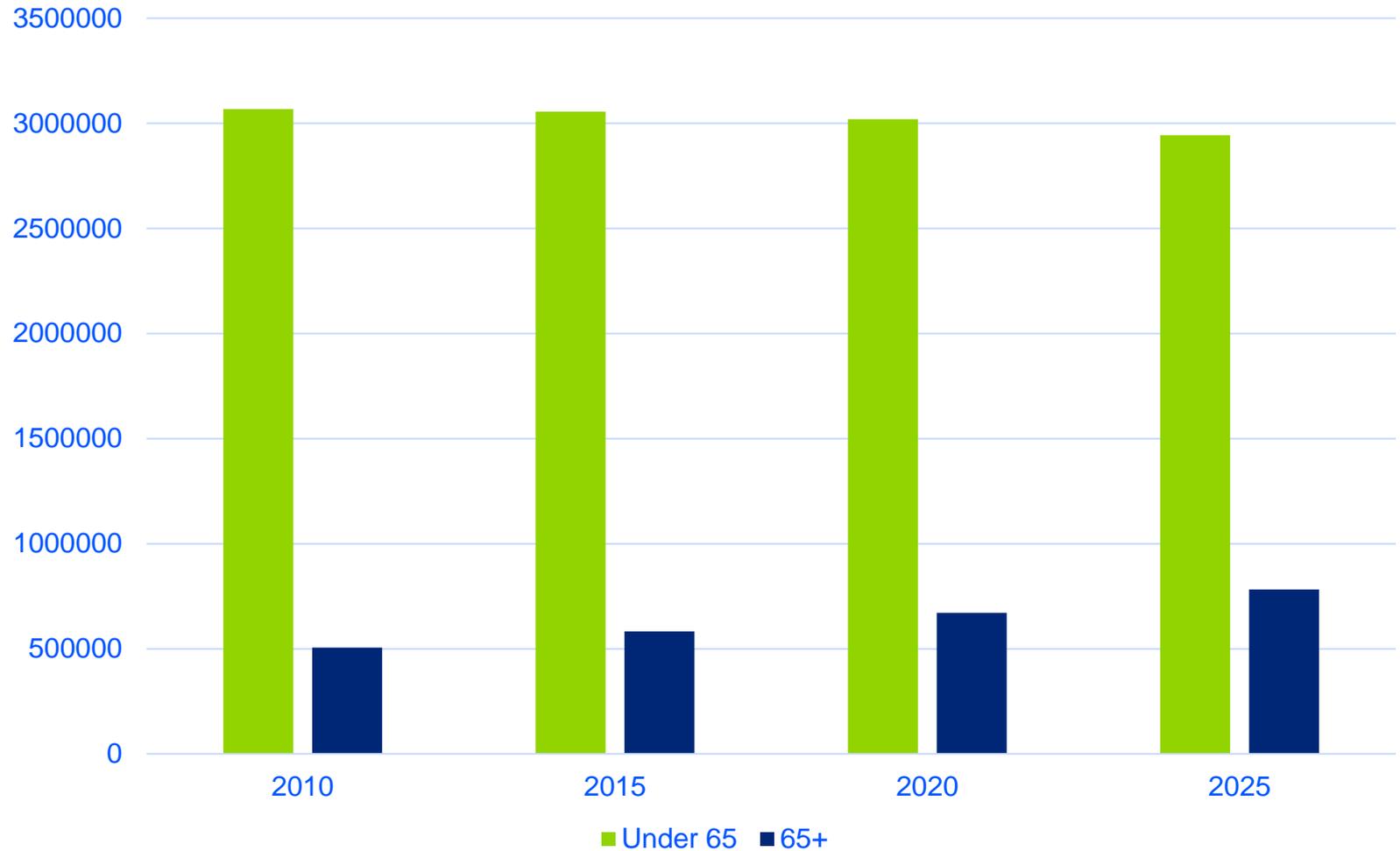
Why Rebalance Connecticut's Medicaid System?

- *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



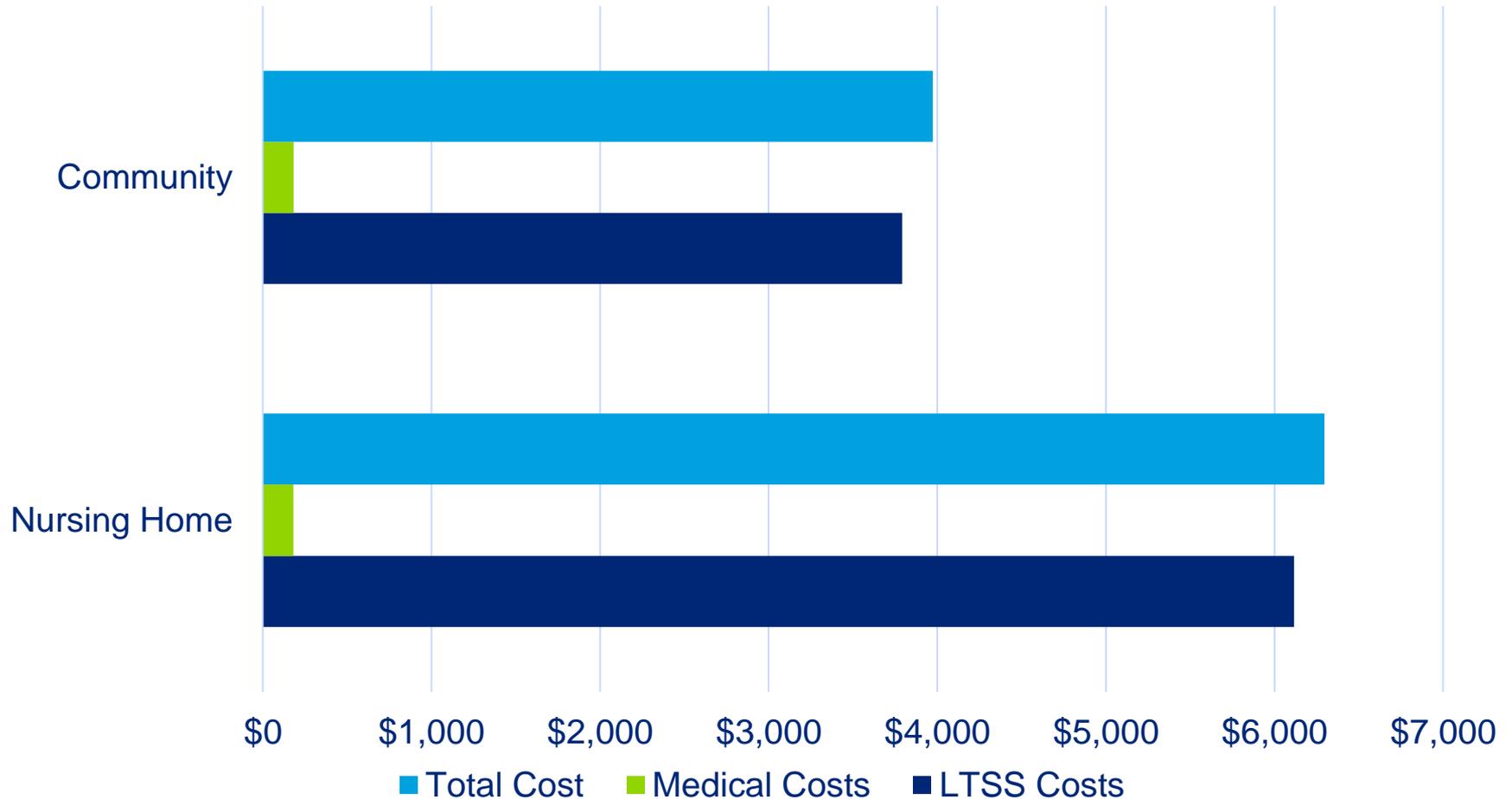
Connecticut Population Changes 2010 – 2025



Community Compared to Institutional Costs

Average Annual Medicaid PMPM Nursing Home Level of Care

2012



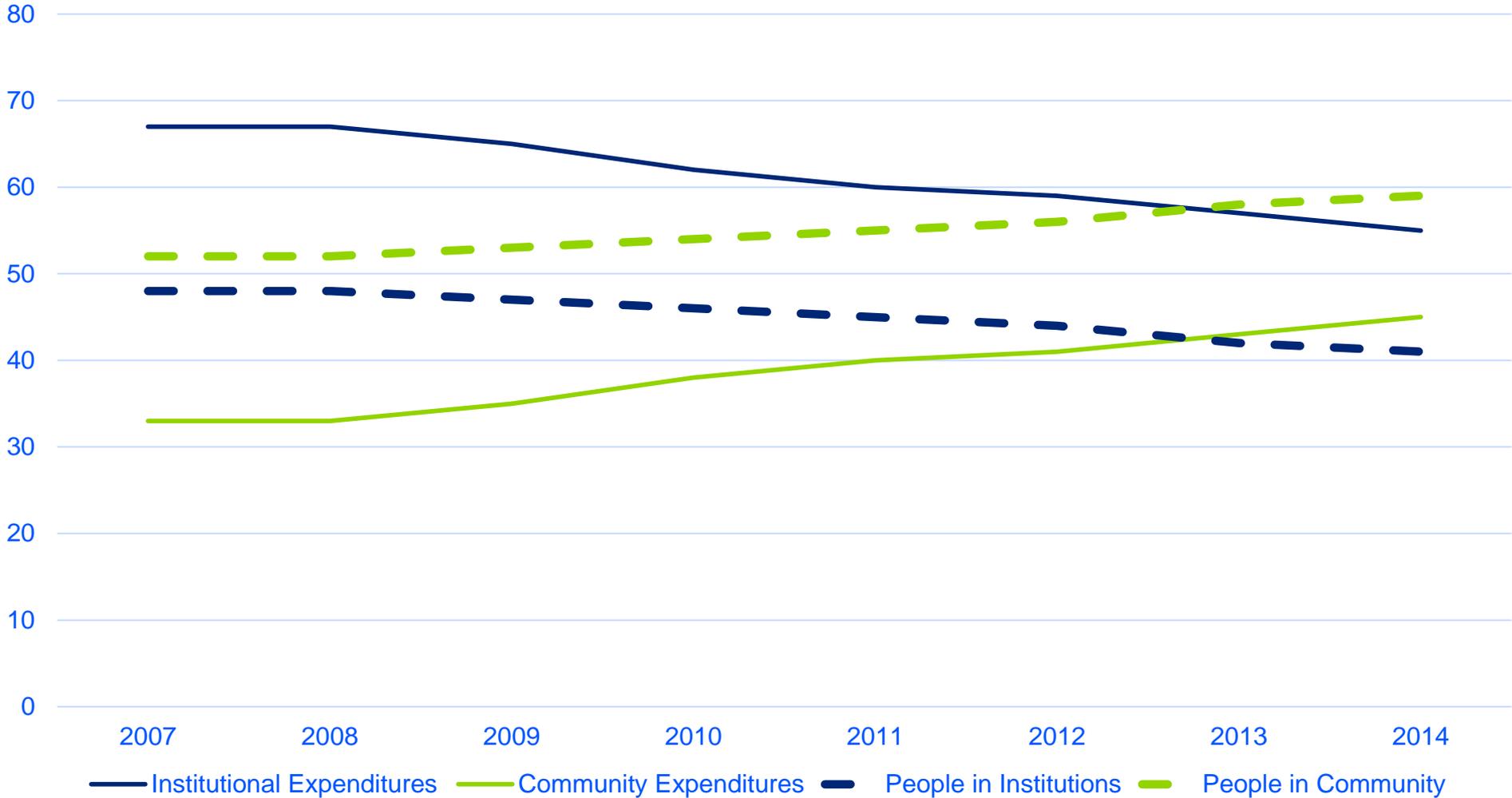
Note: Analysis completed by Mercer Consulting based on dual eligible incurred claims 2012 grouped on category of service logic from Jen Associates

Supply and Demand Projections

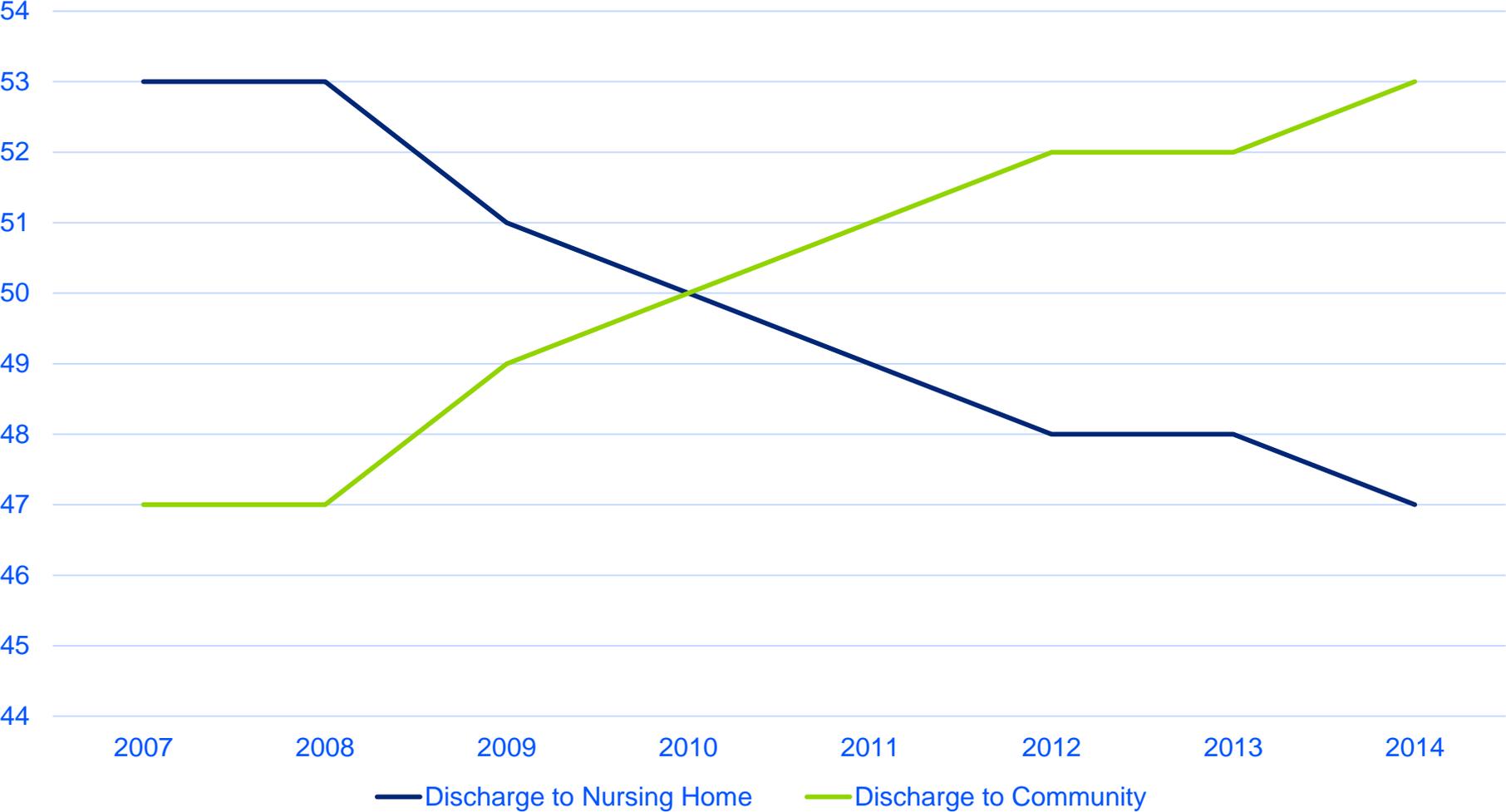
Supply Excess (Deficiency)	2010 Actual	2015	2020	2025
Nursing Homes				
Beds	1378	2995	4999	7208
CNA	421	914	1525	2199
Home and Community Based Services				
PCA	0	(382)	(797)	(1294)
Home Health Aide	0	(720)	(1493)	(2416)

Benchmarks

Percentage of LTSS Expenditures and People Community vs. Institution



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*

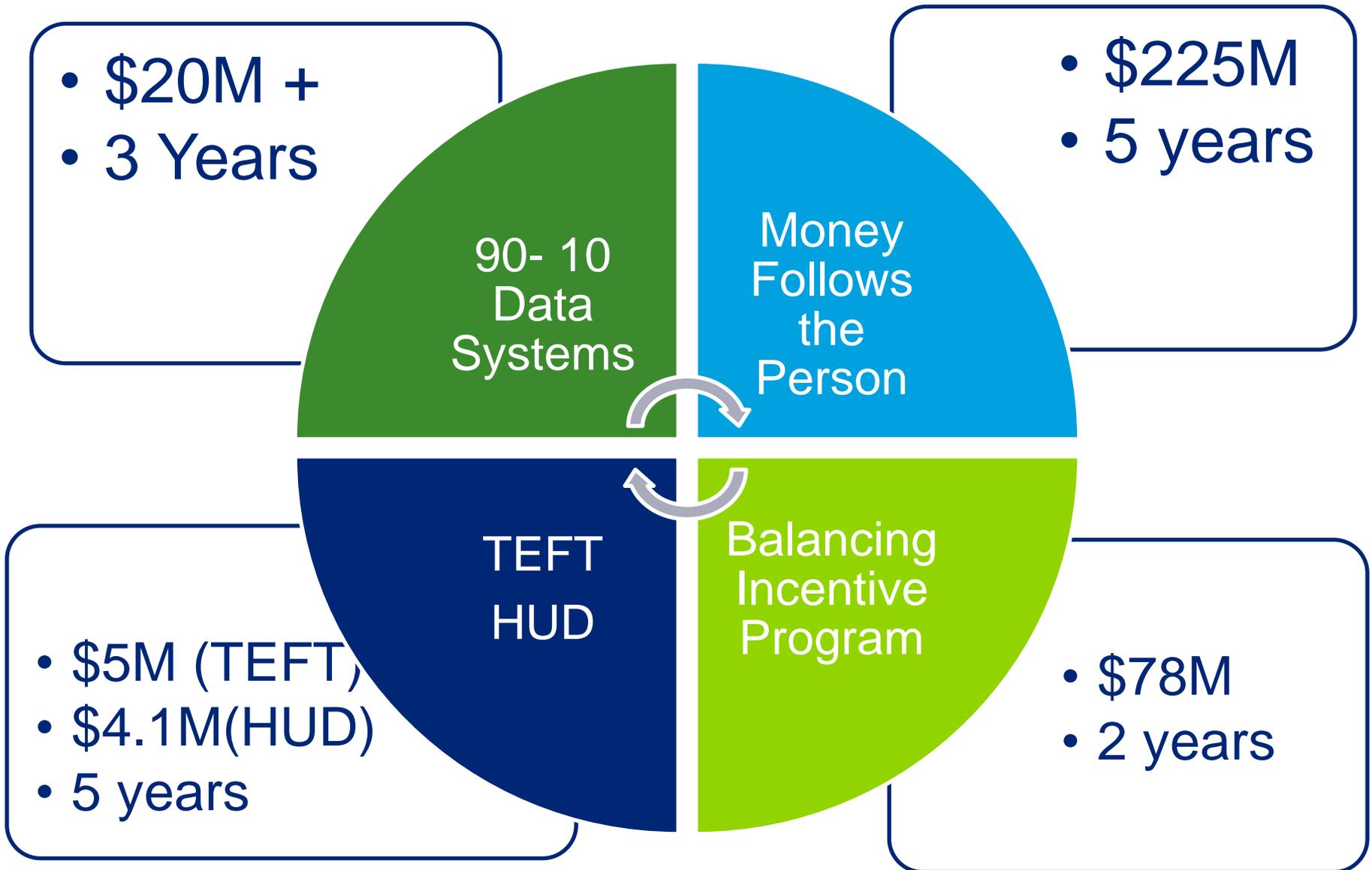
Connecticut's plan 'Strategic Rebalancing Plan: A Plan to Rebalance Long-Term Services and Supports 2013- 2015 is found at the following link:
[http://www.ct.gov/dss/lib/dss/pdfs/frontpage/strategic_rebalancing_plan_1_29_13_final2_\(2\).pdf](http://www.ct.gov/dss/lib/dss/pdfs/frontpage/strategic_rebalancing_plan_1_29_13_final2_(2).pdf)

Principles of Connecticut's System

- *Person Driven*
- *Inclusive*
- *Effective and Accountable*
- *Sustainable*
- *Coordinated and Transparent*
- *Culturally Competent*



Federal Funds to Support Rebalancing



Lead Initiatives

Money Follows the Person

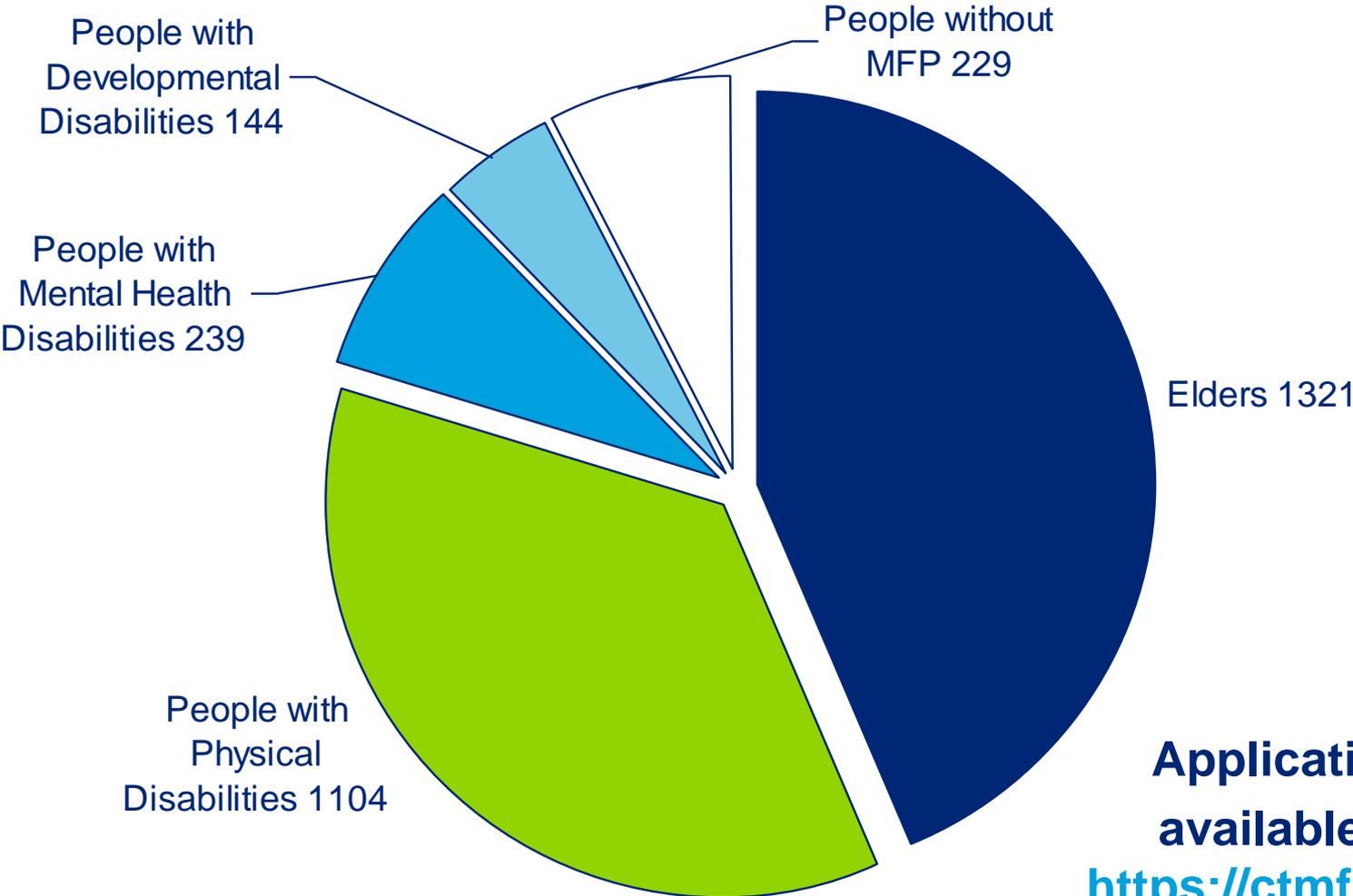
- Transition Program
- Nursing Home Diversification
- Community Partnerships
- Hospital Discharge Infrastructure

Balancing Incentive Program

- Community First Choice Option
- No Wrong Door
- Universal Assessment

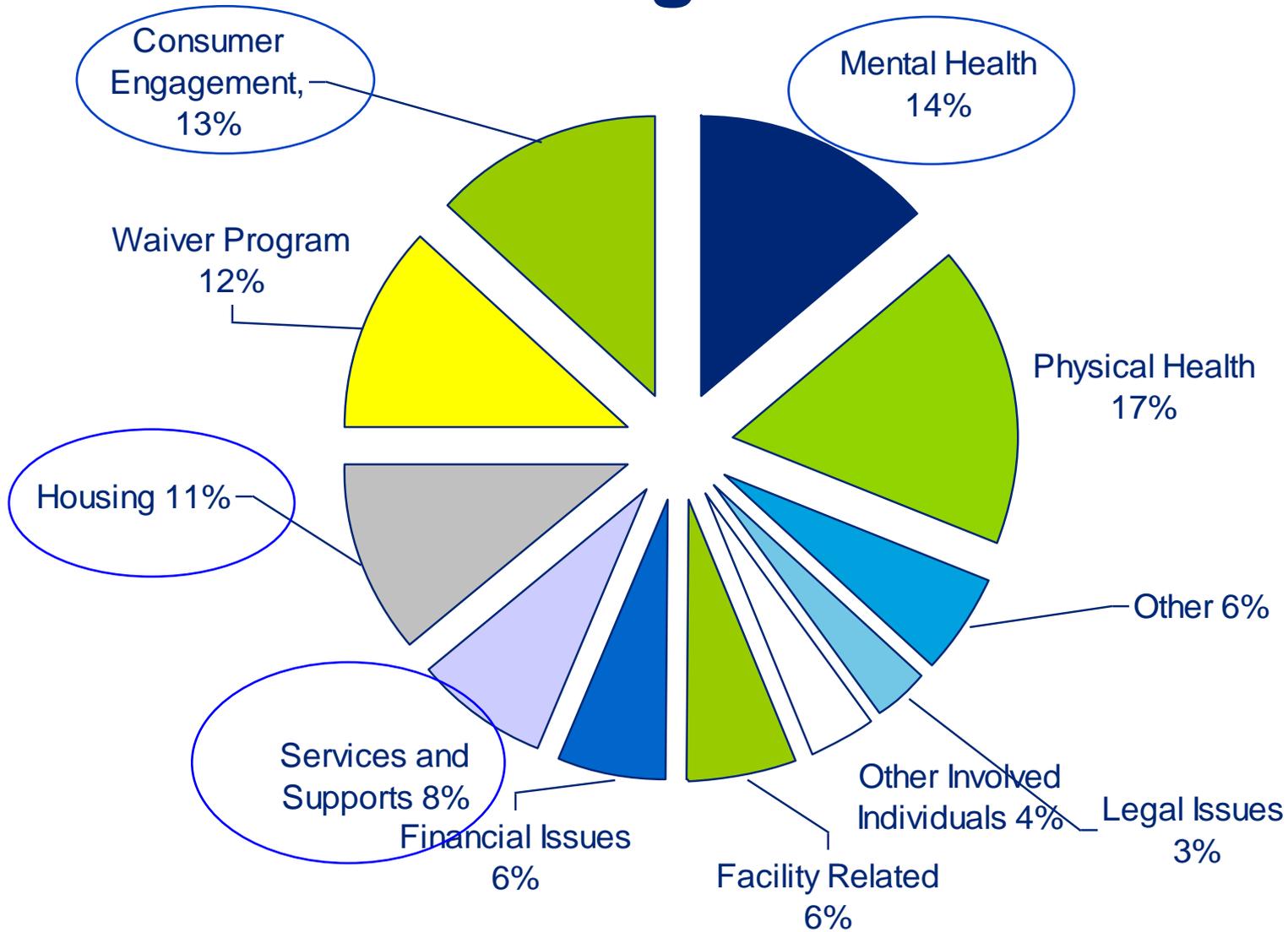


Under MFP 3037 People Have Transitioned to Community



Applications available at: <https://ctmfp.com/>

MFP - Transition Challenge Categories



MFP - Using Data to Address Transition Challenges

Challenges	Demonstration Services
Mental Health	Substance Abuse Services
Consumer Engagement	Professional Development focusing on Engagement Informal Caregiver Supports
Housing	Adult Family Living Housing Coordinators
Transportation	Funded as an option under Nursing Home Diversification Grants
Workforce	Workforce Development Campaign

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

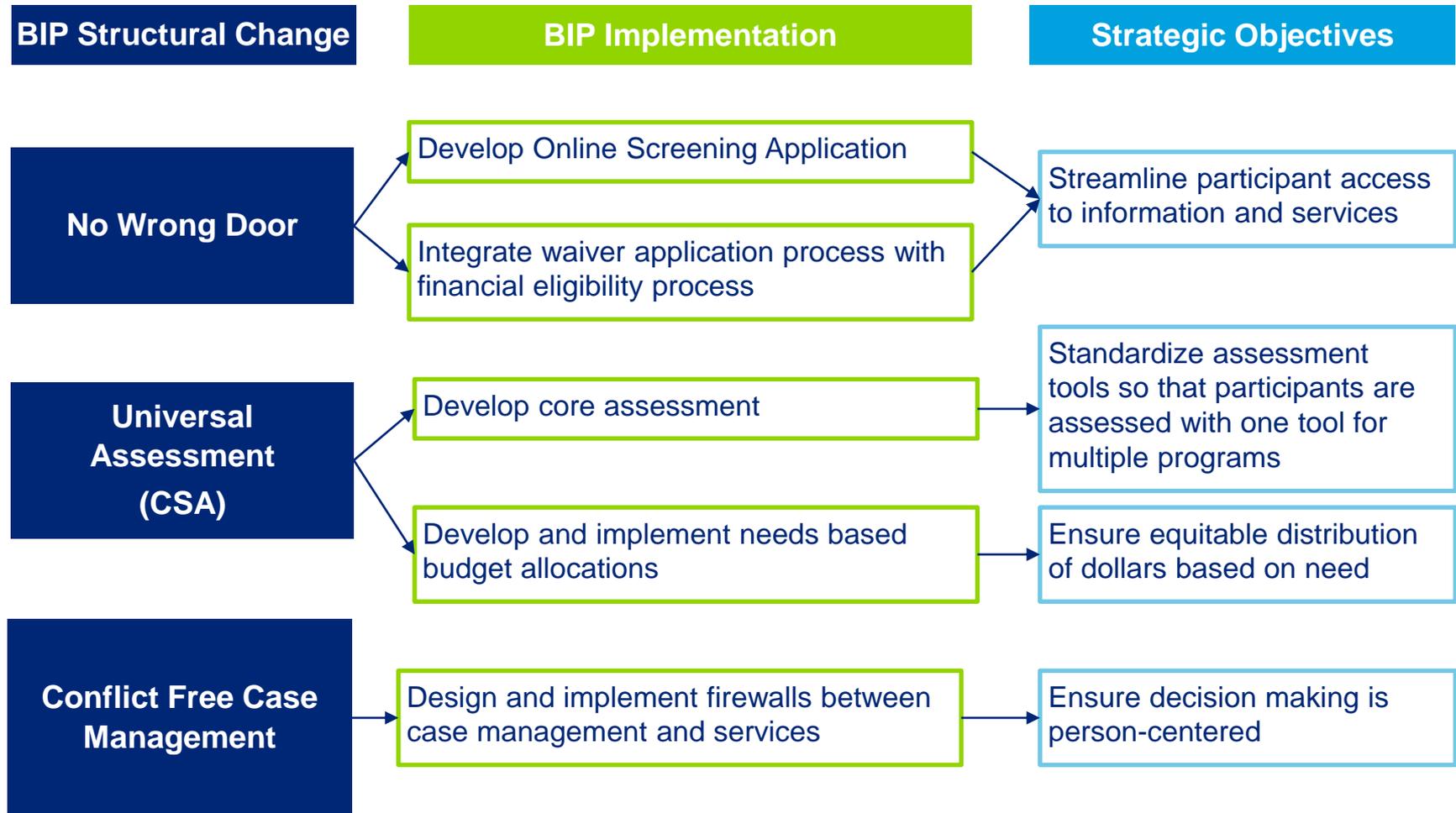
- **State Plan Amendment Submitted June 23**
- **Verbal approval on July 16**
- **Connecticut joins 6 states**
 - **California**
 - **Maryland**
 - **Montana**
 - **Oregon**
 - **Washington**
 - **Texas**

Applications are available at:

<https://ctmfp.com/>

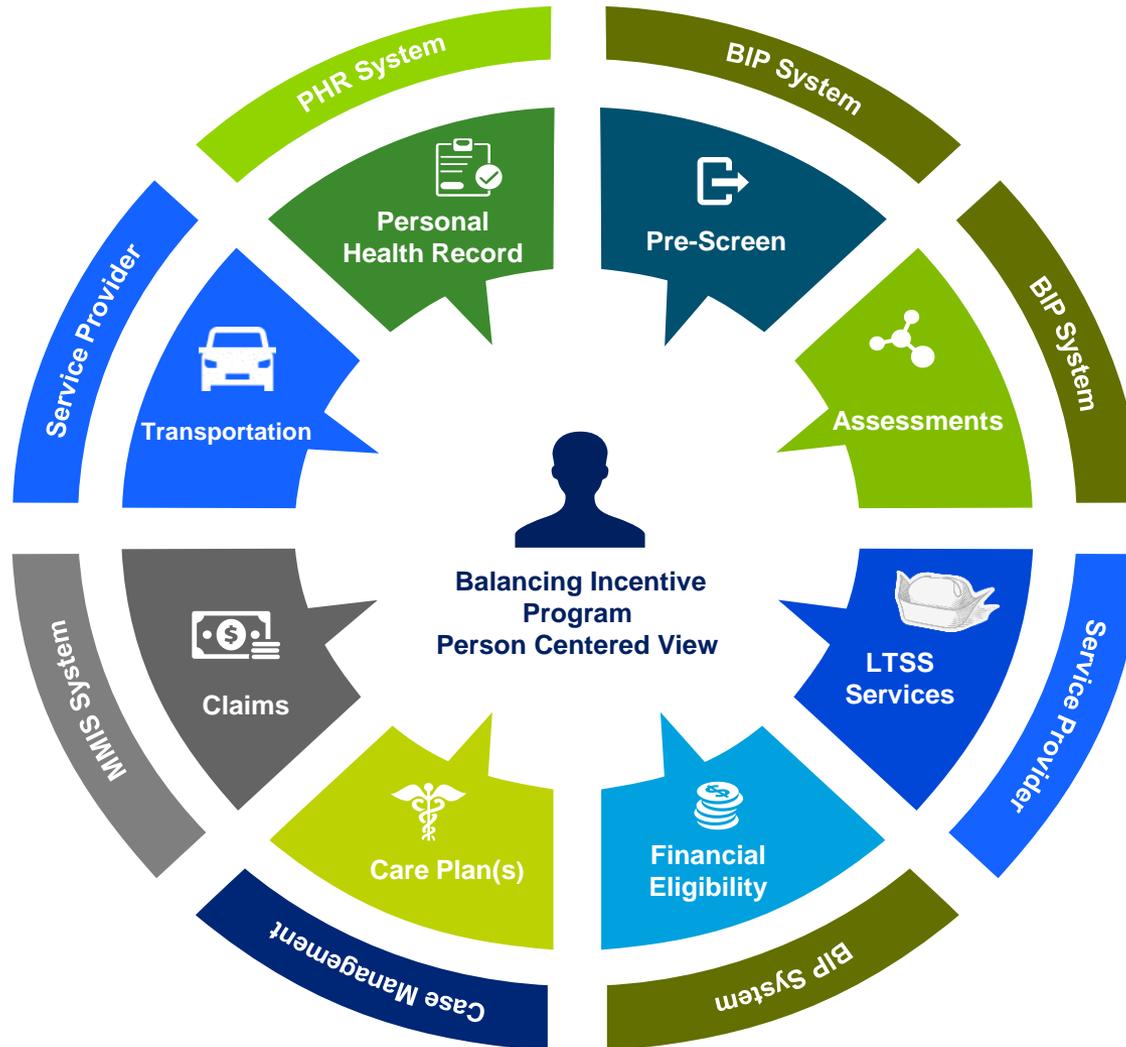


Balancing Incentive Program



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.





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[Determining Your Needs](#)

[Finding Care and Support](#)

[Affording Care and Support](#)

[Finding Housing and Transportation](#)



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> [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

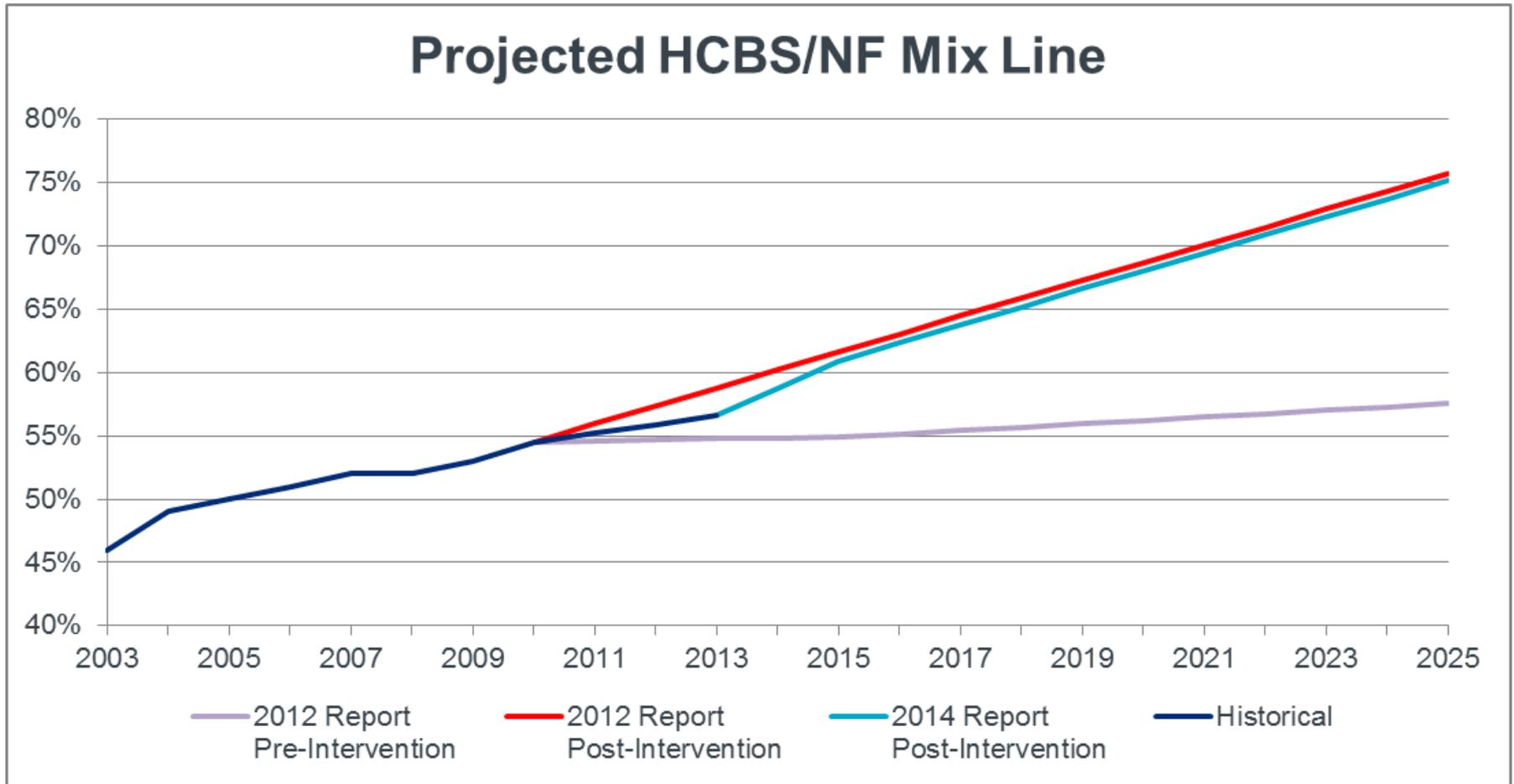
e – LTSS

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



BEST



MINTZ-HOKE



DoRS



CCI



Morrow Consulting



Public Contact Information

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