

# Legislative Program Review and Investigations Committee

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## STUDY SCOPE

### Factors Influencing Receipt of Long-Term Care Services and Supports in Home and Community Settings

#### Focus

This study will examine what differentiates Connecticut residents who receive long-term services and supports (LTSS) in the community versus in nursing homes, and identify ways these findings may be used to increase efficiency and potentially reduce costs. Possible influences include: characteristics of the individuals and the nursing homes; the transition planning/process; services available in the community, including informal family supports; and payor source of LTSS.

#### Background

Care of people with disabilities and older adults in long-term care facilities (i.e., nursing homes) is considered to be more expensive and often viewed as less desirable than supporting them at home or in another community setting. Long-term services and supports (LTSS) encompass a wide array of medical, social, personal care, and supportive services needed by individuals who, because of a chronic illness or condition, have lost some capacity for self-care and need help with daily activities for a lengthy period of time. In state FY 2015, the Connecticut Medicaid program spent \$2.889 billion on LTSS, accounting for 15 percent of total expenditures for the state of Connecticut.<sup>1</sup> Given Connecticut's aging population, and the estimate that 69 percent of 65 year olds will need LTSS as they age,<sup>2</sup> this expense may have an increasingly larger influence on future Connecticut budgets.

Connecticut has a history of providing LTSS in nursing home settings, which is often paid for by Medicaid, requiring a 50 percent state match. In 1981, Congress adopted a provision that allowed states to receive a Medicaid waiver to correct bias toward institutional care in Medicaid services for the chronically ill, with the rationale being that individuals who would otherwise be institutionalized, could receive supports and services in their homes and communities.

In state FY 2015, 40 percent of Connecticut residents requiring LTSS were living in nursing homes, and 60 percent in home and community settings.<sup>3</sup> Two programs administered by the Department of Social Services provide support for community-based care for frail elderly and people with disabilities. The Connecticut Home Care Program (CHCP) is the primary vehicle used by the state to provide home and community-based care to prevent

<sup>1</sup> Office of Policy and Management, Policy Development and Planning Division, 2015.

<sup>2</sup> *Balancing the System: Working Toward Real Choice for Long-Term Services and Supports in Connecticut*. A Report from the Connecticut Long-Term Care Planning Committee to the General Assembly, January 2016.

<sup>3</sup> *Ibid.*

institutionalization in a nursing home. The second program, called Money Follows the Person Rebalancing Demonstration (MFP)<sup>4</sup>, supports Connecticut’s efforts to “rebalance” the long-term support system, to increase the percentage of participants with long-term services and supports living in the community compared to an institution. By 2025, the goal is to have 75 percent of individuals receiving Medicaid LTSS in the community and 25 percent in institutions/nursing homes. Many state agencies, committees, and initiatives are addressing this rebalancing of long-term services and supports.

## **Areas of Analysis**

1. Provide overview of Connecticut’s long-term services and supports structure, including:
  - a. Organization
  - b. Funding
  - c. Service delivery
    - 1) Description of LTSS in home and community-based settings
      - i. Individuals
      - ii. Services and supports
    - 2) Profile of LTSS in nursing homes
      - i. Criteria used to determine need for nursing home placement
      - ii. Description of nursing home clients
      - iii. Description of nursing homes
      - iv. Description and analysis of decisionmaking process to retain or transition individuals in or out of nursing homes
2. Examine costs of care for persons with disabilities and older adults in nursing homes versus home/community care settings, including:
  - a. Factors influencing cost in nursing homes vs. home/community care
  - b. Cost of prevention into nursing home vs. transition out of nursing home
  - c. Initial vs. ongoing costs
3. Identify factors associated with appropriately preventing initial entry into nursing homes or transitioning out of nursing homes
  - a. Services provided/available through state agencies, community and private providers
  - b. Informal family support
  - c. Presence or absence of certain barriers
  - d. Geographic location
  - e. Quality/strength of transition process/planning
  - f. Payor source for LTSS
4. Review promising or best practices used in other states to address LTSS for Connecticut residents
5. Explore possible ways these study findings may be used to increase efficiency and potentially reduce costs

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<sup>4</sup> MFP was created by Section 6071 of the federal Deficit Reduction Act (DRA) of 2005 (P.L. 109-171)