Long Term Care Restructuring Initiatives in Connecticut

Increasing Home and Community Based Services (HCBS):

- Connecticut's long term care system is not very balanced and is predominantly centered on institutional care; in 2006, approximately 92% of its Medicaid Long term care spending was on nursing homes. However, the state does recognize that providing care in the least restrictive setting is important. In 2005, the state codified a law that will move long term care policy decisions in the direction of consumer choice and increased HCBS. The Long Term Care Planning Committee, under the new legislation, is required to shape their work in a way that will allow individuals who need long term care services the option to choose and receive care in the least restrictive setting.
- Even before the 2005 legislation, Connecticut was working towards providing more home and community based services. The state received a three year Nursing Facility Transition Project (NFTP) grant from CMS in 2001, in order to help individuals in nursing homes move back into their community. Between 2002 and 2005, 101 individuals who once lived in nursing homes were able to move back into their own apartments, group homes and other community settings. A major goal of the grant was to identify transition barriers and create a system that allows individuals to move back to their community and receive necessary supports. The project identified issues that either facilitated or delayed transitions and it shed light on the amount of time and assistance that is necessary to ensure that individuals can successfully move from institutional care settings to community based settings. Although the grant has expired, the state has continued the program and the Nursing Facility Transition Project is now included in the state budget.
- In addition to the NFTP grant, CMS awarded Connecticut with another grant in January 2007. The grant was a five year grant to help develop a Money Follows the Person (MFP) Demonstration, which will help the state to continue to rebalance its LTC system. Under Money Follows the Person, Medicaid eligible individuals will continue to benefit from Medicaid funding no matter which long term care setting they move to. The project's main goal is to transition 700 individuals out of institutional facilities and back to the community, over the five year period. To do so, the state plans to involve almost all sectors of the Department of Social Services (DSS) in the MFP demonstration. The state believes that it has a

good foundation on which to implement the MFP demonstration, as it already has a goal to rebalance the long term care system and it already has a transition program in place. The state recognizes that it will need to build on the existing transition program and address problems such as housing, assistive technology and provide consumers with more choices and information.

- A multi-agency effort has been coordinated as well, by Connecticut's Office of Policy and Management in order to develop affordable assisted living options for low income consumers. For example, assisted living services have been added in state-funded congregate housing and in federally funded housing facilities. A 75 slot pilot projected has been arranged in private-pay assisted living facilities as well. Consumers living in these private-pay facilities will receive support from the state once their personal resources have been used up.
- In addition to increasing the availability of affordable assisted living facilities, new legislation for increased assisted living oversight and resident "bill of rights" was enacted in 2007.
- The Connecticut Home Care Program for Elders (CHCPE) is a waiver program that has greatly expanded HCBS. It is a nursing home diversion program that provides consumers with home care services and eligibility is based on financial and functional criteria, however, only those who are 65 or older are eligible.
- In 2005, a Personal Care Assistance (PCA) pilot program was added within the CHCPE and in 2006 a less restrictive pilot program was implemented; consumers' spouses or other relatives could act as a PCA. The program started with 50 slots, expanded to 100 slots in 2004 and increased to 250 in 2007. Recently the cap has been eliminated and there are no longer waiting lists for this program.

Evaluation of LTC programs

- The Long-Term Care Advisory Council and Long-Term Care Planning Committee authorized and funded a comprehensive long-term care needs assessment. The assessment and a report was conducted and written by the University of Connecticut Health Care Center's Center on Aging. One of the goals of the assessment and report was to recommend changes to existing programs or service delivery systems, to better serve consumers. For example, the report recommended implementing a single point of entry system and addressing the lack of LTC information to the

public. AARP conducted a survey in 2007 of 755 members in Connecticut in order to determine their opinion of a single point of entry system and to identify their long term care concerns. Few members felt as if they were well informed. In fact, 12% felt they were not informed at all and 28% felt as though they were not very informed. In addition, 4 out of 5 members felt it was important to have a central location where they could receive information about services as well as help in applying for services. The report by the University of Connecticut Health Care Center's Center on Aging also recommended increasing consumer direction and consumer choice, by increasing the array of community based services and affordable transportation.

- Connecticut has embarked in consumer direction in some of its programs, but the extent of consumer direction is limited. For example, consumers in the CHCPE program can opt for "self direct" status, but they cannot hire, train and pay workers of their choice. "Self direction" is restricted to choosing the provider agency, determining the service options and schedule. The PCA pilot program, under the CHCPE program does however allow for true self direction, as consumers can choose who to hire, including members of their family.
- The purpose of the CHCPE program is to increase access to HCBS, but the manner in which the screening process is conducted is problematic and there are concerns that some individuals may be inappropriately turned away from the program. This is because individuals are first "quick screened" at the DSS Alternate Care Unit where they are deemed eligible based on self reported functional ability, which could potentially be a false assessment of actual ability. If individuals are deemed eligible at this stage, they are referred to agencies for a comprehensive in home assessment, in order to determine necessary services. The assessment however, is unique to nursing home admissions and does not apply to other care settings. Thus, it is unclear how successful the program is at diverting consumers away from institutional care. In addition, the home care industry does not have as much oversight as nursing homes and it is difficult to ensure that consumers receiving care in their homes are receiving high quality of care.
- The Nursing Facility Transition Project measured consumer satisfaction and it tracked the consumer's progress over time as well. It was considered a successful program and the state decided to continue it once the grant expired.

Conclusion

- Connecticut is in the process of shifting long term care services and expenditures towards more home and community based care. Although more Medicaid funds go into nursing home care rather than HCBS, Connecticut has made some important LTC developments. It has eliminated waiting lists for CHCPE, it continued the NFT program once the CMS grant expired and it has increased the availability of assisted living by coordinating efforts with different agencies. Despite the advances, barriers to care still exist, due to the lack of transportation services, the lack of true consumer directed models, questionable assessment processes and the lack of information regarding LTC.

Resources

1. State of Connecticut Department of Social Services: Programs and Services: http://www.ct.gov/dss/cwp/view.asp?a=2353&q=305170

2. Connecticut Long-Term Care Needs Assessment Part II: Rebalancing Long-Term Care Systems in Connecticut and Recommendations, University of Connecticut Health Center, this project was funded by the Connecticut General Assembly, Public Act 06-188, Research Team: Julie Robison, PhD, Cynthia Gruman, PhD, Leslie Curry, PhD, MPH, Noreen Shugrue, JD, MBA, Kathy Kellett, MA, Martha Porter, BA, Irene Reed, MA, Consultants: Robert Kane, MD. Rosalie Kane, PhD, University of Minnesota, June 2007.

3. Kassner, E., Reinhard, S., Fox-Grage, W., Houser, JA., Accius, J., A Balancing Act: State Long-Term Care Reform, *AARP Public Policy Institute.* July, 2008. http://assets.aarp.org/rgcenter/il/2008_10_ltc.pdf

4. Bridges, Katherine, Long Term Care in Connecticut: A Survey of AARP Members, *AARP Public Policy Institute*. April, 2008. http://assets.aarp.org/rgcenter/il/ct_ltc_08.pdf

5. Center for Disability Rights: Nursing Facility Transition http://www.centerfordisabilityrights-ct.org/services/nft/index.html