

JULY 22, 2019 STATE OF CONNECTICUT MEDICAID LONG-TERM CARE DEMAND PROJECTIONS

Connecticut Long-Term Care Demand Report Webinars
August 7, 2019 & August 9, 2019
1:00–2:00 PM (EST)

QUESTIONS & ANSWERS

1. JEN Frailty Index:

- Q. How does the exclusion of the JEN Frailty Index on this 2019 update affect how Mercer determined future nursing facility (NF) demand?
- A. The JEN Frailty Index does not impact the long-term care projections. That information was provided in the previous two iterations of the Long-Term Care Demand Report (Report) as supplemental information, but it was not directly incorporated into the projections.

2. Closed Nursing Facilities:

- Q. NFs that are closed are still contained on the town-by-town report and therefore create lower occupancy rates. Is there a way for Mercer to delete these facilities and update the Report?
- A. If there are NFs captured in the Report that were closed as of the 2017 NF cost reports, then those NFs should be removed from the Report. However, with the way that the Report is structured, if a NF was open in 2017, which was the year used for the NF cost reports, then it would be kept in the long-term care demand modelling. If a NF closed after the 2017 year, then that NF would still be kept in the analysis.
- Mercer did not audit the NF cost reports. If a NF reported a lower or higher count of residents than their actual experience, then that would impact the occupancy rate and NF demand projections in the Report.

3. Nursing Facility Census Data:

- Q. The 2018 cost reports filed show the census on the last day of the cost report (September 30, 2018). Was the census data used by Mercer more current than September 30, 2018?
- A. The census data used reflected the most recent available census for each of the NFs and the majority of those NFs (over 96%) had a census date more recent than January 1, 2019.

4. Occupancy Rate:

- Q. Why was a one-day snapshot at September 30, 2017 used to calculate occupancy rate rather than the actual days of care?

- A. The previous Reports used a one-day snapshot of the last day of the NF cost report period to calculate the occupancy rate. The July 2019 Report used the same methodology to ensure consistency with the methodology used for the 2012 and 2014 Reports. Mercer is open to suggestions on how to improve the Report. If it would be more useful to the State and the stakeholders to revise the calculation of occupancy rate, then that will be considered for future reports.

5. Long-Term Care Demand Projections — Medicaid Portion:

- Q. On the demand projection chart, why are the Medicaid Portion figures the same for each year of each category? For example, on page 14, Statewide Summary, the CNA staff category is equal to 5,113 in each projection year.
- A. Correct, the Medicaid portion of the long-term care demand is the same for all projection years. By holding the existing supply of home- and community-based services (HCBS) and NF services and NF beds constant, and evaluating the Medicaid portion of that existing supply and holding that constant as well, then, based on the projected changes in demographics and the projected shift in HCBS and NF mix, we can project the magnitude of the long-term care surplus or deficiency that would result from those assumptions and those projections.

6. Medicare Long-Term Care Demand:

- Q. While the report addresses Medicaid patients' need for care in NFs and at home, nursing homes take care of Medicare patients as well. With nearly 10,000 beds being taken out of service, was any analysis completed to determine the future availability of beds needed for Medicare patients?
- A. Projected Medicare demand was not a consideration in the July 2019 Report. The Report is focused almost exclusively on the Medicaid portion of the long-term care demand. Medicare data was not available for the July 2019 Report.

7. Webinar Recordings:

- Q. Will the recordings of the webinars be made publicly available?
- A. Yes, the recording of the presentation will be made available through the State's website.

8. State-led Initiatives:

- Q. How did Mercer estimate the impact of the state-led initiatives?
- A. The impact of the state-led initiatives was a comparison between the HCBS/NF growth prior to when many of the state-led initiatives were implemented beginning around 2011 versus HCBS/NF growth after the state-led initiatives were implemented. Prior to the state-led initiatives, HCBS/NF growth was observed to be roughly 0.50% to 0.75% per year. Mercer then reviewed historical trend for time periods where the state-led initiatives were in place. The HCBS/NF mix projections without the state-led initiatives reflect the historical 0.50% to 0.75% HCBS/NF growth per year that was observed prior to 2011, whereas the projections with the state-led initiatives reflect the historical trend observed during those time periods where the state-led initiatives were in effect.

9. Governor's Position:

- Q. What is the Governor's position on the expansion of home-based Medicaid services?

- A. The Governor provided some quotes in the press release. The Governor favors quality services across the entire continuum and absolutely supports choice. What the rebalancing initiatives do, very simply, is change policy so that people have a choice and then build capacity according to the needs that we see in the population. The Governor is pro-choice in where people live, he wants us to listen very carefully to the citizens, and to build supply according to what it is that the people are saying.

10. Nursing Facility Level of Care Population vs. Nursing Facility Members:

- Q. On page 2 of the local demographics is box 2, total in need of NF level of care, and box 3, the number of people using NF care. Can this information be reviewed once more?
- A. The second table on page 2 of the appendix C & D summaries shows the count of members that require NF level of care (NF LOC). This is a subset of the Medicaid aged, blind, and disabled population. Within the NF LOC population members can either receive treatment in a nursing home (institutionalized care) or they can receive treatment through HCBS. The NF table, table 3, is the count of NF LOC members that are or are projected to receive institutionalized care; so they are a subset of the NF LOC population.