



STATE OF CONNECTICUT
LONG TERM CARE PLANNING COMMITTEE

December 23, 2021

The Honorable Patricia Billie Miller, Senate Chair
The Honorable Quentin W. Phipps, House Chair
Aging Committee
State Capitol, Room 011
Hartford, CT 06106

The Honorable Marilyn V. Moore, Senate Chair
The Honorable Catherine F. Abercrombie, House Chair
Human Services Committee
Legislative Office Building, Room 2000
Hartford, CT 06106

Dear Committee Chairs:

As required by Section 17b-337(d) of the Connecticut General Statutes, enclosed please find the Long-Term Care Planning Committee's annual report on the number of persons receiving long-term services and supports in the community and the number of persons receiving long-term services and supports in institutions.

If you have any questions on the report, please call me at the Office of Policy and Management at 860-418-6286.

Sincerely,

David Guttchen
Chair, Long-Term Care Planning Committee
Office of Policy and Management

cc: Members and Clerks of the Aging and Human Services Committees
Long-Term Care Planning Committee
Long-Term Care Advisory Council
Claudio Gualtieri, Undersecretary, Office of Policy and Management
Clerk of the Senate
Clerk of the House
Office of Legislative Research
State Librarian

CT Rebalancing: Medicaid Long-Term Care Clients and Expenditures

SFY 2021

Clients

- From SFY 2020 to SFY 2021, the percentage of individuals receiving Medicaid long-term care services in the community versus an institution increased by eight percent (8%). Seventy percent (70%) of Medicaid clients (a monthly average of 31,276) were served in the community and thirty percent (30%) of Medicaid clients (a monthly average of 13,663) received care in an institution.
- Since SFY 2003, the percentage of Medicaid clients receiving care in the community has increased by 52%: from 46% in SFY 2003 to 70% in SFY 2021.
- Rebalancing interventions alone may not have led to the 8% increase in clients served in the community versus an institution. The COVID-19 public health emergency may have had an impact on the number of individuals choosing to receive care outside of institutions.

| PROPORTION OF CONNECTICUT MEDICAID LONG-TERM CARE CLIENTS OVER TIME | | | |
|--|----------------------------------|---------------------------|---|
| SFY | Home & Community Care | Institutional Care | Total Monthly Average LTC Medicaid Clients |
| 2002-03 | 46% | 54% | 37,969 |
| 2003-04 | 49% | 51% | 39,305 |
| 2004-05 | 50% | 50% | 40,417 |
| 2005-06 | 51% | 49% | 41,773 |
| 2006-07 | 52% | 48% | 41,335 |
| 2007-08 | 52% | 48% | 40,057 |
| 2008-09 | 53% | 47% | 40,097 |
| 2009-10 | 54% | 46% | 40,448 |
| 2010-11 | 55% | 45% | 41,468 |
| 2011-12 | 56% | 44% | 41,719 |
| 2012-13 | 58% | 42% | 42,577 |
| 2013-14 | 59% | 41% | 44,712 |
| 2014-15 | 60% | 40% | 45,876 |
| 2015-16 | 60% | 40% | 46,024 |
| 2016-17 | 61% | 39% | 45,598 |
| 2017-18 | 64% | 36% | 46,270 |
| 2018-19 | 64% | 36% | 46,194 |
| 2019-20 | 65% | 35% | 46,373 |
| 2020-21 | 70% | 30% | 44,939 |

Expenditures

- In SFY 2021, Medicaid long-term care expenditures for individuals in the community versus in an institution increased by 11% from SFY 2020. Of the long-term care expenditures for individuals enrolled in Medicaid, 60% were for services provided in the community and 40% were for institutional care.
- Since SFY 2003, the percentage of Medicaid long-term care expenditures for home and community-based care has increased by 94%, from 31% in SFY 2003 to 60% in SFY 2021.
- Rebalancing interventions alone may not have led to the 11% increase in expenditures on services in the community versus an institution. The COVID-19 public health emergency may also have had an impact on expenditures as Medicaid home and community-based expenditures increased even as client numbers reflect a slight decrease.

| PROPORTION OF CONNECTICUT MEDICAID EXPENDITURES FOR LONG-TERM CARE OVER TIME | | | | | |
|--|-----------------------|--------------------|---------------------------------|-----------------------------|---|
| SFY | Home & Community Care | Institutional Care | Total LTC Medicaid Expenditures | Total Medicaid Expenditures | Percentage of Total Medicaid Expenditures for LTC |
| 2003 | 31% | 69% | \$1,914,273,731 | \$3,406,301,048 | 56% |
| 2004 | 33% | 67% | \$1,955,406,395 | \$3,541,153,371 | 55% |
| 2005 | 35% | 65% | \$1,977,418,433 | \$3,715,210,091 | 53% |
| 2006 ^a | 32% | 68% | \$2,227,237,142 | \$4,003,243,481 | 56% |
| 2007 | 33% | 67% | \$2,299,133,950 | \$4,016,531,371 | 57% |
| 2008 | 33% | 67% | \$2,403,524,813 | \$4,361,642,828 | 55% |
| 2009 ^b | 35% | 65% | \$2,499,416,752 | \$5,481,108,439 | 46% |
| 2010 ^{c, d} | 38% | 62% | \$2,586,673,481 | \$5,120,011,692 | 51% |
| 2011 | 40% | 60% | \$2,695,265,598 | \$5,764,332,014 | 47% |
| 2012 | 41% | 59% | \$2,770,265,028 | \$5,932,580,102 | 47% |
| 2013 | 43% | 57% | \$2,894,062,447 | \$6,230,395,960 | 46% |
| 2014 ^e | 45% | 55% | \$2,876,616,284 | \$6,880,327,373 | 42% |
| 2015 | 45% | 55% | \$2,889,022,951 | \$7,167,438,562 | 40% |
| 2016 ^f | 49% | 51% | \$3,063,784,905 | \$7,424,270,721 | 41% |
| 2017 ^g | 50% | 50% | \$3,214,941,505 | \$7,521,804,316 | 43% |
| 2018 | 53% | 47% | \$3,259,286,335 | \$7,740,843,361 | 42% |
| 2019 | 52% | 48% | \$3,203,349,467 | \$7,947,891,454 | 40% |
| 2020 | 54% | 46% | \$3,384,915,173 | \$8,140,654,231 | 42% |
| 2021 | 60% | 40% | \$3,343,831,401 | \$8,585,047,917 | 39% |

Notes:

a -Between SFY 2005 and SFY 2006, the percent of Medicaid long-term care expenditures for institutional care increased, from 65 to 68 percent, reversing a trend toward shifting expenses toward community-based care. The increase was not due to an increase in the use of institutional care or a shift away from home and community-based care, but rather reflects the significant Medicaid rate increase provided specifically to nursing homes in the fall of 2005.

b - Beginning in SFY 2009, expenditures are adjusted to account for retroactive claims.

c - For SFY 2010, the proportion of long-term care Medicaid expenditures for care in the community increased by 5% over the previous year. This large increase is due in part to a rebasing of rates for Medicaid long-term care services for persons with developmental disabilities.

d - Beginning in SFY 2010, two new Medicaid services were added: 1) a new service category of Hospice was added to both Home and Community Care and Institutional Care and 2) the new Mental Health Waiver.

e - Beginning in SFY 2014, the Autism Medicaid Waiver was added and the MR Waiver was eliminated.

f - SFY 2016 CFC and ABI II expenditures included for the first time.

g - This reflects a correction from SFY 2017 reported numbers. In SFY 2018 it was realized that SFY 2017 expenditure data inadvertently did not pull-in CFC expenditures. This is the corrected figure for SFY 2017 - made Nov 2018.

CT Rebalancing: Non-Medicaid Long-Term Care Clients

SFY 2021

State-Funded Levels of the Connecticut Home Care Program for Elders¹

In addition to Medicaid funded long-term services and supports programs, the State of Connecticut operates two state-funded levels of the Connecticut Home Care Program for Elders (CHCPE). The state-funded CHCPE program allows seniors who qualify for nursing facility level of care, but have incomes and assets exceeding Medicaid levels, to receive home care services in their home rather than a nursing facility.

- In SFY 2021, on average, the state-funded levels of CHCPE provided home care services to 2,230 clients per month.
- In 2021, the total annual expenditures for the state-funded levels of CHCPE were \$31,872,007.

Estimated Number of Non-Medicaid Nursing Facility Occupants²

- From 2004 to 2021 the total number of licensed nursing facility beds declined by 18% (from 29,801 to 24,444).
- On September 30, 2021, nursing facilities in Connecticut had an average occupancy rate of 78% (of the 24,444 available nursing facility beds in Connecticut, 19,078 were occupied)³.
- During SFY 2021, an estimated monthly average of 12,718⁴ were occupied by Medicaid clients and 6,360 beds were occupied by non-Medicaid clients.

| Nursing Facility Occupancy Data 2020 – 2021 | |
|---|---|
| 24,444 | Total nursing facility beds in CT on 9/30/21 ⁵ |
| 78% | Average occupancy rate on 9/30/21 |
| 19,078 | Number of occupied beds on 9/20/21 |
| 12,718 | Average monthly number of Medicaid clients in a nursing facility in SFY 2021 ³ |
| 6,360 | Estimated average monthly number of non-Medicaid clients in a nursing facility in SFY 2021. |
| 69% | Estimated percent of occupied nursing facility beds funded by Medicaid in SFY 2021 ⁶ . |

¹ Data from Department of Social Services CHCPE monthly reports as submitted to OPM.

² Unless otherwise noted, all data in this section is from the OPM Annual Nursing Facility Census Annual Nursing Facility Census, 2021.

³ The dramatic decrease in occupancy is due to the COVID-19 pandemic. In years prior to the pandemic the average occupancy rate was 88%.

⁴ Data from OPM 2021 Medicaid rebalancing LTC client calculation spreadsheet.

⁵ Does not include Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IIDs) and Chronic Disease Hospitals.

⁶ Percentage calculated using data from the OPM Annual Nursing Facility Census Annual Nursing Facility Census, 2021 and the OPM 2021 Medicaid rebalancing LTC client calculation spreadsheet.

CT Rebalancing: Combined Medicaid and Non-Medicaid Long-Term Care Clients⁷

SFY 2021

| Total Monthly Average Home and Community Care Clients SFY 2021 | | |
|---|---------------------------------------|------------------------------|
| State-Funded Home Care Clients | Medicaid Home Care Clients | Total Home Care Clients |
| 2,230 | 31,276 | 33,506 |
| Total Monthly Average Institutional Care Clients SFY 2021* | | |
| Non-Medicaid Institutional Clients | Medicaid Institutional Clients | Total Institutional Clients |
| 5,415 | 13,663 | 19,078 |
| Total Monthly Average Medicaid and Non-Medicaid Long-Term Care Clients SFY 2021 | | |
| Total Non-Medicaid Long-Term Care Clients | Total Medicaid Long-Term Care Clients | Total Long-Term Care Clients |
| 7,645 | 44,939 | 52,584 |

⁷ Non-Medicaid and non-state-funded home care data is not available.