

2022 Long-Term Services and Supports (LTSS) Plan Overview

LONG TERM CARE PLANNING COMMITTEE DECEMBER 14, 2021

A solid blue horizontal bar at the bottom of the slide.

The Planning Process

Comments on recommendations for the 2022 Plan were solicited in the following ways (Appendices C & D list organizations that contributed to the Plan):

Traditional Methods

- Sent out through various agency list serves and web pages
- Distributed to the LTC Advisory Council membership
- Distributed to the LTSS Rebalancing Committee, CFC Council and PCA Workforce Council

New Methods (Appendix F details comments received via these methods)

- Public Feedback Form
- Public Listening Sessions

Listening Sessions and Public Feedback Form

- Held 4 listening sessions via Zoom in September and October
- Co-Sponsors: AARP, The ARC CT, Keep the Promise Coalition, and PATH CT.
- 40 attendees representing older adults, informal caregivers, ID/DD, youth, individuals with mental health diagnoses and individuals with physical disabilities. Participating individuals used a wide variety of LTSS in various settings.
- Kept participants informed throughout the Plan development process with an opportunity to review and comment on draft recommendations and advanced provision of the final draft of the full Plan.

Major Themes Across Sessions and Feedback Forms (Appendix F)

- Better Access to Services
- Improving the Assessment Process (ease and transparency)
- Greater Emphasis on and Assistance with Back-Up Planning
- Emphasis on Early Intervention and Lifelong Support
- Improved Employment Support, Job Matching and Oversight
- Revisions to Current Financing Rules (revisit spousal assessment esp. for those under age 65 and provide payment to formal caregivers visiting consumers temporarily hospitalized or in an institution)
- Expand Funding for Home Modifications (think beyond physical accessibility and expand to safety measures)

Major Themes Across Sessions and Feedback Forms (Appendix F) (Cont.)

- Improve Access to Affordable Supportive Housing in All Communities and Work with Consumers to Ensure the Housing is a Good Fit Socially (culturally appropriate).
- Improve Informal Caregiver Supports
- Continue to Support and Expand Self-Direction
- Fund School Systems to Provide Better Support to Families & Students with ID/DD
- Improve Quality of Care in all Settings and How QA is Conducted in Group Homes and Residential Settings.
- Improve and Expand Transportation Options
- Focus on Workforce Development as an Immediate and Urgent Priority

Addressing The COVID-19 Pandemic

- The 2022 LTSS Plan does not attempt to explore CT's COVID-19 response in-depth.
- The Plan does, however, take into consideration the valuable lessons learned from the pandemic as voiced by State agency staff, community organizations, advocacy groups and members of the Public who submitted comment.
- Many of the recommendations in the 2022 Plan were developed based on strengths & weakness of the LTSS system that were highlighted during the public health emergency. However, these 3 items were mentioned by every group that provided feedback:
 1. Workforce Development
 2. Back-Up Planning for Those Self-Directing Their Services
 3. Visitation Policies at Nursing Facilities

SFY 2021 Rebalancing Statistics

Medicaid 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.

SFY 2021 Rebalancing Statistics (Cont.)

Medicaid 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.

Key Facts and Trends

- Disabilities affected 11.9% of all Connecticut residents – 419,252 individuals in 2019.
- Among older adults living to age 65 during the period of 2020-2024, it is estimated that 57% will need paid LTSS over the course of their lifetime. In general, 70% of individuals living beyond age 65 will develop some form of LTSS need. Women and low-income individuals have a greater chance of needing LTSS (61.1% and 61.6% respectively) than men (50.9%).
- Home and community-based services (HCBS) help people with LTSS needs stay in their homes and communities while reducing LTSS spending. Medicaid pays the majority of LTSS expenses. In Connecticut, in state fiscal year (SFY) 2021, Medicaid LTSS expenses accounted for 15% of the state budget and 39% of the Medicaid budget.

Recommendation Highlights

Long-Term Recommendations

- Long-term recommendations remained largely the same as previous years with some revisions.
- A few notable changes:
 - Moved: Workforce development moved from a long-term to a short-term recommendation to address the urgency of needed action.
 - Added: Prioritize and improve back-up planning resources and assistance and access to emergency supports in the State's self-directed Medicaid programs.
- Substantial Revisions:
 - ✓ Encourage communities to take an active role in planning and supporting LTSS for their residents and provide state level technical assistance and financial incentives.
 - ✓ Provide support to informal caregivers that increase caregiver knowledge and confidence to deliver quality care, navigate the LTSS system and avoid burnout.
 - ✓ Expand and improve employment opportunities and vocational rehabilitation for persons with disabilities and older adults and ensure employment options match individual interests and include appropriate job site supports.

Recommendation Highlights (cont.)

Short-Term Recommendations

- Numerous substantial changes. Section largely reworked based on feedback.
- Too many to review today. Will focus on a few new or substantially revised recommendations under each of the following topic areas that have remained the same:
 - ✓ Programs and Services
 - ✓ Infrastructure
 - ✓ Financing
 - ✓ Quality
 - ✓ Housing
 - ✓ Workforce

Recommendations Programs and Services

- Improve transparency throughout the assessment process by ensuring that consumers understand the criteria being used to make decisions regarding their budgets and supports and that consumers and/or their authorized representatives are present at all planning meetings where level of care or service revision decisions are made. **NEW!**
- Study the impact of the 2021 copay reduction from 9% to 4.5% for the State-funded tiers of the Connecticut Home Care Program for Elders and determine the need for further reductions or elimination of the copay. **Revised to reflect co-pay reduction that occurred since last plan.**
- Ensure equity in all LTSS programs and services through the availability of accessible materials, addressing social determinants of health and ongoing evaluation of equity in LTSS access and health outcomes among traditionally underserved populations. **NEW!**
- Increase earlier access to Hospice services in the community and institutional settings. **NEW!**

Recommendations Infrastructure

- Engage in coordinated outreach and education efforts among State agencies to provide unbiased information to Connecticut residents on the LTSS available and how to access them. **NEW!**
- Address the historical fragmentation of the Medicaid home and community-based waivers, which are associated with specific age and diagnostic eligibility criteria and administered through varying State agencies and application processes. Coordination of programs and application and renewal processes between State agencies must occur to create a streamlined system that addresses the needs of the total person. **Substantially Revised**
- Eliminate the benefits cliff so that older adults and individuals with disabilities can participate in meaningful employment without risking the supports and services they need to remain active, contributing members of the community. **NEW!**
- Establish on-call supports for Medicaid recipients who self-direct their LTSS so that they have someone to call with questions and concerns in order to succeed as an employer. **NEW!**
- Review, and modify as necessary, the current Certificate of Need process for skilled nursing homes to allow the State to work more collaboratively with nursing home providers as they seek to transition and transform their facilities. **NEW!**

Recommendations Financing

- **All NEW!**
- Provide increased funding to school systems so that they can hire additional social work and special education staff and train them on the programs and services available to parents and students with special needs so that they can provide meaningful assistance to families.
- Implement a caregiver tax credit or establish a State-managed fund to reimburse unpaid family caregivers who provide services that keep people in their homes and avoid the need for institutional care.
- Address the LTSS needs of immigrants who do not qualify for traditional sources of public funding and, therefore, lack access to care.
- Explore the development of LTSS programs, like the State's assisted living pilot program, that utilize private and public partnerships.
- Increase funding for behavioral health services across the LTSS continuum.
- Explore adjusting Medicaid spousal assessment rules, especially for spouses under age 65.
- Explore the provision of Medicaid reimbursement for paid caregivers to visit consumers in the hospital and other institutional settings to reduce isolation and promote better health outcomes.

Recommendations Quality

- Expand State oversight of services to individuals receiving LTSS, including those provided in group homes, to include employee job performance in the areas of quality interactions with consumers and efforts at promoting consumer social engagement and stimulation. **NEW!**
- Explore using a third-party, non-State entity to conduct group home evaluations. **NEW!**
- Support an integrated approach to CT's response to abuse, neglect and exploitation, including the development of multi-disciplinary teams, implementing recommendations from the Coalition for Elder Justice in Connecticut and increasing resources, training for, and collaboration with Protective Services for the Elderly, the Office of the Chief State's Attorney, and other relevant agencies to identify, investigate and prosecute cases of abuse, neglect, and exploitation. **Substantially Revised**
- Ensure all LTSS care settings, such as nursing homes, group homes and supportive housing options, have the ability, in accordance with applicable state and federal laws, to reasonably accommodate non-English speaking and deaf and hard of hearing residents by providing or arranging for appropriate interpretation services. **NEW!**

Recommendations Housing

- Continue to support and strengthen the current models of affordable housing with assisted living services to ensure their viability. **NEW!**
- Address the needs of the aging skilled nursing facility infrastructure through maintenance, infection control, and modernization. **NEW!**
- Adopt policies that encourage incorporation of accessible housing features into new construction in all communities so that new housing can support its residents throughout the lifespan and in the neighborhood of their choosing. **Revised**
- Continue and expand State investment in the development of housing for older adults and persons with disabilities that is affordable, accessible, culturally appropriate and located in the community of the individual's choosing. **Revised**
- Reduce isolation and quality of life among older adults and individuals with disabilities by including them directly in the placement process to ensure that individuals are placed in housing where they feel most comfortable. **NEW!**
- Increase Medicaid and State funding for home modifications and expand the qualifying criteria for home modifications to include health and safety measures related to cognitive and behavioral needs as well as physical disabilities. **NEW!**

Recommendations Workforce

- Develop a comprehensive and safe direct care workforce-consumer on-line matching system with details on special qualifications, such as experience working with individuals with Alzheimer's or training in behavior management. **Substantially Revised**
- Develop a registry of pre-certified emergency back-up workers that can be accessed by employers of record in the State's Medicaid self-directed programs that enables them to rapidly access emergency direct care services without having to go through the lengthy hiring process or resort to consumer hospitalization or institutionalization for care. **NEW!**
- Engage in innovative workforce recruitment practices, including the recruitment and training of home care workers from local communities who will be familiar with local neighborhoods, supports and culture and individuals who currently or previously served as community health workers or informal caregivers to be paid peer supports and/or service providers for individuals participating in the State's self-directed Medicaid programs. **NEW!**
- Address the need for both paid skilled health care and unskilled care (e.g., companionship) to provide stimulation and increase psycho-social health outcomes. **NEW!**

Recommendations Workforce (cont.)

All NEW!

- Engage local Boards of Education and school systems in the promotion of direct service home care as a career option for students.
- Reduce the amount of time it takes to hire staff through self-directed programs.
- Provide education and training to direct care workers and unpaid family caregivers on skills and competencies related to the physical, cultural, cognitive, and behavioral health care needs of consumers of LTSS.
- Create and communicate career advancement opportunities for direct service providers across settings so that dedicated workers can grow in their skills and compensation while continuing to provide needed services in both community and institutional settings.

Next Steps

- Vote Today
- Submit to the Legislature by 1/1/22
- Post on the LTC Planning Committee Web Page

<https://portal.ct.gov/OPM/PDPD-HHS/Long-Term-Care-Planning-Committee/Long-Term-Care-Planning-Committee>