

Balancing the System:

Working Toward Real Choice for Long-Term Services and Supports in Connecticut

A Report to the General Assembly
January ~~2019~~ 2016

Goals and Recommendations

Goals

1. Balance the ratio of home and community-based and institutional care:

Develop a system that provides for more choice and opportunities for community integration as alternatives to all institutional settings, and increases the proportion of individuals receiving Medicaid long-term home and community-based care from 60 percent in 2015 to 75 percent by 2025, requiring approximately a 1.5 percent increase in the proportion of individuals receiving Medicaid long-term services and supports in the community every year.

2. Balance the ratio of public and private resources:

Increase the proportion of costs for long-term services and supports covered by private insurance and other dedicated sources of private funds to 25 percent by 2025. Such an increase in private insurance and other sources of private funding would reduce the burden both on Medicaid and on individuals' out-of-pocket expenses. Nationally, private insurance (long-term care and other health insurance) represented 11.9 percent of spending for long-term services and supports in 2012.¹

Recommendations

Long-Term Recommendations

Optimally, a robust system of LTSS that is able to maximize autonomy, choice and dignity will provide a full range of services and supports. Individuals, regardless of disability or age, should have the options that allow them to live their lives as meaningfully and productively as possible in the settings that best suit their needs and preferences, in the least restrictive environment. As in any system, all the constituent parts are interrelated and interdependent. In order to

¹ “Other dedicated sources of private funds” means private long-term care insurance, other types of private insurance and other private spending for nursing facilities and home health services. It does not include “out-of-pocket” spending or informal care. Source: National Health Policy Forum; *The Basics: National Spending for Long-Term Services and Supports*; George Washington University; March 27, 2014.

meet the growing demand for LTSS and the goals set forth in this Plan, investment in the community-based infrastructure is critical. Over the long term, to realize the vision and achieve the goals set out in this plan, actions must be taken on the following fronts:

- Provide true individual choice and self-direction to all users of long-term services and supports, regardless of funding source.
- Promote efforts to enhance quality of life in various long-term services and supports settings.
- Ensure the availability of a wide array of support services for those living in the community. Ensure quality of long-term services and supports in the context of a flexible and person-centered service delivery system that acknowledges the dignity of risk.
- Provide individuals, caregivers and persons on nursing home waitlists options counseling and decision support to encourage advanced person-centered planning for long-term services and supports to prevent institutionalization and to extend the availability of private funds for care.
- Achieve greater integration and uniformity of administration of State long-term services and supports serving both older adults and people with disabilities and their families, and emphasize policies related to function as opposed to age or diagnosis.
- Encourage communities to take an active role in planning and supporting long-term services and supports for their residents.
- Address the long-term services and supports education and information needs of the Connecticut public, including specialized educational efforts to specific groups, such as baby boomers and employers.
- Address the ~~anticipated~~ long-term services and supports workforce shortage.
- Provide support to informal caregivers.
- Preserve and expand affordable and accessible housing for older adults and individuals with disabilities, including assisted living, residential care homes, and other supportive housing and emergency housing options for older adults.
- Encourage and enable the provider community to transform and develop services and supports that will help to achieve the goals of this Plan.

- Expand and improve employment opportunities and vocational rehabilitation for persons with disabilities and older adults.
- Support state and local efforts to improve and expand accessible, affordable, and inclusive transportation that accommodates the needs of residents, family and direct care worker companions.
- Improve quality of life and reduce utilization of long-term services and supports and health care services by focusing on health promotion and disease prevention.
- Address emergency preparedness/disaster planning for older adults and persons with disabilities.
- Improve access to medical benefits and services to older adults and persons with disabilities being released from incarceration.
- Encourage insurance carriers to include options counseling, care transition or ongoing case management as a service covered by long-term care insurance policies.

Short-Term Recommendations

- Adequately support and increase the number of and funding for slots of all the existing Medicaid home and community-based services waivers to meet the needs of all eligible applicants.
- Ensure access to all levels of the State-funded Connecticut Home Care Program for Elders.
- In the State-funded tiers of the Connecticut Home Care Program for Elders, eliminate or reduce the required co-payment.
- Support the continued implementation of the 1915(k) state plan option, Community First Choice.
- Identify skills needed for residents of institutions who desire to transition back to the community and provide appropriate skill training and resources.
- Expand funding for State-funded respite services, such as the Statewide Respite Program, the state-funded tiers of the Connecticut Home Care Program for Elders and the Department of Developmental Services in-home and out-of-home respite services in order to provide support to informal caregivers.

- Support family caregivers with training, respite care, mental health services and counseling, financial assistance, workplace flexibility and opportunities for workplace benefits.
- Continue to Measure the effectiveness of the new Adult Family Living model to determine future resource allocation, policy and programmatic enhancements and potential growth.
- Address isolation of all older adults and individuals with disabilities living in the community. Cultivate an atmosphere in communities of diversity and inclusiveness Also, address the impact of isolation on quality of life, abuse, neglect and exploitation.
- Strengthen the No Wrong Door system and connection between State and local services by exploring reimbursement options for assistance through the CHOICES network, developing ongoing person-centered and options counseling training to senior centers, municipal government offices, resident service coordinators and other community agencies.
- Identify and remove barriers, such as insurance/entitlement reimbursements and licensing requirements that prevent or limit access to long-term services and supports.
- ~~Promote coordination and service integration between physical and behavioral health providers and support the utilization of evidence based practices for providing care across the lifespan.~~
- Develop a pilot project focused on improving person-centered care across settings when an individual is transferred from one care setting to another.
- ~~Address the education and training of direct care workers to include skills and competencies related to the physical, cultural, cognitive and behavioral health care needs of consumers of long term services and supports.~~
- Adequately support Protective Services for the Elderly, the Office of Protection and Advocacy, the Office of the Chief State’s Attorney, and other relevant agencies to identify, investigate and prosecute cases of abuse, neglect and exploitation. Support the development of multi-disciplinary teams, through the Coalition for Elder Justice, to enhance response to abuse.
- Support a robust local long-term services and supports system to address community needs through strategic collaborations among and between other municipal departments and divisions such as parks and recreation, public health and transportation services and community leaders. Explore opportunities for regional collaboration.
- Provide advocacy and financial support for increased use of assistive technology to meet the needs of individuals within their homes and avoid or defer the need for institutionalization.

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- Provide nutritional counseling and elimination of food insecurity.

Infrastructure

- Coordinate efforts among various entities impacting No Wrong Door development and monitor progress on the state's No Wrong Door endeavors.
- Continue the Balancing Incentive Program (BIP), to create infrastructure investments of a consumer friendly statewide No Wrong Door system, a conflict free case management, and a uniform assessment tool.
- With a focus upon hospital admission and discharge, use best efforts to divert individuals to an appropriate care setting of their choice **and develop the capacity in the post-acute setting for the discharge of patients with complex care needs.**
- Address the historical fragmentation of the Medicaid home and community-based waivers, which are associated with specific age and diagnostic eligibility criteria.
- **Provide timely eligibility decisions regarding eligibility in all government sponsored long-term services and supports programs. Consider development and use of a presumptive eligibility model.**
- Promote more widespread adoption of telehealth and other assistive technologies to improve access to care, coordination, quality and outcomes for residents, while reducing health costs.
- Ensure the Aging and Disability Resource Center initiative under the CHOICES program continues to offer information, referral, assistance and LTSS options counseling services statewide and is integrated within the state's No Wrong Door system.
- Achieve greater integration of employment of persons with disabilities into the Money Follows the Person Rebalancing Initiative and home and community-based services.
- **Support improved coordination, communication and guidance among the medical care, behavioral health and long-term services and supports systems across the lifespan.**
 - **Ensure that current and future initiatives affecting the long-term services and supports system are well coordinated and complementary.**
 - **Support the utilization of evidence-based practices.**

- Support the development of electronic health records by providers of long-term services and supports and exchange of electronic health records among providers across the Connecticut health care system to streamline care transitions, coordinate care delivery and improve quality and outcomes.
 - Support a learning collaborative approach to bring together providers across disciplines and perspectives, and to learn from older adults and individuals with disabilities.
- Develop ~~new, or~~ and enhance and promote existing mobility management programs to help consumers learn how to access and navigate transportation options, including the Department of Transportation Mobility Ombudsmen program.
 - Identify funding streams to sustain coordinate, grow and make more convenient both fixed route and demand-responsive transportation options (including providing door-to-door service), and provide technical assistance to support regionalization.

Financing

- Study the economic status of the aging demographic to understand the future demand that will be placed on public financing of long term services and supports and the supply of affordable senior housing.
- Achieve adequate and sustainable provider reimbursement levels that support the cost of long-term services and supports and quality requirements for all segments of the long-term services and supports continuum, including nursing homes, in order to ensure access to care and provider capacity to meet the evolving needs and demographics of Connecticut residents.
- Provide greater flexibility in the budgeting and use of Medicaid funds for long-term services and supports.
- Capture and reinvest cost savings across the long-term services and supports continuum.
 - Reinvest savings resulting from Money Follows the Person, the Balancing Incentive Program and other emerging Medicaid long-term services and supports programs to enhance the availability and capacity of home and community based services and ensure an adequate provider network.
- Explore reforming the Medicaid rate setting system to reflect quality, reimbursement related to the actual costs of care, the acuity level of the consumers and uncompensated care for all LTSS providers across the continuum consistent with long-term services and

supports rebalancing, rightsizing and a range of home and community-based service initiatives.

- Explore various methods to increase the private sector's greater involvement as a payer of long-term services and supports.
 - Explore the development of tax incentives for the purchase of private long-term care insurance, including tax incentives for employer-based coverage.
- Work with the Federal government to preserve and reauthorize the Older Americans Act and preserve Social Security Act provisions for Supplemental Security Income, Social Security and Social Security Disability benefits funding, which are currently at risk.

Quality

- Enable a collaborative, flexible and efficient regulatory environment that is adaptive and receptive to individual provider's forward thinking ideas and planning. Such an environment would encourage providers of the long-term services and supports continuum to adjust, modernize and diversify their models of care to address current and future consumer needs and expectations, which in turn should lead to higher quality care.
- The Departments of Public Health, [Rehabilitation Services](#), [State Long-Term Care Ombudsman](#), and Social Services should continue to work together to ensure consistency among their respective regulations and oversight activities.
- Review licensing certification requirements and Probate Court protocols (currently there is no licensing for conservators or guardians) for training of community-based formal caregivers, conservators and guardians to assure that the specialized needs of the individual are met and provide training where there are gaps.
- Expand the scope of the Long-Term Care Ombudsman program to provide Ombudsman support to consumers receiving long-term services and supports regardless of setting in order to align the program with Medicaid LTSS rebalancing efforts. Additional appropriations to the Long-Term Care Ombudsman program would be necessary to expand beyond their current jurisdiction.
- Support an integrated approach to CT's response to abuse, neglect and exploitation, including recommendations from the Coalition for Elder Justice in Connecticut.
- Establish "learning collaboratives" where health care professionals come together on a regular basis for education and discussion on evidenced-based and emerging best practices in LTSS across the lifespan, in areas of both physical and behavioral health.

Housing

- Support programs that divert or transition individuals from nursing facilities or other institutions to community housing options, such as CT811.
- Develop new housing alternatives for persons with serious and persistent mental illness who do not need nursing facility level of care.
- Adopt policies that encourage incorporation of accessible housing features into new construction so that new housing can support its residents throughout the lifespan.
- Continue and expand State investment in the development of housing that is affordable and accessible for older adults and persons with disabilities.
- Encourage the growth and development of community- based service models that bring long- term services and supports to housing residents. Work with the federal government to secure at-risk housing subsidy, preservation, and development funds.

Workforce

- Develop a comprehensive and safe direct care workforce-consumer on-line matching system.
- Promote model re-training programs that allow the existing pool of institutionally-based paid direct care workers to be trained to provide services and supports in the community
- Promote workforce training that addresses physical and mental health needs across the lifespan.
- Promote flexibility in workplace employment policies and practices to accommodate the circumstances of unpaid family caregivers.
- Develop and maintain a well-trained and equitably reimbursed agency-based home and community-based services workforce for individuals who do not wish to self-direct care.
- Address the education and training of direct care workers to include skills and competencies related to the physical, cultural, cognitive and behavioral health care needs of consumers of long-term services and supports.