
Long-Term Care Planning Committee

September 11, 2018

Meeting Minutes

Members Present: David Guttchen, Office of Policy and Management (OPM); Jennifer Avenia, Department of Children and Families (DCF); Margy Gerundo-Murkette, State Unit on Aging, Department of Rehabilitation Services (SUA/DORS); Kelly Kendall, Department of Developmental Services (DDS); Erin Leavitt-Smith, Department of Mental Health and Addiction Services (DMHAS); Amy Porter (DORS); Jessica Rival, Office of Health Strategy (OHS); Michael Santoro, Department of Housing (DOH)

Others Present: Kim Hriceniak for Donna Ortelle, Department of Public Health (DPH) and Melissa Morton, (OPM)

Review and Approval of Minutes

David Guttchen called the meeting to order at 10:03 AM.

D. Guttchen requested a motion to accept the minutes of the June 12, 2018 Planning Committee meeting. A motion was presented by Amy Porter, seconded by Michael Santoro and passed unanimously by the Committee members.

Updates and Announcements

Introduction of New Planning Committee Members: D. Guttchen welcomed two new Committee members: (1) Jennifer Avenia from the Department of Children and Families who is replacing Kim Somaroo-Rodriguez; and (2) Kelly Kendall who is replacing Robert Smith, Department of Developmental Services (DDS).

Margy Gerundo-Murkette announced that the SUA has applied for two federal funding opportunities: (1) the Nutrition Innovation grant, focusing on nutrition intake and oral health; and (2) an opportunity to provide benefits counseling (i.e. Medicare) to inmates preparing for release back into the Community

2019 Long-Term Services and Supports (LTSS) Plan Recommendations: D. Guttchen discussed the development of the next three-year Plan. He thanked Committee and Long-Term Care Advisory Council members who have already submitted recommendations for the new plan and reminded those who have not provided input to do so by the end of September.

Melissa Morton reviewed the [draft recommendations](#) and reinforced the importance of any additional revisions to the recommendations be shared by September 30, 2018. M. Morton also reminded the Committee that September 28, 2018 is the deadline for State agencies to submit the following three (3) documents required for the LTSS plan: (1) An updated agency description; (2) updated chart of programs; and (3) updated chart of program expenditures. M. Morton stated that the same programs should be reflected on both the chart of programs and the chart of expenditures. She noted that members may also submit suggestions by the end of September for new programs that started after January 1, 2016 to be featured in the “What’s New in Connecticut” section of the report.

D. Guttchen thanked everyone for their assistance and cooperation and reminded the Committee that the LTSS plan is widely used and referenced.

Presentation: Department of Social Services (DSS) LTSS Rebalancing Initiatives Update: Dawn Lambert, DSS, introduced various staff to [present on the LTC rebalancing projects](#) currently underway at DSS.

- Update on DSS Rebalancing Initiatives, Highlights:
 - (a) Money Follows The Person (MFP): A demonstration grant issued by the federal Centers for Medicare and Medicaid Services to transition individuals out of nursing homes and back to the community. To date, 4,800 individuals have transitioned. There has been a decline in transitions in the last few quarters and DSS is analyzing data to determine the cause. Total number of referrals is down.
 - (b) Quality Improvement Committee: This new Committee has been meeting monthly since April, 2018. Membership is comprised of a mix of 20 stakeholders from state agencies, community organizations, nursing homes and others. The Committee is exploring better health outcomes, higher participant satisfaction and positive financial impact on the system by focusing on: (1) assistive technology; (2) community integration; (3) social determinants of health; and (4) self-direction.
 - (c) Community First Choice (CFC): A self-directed Medicaid option that provides equal access to home and community-based services across the Medicaid program. Since CFC began in July, 2015, 7,019 applications have been received. There are 2,416 active CFC participants, 2,611 cases recommended for closure, 2,017 care plans pending care plans, and 2,153 pending assignment to the field. There is no “wait list” for CFC but there is a wait for assessment. Participants received a letter in January, 2018 regarding a programmatic design change due to the release of federal guidance.
 - (d) Universal Assessment (UA): Over the last year the UA has been implemented across three new programs (1) Autism Waiver, (2) Personal Care Attendant (PCA) and Acquired Brain Injury (ABI) Waivers, and (3) the CCT Homecare Program for Elders (CHCPE) Waiver. Currently, work on the UA is focused on quality assurance and the training of assessors.
 - (e) Testing Experience and Functional Tools (TEFT): DSS is currently focusing on the development of an Electronic Long-Term Services and Supports plan (eLTSS). Phase 1 will include the creation of an online tool that the CFC population can use to move through the approval process. DSS is also working with Hartford Health Care and Yale to develop an electronic Provider Health Record.
 - (f) The No Wrong Door (NWD): Myplacect.org continues to serve as the NWD. There is a chat feature that allows individuals searching the site to connect in real-time with someone at 2-1-1. DSS is focusing on integrating social determinants of health and promoting the need to plan ahead into the web site. An outreach campaign to raise awareness of MyPlaceCT will begin this fall. Work is also continuing to improve caringcareer.org so that more workers want to utilize the site. DSS is Partnering with the Department of Labor on this project because it utilizes the CTHires web site.
 - (g) Housing: DSS, DOH, DDS and the Department of Mental Health and Addiction Services’ Coordinated Access Network, are partnering on a Housing and Urban Development (HUD) 811 grant, to operate a project-based subsidy program intended to serve very-low income consumers with disabilities. There are currently 36 units under contract.
 - (h) Hospice: CT ranks last in the country for hospice median length of stay. To date, it appears hospice care is widely available but there is a lack of utilization. Therefore, DSS is working to identify barriers to hospice care for State of CT Medicare/Medicaid participants with chronic medical conditions.

- (i) Informal Caregiver Supports: As part of MFP, DSS is conducting an informal caregiver supports initiative to provide information and resources to caregivers across the state. The UConn Center on Aging conducted two focus groups to gather qualitative data on caregiver needs. The data is still being analyzed. Next steps include the development of an online technical assistance center for caregivers. Margy Gerundo-Murkette reminded DSS about the SUA's National Family Caregiver Support program and expressed a desire to work with DSS on the development of a technical assistance center.
- (j) Nursing Facility Closures: Since 2005 -2017, 28 nursing facilities have closed and 2,942 beds have been eliminated. However, CT remains over-bedded. To achieve the goal of a 95% nursing facility occupancy rate by 2025, approximately 3,400 more beds will need to be removed from the market over the next eight years. Two additional facilities are currently in the closure process and 20-25% of residents from one nursing home and 25-35% of the other are transitioning back into the community.

Long-Term Care Advisory Council Comments

None.

Other Business

None

Meeting Schedule for 2018

Tues., December 11th -- 10:00 AM to 12:00 PM -- Room 1A – LOB

Adjournment

D. Guttchen requested a motion to adjourn. A motion was presented by Michael Santoro, seconded by Erin Leavitt-Smith and passed unanimously by the Committee members.

The meeting was adjourned at 11:26 AM.