

Status Report

2013 LONG-TERM SERVICES AND SUPPORTS PLAN FOR CONNECTICUT

Connecticut Long-Term Care Planning Committee

JUNE 2013

Status Report – June 2013

2013 LONG-TERM SERVICES AND SUPPORTS PLAN FOR CONNECTICUT

Introduction

This Status Report is the first annual update on the status of the 2013 Long-Term Care Plan recommendations. It provides information on actions of the State agencies to address the Plan recommendations as well as on relevant legislation passed by the General Assembly and signed by the Governor.

Acronyms Used in this Status Report

AAA - Area Agency on Aging

ADA – Americans with Disabilities Act

ADRC – Aging and Disability Resource Centers

CMS – Center for Medicare and Medicaid Services

CT – Connecticut

CHCPE - Connecticut Home Care Program for Elders

DDS – Department of Developmental Services

DMHAS – Department of Mental Health and Addiction Services

DPH – Department of Public Health

DORS – Department of Rehabilitation Services

DOT – Connecticut Department of Transportation

DSS – Department of Social Services

DECD – Department of Economic and Community Development

HUD - Department of Housing and Urban Development (HUD), Department of Economic and Community Development

LTC - Long-Term Care

LTSS – Long-Term Services and Supports

MFP – Money Follows the Person

OPM – Office of Policy and Management

PASRR - Pre-Admission Screening Resident Review

PCA – Personal Care Assistant

SDA – State Department of Aging

SFY – State Fiscal Year

VA – Veteran’s Administration

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2013 LONG-TERM SERVICES AND SUPPORTS PLAN FOR CONNECTICUT

RECOMMENDATIONS	ADMINISTRATIVE AND OTHER ACTIONS	LEGISLATIVE ACTIONS AND NEW FUNDING
GOAL 1. Balancing the ratio of home and community-based and institutional care		
<p>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 56 percent in 2012 to 75 percent by 2025, requiring approximately a 1.4 percent increase in the proportion of individuals receiving Medicaid long-term services and supports in the community every year.</p>	<p>On January 29, 2013, Governor Malloy announced the Strategic Rebalancing Plan. The plan established strategies, tactics and requested funding through SFY 2015. The plan which was funded by the legislature aims to rebalancing the ration of home and community based and institutional care by focusing on 5 key areas The 5 key areas are workforce, service delivery and gaps, housing and transportation, nursing facility diversification and hospital/nursing home discharges.</p>	
GOAL 2. Balancing the ratio of public and private resources		
<p>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</p>	<p>Between 7/1/12-5/31/13, the CT Partnership for LTC (OPM in cooperation with the SDA and the AAAs) held three public forums on Partnership LTC insurance</p>	

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<p>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 11.6 percent of spending for long-term services and supports in 2010.</p>	<p>and the importance of planning ahead for future LTC needs. Approximately 252 consumers were educated. Two more are planned for June, 2013. Additionally, 7/1/12-4/30/13 the Partnership disseminated 103 information packets and provided telephonic counseling and assistance to 344 consumers.</p>	
<p>LONG TERM RECOMMENDATIONS</p>		
<p>Provide true individual choice and self-direction to all users of long-term services and supports.</p>	<p>The SDA in cooperation with the Agency on Aging of South Central CT, Southwestern CT Agency on Aging and the VA CT Health Care System developed and is implementing a Veteran's Directed Home and Community Based Services Program (VDHCBS) in the south central region and southwestern region of CT with the expectation of going statewide in the future. VDHCBS provides veterans of all ages the opportunity to self-direct their home and community based services, manage individual budgets and hire PCAs of their choice.</p> <p>DPH is working with CMS on Advancing Excellence in America's Nursing Homes. This is an ongoing, coalition-based</p>	<p>Special Act 13-22 (HB 6610) requires that by July 1, 2014, DSS (1) conduct a cost benefit analysis of providing home care versus institutional care for Medicaid and HUSKY Plan Part B recipients age eighteen years of age and under, and (2) make recommendations to the joint standing committee of the General Assembly having cognizance of matters relating to human services on other Medicaid waiver programs or state plan options the state may apply for or utilize in order to provide home care services to Medicaid recipients age eighteen years of age and under.</p>

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	<p>campaign concerned with how to care for the elderly, chronically ill and disabled as well as those recuperating in a nursing facility environment. The campaign builds on the success of other quality initiatives like Quality First, the Nursing Home Quality Initiative, and the culture change movement. Campaign goals include creating a culture of person-centered, individualized care and an empowered workforce in nursing facilities.</p> <p>The State launched a new web site (My Place CT) in June of 2013 coordinated by Department of Social Services (DSS). The first phase of the web site utilizes the content of the State’s LTSS web site to provide the initial foundation for information and referral. Changes from the LTSS web site include 24 hour telephonic access to information, electronic messaging for returning calls and live chat in 2014.</p>	
<p>Promote efforts to enhance quality of life in various long-term services and supports settings.</p>	<p>DPH is working with CMS who has developed a national partnership to improve the quality of care provided to individuals with dementia living in nursing facilities. This partnership is focused on delivering health care that is person-centered, comprehensive and</p>	

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	interdisciplinary. By improving dementia care through the use of individualized, person-centered care approaches, CMS hopes to reduce the use of unnecessary antipsychotic medications in nursing homes and eventually other care settings as well. The partnership promotes a systematic process to evaluate each person and identify approaches that are most likely to benefit that individual.	
Ensure the availability of a wide array of support services for those living in the community, including meals and adult day care.	The DSS Strategic Rebalancing Plan includes funding to support growth in capacity of community LTSS. Examples include Adult family living and Support Broker. In addition, the plan includes funding for nursing facilities interested in diversifying their business model to increase the availability of community LTSS.	
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.	The State Unit on Aging in cooperation with Agency on Aging of South Central CT, Southwestern CT Agency on Aging and the VA CT Health Care System developed and is implementing a Veteran’s Directed Home and Community Based Services Program (VDHCBS) in the south central and southwestern regions of CT. This 100% consumer directed program is currently serving 50 clients and will be expanding	

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	<p>into the Eastern region of CT in coming months. The expectation is that the model will be implemented statewide by the end of 2014. Under VDHCBS veterans serve as employer of the PCA of their choice and manage a self-directed, individualized budget. They are informed of risk but allowed to assume risk if that is the best choice for them and sign a risk assessment form.</p> <p>ADRC services are available statewide and Operating Protocols are utilized to ensure quality of program service delivery.</p> <p>DPH has approved certain medication administration by specially trained and qualified home health aides in the home health setting. Home health aides will be required to obtain certification for the administration of medication in accordance with DPH approved curriculum.</p> <p>DSS Strategic Plan includes training funds to support the medication administration of qualified home health aides. It also includes training funds to support a common understanding of person centered planning and self-direction, including the assumption of risk in the community.</p>	

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<p>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.</p>	<p>First step are being made toward the alignment of all State agencies in regard to using the same terminology and rates for LTSS services with the addition of Staff Supervision in both the MFP and DDS waivers.</p> <p>Initial meetings were held to develop the State’s first common comprehensive assessment. The envisioned common assessment will be used across all 1915C waivers, 1915i state plan services, MFP, etc. The draft tool is expected in December 2013.</p>	
<p>Encourage communities to take an active role in planning and supporting long-term services and supports for their residents.</p>	<p>The DSS strategic plan includes funding for local community planning efforts. \$25,000 is budgeted for town meetings in both SFY 2014 and 2015. The purpose of the town meetings is for communities to determine the design of the continuum of LTSS that best meets the needs of their members. Data compiled by Mercer Consulting provides a town level data map estimating the need for LTSS at a town level through 2025. The data map is used to determine ‘hot spots’ within the state where the gap between existing LTSS and estimated growth is the highest.</p> <p>The DSS also released an RFP to nursing</p>	<p>Public Act 13-109 (HB 6396) requires the Commission on Aging to establish a “Livable Communities” initiative to serve as a (1) forum for best practices and (2) resource clearinghouse to help municipal and state leaders design livable communities that allow residents to age in place (i.e., remain in their own homes and communities regardless of age or disability). The commission must report annually on the initiative to the Aging, Housing, Human Services, and Transportation committees, with the first report due by July 1, 2014.</p>

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	<p>facilities in June 2013. The RFP seeks proposals from nursing homes interested in diversifying their business model to provide community LTSS. Nursing facilities are required to partner with their local communities to jointly develop the local continuum of LTSS and to prioritize funding as they develop their proposals.</p>	
<p>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.</p>	<p>Between 7/1/12-5/31/13, the CT Partnership for LTC (OPM in cooperation with the SDA and the AAAs) held three public forums on Partnership LTC insurance and the importance of planning ahead for future LTC needs. Approximately 252 consumers were educated. Two more are planned for June, 2013. Additionally, 7/1/12-4/30/13 the Partnership disseminated 103 information packets & provided telephonic counseling and assistance to 344 consumers.</p> <p>A global communication plan to educate the public about LTSS will launch in October of 2013, funded by the DSS Rebalancing Plan. The communication plan which is part of My Place CT will include videos in physician's offices.</p>	
<p>Address the anticipated long-term services and supports</p>	<p>The State's launch of My Place CT in June of 2013 included a workforce development</p>	

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workforce shortage.	component to address the estimated need for direct support workers. Bill boards, bus shelter wraps, and radio ads will be part of phase 1 which will begin in July 2013.	
Provide support to informal caregivers.	<p>SDA expanded options for support to informal caregivers through the CONNECTIONS Grant, funded by the Administration for Community Living. This grant established Cognitive Training as an innovative respite care option, as well as broadening the partnerships between community providers caring for individuals with Alzheimer’s Disease.</p> <p>The DSS Strategic Plan included funding for a new information caregiver’s initiative. Initially, this initiative will be for the benefit of MFP participants and their families. If the data collected indicates a successful intervention, statewide application will be considered.</p>	
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.	DMHAS continues to expand supportive housing options across all populations that receive DMHAS services, including those that are homeless. Specifically DMHAS manages over 1,000 units of Shelter Plus Care, a HUD rent subsidy program for homeless individuals with a mental health or substance abuse disorder.	

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	<p>DMHAS also works with various Housing Authorities to ensure that DMHAS clients are able to access Section 8 vouchers.</p> <p>DSS continues to offer MFP participants access to the rental assistance program as well as the security deposit program. In addition, the legislature approved \$1M in both SFY 2014 and 2015 to increase accessibility of existing homes also for the benefit of MFP participants. Funding to create accessibility in adult family homes was also approved.</p>	
<p>Encourage and enable the provider community to transform and develop services and supports that will help to achieve the goals of this Plan.</p>	<p>DSS strategic plan and funding supports the business diversification of nursing facilities as well as increased application of person-centered philosophy for all providers.</p>	
<p>Expand and improve employment opportunities and vocational rehabilitation for persons with disabilities and older adults.</p>	<p>BRS instituted six workforce development programs designed to provide job seekers with disabilities the skills necessary for employment in a particular profession or type of business in addition to customary services.</p> <p>DSS coordinates with BRS to match job seekers with disabilities to positions open in the direct support workforce.</p>	<p>Public Act 13-7 (SB 853) makes changes to the DORS statutes, including (1) eliminating a per person cap on the amount that DORS may spend to provide employment assistance to blind people; (2) increasing dollar thresholds for wheelchair and certain equipment purchases; and (3) expanding Assistive Technology Revolving Fund loan eligibility.</p>

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<p>Increase availability of readily accessible, affordable, and inclusive transportation that accommodates the need for family and direct care worker companions.</p>	<p>There is now availability of accessible taxis and a voucher program that is funded through the FTA New Freedom grant program and is administered by the Connecticut Department of Transportation. The voucher program extends beyond the ADA paratransit service area and hours by providing a pre-paid taxi voucher card at a 50% reduced price to people defined as having a disability under the ADA regulations. The voucher may be used for taxi trips that go beyond the ADA service area, during times that ADA paratransit is not available and for same day service. Personal Care Assistants may ride for free with an individual who requires assistance as long as the assistant starts and ends their ride with the voucher holder.</p>	
<p>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.</p>		
<p>Address emergency preparedness/disaster planning for older adults and persons with disabilities.</p>	<p>The SDA provided an updated Continuity of Operations Plan – Pandemic Plan which was included with the submission from DSS. Additionally, SDA is obtaining updated emergency preparedness plans from the five Area Agencies on Aging as part of their submission of their Area Plans.</p>	

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	<p>DPH works with the Long Term Care Mutual Aid Plan (LTC-MAP), which is a state-wide or region-wide agreement among participating long-term care facilities to provide pre-planned assistance to each other at the time of a disaster. This assistance may come in the form of:</p> <ul style="list-style-type: none"> • Providing alternate care sites for residents evacuated from a disaster-struck facility. • Providing supplies, equipment, staff or pharmaceuticals to a facility when a disaster overwhelms their own community and isolates the facility. This plan supplements existing resources. <p>The DSS nursing facility diversification RFP seeks proposals from nursing facilities who are interested in addressing emergency preparedness/disaster planning for older adults and persons with disabilities within their community and who have community support.</p>	
SHORT TERM RECOMMENDATIONS		

RECOMMENDATIONS	ADMINISTRATIVE AND OTHER ACTIONS	LEGISLATIVE ACTIONS AND NEW FUNDING
Programs and Services		
<ul style="list-style-type: none"> ▪ Adequately support and increase the number of slots of all the existing Medicaid home and community-based services waivers to meet the needs of all eligible applicants. 		
<ul style="list-style-type: none"> ▪ In the State-funded tiers of the Connecticut Home Care Program for Elders, eliminate the required co-payment. 		
<ul style="list-style-type: none"> ▪ Identify skills needed for nursing facility residents who desire to transition back to the community and provide appropriate skill training and resources. 	<p>The DSS RFP for diversification of nursing facility business models includes funding for nursing facilities who are interested in building a transitional wing where appropriate skill training would enable the return of more people to the community.</p> <p>MFP engagement specialists will have access to a range of pre-transition supports effective Oct 1, 2013 including, peer support, alcohol and substance abuse interventions and 1:1 engagement counseling.</p>	
<ul style="list-style-type: none"> ▪ 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. 	<p>The DSS information caregiver support initiative will include a component for a new respite intervention. The design is due on August 1, 2013.</p>	

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<ul style="list-style-type: none"> ▪ Support family caregivers through compensation with the development of the new Adult Family Living initiative. 		
<ul style="list-style-type: none"> ▪ Address isolation of all older adults and individuals with disabilities living in the community. Also, address the impact of isolation on elder abuse and exploitation. 	<p>SDA provides direction on obtaining free legal, elder abuse information and assistance. SDA collaborates with the aging network and law enforcement to support initiative such as Triad to reduce criminal victimization of older persons.</p>	
<ul style="list-style-type: none"> ▪ Strengthen the connection of State and local services by strengthening the relationship to senior centers, municipal government offices and services offered locally. 	<p>CHOICES programs at all AAAs across the state have recently begun to make a more strengthened effort to reach out to senior centers and either develop more sites for CHOICES counselors to see clients at the senior centers, or recruit and train more senior center staff or volunteers to be CHOICES counselors.</p> <p>My Place CT will connect directly to local services in phase 3 of the website.</p>	
<p>Infrastructure</p>		
<ul style="list-style-type: none"> ▪ Achieve greater integration of 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. 		<p>Public Act 13-125 (SB 837) completes the establishment of the Department on Aging by transferring to it all Aging Services Division programs and responsibilities, including federal Older Americans Act (OAA) programs, the Statewide Respite Program, the</p>

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		Community Choices Program, the Long-Term Care Ombudsman Office, OAA funding for the area agencies on aging, health insurance counseling, administration of state grants for elderly community services and programs, oversight of municipal agents for the elderly, elderly nutrition, and fall prevention.
<ul style="list-style-type: none"> ▪ Under the Balancing Incentive Program (BIP), create the BIP infrastructure investments of a consumer friendly statewide No Wrong Door system, a conflict free case management, and a uniform assessment tool. 	<p>The State received a BIP award in the amount of \$73M in October of 2012.</p> <ul style="list-style-type: none"> • The six month work plan was approved by CMS in July of 2013. • Phase one of the no Wrong Door system launched in June of 2013. • Through meetings held over the past six months, agreement across agencies on common definitions for the uniform assessment tool (common comprehensive assessment) was achieved. UCONN also completed a cross walk for all existing waiver tools, home health OASIS and MDS to the CMS common core. All existing national tools were explored in an effort to determine if CT could achieve its goals for the assessment without creating a new tool. Three national tools are currently under discussion. 	

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<ul style="list-style-type: none"> ▪ With a focus upon hospital admission and discharge, use best efforts to divert individuals to an appropriate care setting of their choice. 	<p>My Place CT will include a portal for hospital discharge planners in phase 3. The portal will support electronic linkages between the discharge planner, formal supports and local supports.</p>	
<ul style="list-style-type: none"> ▪ Address the historical fragmentation of the Medicaid home and community-based waivers, which are associated with specific age and diagnostic eligibility criteria. 	<p>Agreement was reached to tie MED Connect to all Medicaid waivers, including waivers for Elders during the next amendment.</p> <p>DMHAS was involved in a statewide initiative to develop a core assessment tool to be used with all home and community based waivers.</p> <p>DSS strategic plan includes exploration of the Community First Choice (CFC) option. CFC, if adopted, would be the first cross disability option, based on functional need rather than diagnosis or age.</p>	
<ul style="list-style-type: none"> ○ Explore the development of a broader 1915(i) State plan amendment to provide home and community-based supports based exclusively on functional limitations and financial need. 		
<ul style="list-style-type: none"> ▪ Provide timely eligibility decisions regarding eligibility in all government sponsored long-term services and supports programs. 	<p>DMHAS developed and implemented a two-times-weekly referral meeting to expedite mental health waiver referrals.</p>	

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	DSS - MFP completed a comprehensive assessment of an asset verification system for application in CT. If adopted, information would be sent electronically from banks to DSS resulting in less of a burden to Medicaid applicants and an expedited process.	
<ul style="list-style-type: none"> ▪ Expand Aging and Disability Resource Centers (Community Choices) statewide in support of providing information, referral, assistance and LTSS options counseling. 	<p>ADRCs are available statewide.</p> <p>ADRC received the 2012 ADRC Enhanced Counseling Options award and developed an MOA with the Connect to Work Center for \$20,000 a year to work more closely with referrals from ADRC/Independent Living who need benefits counseling. This award is through federal fiscal 2015.</p>	2012 ADRC Enhanced Options Counseling Cooperative Agreement received from the federal Administration for Community Living.
<ul style="list-style-type: none"> ▪ Achieve greater integration of employment of persons with disabilities into the Money Follows the Person Rebalancing Initiative and home and community-based services. 	<p>The MFP website "My Place CT" will include a link to the Connect-Ability website.</p> <p>DSS RFP to nursing homes includes an option for nursing homes to improve readiness for employment for persons transitioning to the community.</p>	
<ul style="list-style-type: none"> ▪ Support improved coordination, communication and guidance among the medical care, behavioral health and long-term services and supports systems. 	In an effort to integrate behavioral health into primary care, DMHAS convened a workgroup to advance proposal on behavioral health homes based at local	

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	<p>mental health agencies and/or other providers.</p> <p>DPH uses the Everbridge communication system as part of its strategy to communicate to its licensed facilities including hospitals, long term care facilities and residential care homes.</p>	
<ul style="list-style-type: none"> ○ Ensure that current and future initiatives such as Money Follows the Person, Rightsizing, and the Demonstration to Integrate Care for Medicare-Medicaid Enrollees (MMEs) are well coordinated and complementary. 	<p>DMHAS continues to participate on the MFP Steering Committee</p>	
<ul style="list-style-type: none"> ○ 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. 		
<ul style="list-style-type: none"> ○ Support a learning collaborative approach to bring together providers across disciplines and perspectives, and to learn from older adults and individuals with disabilities. 	<p>SDA participates on DMHAS Chaired Behavioral Health and Older Adults workgroup that consists of professionals from DSS, DDS, DMHAS, local mental health authorities, Qualidigm and some community organizations to develop a plan</p>	

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	<p>to integrate aging and behavioral health and medical healthcare. The group is in process of developing formal mission and goal statements.</p> <p>Connect-Ability Distance-Learning Initiative Independent Living and Employment distance learning modules are now available to everyone through the Connect-Ability website.</p>	
<ul style="list-style-type: none"> ▪ Change the names of the Long Term Care Planning Committee and the Long Term Care Advisory Council to the Long Term Services and Supports Planning Committee and the Long Term Services and Supports Advisory Council. 		
Financing		
<ul style="list-style-type: none"> ▪ 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 in order to ensure capacity to meet the evolving needs and demographics of Connecticut residents. 		<p>Special Act 13-7 (SB 1026) requires that the Council on Medical Assistance Program Oversight study obstacles to achieving an adequate health care provider network for Medicaid recipients and recommend, not later than January 1, 2014, strategies to improve (1) access to such providers, and (2) health outcomes for such recipients across racial and ethnic lines. The study must include administrative burdens faced by providers and the effect of Medicaid</p>

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		rates of reimbursement on achieving an adequate provider network. [The act does not specify whether it includes providers of long-term care]
<ul style="list-style-type: none"> ▪ Provide greater flexibility in the budgeting and use of Medicaid funds for long-term services and supports. 		
<ul style="list-style-type: none"> ▪ Capture and reinvest cost savings across the long-term services and supports continuum. 		
<ul style="list-style-type: none"> <ul style="list-style-type: none"> ○ 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. 		
<ul style="list-style-type: none"> ▪ Reform the Medicaid rate setting system to reflect quality, reimbursement related to the actual costs of care, 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. 		
<ul style="list-style-type: none"> ▪ Explore various methods to increase the private sector's 		

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greater involvement as a payer of long-term services and supports.		
<ul style="list-style-type: none"> ○ Explore the development of tax incentives for the purchase of private long-term care insurance, including tax incentives for employer-based coverage. 		
<ul style="list-style-type: none"> ▪ Work with the Federal government to preserve Older Americans Act funding. This federal funding source is currently at risk. 		
Quality		
<ul style="list-style-type: none"> ▪ 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. 	DPH meets quarterly with the not- for-profit and for- profit long term care trade associations to discuss current issues and resolution to promote quality care in the long-term care setting.	
<ul style="list-style-type: none"> ▪ The Departments of Public Health and Social Services should 	DPH and DSS conduct a weekly call to	

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work together to ensure consistency among their respective regulations.	<p>discuss common issues and financial viability of long term care facilities.</p> <p>DPH and DSS also coordinate on the administration of medication by certified home health aides and risk in the community.</p>	
<ul style="list-style-type: none"> ▪ 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, such as those with Alzheimer’s disease, are met and provide training where there are gaps. 		
<ul style="list-style-type: none"> ▪ 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. 	The DSS strategic rebalancing plan includes a strategy to incorporate Ombudsman into community LTSS infrastructure.	Public Act 13-234 (HB 6705), Section 107 requires the state ombudsman, beginning July 1, 2014, to personally, or through representatives of her office, implement and administer a pilot program serving home- and community-based care recipients in Hartford County.
Housing		
<ul style="list-style-type: none"> ▪ Support programs that divert or transition individuals from nursing facilities or other institutions to community housing options. 	Nurse Clinicians under the DMHAS Nursing Home Diversion and Transition Program are now cross-trained in diverting nursing home clients to the mental health waiver.	

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	<p>The Nursing Facilities Diversification program issued an RFP in June 2013. This program provides financial assistance to the owners of nursing facilities that are licensed by the State of Connecticut, Department of Public Health so that they can change or diversify their business model in a way that supports individuals on Medicaid who need Long Term Supports and Services (LTSS) living in the community.</p> <p>Owners proposed diversification plan must align with the State’s Strategic Rebalancing Plan: A Plan to Rebalance Long Term Services and Supports 2013-2015, and assure informed choice to residents living in their facility and contribute to reducing the total number of nursing facility beds statewide. Owners are expected to develop relationships and partner with stakeholders in the community including but not limited to town governance, town residents, nonprofit entities, and existing home and community-based services providers. Some of the proposals expected may be for Adult Family Living for 2-4 adults who may share both a home and services.</p>	
<ul style="list-style-type: none"> ▪ Address the community housing needs of nursing facility residents who are returning to the community because they 	<p>In 2013, DECD has provided two grants to Center for Independent Living totaling \$2.5</p>	

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no longer need this level of care but have lost their community residence.	million to continue accessibility modification programs for MFP and the general population.	
<ul style="list-style-type: none"> ▪ Develop new housing alternatives for persons with serious and persistent mental illness who do not need nursing facility level of care. 	<p>An RFP will be coming out this summer for a supportive housing initiative to create 50 new supportive housing units for the chronically homeless with disabilities. DECD, in conjunction with the Interagency Committee on Supportive Housing and Homelessness, will be providing up to \$20 million in capital funding for the construction and/or substantial rehabilitation of affordable housing for this population group.</p>	
<ul style="list-style-type: none"> ▪ Support legislation that requires new homes to provide features to make it easier for individuals with mobility-impairments to live in and visit. 		
<ul style="list-style-type: none"> ▪ Continue the progressive State investment in the development of housing that is affordable and accessible for older adults and persons with disabilities. 	<p>In addition to the supportive housing initiative above, investments continue to be made in strategic investments in affordable housing for persons and families of low and moderate income. DECD continues to promote the inclusion of handicapped accessible/adaptable units in all of our projects, and continues to fund applications for capital financing to support affordable housing for the elderly, which</p>	<p>Public Act 13-247 (HB 706), Section 60, authorizes DSS, DMHAS, Corrections, OPM and the Judicial Branch’s Court Support Services Division to (1) develop a Plan to provide supportive housing services, including housing rental subsidies during FY 14 and FY 15 for an addition 160 individuals and families who frequently use expensive state services and (2) enter into memoranda of</p>

RECOMMENDATIONS	ADMINISTRATIVE AND OTHER ACTIONS	LEGISLATIVE ACTIONS AND NEW FUNDING
	<p>includes persons and families over the age of 60 and the young disabled. We have no numbers and dollars available until July 31.</p> <p>DMHAS is part of an interagency collaborative that provides an additional 1100 units of permanent supportive housing, or housing that is dedicated to the homeless disabled population. DMHAS also has created innovative supportive housing models to individuals cycling between the homeless shelter system and the criminal just system as well as a program that provides supportive housing to those individuals discharging from an inpatient psychiatric setting. Currently DMHAS is collaborating with the Interagency Committee on Supportive Housing in the development of 53 additional units of permanent supportive housing through our fourth round of development. In addition, the Governor's biennial budget includes funding for an additional 150 units of supportive housing.</p>	<p>understanding to reallocate, within existing appropriations, the necessary support and housing resource for this purpose.</p>
<ul style="list-style-type: none"> ▪ 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. 	<p>DECD applied for Section 811 rental subsidies but was unsuccessful. HUD has discontinued its capital funding for the Sec. 811 program for people with disabilities and did not provide capital funding for the Section 202 elderly housing program this</p>	

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	<p>year.</p> <p>In 2012 DMHAS collaborated with the Department of Economic and Community Development on a federal application to the Department of Housing and Urban Development to expand housing options for the elderly and disabled that needed housing stabilization. DMHAS will continue to partner with sister agencies in the procurement of federal funds for this population.</p>	
Workforce		
Endorse the full recommendations of the Long-Term Services and Supports Workforce Development Strategic Plan.	The DSS strategic rebalancing plan includes the workforce development component and provides funding for SFY 14 and 15.	