



STATE OF CONNECTICUT
LONG TERM CARE PLANNING COMMITTEE

January 1, 2018

The Honorable Douglas McCrory, Senate Chair
The Honorable Kevin C. Kelly, Senate Chair
The Honorable Joseph C. Serra, House Chair
Aging Committee
State Capitol, Room 011
Hartford, CT 06106

The Honorable Marilyn V. Moore, Senate Chair
The Honorable Joe Markley, 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 Public Act 17-123, 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, Human Services, and Public Health Committees
Long-Term Care Planning Committee
Long-Term Care Advisory Council
Benjamin Barnes, Secretary, Office of Policy and Management
Anne Foley, Under Secretary, 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 2017

Clients

- From SFY 2016 to SFY 2017, the proportion of individuals receiving Medicaid long-term care services in the community versus an institution increased by approximately 1.0%. Sixty-one percent (61%) of Medicaid clients (a monthly average of 27,913) were served in the community and thirty-nine percent (39%) of Medicaid clients (a monthly average of 17,685) received care in an institution.
- Since SFY 2000, the proportion receiving care in the community has increased by 49%: from 41% in SFY 2000 to 61% in SFY 2017.

PROPORTION OF CONNECTICUT MEDICAID LONG-TERM CARE CLIENTS OVER TIME			
SFY	Home & Community Care	Institutional Care	Total Monthly Average LTC Medicaid Clients
1999-00	41%	59%	36,957
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

Expenditures

- In SFY 2017, the proportion of Medicaid long-term care expenditures on individuals in the community versus in an institution remained stable from SFY 2016. Of the long-term care expenditures for individuals enrolled in Medicaid, 49% were for services provided in the community and 51% were for institutional care.
- Since SFY 2003, the proportion of Medicaid long-term care expenditures for community care has increased by 58%, from 31% in SFY 2003 to 49% in SFY 2017.

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	49%	51%	\$3,147,377,482	\$7,521,804,316	42%

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.

CT Rebalancing: Non-Medicaid Long-Term Care Clients

SFY 2017

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 2017, on average, the state-funded levels of CHCPE provided home care services to 3,131 clients per month.
- Of the 3,131 CHCPE clients served, the average monthly enrollment for level 1 was 685 and 2,446 for level 2.
- In 2017, the total annual expenditures for the state-funded levels of CHCPE were \$42,920,322.

Estimated Number of Non-Medicaid Nursing Facility Occupants²

- From 2004 to 2017 the total number of licensed nursing facility beds declined by 12% (from 29,801 to 26,318).
- As of September 30, 2017 nursing facilities in Connecticut had an average occupancy rate of 87% (of the 26,318 available nursing facility beds in Connecticut, 22,897 are occupied).
- Of the 22,897 nursing facility beds occupied, 17,685 were occupied by Medicaid clients and 5,212 beds were occupied by non-Medicaid clients.

Nursing Facility Occupancy Data 2016 - 2017	
26,318	Total nursing facility beds in CT as of 9/30/17
87%	Average occupancy rate as of 9/30/17
22,897	Number of occupied beds as of 9/30/17
17,685	Number of Medicaid clients in a nursing facility SFY 2017 ³
5,212	Estimated number of non-Medicaid clients in a nursing facility SFY 2017

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, 2017](#).

³ Data from OPM Annual Rebalancing Medicaid Client Spreadsheet, SFY 2017.

CT Rebalancing: Combined Medicaid and Non-Medicaid Long-Term Care Clients⁴

SFY 2017

Total Monthly Average Home and Community Care Clients SFY 2017

State-Funded Home Care Clients	Medicaid Home Care Clients	Total Home Care Clients
3,131	27,913	31,044

Total Monthly Average Institutional Care Clients SFY 2017

Non-Medicaid Institutional Clients	Medicaid Institutional Clients	Total Institutional Clients
5,212	17,685	22,897

Total Monthly Average Medicaid and Non-Medicaid Long-Term Care Clients SFY 2017

Total Non-Medicaid Long-Term Care Clients	Total Medicaid Long-Term Care Clients	Total Long-Term Care Clients
8,343	45,598	53,941

⁴ Non-Medicaid and non-state-funded home care data is not available.