

CT Rebalancing: Medicaid Long-Term Care Clients and Expenditures

SFY 2022 - Revised March 2023

Clients

- From SFY 2021 to SFY 2022, the percentage of individuals receiving Medicaid long-term care services in the community versus an institution decreased slightly (-1%). Sixty-nine percent (69%) of Medicaid clients (a monthly average of 30,652) were served in the community and thirty percent (31%) of Medicaid clients (a monthly average of 13,768) received care in an institution.
- Since SFY 2003, the percentage of Medicaid clients receiving care in the community has increased by 50%: from 46% in SFY 2003 to 69% in SFY 2022.

PROPORTION OF CONNECTICUT MEDICAID LONG-TERM CARE CLIENTS OVER TIME			
SFY	Home & Community Care	Institutional Care	Total Monthly Average LTC Medicaid Clients
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
2017-18	64%	36%	46,270
2018-19	64%	36%	46,194
2019-20	65%	35%	46,373
2020-21	70%	30%	44,939
2021-22	69%	31%	44,420

Expenditures

- In SFY 2022, Medicaid long-term care expenditures for individuals in the community versus in an institution decreased by 3% from SFY 2021. Of the long-term care expenditures for individuals enrolled in Medicaid, 58% were for services provided in the community and 42% were for institutional care.
- Since SFY 2003, the percentage of Medicaid long-term care expenditures for home and community-based care has increased by 87%, from 31% in SFY 2003 to 58% in SFY 2022.
- The exact cause of the 3% decrease in the proportion of Medicaid expenditures on home and community-based care versus institutional care is currently unknown. However, where individuals choose to receive services may be shifting because of the slowdown of the COVID-19 Public Health Emergency (PHE). The 2021 report reflected a larger than typical increase in the percent of consumers being served in the community and community-based Medicaid expenditures, likely as a result of individuals opting out of institutional-based care due to the pandemic. This slight decrease may be an indicator of a return to pre-pandemic behavior patterns.

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 ^g	50%	50%	\$3,214,941,505	\$7,521,804,316	43%
2018	53%	47%	\$3,259,286,335	\$7,740,843,361	42%
2019	52%	48%	\$3,203,349,467	\$7,947,891,454	40%
2020	54%	46%	\$3,384,915,173	\$8,140,654,231	42%
2021	60%	40%	\$3,343,831,401	\$8,585,047,917	39%
2022	58%	42%	\$3,510,263,264	\$9,107,625,844	39%

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.

g- This reflects a correction from SFY 2017 reported numbers. In SFY 2018 it was realized that SFY 2017 expenditure data inadvertently did not pull-in CFC expenditures. This is the corrected figure for SFY 2017 - made Nov 2018.

CT Rebalancing: Non-Medicaid Long-Term Care Clients

SFY 2022

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 2022, on average, the state-funded levels of CHCPE provided home care services to 1,845 clients per month.
- In 2022, the total annual expenditures for the state-funded levels of CHCPE were \$35,232,141.

Estimated Number of Non-Medicaid Nursing Facility Occupants²

- From 2004 to 2022 the total number of licensed nursing facility beds declined by 21% (from 29,801 to 23,547).
- As of September 30, 2022, nursing facilities in Connecticut had an average occupancy rate of 82% (of the 23,547 available nursing facility beds in Connecticut, 19,430 were occupied)³.
- During SFY 2022, an estimated monthly average of 12,849⁴ were occupied by Medicaid clients and 6,581 beds were occupied by non-Medicaid clients.

Nursing Facility Occupancy Data 2021 – 2022	
23,547	Total nursing facility beds in CT on 9/27/22 ⁵
82%	Average occupancy rate on 9/30/22
19,430	Number of occupied beds on 9/30/21
12,849	Average monthly number of Medicaid clients in a nursing facility in SFY 2022
6,581	Estimated average monthly number of non-Medicaid clients in a nursing facility in SFY 2022.
66%	Estimated percent of occupied nursing facility beds funded by Medicaid in SFY 2022.

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, 2022.

³ This number potentially signals an industry recovery since the waning of the COVID-19 pandemic. In 2021 the average occupancy rate was 78%. Pre-pandemic the average occupancy rate was 88%.

⁴ Data from OPM 2022 Medicaid rebalancing LTC client calculation spreadsheet.

⁵ Does not include Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IIDs) and Chronic Disease Hospitals.

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

SFY 2022

Total Monthly Average Home and Community Care Clients SFY 2022 ⁶		
State-Funded Home Care Clients	Medicaid Home Care Clients	Total Home Care Clients
1,845	30,652	32,497
Total Monthly Average Institutional Care Clients SFY 2022		
Non-Medicaid Institutional Clients	Medicaid Institutional Clients ⁷	Total Institutional Clients
5,662	13,768	19,430
Total Monthly Average Medicaid and Non-Medicaid Long-Term Care Clients SFY 2022		
Total Non-Medicaid Long-Term Care Clients	Total Medicaid Long-Term Care Clients	Total Long-Term Care Clients
7,507	44,420	51,927

⁶ Non-Medicaid and non-state-funded home care data is not available.

⁷ Include Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IIDs) and Chronic Disease Hospitals.