



Medicaid Long Term Services & Supports Rebalancing Updates

Department of Social Services (DSS)

Community Options

December 2025



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Money Follows the Person (MFP)

Community First Choice (CFC)

American Rescue Plan Act (ARP 9817)

HCBS Waiver Report Out



Money Follows the Person (MFP)



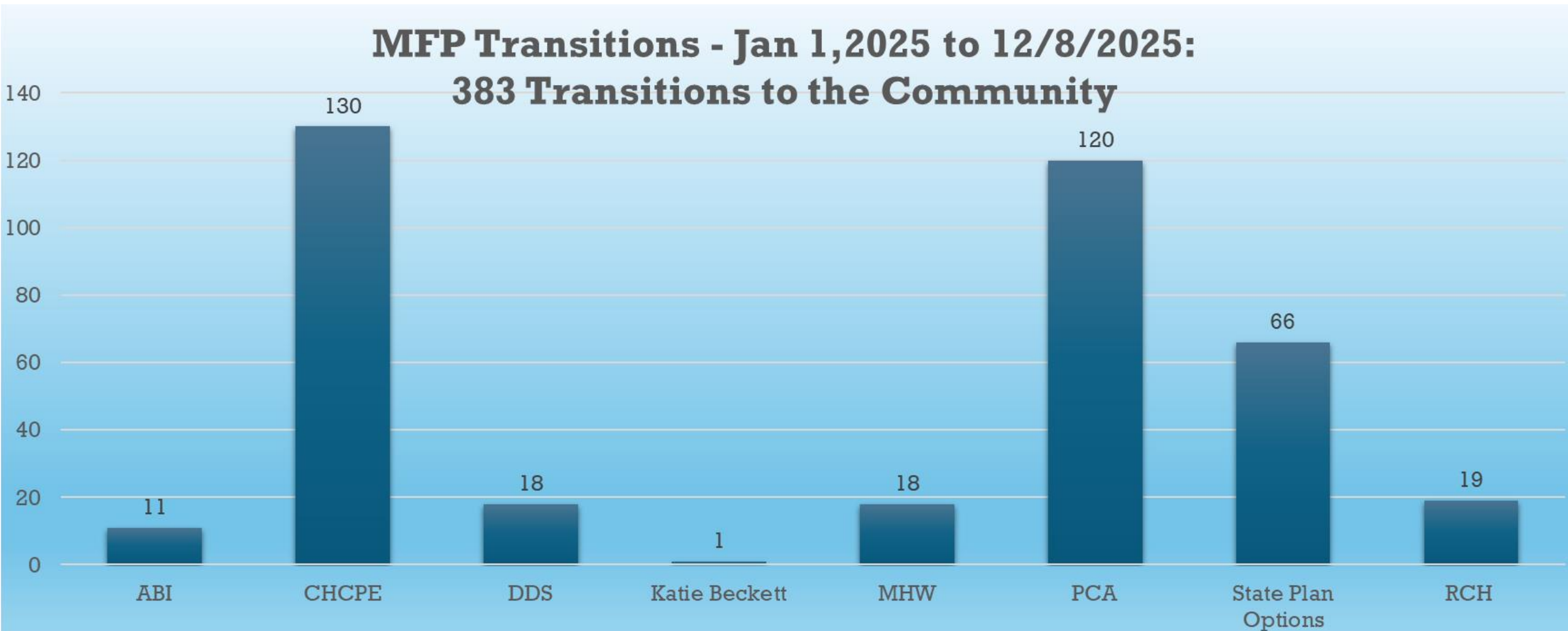
MFP has been the foundational program for rebalancing in CT since 2008

DSS has leveraged long-standing federal funding to support transitions to home and community-based services as well as designing diversion programs to keep CT residents from institutional placement

CT is committed to serving its Medicaid members in the setting of their choice with the services and supports needed to thrive in their communities



MFP Transitions



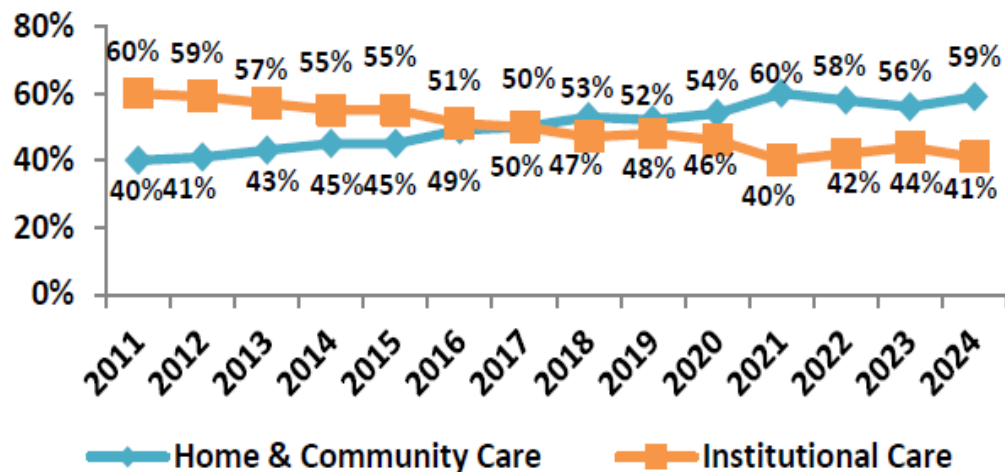


Benchmark 1: Total Transitions = 8,694

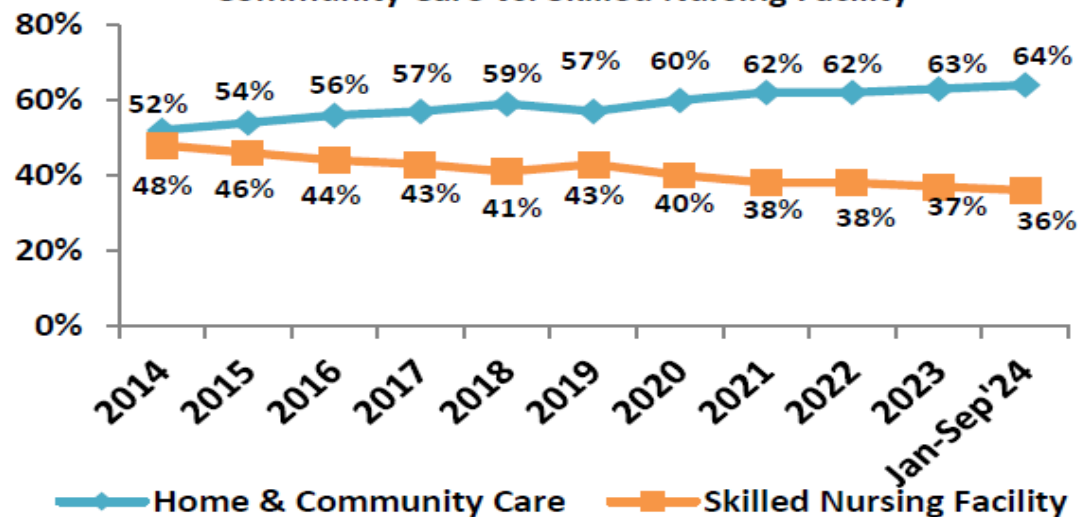
Demonstration = 8,122 (93%)

Non-demonstration = 572 (7%)

Benchmark 2
CT Medicaid Long-Term Care Expenditures

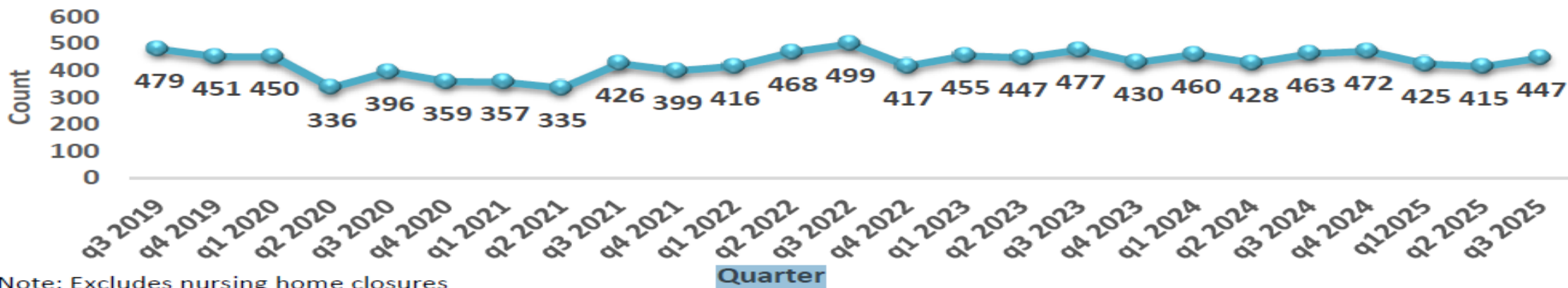


Benchmark 3
Percentage of Hospital Discharges to Home and
Community Care vs. Skilled Nursing Facility

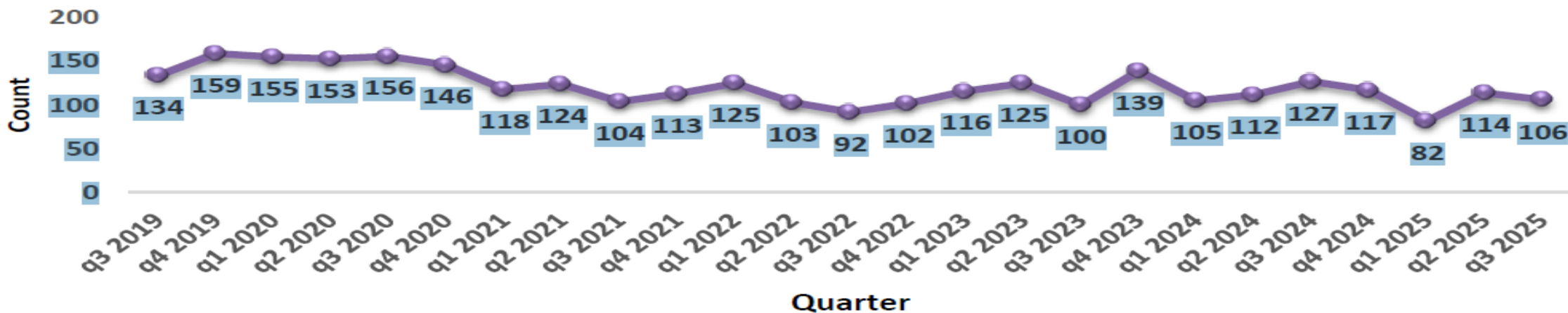




Referrals Assigned to the Field by Quarter



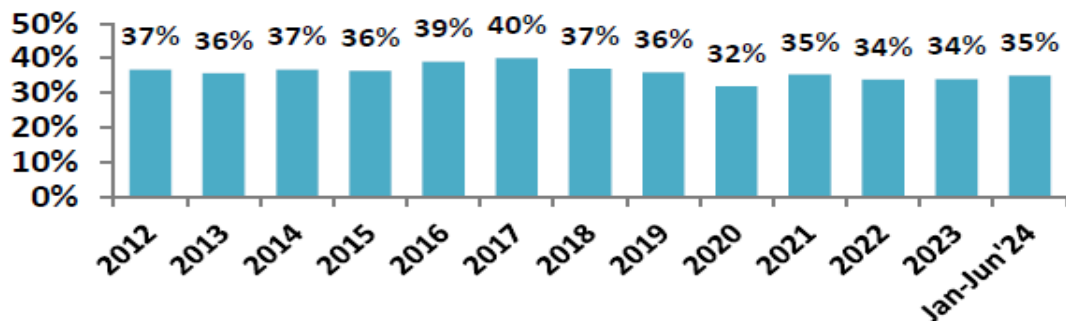
Number of Transitions by Quarter



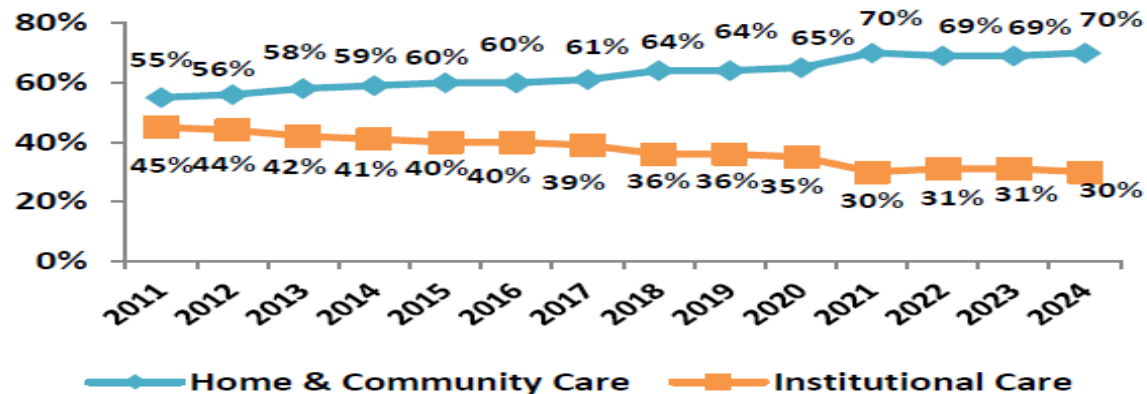


Benchmark 4

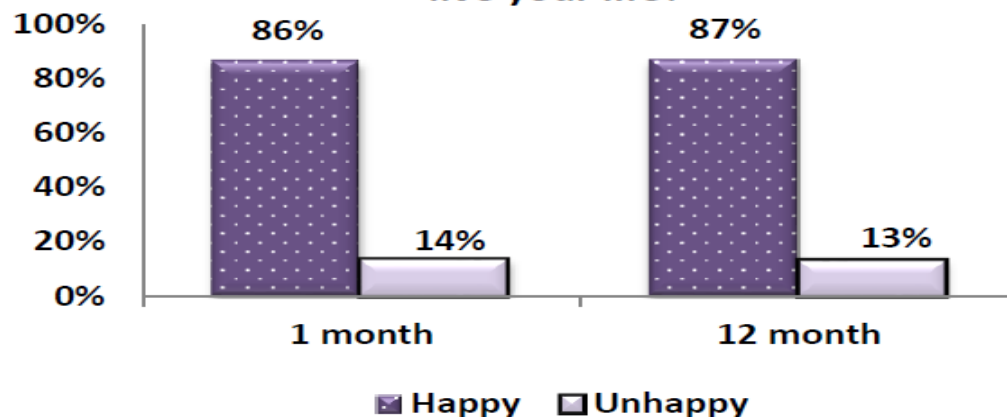
**Percent of SNF admissions returning to the
community within 6 months**



**Benchmark 5: Percent Receiving LTSS in the
Community vs. Institutions**



**Are you happy or unhappy with the way you
live your life?**





Community First Choice (CFC)



- CFC Active Enrollment

Number of People Active on CFC	
Program	Number
CFC (no waiver)	4001
CFC (w/waiver)	3249
TOTAL	7250

Number of CFC People Active by Waiver Type	
Waiver Type	Number
ABI 1	45
ABI 2	59
Autism	26
CHCPE	1555
KB	79
PCA	715
DDS	747
DMHAS MHW	23



Fiscal Intermediary (FI) Services

- GT Independence assumed all payroll and non-payroll activities from Allied Community Resources on March 24, 2024 after a six month ramp-up period
- The transition of FIs has highlighted some administrative and programmatic issues that are in active mitigation
- There was an increase in grievances from the PCA union and complaints from members during the last quarter of 2025 (October – December 2025). DSS is working directly with GTI to resolve the issues.

Collective Bargaining Agreement

- Two wage increases occurred in 2025 with another increase slated for Jan 2026.
- PTO implementation; accrual rate and carry over increase
- Addition of Holidays; Juneteenth and Labor Day
- New CBA being worked on between Workforce Council and SEIU 1199 for 2026 implementation



American Rescue Plan (ARP) 9817

[Home and Community Based Services \(ct.gov\)](https://www.ct.gov/hcss/)



The Department closed out the ARPA funding on September 30, 2025

Project Highlights include:

- **Health Information Exchange and Value Based Payments**
- Universal Assessment
- **In-Home Safety Enhancements**
- Evidence Based Models: COPE and CAPABLE
 - Care of Persons with Dementia in their Environment (COPE)
 - Community Aging in Place-Advancing Better Living for Elders (CAPABLE)
- **PACE Feasibility Study**

[Home and Community Based Services \(ct.gov\)](https://www.ct.gov/hcss)



ARPA Initiative Area	Description	Next Steps
HIE & VBP	<ul style="list-style-type: none">• Aims to improve Medicaid member health outcomes and provide whole-person care.• Value Based Incentive Payments to HCBS providers who meet clearly defined outcome measures.	<ul style="list-style-type: none">• CT HCBS PCO Measures - Training Sustainability Plan implemented for Access Agency staff to ensure standardization of person-centered goals setting for waiver programs and improving member health outcomes.• Continue to partner with Yale Center for Outcomes Research & Evaluation (CORE) to develop measures to decrease health disparities.• Provider Value Based Payment (VBP) Initiative continues to align payment with the value of whole-person care to members, based on clearly defined outcomes.
In-Home Safety Grants	<ul style="list-style-type: none">• Response to Public Act No. 24-19• One- time funding• Enhance the safety of critical workforce essential to providing HCBS to Connecticut Medicaid members• Provides HHA and AA with funding for interventions to improve workforce safety	<ul style="list-style-type: none">• Round 1 and 2 completed; awards distributed during CY 2025• Reconciliation of funds in process.• Survey sent to grant award recipients.
Universal Assessment	<ul style="list-style-type: none">• Decrease disparity in budget allocation by member need• Decrease redundancies• Streamline assessments• Enhance overall use for end users and members	<ul style="list-style-type: none">• APD approved by CMS• Vendor selected• Waiting for CMS approval on the SOW (Statement of Work)• Work on implementation timeline with Vendor



ARPA Initiative Area	Description	Next Steps
COPE /Confident Caregiver	Supports informal caregivers and members of the waiver programs (ABI I&II, PCA, CHCPE, and Autism waiver). Sessions are provided by a COPE trained RN and OT.	<ul style="list-style-type: none">• Six provider forums were held to support provider recruitment. Service rates were increased, and enhanced rates were offered during the ARP period. COPE training costs were also covered. So far, two HHAs have joined, but only one has completed the provider enrollment process. Approximately 20 individual OTs registered for COPE training to obtain certification. However, service provision remains limited because individual OTs cannot deliver COPE services unless they collaborate with an HHA to fulfill the COPE RN component.• Drexel University is offering a reduced training fee for Connecticut OTs and nurses through Jan 15, 2026 to help expand the pool of providers.
CAPABLE	Highly individualized, person-centered services that leverage the waiver participants' strengths to enhance their safety and independence in their living environment. Services are delivered through a team approach involving CAPABLE licensed nurse, an occupational therapist, and a handy person.	<ul style="list-style-type: none">• Provider recruitment was not successful. Only one HHA enrolled; however, this agency is unable to provide services due to insufficient staffing. With the conclusion of the ARP funding—which had supported free training and licensure opportunities for the agency—it is not expected that providers will be available until another funding opportunity becomes available.



ARPA Initiative Area	Description	Next Steps
PACE Feasibility Study	The Program for All-Inclusive Care for the Elderly (PACE) is a Medicaid state plan optional service that offers whole-person care to individuals age 55 and over who need nursing-facility level of care but are able to live in their community with proper supports.	<ul style="list-style-type: none">• To start key work that DSS and Myers and Stauffer expect to perform which includes:• Creating a market inventory by estimating the number of PACE-eligible participants in Connecticut;• Convening, focus groups to gain input from stakeholders;• Identifying areas of the state that appear to be viable PACE markets based on estimated eligibles;• Identifying potentially underserved areas and health shortage areas;• Evaluating interest from potential providers for adopting PACE services; and• Finalizing and reporting findings and recommendations.



Health Information Exchange and Value Based Payments



Connie is a state designated health information exchange (HIE). It is an independent, non-profit healthcare technology company that collects, integrates, optimizes and securely shares health data to enable more patient-centric care and support public and population health initiatives to help build a healthier Connecticut. Connie enhances healthcare by facilitating seamless interoperability among healthcare organizations.

The Provider Value Based Payment (VBP) Initiative aims to align payment with the value of whole-person care to members, based on clearly defined outcomes.

Value Based Payments are based on member health outcomes:

- ☐ **Performance Measure 1:** Decreasing avoidable hospitalizations
- ☐ **Performance Measure 2:** Meeting Person-Centered Goals
- ☐ **Performance Measure 3:** Discharge from hospital setting to the community vs. an institutional setting (currently pending)

Providers with organizations ≥ 30 panel size receive payments based on their engagement with Connie and meeting benchmarks for the performance measures based on their organization type.

- Home and Community Based Services (Agencies serving Care Managed/Waiver Members. (Performance Measures 1 & 2)
- Home Health Agencies (Performance Measure 1)

Organizations with < 30 will be eligible to earn a value-based payment based on their engagement with Connie dashboard to monitor the status of the individuals they serve to support improvements in care.

Outcome based payment have been issued to providers in May 2025 and December 2025.

- May 2025- 140 organizations out of 227 were eligible for payments
- December 2025- 163 organizations out of 233 were eligible for payments



In-Home Safety Enhancements



In-Home Safety Enhancement Funding

Response to Public Act No. 24-19, \$6M one time ARPA 9817 funding

Funding Requests aligned with targeted interventions to support in-home staff

- Training; Emergency Response Buttons/Devices; Non-Medicaid funded "buddy" or "escort"; GPS devices/tracking devices; including home-base tracking system; Electronic Health Record Risk Factor/Risk Score; Hiring of a Safety Consultant; Dedicated Phone Line for staff "in-the-field"

Distribution

- Since November 1, 2024, \$4,072,066.02 was distributed amongst 4 Access Agencies (AA) and 36 Home Health Agencies (HHA) to enhance the safety of critical workforce essential to providing Home and Community Based Services to Connecticut Medicaid Members.
- Reconciliation of fund use is currently in process.
- A survey administered by UConn Health, Center on Agency has been sent to grant fund recipients to evaluate the effectiveness of the safety initiatives.
- To date, feedback from provider agencies has been positive.



PACE - The Program for All-Inclusive Care for the Elderly (PACE)



The Program for All-Inclusive Care for the Elderly (PACE) is a Medicaid state plan optional service that offers whole-person care to individuals age 55 and over who need nursing-facility level of care but are able to live in their community with proper supports. It provides coordinated health care services by contracting with fully at-risk PACE organizations that receive a capitated payment for each enrolled participant.

The feasibility study consisted of two primary components:

1. a market analysis and a readiness assessment. Phase one of the report has been completed. This includes an overview of PACE, eligibility, PACE objective, the PACE landscape, The impacts of PACE, challenges of enrollment, participant barriers and costs and structural overview of Connecticut long-term care and waiver landscape. The first phase is completed, and the report is available.
2. The second phase will include a broad scope assessment to include stake holder engagement (internal and external), perform limited scope assessment of existing eligibility determination process, level of care determination process, capitation screens, encounter process, policies and procedures to determine readiness and feasibility to implement PACE. Myers will develop a final report based on findings.



PACE- The Program of All Inclusive Care for the Elderly

The Feasibility Study and Market Analysis, conducted by Myers and Staufers was completed in June of 2025. The key findings include:

Several Connecticut service areas exhibit substantial income disparities, where affluent residents and those experiencing poverty reside in proximity. This socio-economic divide could pose challenges

The PACE start-up and ongoing program costs are significant for both providers and the state administering agency. Initial investment in capital, personnel, and systems may not be recovered for many years due to the lengthy ramp up period for PACE enrollment.

Stakeholder opinions and perspectives on PACE feasibility for Connecticut were mixed. Some asserted that Connecticut may not have the financial or programmatic resources to support the program. Others expressed support for PACE as an option that could align with existing home and community-based service waivers and support the needs of the growing population of older adults



Continued key findings include:

Stakeholder feedback and analysis of Health Resources and Services Administration data identified health care workforce shortage.

Responses to the feasibility study survey showed high interest in PACE from providers currently operating in Connecticut as well as those with operations outside the state.

Social determinants of health, predominantly housing, are concerns for older adults in Connecticut. In some states, PACE organizations have established innovative solutions to housing challenges by partnering with community organizations, developing housing supply, and facilitating networks dedicated to finding housing solutions for participants.

Several stakeholders cited behavioral health issues in older adults as an area of concern. Stakeholders indicated that an all-inclusive reimbursement model such as PACE, if implemented, should be designed to attempt to address the behavioral health needs of these individuals.



In October, CT applied for federal funding under the Rural Health Transformation Grant. A PACE pilot Program was included in this proposal.

Proposal Summary: Establish a hub to extend comprehensive, coordinated care to older adults dually eligible for Medicare and Medicaid in surrounding rural communities, in a Northwest Hills planning region. The regional hub will integrate primary, behavioral, and long-term care, reduce avoidable hospitalizations, support aging in place, promote independence, and avoid/delay premature institutional nursing home care through a sustainable, community-based model that leverages the urban-rural connections between towns.



HCBS Waiver Programs



- **Connecticut Homecare Program For Elders**

- 16,187 active participants
- 2,199 currently pending enrollment
- No waitlist

- **NOTEWORTHY – we plan to engage providers and members on the Adult Family Living service in early 2026. We intend to revamp the service, strengthen service definitions, and enhance quality and compliance standards**

- **Personal Care Attendant**

- 1054 active participants
- 59 currently pending enrollment
- 1316 on the waitlist



- **Acquire Brain Injury I**

- 234 active participants
- 0 pending or waiting
- Intake is frozen

- **Acquired Brain Injury II**

- 280 Active Participants
- 1 pending enrollment
- 70 on the waitlist

- **Autism**

- 255 active participants
- 46 pending enrollment
- 2515 on the waitlist
- DSS is making a commitment to staffing up Case Managers ASAP to expedite adding additional members to the waiver in response to legislative funding for additional slots
- Funding will support 640 slots by the end of 2026 – it will be difficult to reach this goal



- **Mental Health**

- 562 active participants
- 47 pending enrollment
- 0 on the waitlist

- **Katie Beckett**

- Recent legislation lowered the maximum age limit from 21 to 18. DSS has begun the process of notifying and transitioning current participants who are 19 and over off the waiver and onto another Medicaid coverage.
 - 321 active participants
 - 16 pending enrollment
 - 335 on the waitlist



Questions?