Status Report

2013 LONG-TERM SERVICES AND SUPPORTS PLAN FOR CONNECTICUT

Connecticut Long-Term Care Planning Committee

JUNE 2014

Status Report – June 2014
2013 LONG-TERM SERVICES AND SUPPORTS PLAN FOR CONNECTICUT

Introduction

This Status Report is the second 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
DOH – Department of Housing
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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RECOMMENDATIONS	ADMINISTRATIVE AND OTHER ACTIONS	LEGISLATIVE ACTIONS AND NEW FUNDING
GOAL 1. Balancing the ratio of home and community-based and institutional care		
Develop a system that provides for more choice and opportunities for community integration as alternatives to all institutional settings, and increase 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.	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 rebalance the ratio of home and community based and institutional care by focusing on 5 key areas: workforce; service delivery and gaps; housing and transportation; nursing facility diversification; and hospital/nursing home discharges.	
GOAL 2. Balancing the ratio of public and private resources		
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 funding would reduce the burden both on Medicaid and on	Between 7/1/13-5/31/14, the CT Partnership for LTC (OPM in cooperation with the SDA and the AAAs) held five public forums on Partnership LTC insurance and the importance of planning	Public Act 14-8: Expands disclosure requirements for individual and group long-term care insurance policies. It also extends existing and new disclosure requirements to group policies delivered

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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.	ahead for future LTC needs. Additionally, between 7/1/13-5/31/14 the Partnership disseminated 120 information packets and provided telephonic counseling and assistance to over 400 consumers.	or issued for delivery (1) to one or more employers or labor organizations or a trust established by any of them or the fund's trustees and (2) for employees or former employees, members or former members, or the labor organizations. Public Act 14-10: Requires long-term care (LTC) insurance policy issuers (carriers) to spread premium rate increases of 20% or more over at least three years. It also requires LTC carriers to notify individual policyholders and group certificate holders of (1) a premium rate increase and (2) the option of reducing benefits to reduce the premium rate.
LONG TERM RECOMMENDATIONS		
Provide true individual choice and self-direction to all users of long-term services and supports.	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. The program went statewide March of	Special Act 13-22: 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

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	2014. 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. DPH is working with CMS on Advancing Excellence in America's Nursing Homes. This is an ongoing, coalition-based 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. The State launched a new web site (My Place CT) in June of 2013 coordinated by 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.	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.

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	DSS initiated development of the No Wrong Door coordinated with ConneCT and Access Health. The automated solution will coordinate financial and functional aspects of LTSS applications and assist applicants with navigation from application to services. Coordination is ongoing with DMHAS, DDS, DORs and SDA.	
Promote efforts to enhance quality of life in various long-term services and supports settings.	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 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. In March, 2014, CMS awarded DSS a $500,000 TEFT planning grant to test	Public Act 14-194: Mandates certain training for all nursing home staff related to caring for individuals with dementia. Public Act 14-231, Section 14: Requires chronic and convalescent nursing homes and rest homes with nursing supervision to complete a comprehensive medical history and examination for each patient upon admission, and annually after that. It requires the DPH commissioner to prescribe the medical examination requirements in regulations, including tests and procedures to be performed.

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	quality measurement tools and demonstrate e-health in Medicaid community-based LTSS. The grant program is designed to field test an experience survey and a set of functional assessment items, demonstrate personal health records, and create a standard electronic LTSS record.	
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. On March 21, 2014, Governor Malloy announced funding for the first round of nursing facility grants. Successful nursing homes aim to expand access to home health services, care coordination, personal care assistants, etc. New MFP demonstration services were announced in February 2014. Services include substance abuse supports, informal caregiver supports and peer supports.	Special Act 14-6: The Commission on Aging must study (1) private sources of funding available to elderly persons and persons with Alzheimer's disease in need of home or community-based care, (2) the availability of programs funded by the state that provide home or community-based care to elderly persons and persons with Alzheimer's disease in need of home or community-based care, and (3) the cost effectiveness of such programs funded by the state. Not later than January 1, 2015, the commission must submit a report on the study, including recommendations on which state programs should be expanded, to the joint standing committee of the General Assembly having cognizance of matters relating to aging.

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	Effective January 1, 2014, the DMHAS HCBS Mental Health Waiver was amended to include Adult Day Care and Home Delivered Meals**.**	
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 the 5 Area Agencies on Aging and the VA CT Health Care System developed and is implementing a Veteran's Directed Home and Community Based Services Program (VDHCBS) statewide. This 100% consumer directed program is currently serving 50 clients and expanded statewide in March 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. ADRC services are available statewide and Operating Protocols are utilized to ensure quality of program service delivery. 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	

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	accordance with DPH approved curriculum. 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. DDS is actively working on numerous initiatives regarding person centered thinking, healthy relationship training for individuals, and a mentor project working with providers to shift to more individualized supports in services that lead to many discussions to dignity of risk and risk mitigation. DDS is using materials developed by MFP to begin the discussions with providers.	
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.	First steps 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.	

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	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. Testing on the tool was completed in SFY 14. Full implementation of the tool is expected in SFY 15. The tool will be automated with the No Wrong Door system of the state. Common Core Standardized Assessment testing is underway at DDS and the development of a DDS staff focus group.	
Encourage communities to take an active role in planning and supporting long-term services and supports for their residents.	The DSS strategic LTSS 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.	Public Act 13-109: 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.

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	The DSS also released an RFP to nursing 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. In May 2014, the Commission on Aging launched a Livable Communities website - www.livablect.org. The website highlights ideas and innovations for creating Connecticut communities that are great places to grow up and grow older. The site shows where and how to begin to make changes, serves as a resource for policymakers and change agents, and connects related initiatives and partners to maximize energy, resources and talent.	Public Act 14-73: By January 1, 2015, requires the Aging Commission, as part of the livable community initiative, to recognize communities that have implemented such initiatives allowing people to age in place and remain in the home setting they choose. The initiatives must include (1) affordable and accessible housing, (2) community and social services, (3) planning and zoning regulations, (4) walkability, and (5) transportation-related infrastructure.
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.	Between 7/1/13-5/31/14, the CT Partnership for LTC (OPM in cooperation with the SDA and the AAAs) held five public forums on Partnership LTC insurance and the importance of planning ahead for future LTC needs. Additionally, between 7/1/13-5/31/14 the Partnership disseminated 120 information packets and	

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	provided telephonic counseling and assistance to over 400 consumers. A global communication plan to educate the public about LTSS launched in October of 2013, funded by the DSS Rebalancing Plan. The communication plan which is part of My Place CT included videos in physician's offices, billboards, and radio ads. CHOICES Coordinators will be including "New to Medicare" educational sessions in each region as part of the 2014 SHIP Grant.	
Address the anticipated long-term services and supports workforce shortage.	The State's launch of My Place CT in June of 2013 included a workforce development component to address the estimated need for direct support workers. Bill boards, bus shelter wraps, and radio ads launched in July 2013. The workforce development workgroup of MFP initiated several meetings to determine the needs of employers relative to hiring, retaining and recruiting staff. A group of 61 employers met in June 2014 to develop a comprehensive list of priorities for funding in SFY 15.	Public Act 14-159: Allows a "sleep-time" exclusion from overtime pay requirements for certain employees employed by third-party providers (e.g., home care agencies) to provide "companionship services" as defined by federal regulations. In general, these regulations define "companionship services" to mean fellowship, protection, and limited care for an elderly person or person with an illness, injury, or disability. The bill's sleep-time exclusion aligns state law with changes in federal regulations effective January 1, 2015.

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	SDA's Senior Community Service Employment Program (Title V) continues to encourage participants to consider home healthcare employment opportunities. Several participants have completed or are currently training to be a Certified Nurse's Aide.	Public Act 14-217, Sec. 159: Allows certain family child care providers and personal care attendants (PCAs) to collectively bargain with the state over their reimbursement rates and other benefits. Any provision in a resulting contract that would supersede a law or regulation must be affirmatively approved by the General Assembly before the contact can become effective. Public Act 14-217, Sec. 227: Current law limits the deduction of a personal care attendant's (PCA) union dues and fees to payments from the waiver program in which a PCA's consumer is participating. Thus, PCAs in non-waiver programs, such as the Connecticut Home Care Program for Elders, cannot have union dues or fees deducted from their payments. The bill removes this restriction and instead allows the dues and fees to be deducted from any program covered by their collective bargaining agreement. Public Act 14-47: Provides funding to DSS to support the PCA collective

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		bargaining agreement. FY 2015 $1,730,000. Public Act 14-47: Provides funding of $1,418,000 for union contract costs for Personal Care Attendants (PCAs). Section 159 of PA 14-217 implements the provisions of the union contract.
Provide support to informal caregivers.	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. The DSS Strategic LTSS Plan included funding for a new caregiver's information 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.	Public Act 14-47: Provides funding to DDS of $4 million in FT 2015 to reflect half year funding of 100 individuals designated priority one placements on the department's Waiting List. The agency is to focus on providing residential services to those individuals with parents or caregivers age 70 and older. Public Act 14-47: Provides funding to DDS of $600,000 in FY 2015 for family support grants to serve individuals on the agency's Waiting and Planning Lists that are not currently receiving any residential services. Based on the average subsidy it is anticipated that approximately an additional 350 families can be provided subsidies.
Preserve and expand affordable and accessible housing for older adults and individuals with disabilities, including assisted	DMHAS continues to expand supportive housing options across all populations	

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living, residential care homes, and other supportive housing and emergency housing options for older adults.	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. DMHAS works with various Housing Authorities to ensure that DMHAS clients are able to access Section 8 vouchers. DOH 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. DSS funded the creation of a housing needs assessment for Fairfield county. Funding was awarded to the Jewish Home under the nursing home diversification initiative. DOH and The Connecticut Housing Finance Authority have prioritized	

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	permanent supportive housing in many of their capital development programs.	
Encourage and enable the provider community to transform and develop services and supports that will help to achieve the goals of this Plan.	DSS strategic plan and funding supports the business diversification of nursing facilities as well as increased application of person-centered philosophy for all providers. DSS awarded grants to 7 nursing homes. Multiple agencies have signed a Memorandum of Understanding regarding the creation of a Uniform Licensing Application and the operation of a web-based filing and storage system for required licensing documents. The goal is to develop a common application and, by utilizing the web-based system, to improve the efficiency of the licensing process. This should enhance the quality of licensing interactions between DCF, DDS and DPH and the organizations that provide services and supports to the public utilizing these licenses. Using the new system will limit the need for forms to be submitted multiple times to different or individual state agencies.	
Expand and improve employment opportunities and vocational rehabilitation for persons with disabilities and older adults.	BRS instituted seven industry specific training programs designed to provide job seekers with disabilities the skills	Public Act 13-7: Makes changes to the DORS statutes, including (1) eliminating a per person cap on the amount that

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	necessary for employment in a particular profession or type of business in addition to customary services. DSS coordinates with BRS to match job seekers with disabilities to positions open in the direct support workforce. MFP demonstration services were expanded to include supported employment. Services also include peer support, offering additional opportunities for people with disabilities to become employed.	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.
Increase availability of readily accessible, affordable, and inclusive transportation that accommodates the need for family and direct care worker companions.	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	

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	individual who requires assistance as long as the assistant starts and ends their ride with the voucher holder.	
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.	Behavioral Health Homes will be implemented in a targeted manner. Local Mental Health Authorities will provide Health Promotion Services to eligible enrollees. Health promotion activities will encourage and support healthy living concepts to motivate individuals to adopt healthy behaviors and promote self-management of their health and wellness. DDS is collaborating with Planned Parenthood in the development of Healthy Relationship training for individuals, staff, families and administration. DDS is working with other state agencies and stakeholders regarding coordination of care. DDS staff participate in the Complex Care duals demonstration to increase access to person centered medical care and equal access to medical care. Motivational interviewing was added as a requirement for all MFP care managers.	

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Address emergency preparedness/disaster planning for older adults and persons with disabilities.	SDA provided an updated Continuity of Operations Plan – Pandemic Plan which was included with the previous submission from DSS. Additionally, SDA obtained updated emergency preparedness plans from the five Area Agencies on Aging as part of their submission of their Area Plans. SDA is a member of the Governor's Emergency Communication Task Force. The Governor's Emergency Communication Task force is headed by the Commissioner of the Department of Emergency Services and Public Protection. The SDA is a member of the sub-committee which is identifying the effective methods of communications to meet the needs of CT's residents. The Long-Term Care Ombudsman Program continues to participate in scheduled LT-MAP regional meetings. 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	

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	to each other at the time of a disaster. This assistance may come in the form of: • 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. 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.	
SHORT TERM RECOMMENDATIONS		
Programs and Services		
▪ 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.	DDS continues to review the Medicaid waiver numbers and plans to add waiver participant slots based on additional funding for Waitlist recipients as well as	Public Act 14-150: Requires the Department of Social Services (DSS) to continuously operate the current Medicaid acquired brain injury (ABI)

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	participants migrating to the waivers from MFP. DSS made several enhancements to the Medicaid Waivers: ▪ Adult Family Living has been added as a service to both the PCA and CHCPE Waivers. ▪ MED has been added to the elder waiver. ▪ A second ABI waiver has been developed and is currently under review by CMS.	waiver. It further specifies that services under this waiver not be phased out and that no individuals receiving services be institutionalized in order to meet federal cost neutrality requirements. The bill also requires the DSS commissioner to seek federal approval for a second ABI waiver. The bill establishes an advisory committee for the ABI waiver. The committee consists of the chairpersons and ranking members (or designees) of the Human Services, Appropriations and Public Health committees, as well as the commissioners of Social Services and Mental Health and Addiction Services. The committee must meet no less than four times per year. The committee must submit to the General Assembly an initial report concerning the impact of the individual cost cap in the proposed second ABI waiver by February 1, 2015. Public Act 14-47: Department of Social Services: ▪ Provides additional funding for the Connecticut Home Care Program for Elders (CHCPE) of $1.5 million in FY 2015 to reflect updated cost and caseload projections. ▪ Provides funding of $750,000 in FY 2015 to serve an additional 100

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		children under the Katie Beckett Medicaid waiver. ▪ Provides funding of $650,000 in FY 2015 in the Medicaid account to reduce the current waitlist for the Acquired Brain Injury Waiver. ▪ The CT Home Care Program for Adults with Disabilities (CHCPD is currently capped at 50 slots. Provides funding of $600,000 in FY 2015 to expand the pilot for an additional 50 slots. Section 73 of PA 14-217, the budget implementer, implements the expansion of this program. ▪ Provides funding of $377,000 in FY 2015 in DSS to reflect half year funding for the aid to the disabled (room and board component) services for 100 Medicaid eligible individuals designated priority one placements on the Department of Developmental Services Waiting List. Public Act 14-217, Sec. 73: Increases, from 50 to 100, the number of people who may receive services through the CT Home Care Program for Adults with Disabilities, a state-funded pilot program administered by DSS.

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▪ In the State-funded tiers of the Connecticut Home Care Program for Elders, eliminate the required co-payment.		
▪ Identify skills needed for nursing facility residents who desire to transition back to the community and provide appropriate skill training and resources.	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. MFP engagement specialists have access to a range of pre-transition supports including, peer support, alcohol and substance abuse interventions and 1:1 engagement counseling. MFP reorganization was completed in February 2014. All case managers were cross-trained in eligibility requirements of all waivers. Referrals from MFP now go directly to case managers based on pre-screen criteria. Case managers work in teams with 2 supporting transition coordinators and a housing coordinator to transition the person from the nursing facility to the community. All transition coordinators participated in web based learning and became certified as Aging Disability Specialists.	

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▪ 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.	The DSS information caregiver support initiative will include a component for a new respite intervention. The design is due on August 1, 2013.	Public Act 14-47: Provides additional funding for FY 2015 to increase family grants that will assist families to access additional respite services.
▪ Support family caregivers through compensation with the development of the new Adult Family Living initiative.	Adult Family Living options became available during SFY 14.	
▪ 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.	SDA provides direction on obtaining free legal, elder abuse information and assistance. SDA collaborates with the aging network and law enforcement to support initiatives such as Triad to reduce criminal victimization of older persons. SDA has formed the CT Elder Justice Coalition to "communicate and collaborate with Public and Private stakeholders in CT to address elder justice issues in order to prevent elder abuse and protect the rights, independence, security and well-being of vulnerable elders in CT." The kick-off call to action was Nov. 21, 2013. The Coordinating Council will have an organizational meeting in the Summer of 2014. New initiatives in development by the Coalition include a Consumer Fraud Awareness Campaign and Financial Exploitation and Elder Abuse awareness	

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	training and reporting for financial institutions.	
▪ Strengthen the connection of State and local services by strengthening the relationship to senior centers, municipal government offices and services offered locally.	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. The Statewide CHOICES Coordinator participates in the CARSCH (CT Association of Resident Service Coordinators in Housing) chat room to strengthen its relationship to local services. Coordinators continue to recruit counselors for its training and to locate new sites for counseling. My Place CT will connect directly to local services in phase 3 of the website.	
Infrastructure		
▪ 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.	SDA and DDS have developed a Memorandum of Understanding regarding collaboration around ADRC and No Wrong Door approaches.	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

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		Americans Act (OAA) programs, the Statewide Respite Program, the 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.
▪ 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.	The State received a BIP award in the amount of $73M in October of 2012. ▪ 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. ▪ During SFY 14, InterRAI was selected as the State's common assessment tool. Additional questions are added for individual target populations. The tool will be automated as part of the No Wrong Door initiative. In addition, the No Wrong Door initiative will coordinate access to participants seeking information and/or services. Entry points currently include MyPlace CT, Access Health, and ConneCT. DSS is working with DSS on requirements and an advanced	

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	planning document was submitted to CMS. The envisioned system will connect people to services and supports.	
▪ With a focus upon hospital admission and discharge, use best efforts to divert individuals to an appropriate care setting of their choice.	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. DDS policy is decreasing reliance on Nursing Home placement. DDS has five state staff dedicated exclusively to MFP, moving individuals from nursing homes, institutions and hospitals. To achieve the Behavioral Health Home goal and outcome measure, *"Improve Quality by Reducing Unnecessary Hospital Admissions and Readmissions*," DMHAS Behavioral Health Home teams will maintain collaborative relationships with hospital emergency departments, housing providers, psychiatric units of local hospitals, long-term care, detox providers and other applicable settings to ensure seamless transitional care to the least restrictive setting.	

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▪ Address the historical fragmentation of the Medicaid home and community-based waivers, which are associated with specific age and diagnostic eligibility criteria.	Agreement was reached to tie MED Connect to all Medicaid waivers, including waivers for Elders during the next amendment. DMHAS was involved in a statewide initiative to develop a core assessment tool to be used with all home and community based waivers. 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. Community First Choice is currently under development with a launch date of January 1, 2015. DDS will be a partner with DSS in the development of the Community First Choice in CT.	Public Act 14-47: The federal Affordable Care Act authorizes the Community First Choice Option, which offers states a 6% increase in federal reimbursement on personal care assistance (PCA) services if the program meets certain criteria. DSS will provide coverage of self-directed PCAs as a Medicaid service for individuals at institutional level of care. Reduce funding by $470,000 in the Medicaid account to reflect savings as a result of higher reimbursement.
o 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.		

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▪ Provide timely eligibility decisions regarding eligibility in all government sponsored long-term services and supports programs.	DMHAS developed and implemented a two-times-weekly referral meeting to expedite mental health waiver referrals. 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. DDS streamlined the eligibility process. Applications are available online. Reduction on materials requested and increased communication with individuals and families throughout the process. CHOICES and DSS have established a protocol for referrals to the escalation unit to resolve problem situations and expedite new MSP applications for individuals in great need.	Public Act 14-47: Provides DSS an additional 35 positions to assist with long-term care applications. FY 2015: 1,700,000.
▪ Expand Aging and Disability Resource Centers (Community Choices) statewide in support of providing information, referral, assistance and LTSS options counseling.	ADRCs are available statewide. 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	2012 ADRC Enhanced Options Counseling Cooperative Agreement received funding from the federal Administration for Community Living.

RECOMMENDATIONS	ADMINISTRATIVE AND OTHER ACTIONS	LEGISLATIVE ACTIONS AND NEW FUNDING
	Living who need benefits counseling. This award is through federal fiscal 2015.	
▪ Achieve greater integration of employment of persons with disabilities into the Money Follows the Person Rebalancing Initiative and home and community-based services.	The MFP website "My Place CT" will include a link to the Connect-Ability website. Supportive Employment was added as a demonstration service to MFP. DSS RFP to nursing homes includes an option for nursing homes to improve readiness for employment for persons transitioning to the community.	
▪ 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 a proposal on behavioral health homes based at local mental health agencies and/or other providers. 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.	

RECOMMENDATIONS	ADMINISTRATIVE AND OTHER ACTIONS	LEGISLATIVE ACTIONS AND NEW FUNDING
○ 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.	DMHAS continues to participate on the MFP Steering Committee. DDS continues participation on the MFP steering committee. To date, DDS has supported 90 individuals to move from institutional care to self-directed and provider supported services. DDS is engaging with ICF/IID providers interested in transitioning their services to HCBS. SDA and the Long-Term Care Ombudsman Program continues to participate on the MFP Steering Committee. DSS Rebalancing Project Director participates on Complex Care Committee	
○ 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.	DSS is currently developing Personal Health Records and testing e-LTSS transfer protocols and ONC S & I Framework under the TEFT grant. Personal Health records will be integrated as part of the No Wrong Door initiative.	

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○ Support a learning collaborative approach to bring together providers across disciplines and perspectives, and to learn from older adults and individuals with disabilities.	DMHAS Older Adult Services chairs a workgroup comprised of public and private entities and has formalized a mission statement and goals around addressing older adult behavioral health issues – particularly through integrating behavioral and physical health concerns. Current initiatives include asset mapping of delivery system's strengths and needs and integrating SBIRT (Screening, Brief Intervention, and Referral to Treatment) trigger questions into assessments conducted by non-behavioral health service providers. SDA participates on DMHAS Chaired Behavioral Health and Older Adults workgroup (see above). The group, in partnership with SDA ADRC grant funds is currently undertaking an Older Adult and Behavioral Health Services asset mapping exercise that will take place through Sept 15th and will result in identified, community assets, gaps, services/referrals provided by physicians and recommendations for linking physical and mental health in an efforts to better streamline the physical and behavioral health service system for older adults.	

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	Connect-Ability Distance-Learning Initiative Independent Living and Employment distance learning modules are now available to everyone through the Connect-Ability website. DDS is one of five states to receive a grant to participate in Community of Practice. The Connecticut Community of Practice team is part of a national team comprised of five states that received a grant to examine processes of improving supports to individuals with intellectual disabilities and their families across the span of their lifetime. This multi-year grant affords us the opportunity to learn with others how best to discover new and innovative ways to support more families. DDS is partnering with the Connecticut Council on Developmental Disabilities in this learning experience. DDS has engaged with over 170 stakeholders to date in this initiative.	
▪ 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.		

RECOMMENDATIONS	ADMINISTRATIVE AND OTHER ACTIONS	LEGISLATIVE ACTIONS AND NEW FUNDING
Financing		
▪ 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.		Special Act 13-7: 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 rates of reimbursement on achieving an adequate provider network. [The act does not specify whether it includes providers of long-term care.] Public Act 14-164: Allows the DSS to pay Temporary Family Assistance (TFA) and State Supplement Program (SSP) benefits directly to a licensed residential care home or a boarding or other "rated housing facility" through a per diem or monthly rate. Current law generally requires DSS to pay benefits directly to SSP and TFA participants. Also, the bill directs DSS to give rate increases, within available appropriations, for any capital

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		improvement a residential care home makes for the health and safety of its residents. This provision is effective July 1, 2014. Public Act 14-47: Provides DSS a rate increase for mental health providers. FY 2015: $4,150,000. Public Act 14-47: Provides DSS a 1% COLA for Home Care Providers, effective January 1, 2015. FY 2015: 1,625,000. Public Act 14-217, Sec. 78: Requires DSS to analyze, by November 1, 2014, the cost of providing services under the (1) Connecticut home-care program for the elderly and (2) pilot program to provide home care services to persons with disabilities. The DSS commissioner must (1) include a determination of necessary reimbursement rates for providers and (2) report, by January 1, 2015, a summary of the analysis to the Appropriations and Human Services committees. Public Act 14-217, Sec. 195: Allows the DSS commissioner, at his discretion, to waive specified regulations and make other changes to residential care home

RECOMMENDATIONS	ADMINISTRATIVE AND OTHER ACTIONS	LEGISLATIVE ACTIONS AND NEW FUNDING
		cost reporting for rate-setting for FY 2015, subject to available appropriations. Such changes could affect rates paid by DSS to RCHs.
▪ Provide greater flexibility in the budgeting and use of Medicaid funds for long-term services and supports.		Public Act 14-142: Eliminates the statutory cost cap on community-based, waiver-funded services in the Connecticut Home Care Program for Elders (CHCPE), which is currently 60% of the weighted average cost of care in skilled nursing and intermediate care facilities. The bill also specifies that the state's cost for long-term facility care and all CHCPE services, not just the program's community-based services, cannot exceed the cost the state would have incurred without the program.
▪ Capture and reinvest cost savings across the long-term services and supports continuum.		
○ 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.		

RECOMMENDATIONS	ADMINISTRATIVE AND OTHER ACTIONS	LEGISLATIVE ACTIONS AND NEW FUNDING
▪ 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.		
▪ Explore various methods to increase the private sector's greater involvement as a payer of long-term services and supports.		
o Explore the development of tax incentives for the purchase of private long-term care insurance, including tax incentives for employer-based coverage.		
▪ Work with the Federal government to preserve Older Americans Act funding. This federal funding source is currently at risk.	In FFY 2013, sequestration resulted in reduced Older Americans Act (OAA) funding to SDA. There was no additional OAA funding reduction in FFY 2014. Additionally, SDA secured Social Services block grant (SSBG) funding to supplement nutrition funding. SDA Commissioner provided a letter of support for the Reauthorization of OAA, which included a recommendation to make discretionary grant programs such as ADRC, CDSMP and	

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	SMP permanent parts of the Act's core programs with appropriate funding to sustain these projects.	
Quality		
▪ 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.	Public Act 14-231, Section 7: Requires that in nursing facilities, Management Companies may provide services to manage the operations including the provision of care and services. If there has been a substantial failure to comply with the requirements or regulations adopted, the commissioner may require the nursing facility licensee and the nursing facility management service certificate holder to jointly submit a plan of correction.
▪ The Departments of Public Health and Social Services should work together to ensure consistency among their respective regulations.	DPH and DSS conduct a weekly call to discuss common issues and financial viability of long term care facilities. DPH and DSS also coordinate on the administration of medication by certified home health aides and risk in the community.	
▪ Review licensing certification requirements and Probate Court protocols (currently there is no licensing for		Public Act 14-194: Establishes mandatory Alzheimer's and dementia-

RECOMMENDATIONS	ADMINISTRATIVE AND OTHER ACTIONS	LEGISLATIVE ACTIONS AND NEW FUNDING
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.		specific training for a wide range of personnel, including emergency medical technicians (EMTs), probate judges, paid conservators, and protective services employees. It requires staff in Alzheimer's special care units hired on or after October 1, 2014 to complete the currently required initial Alzheimer's and dementia-specific training within the first 120 days of employment. Under current law, the training must be completed within six months of employment.
▪ 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, 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		
▪ 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.	

RECOMMENDATIONS	ADMINISTRATIVE AND OTHER ACTIONS	LEGISLATIVE ACTIONS AND NEW FUNDING
	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 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 Services and Supports (LTSS) living in the community. 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.	
▪ Address the community housing needs of nursing facility residents who are returning to the community because	In 2013, DECD provided two grants to the Corporation for Independent Living totaling $2.5 million to continue	

RECOMMENDATIONS	ADMINISTRATIVE AND OTHER ACTIONS	LEGISLATIVE ACTIONS AND NEW FUNDING
they no longer need this level of care but have lost their community residence.	accessibility modification programs for MFP and the general population. In 2014, DOH provided a grant to Corporation for Independent Living totaling $1 million to continue accessibility modification programs for MFP and the general population.	
▪ Develop new housing alternatives for persons with serious and persistent mental illness who do not need nursing facility level of care.	An RFP was issued for a supportive housing initiative to create 50 new supportive housing units for the chronically homeless with disabilities. DOH, in conjunction with the Interagency Committee on Supportive Housing and Homelessness, will be providing $25 million in capital funding for the construction and/or substantial rehabilitation of affordable housing for this population group.	Public Act 14-47: Provides funding to DOH to support 110 additional Rental Assistance Program (RAP) certificates for scattered site supportive housing for individuals with psychiatric disabilities. FY $1,100,000. Public Act 14-217, Sec. 71: Current law permits the DMHAS commissioner, within available appropriations, to provide subsidies to people who receive DMHAS services and require supervised living arrangements. The bill specifies that such subsidies are for people who qualify for supportive housing under the state's permanent supportive housing initiative, which the department operates in collaboration with several other state agencies. Public Act 14-47: Provides funding to DOH of $1.1 million to support Rental

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		Assistance Program (RAP) certificates for 110 units of scattered site supportive housing for individuals with psychiatric disabilities. Funding of $1.1 million under the Department of Mental Health and Addiction Services will support the services related to these units. Public Act 14-47: Reduces funding by $600,000 for the Money Follows the Person program to reflect savings due to slower than anticipated transition for individuals in the program. The savings will be repurposed to provide support services and rental assistance program (RAP) certificates for individuals with psychiatric disabilities.
▪ Support legislation that requires new homes to provide features to make it easier for individuals with mobility-impairments to live in and visit.		Public Act 14-98, Sec. 9i: Allocates $6 million in bonding money to the Department of Rehabilitation Services to provide grants to older adults and persons with disabilities to make home modifications and purchase assisted technology so they can remain in their own homes and age in place.
▪ Continue the progressive State investment in the development of housing that is affordable and accessible for older adults and persons with disabilities.	In addition to the supportive housing initiative above, DOH investments continue to be for affordable housing for persons and families of low and moderate	Public Act 13-247 (HB 6706), Section 60, authorizes DSS, DMHAS, Corrections, OPM and the Judicial Branch's Court Support Services Division to (1) develop

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	income. During FY 14, DOH committed $70M in capital funding for the development of affordable housing. DOH 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 includes persons and families over the age of 60 and the young disabled. 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	a Plan to provide supportive housing services, including housing rental subsidies during FY 14 and FY 15 for an additional 160 individuals and families who frequently use expensive state services and (2) enter into memoranda of understanding to reallocate, within existing appropriations, the necessary support and housing resource for this purpose. DOH and DMHAS are engaged in the Social Innovation Fund Housing Program which intends to house 160 homeless individuals that are also high users of Medicaid services. The elderly are eligible if they are deemed homeless and have high Medicaid costs. The goal of the program is to realize savings in Medicaid by providing permanent supportive housing.

RECOMMENDATIONS	ADMINISTRATIVE AND OTHER ACTIONS	LEGISLATIVE ACTIONS AND NEW FUNDING
	funding for an additional 150 units of supportive housing.	
▪ 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.	DOH has recently applied for just over $3M in Section 811 project-based rental assistance. HUD is evaluating this application and we anticipate notice sometime this summer. In 2012 DMHAS collaborated with the DOH 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. In 2012 DMHAS collaborated with the DECD 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.	DOH, DMHAS, DDS and DSS applied for the second round of HUD Section 811 funding, a program designed for people with disabilities on 5/14/14. If successful, this program will be able to assist elderly individuals discharge from a nursing home into an independent living situation with support services.

RECOMMENDATIONS	ADMINISTRATIVE AND OTHER ACTIONS	LEGISLATIVE ACTIONS AND NEW FUNDING
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.	