Status Report

2013 LONG-TERM SERVICES AND SUPPORTS PLAN FOR CONNECTICUT

Connecticut Long-Term Care Planning Committee

JUNE 2015

Status Report – June 2015
2013 LONG-TERM SERVICES AND SUPPORTS PLAN FOR CONNECTICUT

Introduction

This Status Report is the third 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. In April 2015, Governor Malloy's Strategic Rebalancing Plan was reviewed and revised for FY2016-2018. The plan continues to aim 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.	Senate Bill 1502, Sec. 394: This section does three main things 1) indefinitely extends the moratorium on nursing home beds; 2) revises language regarding restriction exceptions for requesting additional nursing home bed approval deleting "AIDS and TBI" and adding the more general guideline of "patients requiring neurological rehabilitation"; and 3) adds language clarifying parameters for relocating Medicaid beds between licensed facilities.

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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 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.	Between 7/1/14 and 6/30/15, the CT Partnership for LTC held five (5) public forums on Partnership LTC insurance and the importance of planning ahead for future LTC needs. The Partnership, in addition to the public forums, held over 35 presentations and trainings between 7/1/14 and 6/30/15. Additionally, between 7/1/14 and 5/31/15, over 75 information packets were disseminated and over 200 consumers received counseling and assistance via telephone.	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 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.

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		Public Act 15-80 establishes the Achieving a Better Life Experience Act (ABLE Act) allowing families to establish a trust for individuals who developed blindness or a disability before age 26. The trust may be used to cover qualifying expenses and the funds in the trust or contributed to the trust must be disregarded by the State when determining eligibility for federally funded assistance or benefit programs. Total amount in the trust cannot exceed the amount allowable for CT 529 accounts.
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 2014. VDHCBS provides veterans of all ages the opportunity to self-direct their home and community based services,	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 relating to human services on other Medicaid waiver programs or state plan options the state may apply for or utilize

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	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. In partnership with United Way and town level entities, DSS has funding for both SFY16 and 17 to build a No Wrong Door (NWD) library and call-in center. Development continues of the NWD system. 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 DSS, DMHAS, DDS, DORS and SDA.	in order to provide home care services to Medicaid recipients age eighteen years of age and under.

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	Initiate Community First Choice Option targeted for July 1, 2015. 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.	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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	Nursing homes are exploring best practices to reduce or eliminate alarm use in CT facilities. Alarms used in nursing homes are alerting devices designed to emit a warning signal when a resident moves in a way perceived to put them at risk, usually for falls. As nursing homes have decreased the use of physical restraints, the use of alarms has increased. There are several nursing homes that are participating in the Music and Memory project which brings personalized music into the lives of the elderly or infirm through digital music technology, vastly improving quality of life in dementia patients. Nursing home staff and other elder care professionals are taught how to create and provide personalized playlists using iPods and related digital audio systems that enable those struggling with Alzheimer's disease, dementia and other cognitive and physical challenges to	Public Act 15-50: Entitles patients of nursing homes, residential care homes, and chronic disease hospitals, or their designated representatives, to receive a copy of any Medicare or Medicaid application completed by such a facility on the patient's behalf. The bill adds this requirement to the nursing home patients' bill of rights. Public Act 15-115: Establishes a bill of rights for residents of Continuing Care Retirement Communities, requires CCRCs to provide DSS and residents certain disclosures and extends penalties for providers that violate the bill of rights. Public Act 15-236: This bill makes a number of changes regarding elder abuse. Among other things, it: 1) makes certain emergency medical service providers mandated reporters of elderly abuse and expands training requirements for employees of certain entities who care for someone age 60 or older; 2) gives abused, neglected, exploited, or abandoned elderly people a civil cause of action against perpetrators; 3) requires the Commission on Aging to (a) study best

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	reconnect with the world through music-triggered memories. In March, 2014, CMS awarded DSS a $500,000 TEFT planning grant to test 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. The Participant Experience Survey will be the cornerstone of DSS' quality management activities for the waiver programs. In partnership with the University of Connecticut Center on Aging, DSS will study the relationship of social determinants on the factors that lead to institutionalization. From those findings, interventions will be created to address those determinants. DDS held two trainings on Alzheimer' disease and dementia Issues concerning the people DDS serves. 175 staff of Public and Private Providers attended these first two sessions. Additional sessions will be	practices for reporting and identifying elderly abuse, neglect, exploitation, and abandonment and (b) create a portal of training resources for financial institutions and agents; 4) requires certain financial agents to receive training on elderly fraud, exploitation, and financial abuse; and 5) makes changes in definitions of elderly neglect and necessary services. Public Act 15-130: Extends to residential care homes (RCHs) statutory requirements for nursing homes regarding the management of residents' personal funds. It establishes (1) notification and account management procedures and (2) penalties for failure to comply.

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	offered in each region and a video of the training has been posted on the DDS website.	
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. The plan includes funding for nursing facilities interested in diversifying their business model to increase the availability of community LTSS. On May 29, 2015, Governor Malloy announced funding for the second round of nursing facility grants. The proposals included opportunities to house offices for support organizations serving residents and a community case management program with an integrated adult day health center. MFP Demonstration Services – substance abuse supports, informal caregiver supports, and peer supports – continue to be offered to MFP participants through their Demonstration year. The LTSS Strategic Plan funds an impact analysis of a 1915(i) amendment to fund supports such as substance abuse intervention, peer support, and supported	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. Public Act 14-73: An Act Concerning Livable Communities and Elderly Nutrition. Not later than January 1, 2015, the Commission on Aging, as part of the livable community initiative established pursuant to this section,

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	employment for Supportive Housing and for qualifying rest homes. Effective January 1, 2014, the DMHAS HCBS Mental Health Waiver was amended to include Adult Day Care and Home Delivered Meals**.** The amended waiver increased capacity to 811. Effective 12/1/14 Adult Day Health was added as a service to the ABI 2 Waiver. The SDA convened the first nutrition quarterly meeting in September 2014. DSS and the other stakeholders participated. Regular quarterly meetings continue to be convened by SDA with the elderly nutrition stakeholders in accordance with Public Act 14-73. The SDA ADRC grant is assisting the state Older Adult Behavioral Health workgroup in an asset exercise designed to measure and analyze, at a regional and statewide level, the availability of behavioral health services for older adults age 55 or older. The UCONN Health Evaluation Team is conducting 10 focus groups and 5 community forums throughout the state as well as a survey of over 900 aging, medical & behavioral health professionals	shall recognize communities that have implemented livable community initiatives allowing individuals to age in place and to remain in the home setting of their choice. Such initiatives shall include, but not be limited to: (1) Affordable and accessible housing, (2) community and social services, (3) planning and zoning regulations, (4) walkability, and (5) transportation-related infrastructure The Department on Aging and the Department of Social Services shall hold quarterly meetings with nutrition service stakeholders to (1) develop recommendations to address complexities in the administrative processes of nutrition services, (2) establishes quality control benchmarks, and (3) help move toward greater quality, efficiency and transparency in the elderly nutrition program. Stakeholders shall , but not be limited to, area agencies on aging, access agencies, the Commission on Aging, nutrition providers, representatives of food security programs and contractors, nutrition host site representatives and consumers.

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	and is preparing a report summarizing the findings.	Public Act 15-40: This bill requires SDA and DSS, together with certain nutrition stakeholders, to study alternative sources of funding for nutrition services programs and report their findings and recommendations to the Aging Committee by July 1, 2016. The bill also amends existing law to specify the number of nutrition stakeholders that must be at the meetings Senate Bill 1502, Sec. 358: Establishes a grant program within the Department of Mental Health and Addiction Services (DMHAS) to provide community-based behavioral health services, including (1) care coordination services, and (2) access to information and referral services for available health care and social service programs. The services shall be provided by organizations that provide acute care and emergency behavioral health services. The DMHAS Commissioner shall establish eligibility criteria and the application process for the grant program. Senate Bill 1502, Sec. 359: Establishes a study on the current adequacy of psychiatric services to be led by the DMHAS Commissioner who shall consult

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		with the DCF and DSS Commissioners and providers of behavioral health services, including, but not limited to, hospitals and advocacy agencies.
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 32 clients. It 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	Senate Bill 1502, Sec. 413(e): Adds requirement that nursing facilities inform both the nursing home resident and/or the resident's representative and DSS when the facility has reason to believe the resident will qualify for Medicaid within 180 days. DSS may use the notification from the facility as a trigger to contact the resident to assess whether or not the resident would like to and is able to move back into the community and receive home and community-based services and then develop a care plan to aid in the transition.

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	accordance with DPH approved curriculum. The LTSS Strategic Plan includes the funds to develop various workforce training programs acknowledging a person-centered delivery system. These programs include a model re-training program which allows for the existing pool of institutionally-based paid direct care workers to be trained to provide LTSS in the community; and the collaboration with the community college system to design direct-service curricula using the foundation of person-centered care. In partnership with the University of Connecticut Center on Aging, DSS will study health outcomes and quality of life associated with MFP participant's assumption of risk following informed choice. The LTSS Strategic Plan funds the development of a nurse leadership institute for the sharing of best practices in person-centered care and nurse delegation. DDS is actively working on numerous initiatives regarding person centered	

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	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. DDS Self Advocate Coordinators have implemented a program called IP (individual Plan) Buddies in which a Self-Advocate Coordinator will assist a person and help advocate for them during the planning process at their request. They are also running a campaign for Respectful Language among DDS providers and the communities in the state. The campaign and video are on the DDS website. The Mental Health Waiver program for individuals with serious mental illness encompasses the recovery orientation adopted by the Department of Mental Health and Addiction Services (DMHAS), but also signals new directions in the community treatment of people with serious psychiatric disabilities. Each person enrolled in the Mental Health Waiver program participates in a Person-centered planning process leading to the development of an individualized	

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	Recovery Plan. The Mental Health Waiver allows individuals choice among credentialed providers and also a self-directed Recovery Assistant option. CT ADRC staff have been working with Agency for Community Living (ACL) staff on the development of a National Person-Centered Planning Training for community based organizations. In January 2016, SDA will be piloting this Person Centered Counseling Training program as part of its 2012 Enhanced ADRC Options Counseling Program.	
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. The State's first common comprehensive assessment – the Universal Assessment (UA) was released in July 2015. The UA will be used across all 1915(c) waivers; 1915(i) state plan services; MFP, and CFC. The tool will be automated within the State's No Wrong Door system.	Public Act 15-19: This bill (1) renames the Community Choices program as the Aging and Disability Resource Center (ADRC) program and (2) requires the Department on Aging (SDA) to administer it as part of the CHOICES program.

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	DDS continues to work with DSS and other agencies on designing a Universal Assessment. 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 LTSS Strategic Plan includes funding for local community planning efforts. $325,000 is budgeted for No Wrong Door efforts with local communities in both SFY 2016 and 2017. Community conversations and collaboratives will be held to determine the design of the continuum of LTSS that best meets the needs of their members. Then through a RFP process, communities will have the opportunity to participate in the No Wrong Door activities. In May 2015, Governor Malloy announced the second round of rebalancing grants to nursing facilities interested in diversifying their business model to provide community LTSS. Awarded 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.	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. 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

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	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 On May 21, 2015, ACL announced a continuation grant for CT ADRC to continue work on refining the tools, metrics and key elements of a No Wrong Door System by piloting a No Wrong Door System Management Tool.	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 7/1/14-5/31/15, the CT Partnership for LTC (OPM in cooperation with the SDA and the AAAs) held five (5) public forums on Partnership LTC insurance and the importance of planning ahead for future LTC needs. Additionally, between 7/1/14-5/31/15 the Partnership disseminated 72 information packets and provided telephonic counseling and assistance to over 00 consumers.	

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	The LTSS Strategic Plan provides funding for both SFY16 and 17 to develop and implement a No Wrong Communication plan to streamline access to LTSS information and resources. The plan also funds the development of tools to educate the public regarding home and community-based services, Medicaid eligibility, self-direction, etc. CHOICES Coordinators have been holding "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.	In partnership with communities, DSS will host local workforce outreaches to attract workers and assist with provider enrollment as well as integrate workforce concerns into community collaborative discussions. 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 14-159: 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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	The Mental Health Waiver's Administrative Service Organization – Advanced Behavioral Health – continues to provide regularly scheduled trainings for certified Recovery Assistants who can also be dually-trained to provide Recovery Assistant services for the Acquired Brain Injury II Waiver overseen by DSS. Recovery Assistant service was initially developed for the Mental Health Waiver as a combination of companion, homemaker, PCA and respite services with a focus on teaching independent living skills.	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 bargaining agreement. FY 2015 $1,730,000.

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		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 includes continued funding for the caregiver's information initiative. This initiative is for MFP participants and their families. If the data collected indicates a successful intervention, statewide application will be considered. DDS has developed a Family Website link on their main website. This contains information on a wide variety of topics for families, individuals and caregivers.	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. Public Act 15-32: This bill (commonly referred to as the Care Act) requires a hospital, when discharging a patient to his or her home, to: 1) allow the patient

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		to designate a caregiver at, or before, the time the patient receives a written copy of his or her discharge plan. Patients are not required to name a caregiver; 2) document the designated caregiver in the patient's discharge plan; 3) attempt to notify the designated caregiver of the patient's discharge home; and 4) instruct the caregiver on post-discharge tasks with which he or she will assist the patient at home. Instruction may be proved to the caregiver live or in prerecorded formats. The bill specifies that it does not create a private right of action against a hospital or its employees, contractors, or consultants. It prohibits these entities and people from being held liable for services a caregiver provides or fails to provide to the patient in his or her home. Public Act 15-50: Under this bill, DSS must require any nursing home or residential care home, for each resident in its care, to keep on file contact information for (1) a family member designated by the resident or (2) the resident's legal guardian. The home must provide information to the family member or guardian about

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		investigations into any reports that the resident has been abused, neglected, exploited, or abandoned or is in need of protective services. The DSS commissioner must also immediately notify the family member or guardian whenever the Commissioner has reason to believe the resident has been a victim of abuse, neglect, exploitation, or abandonment, unless the family member or guardian is the suspected perpetrator.
Preserve and expand affordable and accessible housing for older adults and individuals with disabilities, including assisted living, residential care homes, and other supportive housing and emergency housing options for older adults.	DMHAS continues to expand supportive housing options across all populations that receive DMHAS services, including those that are homeless. Specifically DMHAS manages over 1,000 units of Shelter Plus Care, a HUD rent subsidy program for homeless individuals with a mental health or substance abuse disorder. 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 state Rental Assistance program as well as the Security Deposit Guarantee program. DOH continues to	In coordination with the Interagency Committee on Supportive Housing and Homelessness, DOH was awarded a twenty year contract under the federal Section 811 PRA, which provides project-based rental assistance to support community based service-enhanced affordable housing. The first installment of $4.12 million will be implemented over the next five years, with additional funding for years 6 thru 20.

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	providing funding for rehabilitation to increase accessibility of existing homes, also for the benefit of MFP participants. Funding to create accessibility in adult family homes is also available. Through rebalancing grants, DSS funded the renovation of Avery House in Hartford, CT into affordable housing apartments. The campus aims to increase community housing options so that people can age in place. Connecticut was awarded an 811 grant from HUD to build 150 new units for people who need LTSS including the chronically homeless, people with autism and the MFP participants. DOH and The Connecticut Housing Finance Authority have prioritized permanent supportive housing in many of their capital development programs. DDS continues to work with partner agencies on the Interagency Committee on Supportive Housing and Homelessness to advocate for the development of affordable and supportive units for the ID/DD and ASD populations. DDS is a named participant in the HUD Section 811	

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	Grant that will expand use of project-based housing subsidies for DDS' MFP participants and expands the opportunity to use housing subsidies to our Autism Spectrum Disorder Waiver participants. DDS continues to foster development of community based housing supports through its network of community Providers. DDS provides service funds, and in most cases housing subsidies through its self-managed rent subsidy program, to over 1,300 individuals living independently in their own home/apartment in community settings. An additional 1,500 + individuals receive supports in their family homes, in many cases preparing individuals to live independently in a community setting of their choice pending availability of housing subsidies. DDS widely promoted the application process for entry onto the Waiting List for RAP and Section 8 housing subsidies in 2014 and DDS looks forward to other opportunities to expand the use of such subsidies within its supported population	

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Encourage and enable the provider community to transform and develop services and supports that will help to achieve the goals of this Plan.	DSS's strategic plan and funding continues to support the business diversification of nursing facilities as well as increased application of person-centered philosophy for all providers. 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 continued its use of industry specific training programs designed to provide job seekers with disabilities the skills necessary for employment in a particular profession or type of business in addition to customary services. The agency added one additional program during this	Public Act 13-7: Makes changes to the DORS statutes, including (1) eliminating a per person cap on the amount that DORS may spend to provide employment assistance to blind people; (2) increasing dollar thresholds for wheelchair and certain equipment

RECOMMENDATIONS	ADMINISTRATIVE AND OTHER ACTIONS	LEGISLATIVE ACTIONS AND NEW FUNDING
	reporting period, for a total of 8 programs underway. DSS coordinates with BRS to match job seekers with disabilities to positions open in the direct support workforce. Supported employment continues to be offered as a MFP Demonstration service. Peer support is also available which offers additional opportunities for people with disabilities to become employed.	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 individual who requires assistance as long	

RECOMMENDATIONS	ADMINISTRATIVE AND OTHER ACTIONS	LEGISLATIVE ACTIONS AND NEW FUNDING
	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 is a requirement for all MFP Specialized Care Managers (SCM). The Demonstration	

RECOMMENDATIONS	ADMINISTRATIVE AND OTHER ACTIONS	LEGISLATIVE ACTIONS AND NEW FUNDING
	continues to offer motivational interviewing trainings for all new SCMs. Health coaches are funded under Community First Choice (CFC) and also integrated into the MFP initiative. "New to Medicare" presentations across the State provide information on Medicare preventative services that are now available through the Affordable Care Act (ACA). The SDA website highlights one Medicare preventative benefit each month. SDA, in partnership with DPH, provides statewide coordination of the delivery of the Chronic Disease Self-Management "Live Well" Program and Diabetes Self-Management Program under a federal ACL grant. Leader trainings and workshops are held statewide through regional partners including the five AAAs and Connecticut Community Care, Inc. (CCCI). SDA has a state-funded fall prevention program, in partnership with the Yale Connecticut Collaboration for Fall Prevention. In SFY 2014, the Greater New Haven VNA embedded fall prevention into	

RECOMMENDATIONS	ADMINISTRATIVE AND OTHER ACTIONS	LEGISLATIVE ACTIONS AND NEW FUNDING
	their programs, including community outreach, screening and intervention. In SFY 2014, 795 people were screened for falls. In terms of the impact on fall-related injuries, hospitalizations and health care costs, of the 421 individuals followed, 287 had fallen prior to the intervention and 22 were hospitalized at an estimated $610,390 in health care costs. Of the 421 individuals followed 6 months post intervention, 57 individuals had fallen and 7 were hospitalized with an estimated $194,215 in healthcare costs. At twelve months, the estimated fall-related injury health care costs averted totaled $416,175.	
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	

RECOMMENDATIONS	ADMINISTRATIVE AND OTHER ACTIONS	LEGISLATIVE ACTIONS AND NEW FUNDING
	Communication Task force is headed by the Commissioner of the Department of Emergency Services and Public Protection (DESPP). 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 Interim Report was issued in August 2014 regarding communication during emergencies. Use this link to access the report. http://www.ct.gov/despp/lib/despp/governors_emergency_communications_task_force/report_on_emergency_communications-_8-4-2014__final_pdf.pdf DORS also participates in this Task Force, and worked to incorporate some standards for communication into the Committee's report. One significant advancement was the commitment to have sign language interpreters at the State Emergency Operations Center (EOC) for press conferences related to emergency activation. The Long-Term Care Ombudsman Program continues to participate in scheduled LT-MAP regional meetings. The Ombudsman Program coordinates efforts with DPH during emergency situations to	

RECOMMENDATIONS	ADMINISTRATIVE AND OTHER ACTIONS	LEGISLATIVE ACTIONS AND NEW FUNDING
	ensure the well-being of long-term care residents. DPH works with the Long Term Care Mutual Aid Plan (LTC-MAP), which is a state-wide or region-wide agreement among participating long-term care facilities to provide pre-planned assistance to each other at the time of a disaster. This assistance may come in the form of: • 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		

RECOMMENDATIONS	ADMINISTRATIVE AND OTHER ACTIONS	LEGISLATIVE ACTIONS AND NEW FUNDING
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 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. • The Mental Health Waiver has been amended and will serve 811 individuals who are currently in nursing facilities or who are at risk for this level of care. The waiver is operated by DMHAS with oversight by DSS.	Public Act 14-150: Requires the Department of Social Services (DSS) to continuously operate the current Medicaid acquired brain injury (ABI) 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.

RECOMMENDATIONS	ADMINISTRATIVE AND OTHER ACTIONS	LEGISLATIVE ACTIONS AND NEW FUNDING
		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 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

RECOMMENDATIONS	ADMINISTRATIVE AND OTHER ACTIONS	LEGISLATIVE ACTIONS AND NEW FUNDING
		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.
▪ In the State-funded tiers of the Connecticut Home Care Program for Elders, eliminate the required co-payment.		Senate Bill 1502, Sec 386: amends eligibility for the state funded portion of the CHCPE in fiscal years 2016 and 2017 by specifying that only individuals requiring nursing home level of care may qualify with the exception of individuals participating in the Assisted Living Demonstration Project. It also increases the required cost-share from 7% to 9% for qualified individuals on the state funded CHCPE program with the exception of individuals participating in the Assisted Living Demonstration Program.
▪ Identify skills needed for nursing facility residents who desire to transition back to the community and provide appropriate skill training and resources.	MFP SCMs continue to have access to a range of pre-transition supports including, peer support, alcohol and substance abuse interventions, and 1:1 engagement counseling.	

RECOMMENDATIONS	ADMINISTRATIVE AND OTHER ACTIONS	LEGISLATIVE ACTIONS AND NEW FUNDING
	Because the Mental Health Waiver for individuals with SMI encompasses the recovery orientation adopted by the DMHAS, it emphasizes the following skill-building services: • Intensive psychiatric rehabilitation provided in the participant's home and in other community settings; • Attention to both psychiatric and physical needs; • Emphasis on wellness and recovery; • Person-centered planning leading to development of an individualized recovery plan; and • Use of peer supports provided by people trained and certified in rehabilitative care, who know form first-hand experience about recovery from mental illness.	
▪ 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.	

RECOMMENDATIONS	ADMINISTRATIVE AND OTHER ACTIONS	LEGISLATIVE ACTIONS AND NEW FUNDING
▪ 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 advice, 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 formed the Coalition for Elder Justice 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 conference was Nov. 21, 2013 and was followed on Nov. 21, 2014 with a 2nd conference, "Abuse is getting old – A Connecticut Roadmap for Action." The Coordinating Council, which oversees the work of the Coalition, has grown from 15 to 22 members in 2015 expanding to encompass the disability community. Following the initial Council meeting in 2014, the Governor issued Executive Order 42 ordering relevant state agencies to support efforts by SDA and the Council that seek to prevent the abuse of elderly citizens. The first two Coalition workgroups that are operational include a Consumer Fraud Awareness Campaign and Financial Exploitation and Elder Abuse	

RECOMMENDATIONS	ADMINISTRATIVE AND OTHER ACTIONS	LEGISLATIVE ACTIONS AND NEW FUNDING
	awareness 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. SDA held a statewide meeting for senior center personnel and municipal agents on March 26, 2015 to build a stronger relationship with SDA, to solicit feedback and to foster improve communication. In October 2014, SDA established a weekly e-newsletter for municipal agents and	

RECOMMENDATIONS	ADMINISTRATIVE AND OTHER ACTIONS	LEGISLATIVE ACTIONS AND NEW FUNDING
	senior centers to share and communicate information.	
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. The National Alliance of Mental Illness (NAMI) offered "Mental Health 101" training to CHOICES volunteers, senior centers, municipal agents and resident service coordinators for improved understanding of the needs of persons with mental health disabilities. CHOICES worked with NAMI and the Local Mental Health Authorities to offer "New to Medicare" training to persons with Medicare due to disability throughout the State.	Public Act 13-125 (SB 837): Completes the establishment of the Department on Aging by transferring to it all Aging Services Division programs and responsibilities, including federal Older Americans Act (OAA) programs, the Statewide Respite Program, the 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 Advanced Planning Document (APD) was approved in October 2014. ● Release 1 was completed in June 2014.	

RECOMMENDATIONS	ADMINISTRATIVE AND OTHER ACTIONS	LEGISLATIVE ACTIONS AND NEW FUNDING
	• The design of Release 2 which includes the Pre-Screen and Universal Application is currently in development stages. Coordination is ongoing with DMHAS, DDS, DORs, and SDA. • On July 1, 2015, the automated Universal Assessment will be launched.	
▪ 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. MFP tracks all hospital admission and discharge information as part of the quality management plan. 24 hour nursing has been added to MFP. DDS policy is decreasing reliance on Nursing Home placement. DDS has incorporated procedures for Private and Public CLAs to make additional supports as needed to support an individual living in a CLA to continue there upon discharge from a hospital and to avoid long term placement in a SNF.	

RECOMMENDATIONS	ADMINISTRATIVE AND OTHER ACTIONS	LEGISLATIVE ACTIONS AND NEW FUNDING
	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.	
▪ 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. The State's Community First Choice (CFC) option will be effective July 1, 2015. CFC will be the first cross disability option,	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.

RECOMMENDATIONS	ADMINISTRATIVE AND OTHER ACTIONS	LEGISLATIVE ACTIONS AND NEW FUNDING
	based on functional need rather than diagnosis or age. DDS will be a partner with DSS in the development of the Community First Choice in CT.	
○ 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.		
▪ 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.	Public Act 14-47: Provides DSS an additional 35 positions to assist with long-term care applications. FY 2015: 1,700,000.

RECOMMENDATIONS	ADMINISTRATIVE AND OTHER ACTIONS	LEGISLATIVE ACTIONS AND NEW FUNDING
	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.	
▪ 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 Living who need benefits counseling. This award is through federal fiscal 2015.	2012 ADRC Enhanced Options Counseling Cooperative Agreement received funding from the federal Administration for Community Living.
▪ Achieve greater integration of employment of persons with disabilities into the Money Follows the Person Rebalancing Initiative and home and community-based services.	Supportive Employment continues to be offered as a demonstration service to MFP participants. DORS is partnering with DSS through the Balancing Incentive Program to ensure coordination.	
▪ 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.	

RECOMMENDATIONS	ADMINISTRATIVE AND OTHER ACTIONS	LEGISLATIVE ACTIONS AND NEW FUNDING
	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.	
○ 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 135 individuals to move from institutional care to self-directed and provider supported services. 56 since 6/1/14. DDS continues to engage with ICF/IID providers and participants interested in transitioning their services to HCBS. DDS participates in the Complex Care committee representing the duals. SDA and the Long-Term Care Ombudsman Program continues to participate on the MFP Steering Committee. DSS Rebalancing Project Director participates on the Complex Care Committee.	

RECOMMENDATIONS	ADMINISTRATIVE AND OTHER ACTIONS	LEGISLATIVE ACTIONS AND NEW FUNDING
	DOH continues to participate in the coordination of efforts with DSS around MFP and Rightsizing.	
○ 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. The Mental Health Waiver is currently working with its Administrative Service Organization, Advanced Behavioral Health, to have a complete electronic record system that will also integrate with the DSS Personal Health Records and testing e-LTSS transfer protocols and ONC S & I Framework under the TEFT grant.	
○ 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)	

RECOMMENDATIONS	ADMINISTRATIVE AND OTHER ACTIONS	LEGISLATIVE ACTIONS AND NEW FUNDING
	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. 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	

RECOMMENDATIONS	ADMINISTRATIVE AND OTHER ACTIONS	LEGISLATIVE ACTIONS AND NEW FUNDING
	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. Learning Collaboratives are funded under the rebalancing sustainability plan.	
▪ Change the names of the Long Term Care Planning Committee and the Long Term Care Advisory Council to the Long Term Services and Supports Planning Committee and the Long Term Services and Supports Advisory Council.		
Financing		
▪ 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

RECOMMENDATIONS	ADMINISTRATIVE AND OTHER ACTIONS	LEGISLATIVE ACTIONS AND NEW FUNDING
		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 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.

RECOMMENDATIONS	ADMINISTRATIVE AND OTHER ACTIONS	LEGISLATIVE ACTIONS AND NEW FUNDING
		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 cost reporting for rate-setting for FY 2015, subject to available appropriations. Such changes could affect rates paid by DSS to RCHs. Senate Bill 1502, Sec. 380: Makes $13 million available to increase wages for certain staff at nursing homes.

RECOMMENDATIONS	ADMINISTRATIVE AND OTHER ACTIONS	LEGISLATIVE ACTIONS AND NEW FUNDING
▪ 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.	Under the Mental Health Waiver program, realized cost savings allowed the program to increase the number of clients served.	
○ 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.	Savings achieved due to the Balancing Incentive Program has resulted in new LTSS services. Savings from Money Follows the Person has resulted in housing subsidies and funding for transitional services for individuals found ineligible for the MFP Demonstration.	

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.		Senate Bill 1502, Sec. 397: Allows DSS to implement acuity-based methodology for reimbursement to nursing homes.
▪ 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	

RECOMMENDATIONS	ADMINISTRATIVE AND OTHER ACTIONS	LEGISLATIVE ACTIONS AND NEW FUNDING
	SMP permanent parts of the Act's core programs with appropriate funding to sustain these projects. In January 2015, SDA communicated with Congressional leaders to provide support for the proposed Older Americans Act Reauthorization of 2015.	
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. The DPH has established a voluntary program to implement the use of Medical Orders for Life Sustaining Treatment (MOLST) by health care providers. An advisory group was created comprised of health care providers and consumer advocates to make recommendations on the pilot program. Participating health care providers must be trained in how to fully inform patients about the benefits and risks of MOLST. The pilot program will end by 10/1/16 and the commissioner	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. Public Act 14-95: Allows DSS to expand the state's "Small House Nursing Home" pilot program. A small house nursing home is an alternative nursing home facility consisting of one or more units designed and modeled as a private

RECOMMENDATIONS	ADMINISTRATIVE AND OTHER ACTIONS	LEGISLATIVE ACTIONS AND NEW FUNDING
	will report to the governor and public health committee.	home with no more than 14 individuals in each unit. The pilot's goals are to improve the quality of life for nursing home residents and provide nursing home care in a "home-like" rather than institutional living. Public Act 14-231: requires nursing homes to provide one-hour training in oral health and hygiene techniques to licensed and direct care staff and nurse's aides who provide patient care. Staff must complete the training within the first year of employment and annually thereafter.
▪ 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 conservators or guardians) for training of community-based formal caregivers, conservators and guardians to assure that the specialized needs of the individual, such as	DPH is developing a guidance document to EMS providers and agencies. This information will be distributed to applicable communities and associations.	Public Act 14-194: Establishes mandatory Alzheimer's and dementia-specific training for a wide range of personnel, including emergency medical technicians (EMTs), probate judges, paid

RECOMMENDATIONS	ADMINISTRATIVE AND OTHER ACTIONS	LEGISLATIVE ACTIONS AND NEW FUNDING
those with Alzheimer's disease, are met and provide training where there are gaps.		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. Senate Bill 1502, Sec. 371: Revises existing statute regarding implementation of the Community Ombudsman pilot program that serves home and community-based care recipients in Hartford County to specify that it be implemented and administered, within available appropriations.

RECOMMENDATIONS	ADMINISTRATIVE AND OTHER ACTIONS	LEGISLATIVE ACTIONS AND NEW FUNDING
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. The Nursing Facilities Diversification program announced a second round of grants in May 2015. This program provides financial assistance to the owners of nursing facilities that are licensed by the 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 plans 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	

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	home and community-based services providers. The Strategic Plan focuses on community partnerships in the development of innovative housing plus support models.	
▪ Address the community housing needs of nursing facility residents who are returning to the community because they no longer need this level of care but have lost their community residence.	Accessibility modification programs for MFP and the general population continue to be provided by the Corporation for Independent Living. In 2014 and 2015, DOH provided a grant to the Corporation for Independent Living totaling $1 million per year 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.	. DOH, in conjunction with the Interagency Committee on Supportive Housing and Homelessness, is providing $25 million in capital funding for the construction and/or substantial rehabilitation of affordable housing for the chronically homeless with disabilities. The five projects that were awarded will result in the creation of 150 units of affordable and supportive housing.	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

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		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 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

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		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 income. During FY 14, DOH committed $70M and in FY 15 $100M 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	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 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.

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	supportive housing to those individuals discharging from an inpatient psychiatric setting. Currently DMHAS is collaborating with the Interagency Committee on Supportive Housing in the development of 53 additional units of permanent supportive housing through our fourth round of development. In addition, the Governor's biennial budget includes funding for an additional 150 units of supportive housing.	
▪ 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 is implementing the new 811 PRA funding, in coordination with DSS, DMHAS, DDS and CHFA. In March 2015 DOH, in coordination with DSS, DDS, DMHAS and CHFA, recently was awarded $4.12 million in Section 811 project-based rental assistance over the next five years. This is a twenty year commitment of federal subsidies, of which the first award is intended to produce 150 units of affordable supportive housing. When implemented this program will be able to assist individuals discharged from a nursing home into an independent living situation with support services.	

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Workforce		
Endorse the full recommendations of the Long-Term Services and Supports Workforce Development Strategic Plan.	The LTSS Strategic Plan includes the workforce development component for SFY16-18. Tactics include developing various types of trainings in partnership with community college systems, and partnering with communities by hosting workforce outreach collaboratives to assist with provider enrollment.	