Status Report

2016 LONG-TERM SERVICES AND SUPPORTS PLAN FOR CONNECTICUT

Connecticut Long-Term Care Planning Committee

June 2017

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2016 LONG-TERM SERVICES AND SUPPORTS PLAN FOR CONNECTICUT

Introduction

This Status Report is the first annual update on the status of the 2016 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
CFC- Community First Choice
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
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 increases the proportion of individuals receiving Medicaid long-term home and community-based care from 60 percent in 2015 to 75 percent by 2025, requiring approximately a 1.5 percent increase in the proportion of individuals receiving Medicaid long-term services and supports in the community every year.		
	DSS developed an Informed Choice process for individuals residing in nursing homes and other institutional settings to increase access to information regarding services and supports offered under Medicaid.	
	Community First Choice, a new Medicaid state plan service (1915(k)), began in July, 2015, thereby allowing people at nursing home level of care to self-direct their services, including care plan development, management of an individualized budget and employment authority.	

RECOMMENDATIONS	ADMINISTRATIVE AND OTHER ACTIONS	LEGISLATIVE ACTIONS AND NEW FUNDING
	Update, enhancement of and integration of My Place CT giving individuals online access to information about LTSS Options	
	Develop local community based networks for access to LTSS information: Care Through Community initiative.	
	DOH continues to work with DSS on the implementation of Money Follows the Person through the commitment and provision of State Rental Assistance to eligible individuals.	DOH, in conjunction with DSS, DDS and DMHAS, is implementing the federal Section 811 Project-Based Rental Assistance (PRA) program. $4.14 million has been awarded for the first five years of the program.
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 11.9 percent of spending for long-term services and supports in 2012.	Continued implementation of the CT Partnership for Long-Term Care program. The Partnership has saved an estimated $26.6 million in Medicaid funds.	
LONG TERM RECOMMENDATIONS		

RECOMMENDATIONS	ADMINISTRATIVE AND OTHER ACTIONS	LEGISLATIVE ACTIONS AND NEW FUNDING
Provide true individual choice and self-direction to all users of long-term services and supports.	Implementation of Community First Choice state plan (1915 (k)) service to allow individuals to develop their own care plan and self-direct their own staff.	
	DDS continues to promote choice and self-direction with the individuals it serves. Data shows a consistent increase in the number of individuals who self-hire for their supports in each quarter of the last several years.	
	SDA was selected to pilot a national personal centered counseling (PCC), No Wrong Door (NWD) curriculum for the federal Administration for Community Living (ACL). As of May 2017, 75 people were registered for this curriculum & 8 individuals are being trained to become PCC trainers for the in-person component.	
Promote efforts to enhance quality of life in various long-term services and supports settings.	Continued efforts under the Testing Experience and Functional Assessment Tools (TEFT) grant to study the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey and to move forward with this as a quality measure.	**P.A. 16-8 (S.B. 280) - An Act Concerning The Long-Term Care Ombudsman's Notice To Nursing Home Residents.** This bill adds an informational letter on patients' rights and available services to the written notice that long-term care facilities must provide to patients and other parties when planning to terminate a service or substantially decrease bed capacity. Under the bill, the informational letter must be jointly issued by the Office of Long-Term Care

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		Ombudsman and the Department on Aging. Effective Date: July 1, 2016
	DPH is working with the Centers for Medicare and Medicaid Services (CMS) on changes to the regulation and survey process. The federal requirements for participation as Long Term Care (LTC) facilities were first published in the Federal Register on February 2, 1989.These regulations have been revised and added to since that time, principally as a result of legislation or a need to address a specific issue. However, they have not been comprehensively reviewed and updated since 1991, despite substantial changes in service delivery within this setting. Since the current requirements were developed, significant innovations in resident care and quality assessment practices have emerged. In addition, the population of nursing facilities has changed, becoming more diverse and clinically complex. The regulations and survey process will be changed in three phases which began in November 2016 and will continue to November 2019.	**P.A. 16-209 (S.B. 266) - An Act Concerning Nursing Home Resident Admissions Agreements** This bill requires a nursing home to include in any resident admission agreement notice of the: (1) duties, responsibilities, and liabilities of the person who signs the agreement (i.e., "responsible party") and (2) circumstances in which (a) the responsible party will be held legally liable and (b) his or her personal assets may be pursued for payment to the nursing home. It also specifies the required font size and mandates that the notice be initialed by the responsible party. Failure by a nursing home to provide notice and obtain the initials of a responsible party will deem the resident admission agreement unenforceable with regard to the responsible party. Effective Date: July 1, 2016
	DPH is working with CMS in the second year of a three year pilot project to improve assessment of infection control and prevention regulations in Long Term	**Special Session P.A. 16-3 (as amended by Senate Amendment A (S.B. 502)) – An Act Concerning Revenue And Other Items To Implement The Budget For**

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	Care (LTC) facilities, hospitals, and during transitions of care. The surveys use a draft surveyor Infection Control Worksheets (ICSW) based on the new Long Term Care regulation as well as a revised hospital surveyor ICWS. Hospital surveys will be paired with surveys of LTC facilities, in order to provide an opportunity to assess infection prevention during transitions of care.	**The Biennium Ending June 30, 2017 Section 178** - Requires the Commission on Women, Children and Seniors to study the need for emergency power generators at Connecticut's elderly public housing sites. It defines "elderly public housing" as any building where at least 50% of the units are rented to individuals ages 62 and older under any state affordable housing program. The Commission submitted a final report to the Aging, Housing and Public Safety Committees by January 1, 2017. Effective Date: July 1, 2016
	DPH is working with the National Partnership to Improve Dementia Care in Nursing Homes. CMS is partnering with federal and state agencies, nursing homes, other providers, advocacy groups and caregivers to improve comprehensive dementia care. CMS plans to monitor the reduction of antipsychotics, as well as the possible consequences, review the cases of residents whose antipsychotics are withdrawn to make sure they don't suffer an unnecessary decline and add the antipsychotic measure to the calculations that CMS makes for each nursing home's rating on the agency's Five Star Quality Rating System.	**Special Act 16-5 (sSB 88) An Act Establishing A Task Force To Study The Zoning Of Temporary Health Care Structures.** Establishes a task force to study the zoning of temporary health care structures and to develop a model zoning ordinance for temporary health care structures. Such study shall include, but not be limited to, an examination of regulations, ordinances and legislation pertaining to temporary health care structures in other states. Effective upon passage June, 2016.

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	DMHAS and DSS implemented alternative therapy groups in Chelsea Place and Touchpoints of Manchester as part of a Class Action Lawsuit. DMHAS engaged Toivo, an arm of Advocacy Unlimited, to provide monthly groups using yoga, Chi Gong, singing bowls and other alternative healing modalities to assist in engaging residents.	
	DMHAS held various trainings for diversion nurses and Mental Health Waiver staff on advances in diabetes medications.	
Ensure the availability of a wide array of support services for those living in the community.	Implementation of Community First Choice state plan service to allow individuals to develop their own care plan and self-direct their own staff. Update, enhancement of and integration of My Place CT giving individuals access to information about LTSS Options Develop local community based networks for access to LTSS information: Care Through Community.	
	During FY16, DDS has provided training entitled “Healthy Relationships” to approximately 175 participants.	
	DORS-BESB’s Adult’s Services program provides rehabilitation and adaptive	

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	technology services in the home to hundreds of older adults who are blind.	
	In March 2017, CMS granted renewal of the Mental Health Waiver for another 5 years, effective April 1, 2017. Included in the renewal was approval to add a chore service for participants. This includes light household cleaning activities as well as heavy cleaning including remediation of bed bugs and hazardous waste.	
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.	Implementation of Community First Choice state plan service to allow individuals to develop their own care plan and self-direct their own staff.	
	The Mental Health Waiver program for individuals with serious mental illness encompasses the recovery orientation adopted by 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 Recovery Plan. The Mental Health Waiver allows individuals choice among credentialed providers and also a self-directed Recovery Assistant option. The waiver enables participants to remain in	

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	the community in the most integrated setting possible and allows people to "age in place."	
Provide individuals, caregivers and persons on nursing home waitlists options counseling and decision support to encourage advanced person-centered planning for long-term services and supports to prevent institutionalization and to extend the availability of private funds for care.		
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.	Implementation of Community First Choice state plan service to allow individuals to develop their own care plan and self-direct their own staff.	
	Implementation across all Waivers and HCBS Packages of a Universal Assessment Tool, and for CFC a Universal Self-Directed Tool	
	Waivers were consolidated under DSS Community Options Unit including the transition of the Autism waivers from DDS to DSS on 7/1/16	
Encourage communities to take an active role in planning and supporting long-term services and supports for their residents.	Continued Rightsizing grants for facilities to partner with their local communities and develop alternative business models.	

RECOMMENDATIONS	ADMINISTRATIVE AND OTHER ACTIONS	LEGISLATIVE ACTIONS AND NEW FUNDING
	SDA and DSS are collaborating with community agencies who are willing to: 1) disseminate My Place CT materials; 2) assist individuals with using My Place CT; and 3) offer additional training for individuals who are pursuing Medicaid certification.	
	In FY'16 DDS conducted 17 presentations in the community on Life Course tools and the concept of planning throughout a person's life and preparing for transition times.	
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.	DSS continued development of MyPlaceCT as a "one-stop-shop" for information on LTSS in Connecticut as well as the release of the "prescreen." MyPlaceCT seeks to further Workforce Development.	
	DSS is developing local community based networks for access to LTSS information: Care Through Community initiative.	
	In SFY 2016, the CT Partnership for LTC (OPM and SDA in conjunction with the Area Agencies on Aging (AAAs)) held five public forums for 234 attendees on Partnership LTC insurance and the importance of planning ahead for future LTC needs. Additionally, in SFY 2016, the Partnership disseminated 86 information packets and provided telephonic	

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	counseling and assistance to over 100 consumers.	
	The CHOICES program developed a 2 hour presentation, New to Medicare. These were offered throughout the state that included information on the limited Medicare coverage for LTSS.	
	The Connect-Ability Distance Learning Initiative offers free online training modules on a variety of topics, such as Personal Care Attendant, Independent Living skills, Assistive Technology, Service Dogs and more.	
	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.	
	DMHAS has expanded information on the agency web site regarding older adult services and contacts for the treatment of substance use disorders in older adults.	

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Address the anticipated long-term services and supports workforce shortage.	DSS Is continuing efforts to partner with DOL to advance Workforce Development, including the development of an online job search and hire platform for PCAs.	
Provide support to informal caregivers.	DSS development of an Informal Caregiver's Supports pilot that includes additional hands-on training post-discharge to increase confidence of informal caregivers through education and reinforcement. Integrate the above with Informal Care Giver Supports resources under Caregiver Communities on My Place CT	**P.A. 16-59: An Act Expanding Utilization Of Patient-Designated Caregivers.** This bill extends to nursing homes existing requirements for hospitals regarding the designation of patient caregivers at the time of a patient's discharge.
	Support groups and other training and information-sharing venues for persons caring for older adults as well as grandchildren are in place across the state through the National Family Caregiver Support Program (NFCSP).	
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.	DSS is working with DOH to secure 811 housing for eligible individuals.	DOH was awarded $3MM under the National Housing Trust Fund, and has prioritized the use of these funds to produce deep income targeted supportive housing.
	DSS is investigating options to utilize RCH model of service delivery as part of the continuum of LTSS while maximizing Medicaid reimbursement	

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	DMHAS continues to expand supportive housing options across all populations that receive DMHAS services, including those that are homeless. Specifically, DMHAS manages over 1,200 units of Shelter Plus Care, a HUD rental subsidy program for homeless individuals with a mental health or substance abuse disorder.	
	DMHAS works with housing authorities across the state to ensure that DMHAS clients are able to access Section 8 vouchers.	
	DMHAS housing coordinators work with DSS on obtaining RAP certificates to house people transitioning to the community on the Mental Health and ABI waivers.	
	DMHAS maintains a housing and living subsidy program for DMHAS clients on the Mental Health and ABI waiver who would otherwise not be able to afford housing. This enables clients to access community settings and avoid longer institutional stays.	
	DOH and the Connecticut Housing Finance Authority (CHFA) continue to prioritize permanent supportive housing development in many of their capital programs.	

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	DOH, OPM, DSS, DPH and CHFA continue to implement a variety of assisted living programs.	
Encourage and enable the provider community to transform and develop services and supports that will help to achieve the goals of this Plan.	Continued DSS Rightsizing grants for facilities to partner with community organizations and develop alternative business models.	**Special Session P.A. 16-3 (as amended by Senate Amendment A (S.B. 502)) – An Act Concerning Revenue And Other Items To Implement The Budget For The Biennium Ending June 30, 2017 Section 129** – Establishes a 63 member Commission on Women, Children and Seniors and consolidates and replaces the following three Commissions (1) The Permanent Commission on the Status of women; (2) the Commission on Children; and (3) the Commission on Aging. Effective Date: July 1, 2016.
	DSS is streamlining provider billing and capturing of time worked through implementation of an electronic visit verification system.	
	SDA offered, free of charge, the national PCC NWD curriculum to communities across the state through an ACL grant. SDA, through an ACL grant, funded an Asset Mapping of Older Adult Behavioral Health services in CT that was released in March 2016. The Older Adult Behavioral Health Workgroup has begun to develop a strategic plan based on these recommendations.	

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	DORS Issued contracts to 4 provider agencies to provide services to 51 individuals with deaf-blindness to reduce isolation and increase access to their communities.	
Expand and improve employment opportunities and vocational rehabilitation for persons with disabilities and older adults.	My Place CT – integration of resources from CTAbility.	
	SDA's Senior Community Service Employment Program (Title V) has encouraged program participants to train for healthcare employment opportunities, including Certified Nurse's Aide Training. ADRC, CHOICES and SDA connected SSD recipients to DORS & Benefits Counselors to encourage an exploration of employment options.	
	DORS established Memoranda of Understanding with the 5 Regional Workforce Development Boards to coordinate employer outreach and access to training programs for clients with disabilities.	
Support state and local efforts to improve and expand accessible, affordable, and inclusive transportation that accommodates the needs of residents, family and direct care worker companions.		

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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.	DSS is working towards integration of health promotion resources through My Assessment and utilization of personal health records.	
	Inclusion of objectives and strategies for the promotion of prevention and wellness programs in the draft CT State Plan on Aging (2018-2020)	
	Behavioral Health Homes (BHH) were implemented in a targeted manner. Local Mental Health Authorities provide Health Promotion Services to eligible enrollees. Health promotion activities encourage and support healthy living concepts to motivate individuals to adopt healthy behaviors and promote self-management of their health and wellness. BHH has worked closely with the Nursing Home Diversion and Transition Program as well as the Mental Health Waiver to enroll clients in the care management portion of BHH to assist in overall client care.	
Address emergency preparedness/disaster planning for older adults and persons with disabilities.	Waivers utilize an emergency classification system identifying persons at risk given a range of emergencies.	
	DORS has an extensive section of the agency website dedicated to emergency	

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	preparedness, providing information in English and Spanish (http://www.ct.gov/besb/cwp/view.asp?a=2848&Q=556260&PM=1).	
SHORT TERM RECOMMENDATIONS		
Programs and Services		
▪ Adequately support and increase the number of and funding for slots of all the existing Medicaid home and community-based services waivers to meet the needs of all eligible applicants.	MFP continues to reserve capacity for individuals completing 365 days with the demonstration and migrate to the waiver.	
▪ Ensure access to all levels of the State-funded Connecticut Home Care Program for Elders.		
▪ In the State-funded tiers of the Connecticut Home Care Program for Elders, eliminate the required co-payment.		
▪ Support the continued implementation of the 1915(k) state plan option, Community First Choice.	Continued development of CFC for staff within the agency, sister agencies, as well as outside partners and recipients.	
	Ongoing meetings of the CFC Development Council to inform program	

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	development and implementation. The Council is comprised of members form SDA, DSS, OPM and various advocacy organizations and consumer representatives. The council makes regular reports to the Long Term Services and Supports Rebalancing Committee (formerly the MFP Steering Committee).	
▪ Identify skills needed for residents of institutions who desire to transition back to the community and provide appropriate skill training and resources.	DSS continued to use the MFP Transition Challenges and Action Plan documents to support discharge to the community.	
	The Connect-Ability Distance Learning Initiative continued to offer free online training modules on a variety of topics such as Personal Care Attendant, Independent Living Skills, Assistive Technology, Service Dogs and more.	
	The Mental Health Waiver for individuals with Serious Mental Illness encompasses the recovery orientation adopted by DMHAS and 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;	

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	• 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 National Family Caregiver Support Program administered through the statewide Area Agencies on Aging, and funded by the Older Americans Act, provides caregiver training, information and assistance, counseling and specific funding for respite care and crucial healthcare items not covered under other sources for the care recipient to ease the burden of the caregiver.	
▪ Support family caregivers with training, respite care, mental health services and counseling, financial assistance, workplace flexibility and opportunities for workplace benefits.	DSS developed an Informal Caregiver's Supports pilot that includes additional hands-on training post-discharge to increase confidence of Informal Caregivers through education and reinforcement.	
	DSS developed local community based networks for access to LTSS information: Care Through Community initiative.	

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▪ Measure the effectiveness of the new Adult Family Living model to determine future resource allocation, policy and programmatic enhancements and potential growth.	DSS continues to expand this service under the various waivers.	
▪ Address isolation of all older adults and individuals with disabilities living in the community. Cultivate an atmosphere in communities of diversity and inclusiveness Also, address the impact of isolation on quality of life, abuse, neglect and exploitation.		
▪ Strengthen the No Wrong Door system and connection between State and local services by exploring reimbursement options for assistance through the CHOICES network, developing ongoing person-centered and options counseling training to senior centers, municipal government offices, resident service coordinators and other community agencies.	SDA initiated discussion between Connecticut Tech Act Project to partner on further development of the state's No Wrong Door.	
▪ Identify and remove barriers, such as insurance/entitlement reimbursements and licensing requirements that prevent or limit access to long-term services and supports.		**P.A. 16-12 (S.B. No. 107) – An Act Concerning The Treatment Of The Cash Value Of Life Insurance Policies When Evaluating Medicaid Eligibility.** This bill removes a requirement that an institutionalized individual must use the proceeds from his or her life insurance policy valued at less than ten thousand dollars toward the cost of his or her care

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		in order to qualify such individual for Medicaid. Effective upon passage
		P.A. 16-63 (sH.B. 5521) – An Act Concerning Short-Term Care Insurance. This bill establishes "short-term care insurance" as a new type of insurance providing certain health benefits for 300 or fewer days.
		P.A. 16-176 (S.B. 392) - An Act Concerning The Adoption Of The Special Needs Trust Fairness Act In Connecticut Upon Passage In Congress. This bill allows for Connecticut to comply with the federal Special Needs Trust Fairness Act of 2015 upon its passage by Congress. The technical changes will allow nonelderly individuals with disabilities to establish a special needs trust on their own behalf and allow such trust to be excluded from asset limits when determining eligibility for the Medicaid program.
		P.A. 16-20 (S.B. 189) - An Act Concerning Irrevocable Funeral Service Contracts. Increases the maximum allowable amount of an irrevocable services contract from $5,400 to $8,000 *Effective July 1, 2016*
▪ Promote coordination and service integration between physical and behavioral health providers and support the	During FY'16, DDS had conducted over 25 presentations in the community and with	

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utilization of evidence based practices for providing care across the lifespan.	providers on Life Course tools and the concept of planning throughout a person's life and preparing for transition times.	
▪ Develop a pilot project focused on improving person-centered care across settings when an individual is transferred from one care setting to another.	DSS continued effort to develop the standardization and transferability of health care and LTSS information through initiatives such as, implementation of a universal assessment, Functional Assessment Standardized Items testing (FASI), utilization of the Consumer Assessment of Healthcare Providers System (CAHPS), and utilization of Personal Health Records (PHR).	
	DSS initiated a care transitions service under the Elder Waiver.	
▪ Address the education and training of direct care workers to include skills and competencies related to the physical, cultural, cognitive and behavioral health care needs of consumers of long-term services and supports.	During FY '16 DDS has provided training on the Signs and Symptoms of Dementia to 45 Direct Care staff in their Community Living Arrangements and other state run residential facilities.	
	SDA, through an ACL grant, funded an Asset Mapping of Older Adult Behavioral Health services in CT that was released in March 2016. The Older Adult Behavioral Health workgroup began its work to develop a strategic plan based on these recommendations.	

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▪ Adequately support Protective Services for the Elderly, the Office of Protection and Advocacy, the Office of the Chief State's Attorney, and other relevant agencies to identify, investigate and prosecute cases of abuse, neglect and exploitation. Support the development of multi-disciplinary teams to enhance response to abuse.	During FY'16 DDS updated MOU was signed with OPA which addresses how investigations are addressed between the agencies including protective services. Areas included Reporting Responsibilities, Intake and Referral Processes, Investigation and Monitoring Processes, Protective Service Plans and maintenance of an Abuse and Neglect Registry.	**P.A. 16-6 (S.B. 161)** - **An Act Concerning Notification Of Penalties For Abuse And Neglect Of Nursing Home Residents.** To provide notification of the civil, criminal and administrative penalties for abuse and neglect of nursing home residents by requiring the Commissioner of Public Health to add to the front page of any application of licensure for acquisition of a nursing a statement regarding the civil and criminal penalties for abuse/neglect by a facility employee.
	The Coalition for Elder Justice in CT has been working on some initiatives to address these concerns in a collaborative fashion. The Coordinating Council of the Coalition consists of 23 members from various state agencies and other public/private organizations with involvement in elder abuse issues. The Coalition is chaired by SDA Attorney & SDA LTC Ombudsman.	**P.A. 16-66 (sHB 5537) An Act Concerning Various Revisions To The Public Health Statutes.** This bill abolishes the state Office of Protection and Advocacy and creates a non-profit protection and advocacy system designated by the Governor. Effective upon passage June, 2016 with formal closure of the state OPA and transition to the non-profit entity occurring by July 1, 2017.
▪ Support a robust local long-term services and supports system to address community needs through strategic collaborations among and between other municipal departments and divisions such as parks and recreation, public health and transportation services and community leaders. Explore opportunities for regional collaboration.	DSS continued development of No Wrong Door Care through a community campaign to allow local entities/people to become certified as a credible source of information on local, state, and federal resources for their community.	

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▪ Provide advocacy and financial support for increased use of assistive technology to meet the needs of individuals within their homes and avoid or defer the need for institutionalization.	CFC supports the needs of individuals by offering Assistive Technology as a service.	
	DORS oversees low interest loans made available through Connecticut Tech Act Project for purchase of assistive technologies devices and services. Assistive Technology (AT) demonstration centers along with recycling and reuse of AT are also available.	
▪ Provide nutritional counseling and elimination of food insecurity.	SDA provided nutrition counseling and congregate and home delivered meals through the Elderly Nutrition Program to older adults over 60 years and eligible persons with disabilities. In 2016, 22,578 consumers (both congregate and home delivered) received 2,092,419 meals (congregate and home delivered). In 2016, 14,605 units of nutrition education and 1,726 unit of nutrition counseling were delivered.	
Infrastructure		
▪ Coordinate efforts among various entities impacting No Wrong Door development and monitor progress on the state's No Wrong Door endeavors.	DSS initiated a work group to develop NWD strategy and reengaged UCONN to monitor progress.	

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	SDA piloted a NWD Governance Tool for ACL in partnership with DSS. This tool is a checklist for the governing body of the NWD system of access to LTSS. The tool looks at state agency collaboration, roles and responsibilities, stakeholder inclusion, Management Information Systems, Continuous Quality Improvement and staffing.	
▪ Continue the Balancing Incentive Program (BIP), to create infrastructure investments of a consumer friendly statewide No Wrong Door system, a conflict free case management, and a uniform assessment tool.	DSS continued development on MyPlaceCT and Care Through Community partners to streamline access to information for individuals. In addition, continued efforts with MyPlaceCT and DOL to connect employees with employers.	
▪ With a focus upon hospital admission and discharge, use best efforts to divert individuals to an appropriate care setting of their choice.		
▪ Address the historical fragmentation of the Medicaid home and community-based waivers, which are associated with specific age and diagnostic eligibility criteria.	DSS launched CFC, a State Plan Entitlement that allows access to in-home care to individuals on Medicaid that meet Institutional Level of Care. Unlike the waivers, CFC does not have criteria related to age or specific diseases/diagnoses.	
	DMHAS participated in a statewide initiative to revise the Universal Assessment, a tool used with all home and	

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	community based waivers. DMHAS and DSS jointly funded 6 MFP positions to assess people with mental health disorders that may be eligible for the mental health waiver, and instituted the use of the Universal Assessment to match procedures of all other waivers.	
▪ Provide timely eligibility decisions regarding eligibility in all government sponsored long-term services and supports programs. Consider development and use of a presumptive eligibility model.	DSS developed a 'Fast-Track' pilot for LTSS HCBS Medicaid applications. The one and a half year pilot demonstrated limited success.	
	Starting at the end of FY'16 DDS began scanning of all paper documentation into a secured electronic database accessible to DDS and DSS staff throughout the state. This process has helped to reduce eligibility decision wait time.	
	DMHAS overhauled the referral process to expedite assessments of clients. This has resulted in shorter time periods between referrals and face to face assessment.	
▪ Promote more widespread adoption of telehealth and other assistive technologies to improve access to care, coordination, quality and outcomes for residents, while reducing health costs.	DDS has conducted 10 presentations in FY'16 about the many aspects of Assistive Technology that can be helpful with healthcare and other needs.	

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	DSS made Assistive technology available under waiver programs as well as Community First Choice	
▪ Ensure the Aging and Disability Resource Center initiative under the CHOICES program continues to offer information, referral, assistance and LTSS options counseling services statewide and is integrated within the state's No Wrong Door system.	Public Act No. 15-19 became effective July 1, 2015 that placed the Aging and Disability Resource Center Program under the State Department on Aging. The program is administered as part of the SDA's CHOICES program.	
▪ Achieve greater integration of employment of persons with disabilities into the Money Follows the Person Rebalancing Initiative and home and community-based services.		
▪ Support improved coordination, communication and guidance among the medical care, behavioral health and long-term services and supports systems.	MFP continued to transition individuals that benefit from the comprehensive services provided through Behavioral Health Homes.	
	DDS has sponsored several Community of Practice workgroups with participants from State, Private and Community providers, and family members. In FY'16 these groups provided 9 presentations on topics such as Shared Housing, Positive Behavioral Supports, In-Home Supports and TYZE communication strategy.	

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○ Ensure that current and future initiatives affecting the long-term services and supports system are well coordinated and complementary.	DMHAS continues to participate in the MFP Steering Committee as well as the Long Term Care Planning Committee and the ABI Advisory Council.	
○ 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 continued efforts on the TEFT grant which includes four components; (1) Experience of Care Survey; (2) CARE Assessment Tool; (3) Personal Health Records; and (4) Standards & Interoperability Framework for e-LTSS.	
	The Mental Health Waiver and its Administrative Service Organization, Advanced Behavioral Health, implemented an electronic record system that integrates with the DSS Personal Health Records. DSS also granted access to the MFP data base for all Mental Health Waiver staff as well as DMHAS diversion nurses.	
○ Support a learning collaborative approach to bring together providers across disciplines and perspectives, and to learn from older adults and individuals with disabilities.	Providers that primarily work with older adults met with providers that primarily work with individuals with disabilities during the in-person component of the PCC NWD curriculum for a shared understanding and learning.	

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	CHOICES held 5 New Counselor Training Sessions (1 per AAA region) in SFY 16. Trainers include staff from Center for Medicare Advocacy, Inc. (CMA), CHOICES Regional Coordinators, and AAA CHOICES staff. A total of 98 individuals participated. Participants include volunteers (representatives of the Medicare population- older adults & individuals with disabilities) and in-kind professionals (aging & disability professionals). Sessions include a half day orientation & 5 full training days. CHOICES held 22 CHOICES Update Trainings for counselors already involved in CHOICES. Nearly 250 certified CHOICES counselors participated throughout the year. Each AAA has been responsible for holding a minimum of 4 Update Trainings per year. In addition, the 5 CHOICES Coordinators collaborated to host an Open Enrollment CHOICES Update Training at Masonicare in Wallingford. Between 50-60 counselors attended. During this Update Training, representatives from Medicare Advantage plans discussed upcoming plan changes for CY 2016. This information provided helpful tips for counselors to use with Medicare beneficiaries during the Medicare Open Enrollment Period.	

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	CHOICES counselors provided over 34,000 individual counseling sessions in SFY 16. Of these individuals, more than 10,000 beneficiaries were provided Part D plan comparison and enrollment assistance. Nearly 7,500 beneficiaries were assisted with Medicare Advantage Plan benefit explanation, drug plan comparisons and enrollment assistance. CHOICES counselors also provided education, information, and assistance to more than 19,600 individuals who attended CHOICES/Medicare presentations, senior & health fairs, and/or CHOICES enrollment events. Overall, CHOICES staff and volunteers were able to assist nearly 54,000 CT residents through CHOICES trainings, presentations, & individual counseling services in SFY 16.	
	DMHAS Older Adult Services co-chairs a workgroup with SDA, comprised of public and private entities. The committee successfully completed an asset mapping of delivery system's strengths and needs and integrating SBIRT (Screening, Brief Intervention, and Referral to Treatment). A roll out of the findings was held at the	

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	Capitol in March 2016. The committee continues to work on implementation of recommendations including education and data analysis.	
▪ Develop or enhance mobility management programs to help consumers learn how to access and navigate transportation options.	Orientation and Mobility Staff from DORS continued to provide travel training to individuals who are blind. The DORS website includes an extensive transportation resources guide. (http://www.ct.gov/besb/cwp/view.asp?a=2848&q=331472).	
▪ Identify funding streams to sustain coordinate, grow and make more convenient both fixed route and demand-responsive transportation options (including providing door-to-door service), and provide technical assistance to support regionalization.		
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.	Medicaid HCBS Waiver rates have increased by 1% since 2007.	

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▪ Provide greater flexibility in the budgeting and use of Medicaid funds for long-term services and supports.	CFC offers people individualized budgets by choosing from an array of services to meet the person's needs and goals in the community.	
▪ 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.		
▪ Explore reforming the Medicaid rate setting system to reflect quality, reimbursement related to the actual costs of care, the acuity level of the consumers 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.		

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▪ 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 and reauthorize the Older Americans Act and preserve Social Security Act provisions for Supplemental Security Income, Social Security and Social Security Disability benefits funding, which are currently at risk.		On 4/19/16 Congress passed Public Law 114-144, to reauthorize the Federal Older American Act.
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		

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consumer needs and expectations, which in turn should lead to higher quality care.		
▪ The Departments of Public Health and Social Services should work together to ensure consistency among their respective regulations and oversight activities.	DSS developed a joint initiative on Person-Centered Planning that would better coordinate care planning for individuals.	
▪ 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 are met and provide training where there are gaps.	The Probate Administration is leading an Action Team in the development of conservator and guardian on-line training. Action Team members include representative of legal services, the Elder Law section of the CT Bar and other private attorneys, Probate Court Administration, AARP and others involved in conservator/guardianship issues in the state. Ongoing to 2018.	
▪ 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.		

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▪ Support an integrated approach to CT's response to abuse, neglect and exploitation.	The CT Coalition for Elder Justice continues to explore further integration and initiatives to prevent and protect older individuals from abuse, neglect and exploitation.	
▪ Establish "learning collaboratives" where health care professionals come together on a regular basis for education and discussion on evidenced-based and emerging best practices in LTSS across the lifespan, in areas of both physical and behavioral health.		
Housing		
▪ Support programs that divert or transition individuals from nursing facilities or other institutions to community housing options, such as CT811.	DOH administered a CT811 Project-Based Rental Assistance program, which works with three populations; (1) the Coordinated access network of homeless individuals with disabilities documented as living in shelters to remove them from homelessness and potentially divert them from institutions, (2) the DDS Autism Spectrum waiver for individuals that are living in different settings to give them access to housing in order to prevent potential institutionalization, (3) and the MFP population to move consumers from institutionalized settings into the community.	DOH, in conjunction with DSS, DDS and DMHAS, is implementing the federal Section 811 PRA program. $4.14 million has been awarded for the first five years of the program.

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	The Office of the Ombudsman continues to support informed choice and transitions to community living for institutionalized individuals through Ombudsman activities and participation the Money Follows the Person Steering Committee.	
	The DMHAS Nursing Home Diversion and Transition Program has expanded their role in helping people "age in place" The nurses have developed expertise in medication assisted therapy, diabetes management, level of care assessments and hoarding issues. Nurses are available to consult across the state on a wide variety of education issues as stated above. They work closely with the Mental Health Waiver and MFP staff to assist clients in living in the most integrated setting possible to meet their psychiatric and medical needs.	
	DOH, OPM, DSS, DPH, and CHFA continue to implement a variety of assisted living programs.	
▪ 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 DDS, is implementing the I-DASH initiative, to develop mixed population affordable housing, specifically targeting the development of units for persons with	

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	intellectual difficulties. Approximately $20 million is available for this initiative.	
▪ Adopt policies that encourage incorporation of accessible housing features into new construction so that new housing can support its residents throughout the lifespan.	CT811 developments and DOH are learning what accessibility means to us given the information from the project. The data model will use the Mercer data.	
▪ Continue and expand State investment in the development of housing that is affordable and accessible for older adults and persons with disabilities.	Developed a federal-state meeting to discuss opportunities to examine the conversion of nursing facilities/assisted living facilities to affordable, accessible community housing.	
	DOH and DMHAS are engaged in a variety of interagency collaborative initiatives associated with the provision of permanent supporting housing, including those through the Interagency Committee on Supportive Housing. These include: the Social Innovation Fund Housing Program which houses homeless individuals that are high users; programs to address individuals cycling through the shelter and criminal justice systems; and supportive housing for individuals discharging from an inpatient psychiatric settings.	
	DOH continues to require 10% of all units developed with state financing to be handicapped accessible/adaptable.	

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▪ 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.	MFP continues to transitions individuals with housing plus supports via two methods: (1) RAP-tenant based and (2) 811- voucher based.	
Workforce		
Develop a comprehensive and safe direct care workforce-consumer on-line matching system.	DSS continued efforts with DOL to connect home care professions to individuals seeking assistance. Access continues to be streamlined through MyPlaceCT as a jumping point to connect to DOL.	
Promote model re-training programs that allow the existing pool of institutionally-based paid direct care workers to be trained to provide services and supports in the community.		
Promote workforce training that addresses physical and mental health needs across the lifespan.	A Wellness and Safety Committee was implemented for DORS employees.	
Promote flexibility in workplace employment policies and practices to accommodate the circumstances of unpaid family caregivers.		