



# **Medicaid Long Term Services & Supports Rebalancing Updates**

Department of Social Services (DSS) Community Options

Money Follows the Person

Strategy Group

2023



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Money Follows the Person (MFP)

Community First Choice (CFC)

CT Housing Engagement and Support Services (CHESS)

American Rescue Plan Act (ARP 9817)

- Health Information Exchange and Value Based Payments
- Racial Health Equity
- Assistive Technology
- Innovative Services and Support Models
- Universal Assessment
- Supports at Home Option (SHO)
- Evidence Based Models: COPE and CAPABLE
  - Care of Persons with Dementia in their Environment (COPE)
  - Community Aging in Place-Advancing Better Living for Elders (CAPABLE)

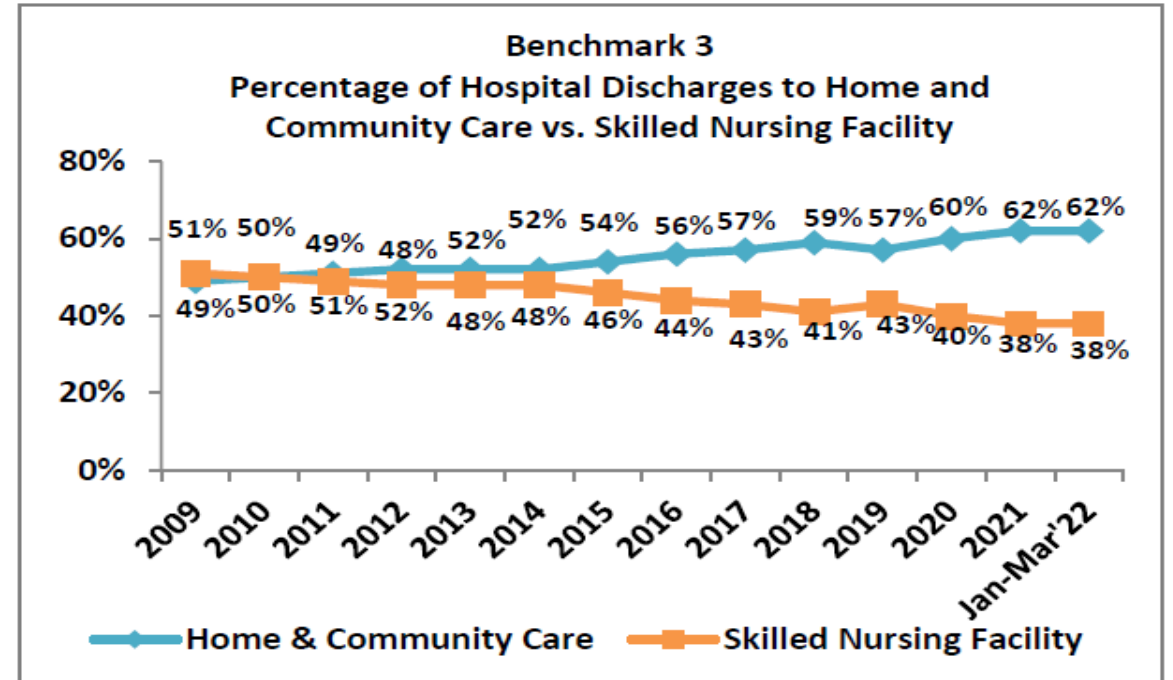
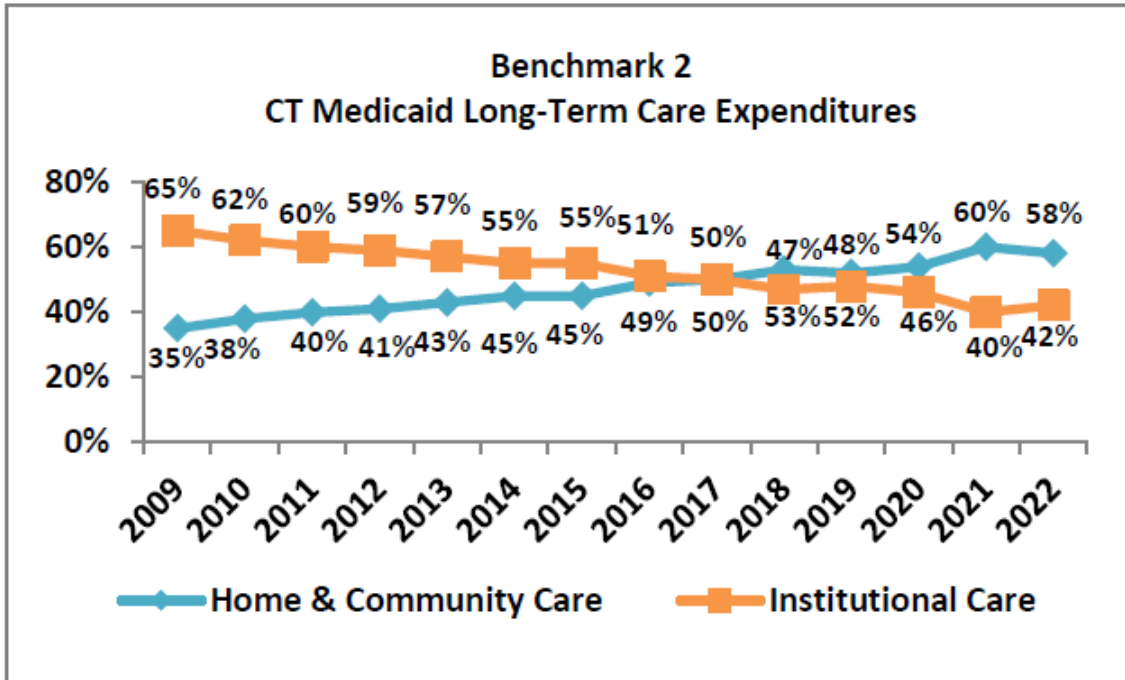


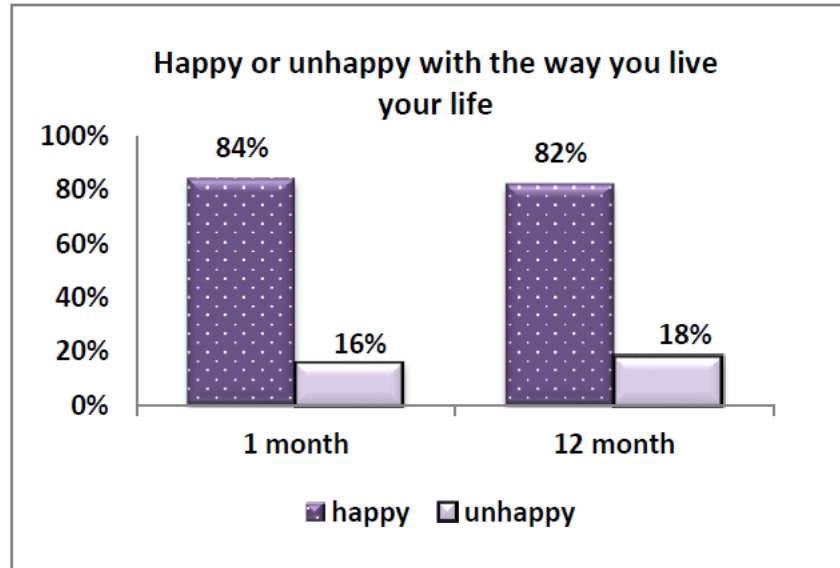
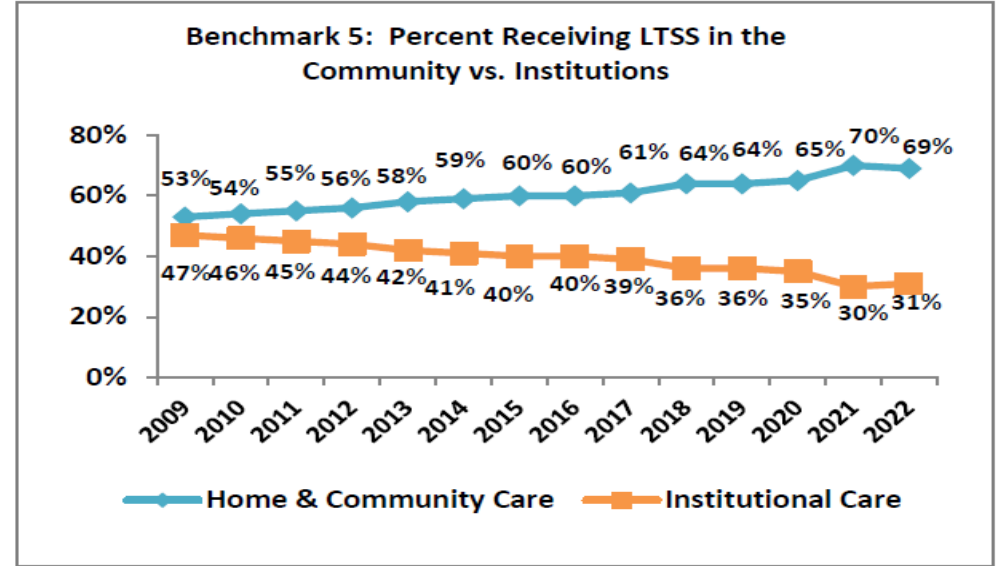
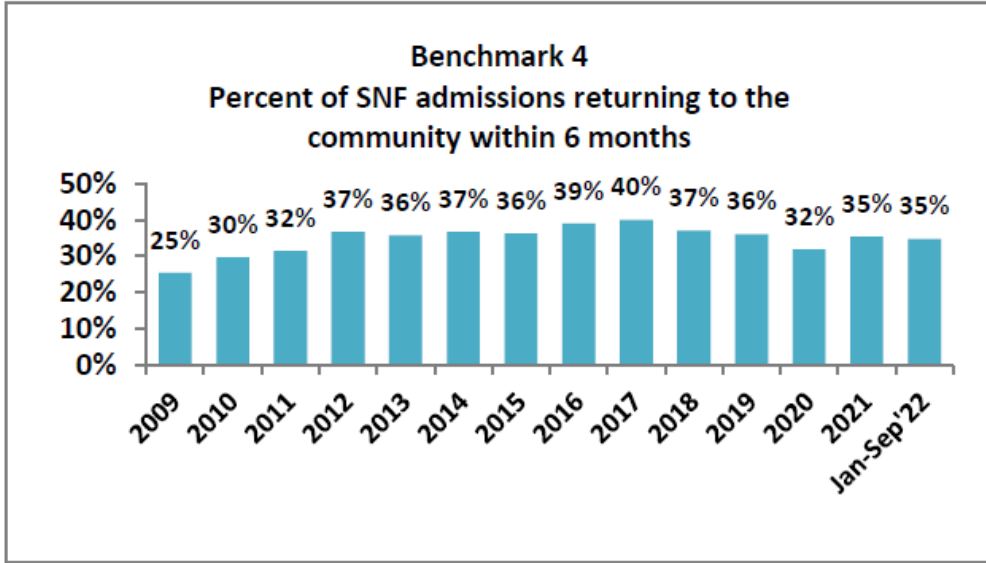
# **Money Follows the Person (MFP)**

**Benchmark 1: Total Transitions = 7,697**

Demonstration = 7,217 (94%)

Non-demonstration = 480 (6%)







# **Community First Choice (CFC)**

- CFC Active Enrollment

| Number of People Active on CFC |             |
|--------------------------------|-------------|
| Program                        | Number      |
| CFC (no waiver)                | 3472        |
| CFC (w/waiver)                 | 1261        |
| <b>TOTAL</b>                   | <b>6270</b> |

| Number of People Active by Waiver Type |        |
|--|--------|
| Waiver Type                            | Number |
| ABI 1                                  | 65     |
| ABI 2                                  | 75     |
| Autism                                 | 8      |
| CHCPE                                  | 1261   |
| PCA                                    | 976    |
| DDS                                    | 413    |



## NEXT STEPS

- Continue New PCA Employment Network Website (admin partnership with the Department of Developmental Services).
  - Based heavily on principles of Person-Centeredness and Equity focused on matching Employer needs with relevant local Employees.
- Fiscal Intermediary (FI) Services
  - Continuing to work through a new FI contract
- Agency-Based PCA
  - More information to come!



# **CHES**

**(Connecticut Housing Engagement and Supports Services)**

- CHES combines Medicaid services, supportive housing benefits, and non-Medicaid housing subsidies
- Aims to achieve housing stability, improved health, and community integration and life satisfaction
- 214 people in housing
- **Updates**
  - CHES exhausted state funded RAPs
  - Re-evaluating the program to ensure it is serving people that are experiencing homelessness by coordinating Medicaid services and non-Medicaid housing subsidies.

## Requirements

- Active HUSKY A, C, and D
- Be 18 years or older
- Have a Behavioral Health Diagnosis
- Meet the needs-based criteria\*:
  - Homeless, or at risk of homelessness\*
  - Have a Modified Charlson Comorbidity Index score of 4 or more
  - Have at least 2 critical needs

## Services

- Care plan development and monitoring
- Pre-tenancy Supports
- Tenancy-Sustaining Supports
- Non-medical transportation

# American Rescue Plan (ARP) 9817

- Health Information Exchange and Value Based Payments
  - Racial Health Equity
- Assistive Technology
- Innovative Services and Supports Models
- Universal Assessment
- Supports at Home Option (SHO)
- Evidence Based Models
  - Care of Persons with dementia in their Environment (COPE)
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# Health Information Exchange and Value Based Payments

To improve Medicaid client health outcomes the Connecticut Home and Community-Based Services (HCBS) American Rescue Plan Act (ARPA) Program aims to create and sustain a value-based fee-for-service delivery model by providing whole-person care through incentive payments to HCBS providers based on clearly defined outcomes.

- The providers will be expected to reach certain benchmarks that include two primary components: entering into data sharing agreements with the Health Information Exchange (CONNIE) and participating in DSS provided Learning Collaboratives, including Racial Equity trainings.
- CONNIE's purpose is to create a platform to support health care delivery, quality, safety, and value for Connecticut healthcare organizations, providers, and residents.

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

- Trauma Informed Care Racial Equity Lens Initiative (PCA & Employer Support Strategies)
- Targeted Training Modules (partnership with DSS Office of Organizational & Skill Development)
- Targeted Learning Collaboratives for agency Racial Justice Champions
- Monthly Diversity Equity Inclusion Newsletter (currently to MFP unit staff, to be included on DSS MyPlaceCT and Employment Network websites).
- Resource Library
- Future Employer Support Strategy Development





# Assistive Technology

## **Integration of Smart Home Technology into Subsidized Housing**

- This program will offer grants to integrate smart home technology into subsidized housing in Connecticut.
- Target Population for the grants eligible HUD 202 recipients or other federally or state subsidized community-based buildings prioritized for people with disabilities or older adults.
- A Request for Application (RFA) is in the process of being finalized and will generate a pool of prospective Smart Home Technology planning and development projects.

## **Smart Home Technology Examples**

- Technology that controls or automates appliances, HVAC and thermostat control, lights, etc.
- Home security and home monitoring. This includes remote monitoring which is included in the Innovative Support Services plan for alternative back up supports.
- Use of smart phones, tablets, and computers. Universal remote control/single button setups. Network and wireless internet systems. Audio and video command and control.

## **Goal of Introducing Smart Home Technology into Homes**

- To increase the quality of life for members in their home
- To increase the ability of members to remain independent and age in place.

## **Expanded Use and Access to Assistive Technology**

DSS is committed to prioritizing the expanded use and access to assistive technology for all Home and Community Based Services (HCBS) Waiver Participants and Medicare Savings Program (MSP) participants at risk of nursing home placement. Focus on this initiative will be overhauling the current assistive technology assessment process and adopt a more technology first approach.

- Integration of new assessment tools to integrate technology on a wider scale into current HCBS Care Plans.
- Consultation with numerous Tech First states including Michigan, Ohio, Minnesota and State of Connecticut, Department of Disability Services and Department of Aging Remote Services Programs.
- Ongoing engagement with the Senior Center Alliance, Adult Day Center Association, Emergency Medical Services, Congregate and other subsidized housing.
- Utilizing the Assistive Technology in Subsidized Housing grant recipients to create Community Hubs. The focus of the Community Hubs will provide support to the new service option Remote Supports.



# Innovative Services and Support Models

**Remote Supports-** Remote Supports is a new service option, engaging members through technology to provide greater opportunities for independence. This is an additional option to assist members with aging in place. This service includes Community based “Hubs” that provide 24-hour remote supports as defined within the member’s care plan, with in home assistance when needed and a connection to 24 hour on-call nurse (Husky Health line). Member's engagement with the Remote Support professionals may be scheduled, on-demand, or in response to an alert from a device in the remote support equipment system.

Remote Support professionals will have the capacity to connect with members through screen time or by phone, creating opportunities for social support, problem solving and guidance.

This will be a service option to our Medicaid Waiver (CHCPE, PCA, ABI i& ii, and Autism), Supports at Home Option (SHO) and Community First Choice participants who meet functional eligibility requirements as a new option for support.

- **Healthy Food Initiative** – Healthy, culturally appropriate, community-based (CT-Grown) meals delivered to members with the intent to treat symptoms of diet or nutrition-related chronic illnesses as associated with diabetes, chronic heart failure, renal failure, obesity and HIV. The workgroup is exploring ways to implement Medically Tailored Meals as recommended by The White House Conference on Hunger and Nutrition as it is the most cost efficient, yielding the best results and delivered in the most equitable way.
  - White House Conference on Hunger and Nutrition Strategic Plan – to decrease the number of chronic related diseases by 2030. [Ending Hunger and Reducing Diet-Related Diseases and Disparities | health.gov](#)
  - The workgroup has had presentations by Local Chef 26, Hartford Healthcare Food Farmacy, Bridgeport Hospital’s Medically Tailored Meals for Complex Care patients and Levo International, Inc.
  - Aspen Institute Food as Medicine Action Plan - [Food-is-Medicine-Action-Plan-Final\\_012722.pdf](#)  
([aspeninstitute.org](#))
  
- **PACE Program** – Support of the Programs of All-inclusive Care for the Elderly (PACE) for consumers 55 years of age and older and who are at nursing home level of care and want to live in the community as independently as possible.



# Universal Assessment (UA)

- **Expansion of Universal Assessment:**

- Department of Developmental Services (DDS)
  - Test cases are currently in the Quality Control phase
  - To ensure accuracy with the DDS algorithm
  
  - Improvements: (Quality Control)
  - Held focus groups with contracted partners (Access Agencies, UCONN, Internal DSS staff)
  - Reviewed the UA and identified areas for improvements to increase efficiency and accuracy throughout the Universal Assessment
  - Rework the current version of the UA to flow more efficiently and update to InterRAI version 10
  
- Next Steps:
  - Finish Quality Control review
  - Working on the RFQ to find a vendor to make the necessary changes/improvements.
  - Submit APD (Advanced Planning Document) to CMS.





# Supports at Home Option (SHO)

- ARPA funded benefits expansion for Medicare Savings Program participants
  - Aiming to prevent unnecessary institutionalization and reliance on Medicaid and paid supports, to reduce signs of depression, and to increase quality of life.
  - Providing caregiver assessment, dementia supports, care coordination, respite services, and training to the unpaid caregivers.
- SHO Requirements
  1. Active on Medicare Savings Program (MSP)
  2. At risk of short-term nursing home placement requiring assistance with 1 or 2 critical needs
- SHO services

1. Case management

2. Informal caregiver supports  
(COPE/ Confident Caregiver)

3. Respite care

4. CAPABLE

5. Environmental Adaptation

6. Assistive Technology



# **Evidence Based Models (COPE & CAPABLE)**

## Care of Persons with Dementia in their Environment (COPE)

- Evidence-based program designed to enhance the well-being and quality of life of both the member living with dementia and their caregiver
- Expected Outcomes
  - Functional independence
  - Activity engagement
  - Quality of life
  - Prevention or alleviation of neuropsychiatric symptoms
- Caregiver Outcomes
  - Perceived well-being
  - Confidence in using activities to manage dementia symptoms
- [Care of Older Persons in their Environment \(COPE\) | College of Nursing and Health Professions | Drexel University](#)

## Community Aging in Place, Advancing Better Living in Elders (CAPABLE)

Person-centered approach that uses a team model consisting of a nurse, an occupational therapist, and a handy worker to address the home environment and uses the strengths of the older adults themselves to improve safety and independence.

- Projected Outcomes:
  - Improves independence, safety, health
  - Lowers healthcare costs
    - reduces hospitalizations or delays (prevents) nursing home admission
  - Enhances motivation and self-efficacy
  - Reduces health disparities
  - Reduces symptoms of depression
- [Community Aging in Place—Advancing Better Living for Elders \(CAPABLE\) - Johns Hopkins School of Nursing \(jhu.edu\)](#)

| ARPA Initiative Area                                    | Description  | Next Steps   |
|---|--|--|
| <b>HIE &amp; VBP (including Racial Health Equity)</b>   | Aims to improve Medicaid member health outcomes and provide whole-person. Upside payments to HCBS providers who reach certain outcomes or goals.   | <ul style="list-style-type: none"> <li>Continue to partner with National Committee for Quality Assurance (NCQA) to develop person-centered goals</li> <li>Continue to partner with Yale Center for Outcomes Research &amp; Evaluation (CORE) to develop measures to decrease health disparities</li> <li>Continue with benchmark period learning collaboratives for Racial Health Equity and Person-Centered Principles</li> </ul> |
| <b>Assistive Technology</b>                             | Expand access to and use of assistive technology to members through <ul style="list-style-type: none"> <li>integration of smart home technology into subsidized housing</li> <li>integration into member care plans and in-home training for members and their caregivers</li> </ul> | <ul style="list-style-type: none"> <li>Further develop Assistive Technology assessment and process with Access Agencies</li> <li>Release RFA for Smart Home Technology</li> </ul>  |
| <b>Innovative Services and Supports/Remote Supports</b> | Increases member independence and allows members to continue to be embedded in their communities.  | <ul style="list-style-type: none"> <li>Continue to work through design details</li> <li>Provider enrollment</li> </ul>   |
| <b>Universal Assessment</b>                             | Decrease disparity in budget allocation by member need   | <ul style="list-style-type: none"> <li>Finish Quality Control review</li> <li>Working on the RFQ to find a vendor to make the necessary changes/improvements.</li> <li>Submit APD (Advanced Planning Document) to CMS.</li> </ul>  |
| <b>Supports at Home Option (SHO)</b>                    | Expanded HCBS for Medicare Savings Program (MSP) members that increase caregiver support   | <ul style="list-style-type: none"> <li>Finalize enrolled provider</li> <li>Finalize start date of new service</li> </ul>   |
| <b>COPE</b>   | Supports informal caregivers and members   | <ul style="list-style-type: none"> <li>Start provider training and enrollment</li> </ul>   |
| <b>CAPABLE</b>  | Highly individualized, person-centered services that use the strengths of members to improve his/her safety and independence.  | <ul style="list-style-type: none"> <li>Start provider training and enrollment</li> </ul>   |



# Questions?