# *State of Connecticut Strategic Rebalancing Plan 2013-2015*

*Department of Developmental Services*
*Leadership Meeting*
*April 24, 2013*

Connecticut Department of Social Services
Caring for Connecticut

# BIG PICTURE

***Before we created our plan we examined the big picture:***

•We discussed how major trends could impact the stakeholders over the next 10 years;

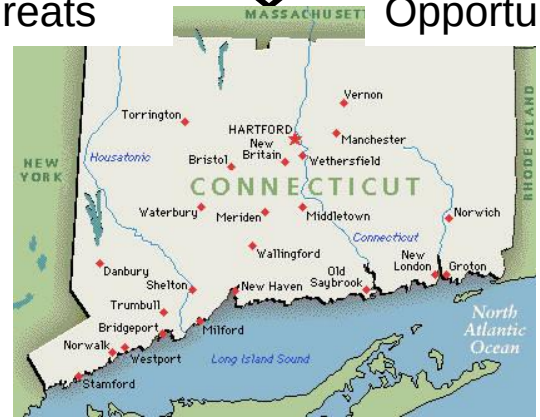
•We discussed the major threats and opportunities


D.C.

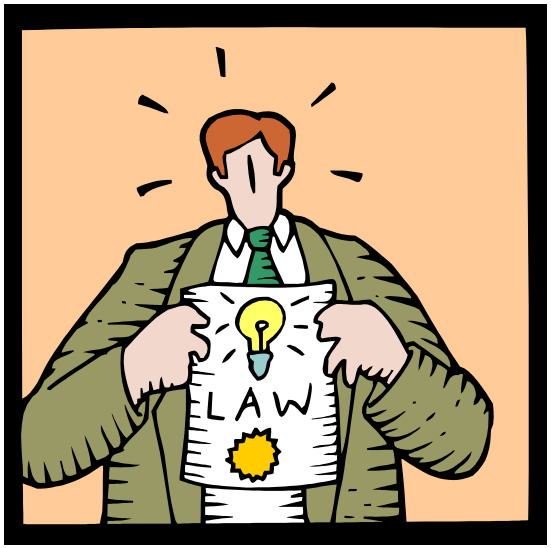
External Trends

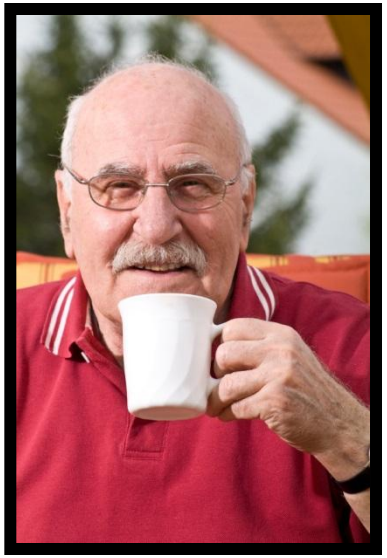
Threats

Opportunities



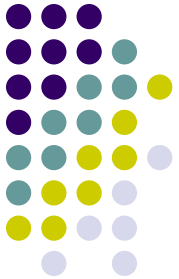
# Trends



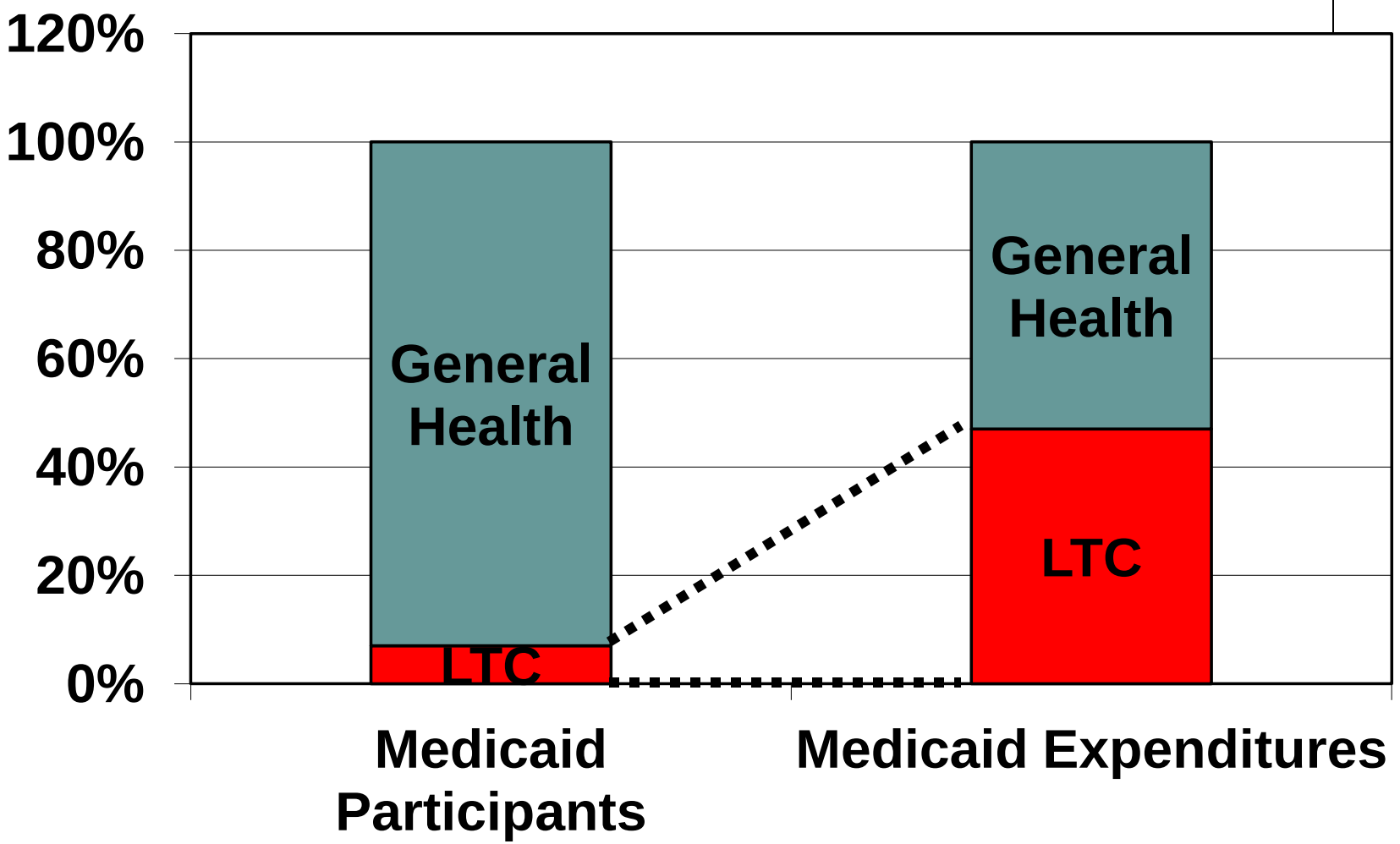
- Supreme Court decisions, Affordable Care Act and other rulings
- Increasing preferences for community living
- Increased quality of life for those who choose to and transition to community after nursing home stay
- Increasing preference for employment
- Increasing availability of technology
- Increasing aging population relative to population under 65
- Increasing cost relative to Medicaid budget

# How will trends impact future projections?



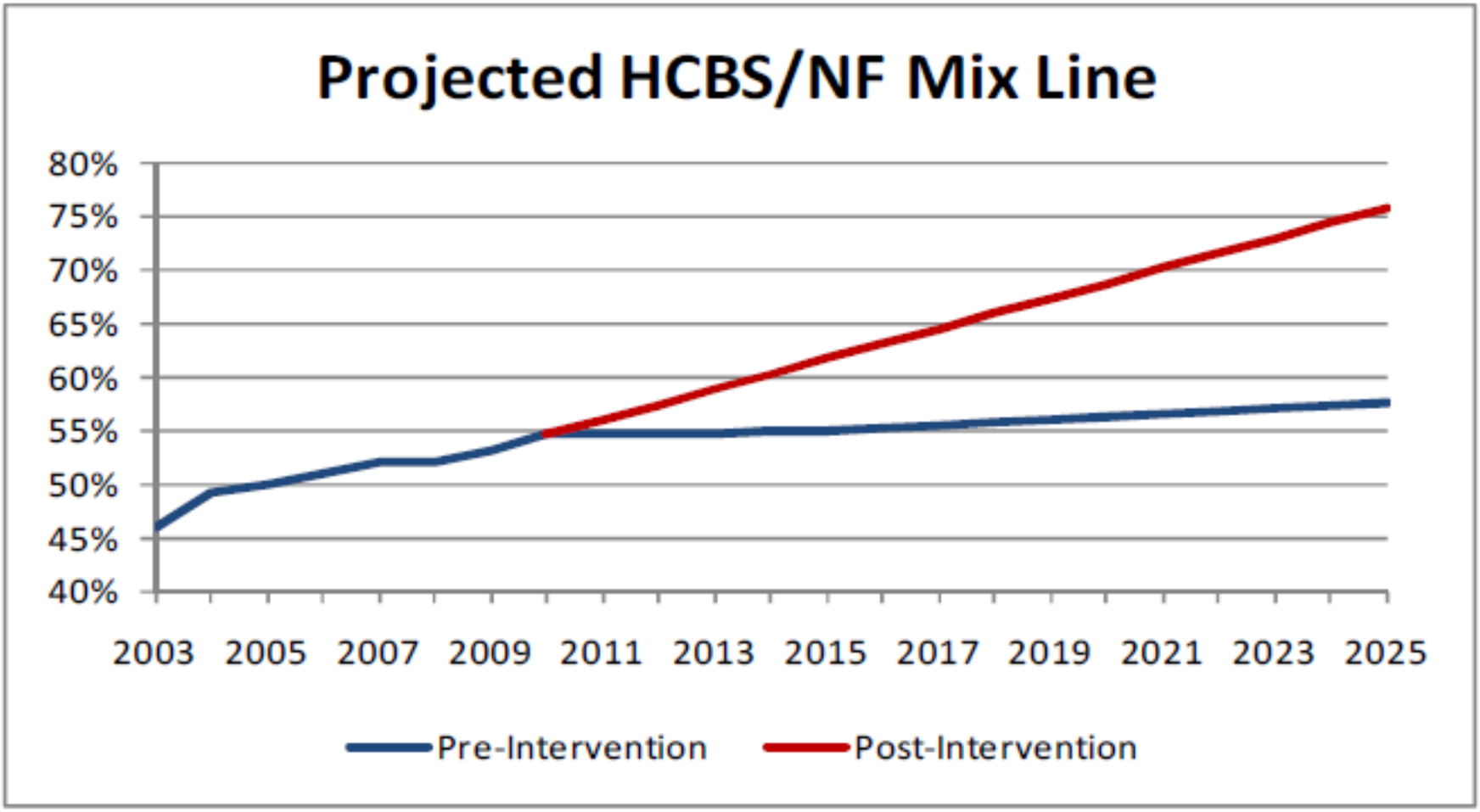
- Mercer Consulting prepared a report documenting projections at a town level to assure our decisions are ‘data driven’.

# Percentage of Medicaid LTSS Users Compared to Overall Medicaid Expenditures

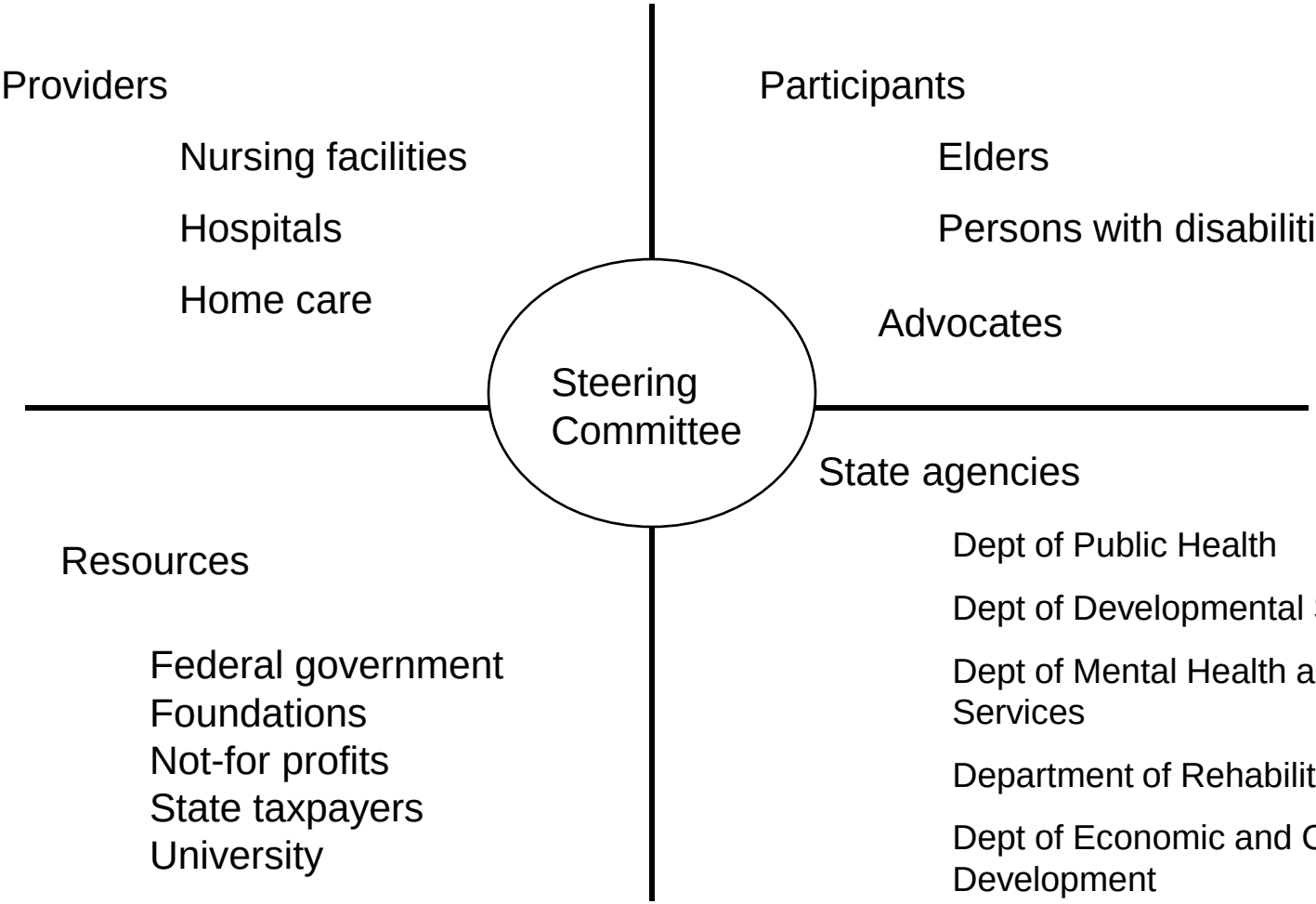


# Growth
# Males and Females combined

| Age Cohort | 2010 - 2015 | 2015 - 2020 | 2020 - 2025 |
|---|---|---|---|
| 50-54 | 1.7% | -8.7% | -11.1% |
| 55-59 | 16.1% | 1.7% | -8.7% |
| 60-64 | 12.8% | 16.3% | 1.7% |
| 65-69 | 26.1% | 13.2% | 16.6% |
| 70-74 | 26.9% | 26.6% | 13.5% |
| 75-79 | 3.3% | 27.2% | 27.0% |
| 80-84 | -5.8% | 3.2% | 26.8% |
| 85-89 | 3.6% | -5.9% | 3.2% |
| 90+ | 25.7% | 9.6% | -0.5% |


Projected HCBS/NF Mix Line
80%
75%
70%
65%
60%
55%
50%
45%
40%
2003
2005
2007
2009
2011
2013
2015
2017
2019
2021
2023
2025
Pre-Intervention
Post-Intervention

# Stakeholders



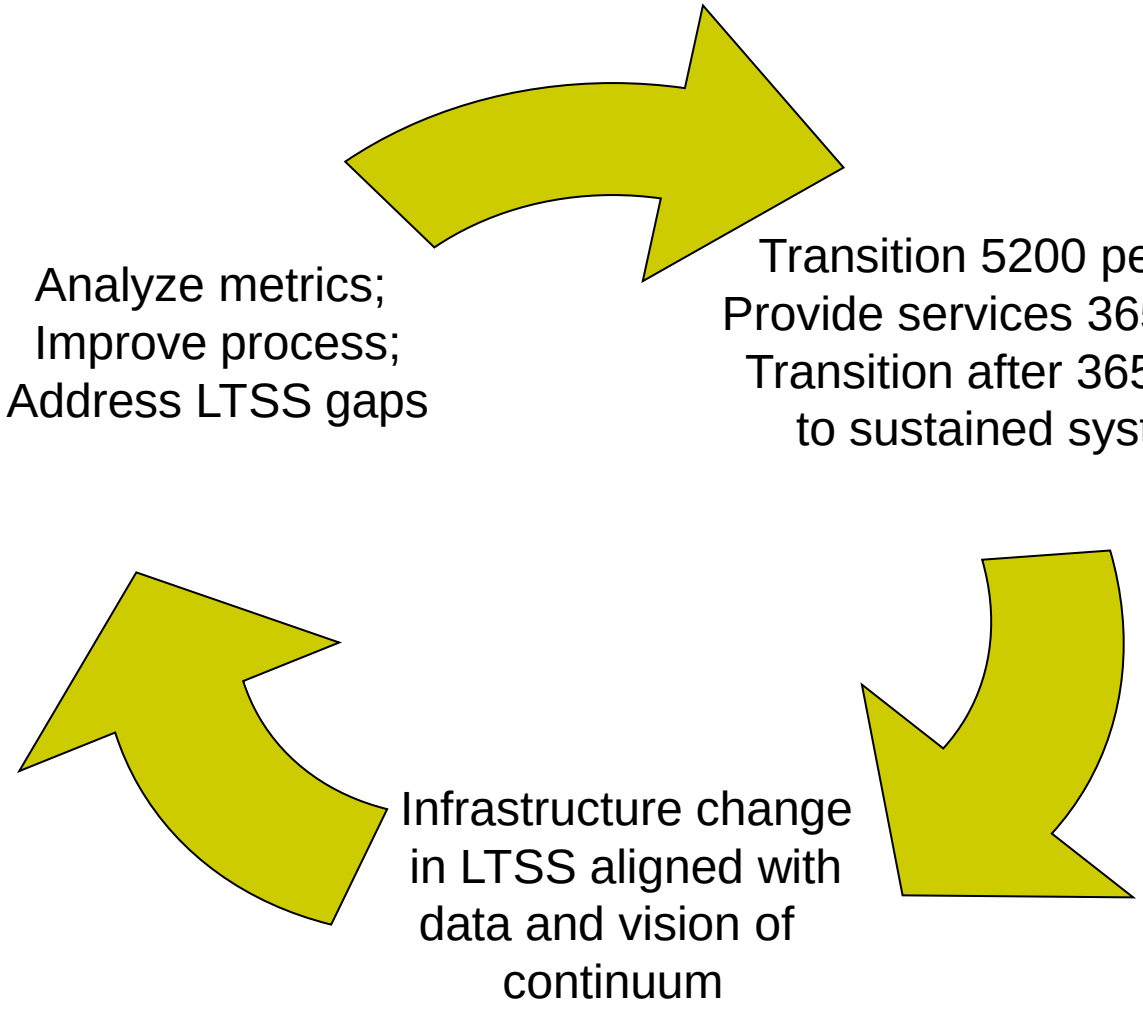
# Opportunities

- Strong network of providers;
- Federal grants;
- Assistive Technology;
- Synergistic partnerships
  - Common vision among many stakeholders

# Vision

- Each town or group of towns in Connecticut will have a long-term care compendium of supports and services.

# Operation of MFP Demonstration



# Hospital and Nursing Home Discharges

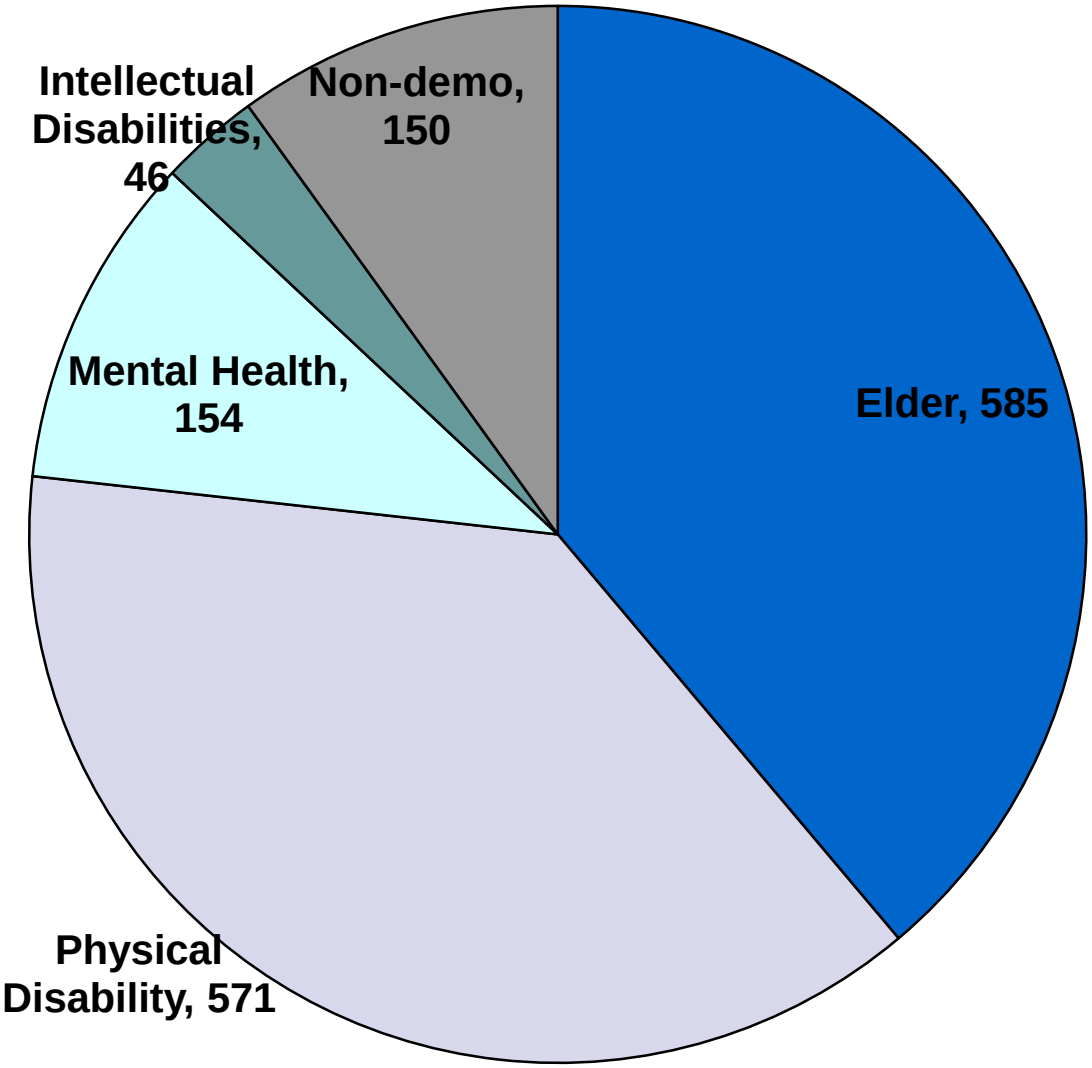
***Goal:*** ***1) Decrease hospital discharges to nursing facilities among those requiring care after discharge***
***2) Transition 5,200 people from nursing homes to the community by 2016***

- **Challenge**
  - Lack of coordination across care settings
- **Strategy**
  - Convene a statewide Person-Centered Community Care Collaborative
    - Develop Single Point of Entry and web-based resource for discharge planners

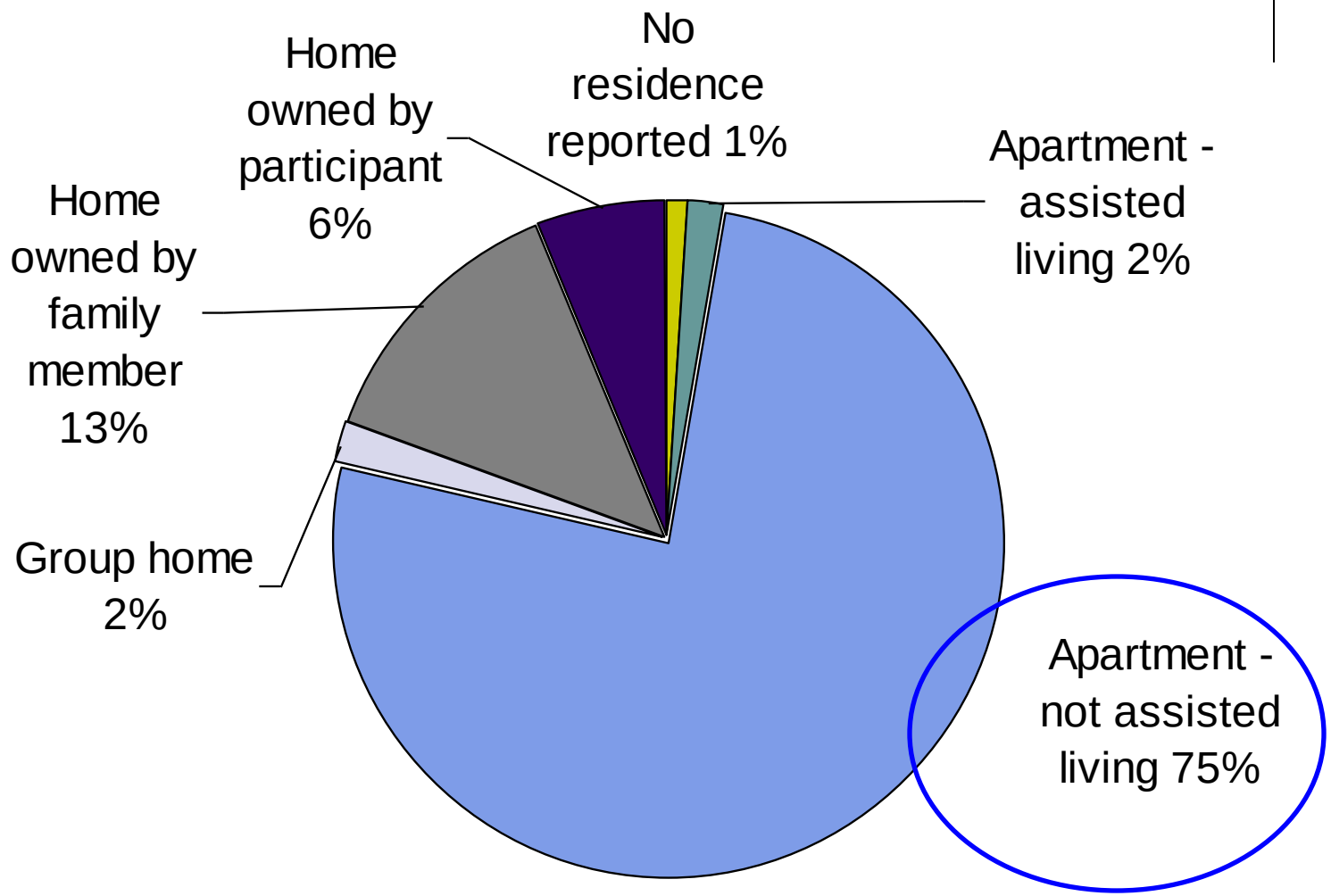
# Hospital and Nursing Home Discharges

- **Develop and implement standards in Transition of Care in coordination with other health care initiatives**
  - Improve collaboration to develop more definitive “handoffs” between hospitals, community resources, and other services and settings
- **Improve process for LTSS eligibility**
  - Work to create and implement streamlined process for 5 year look-back statewide
- **Provide MFP transitional and community services and supports to qualified persons who are institutionalized**
  - Determine core competencies and educate transition coordinators

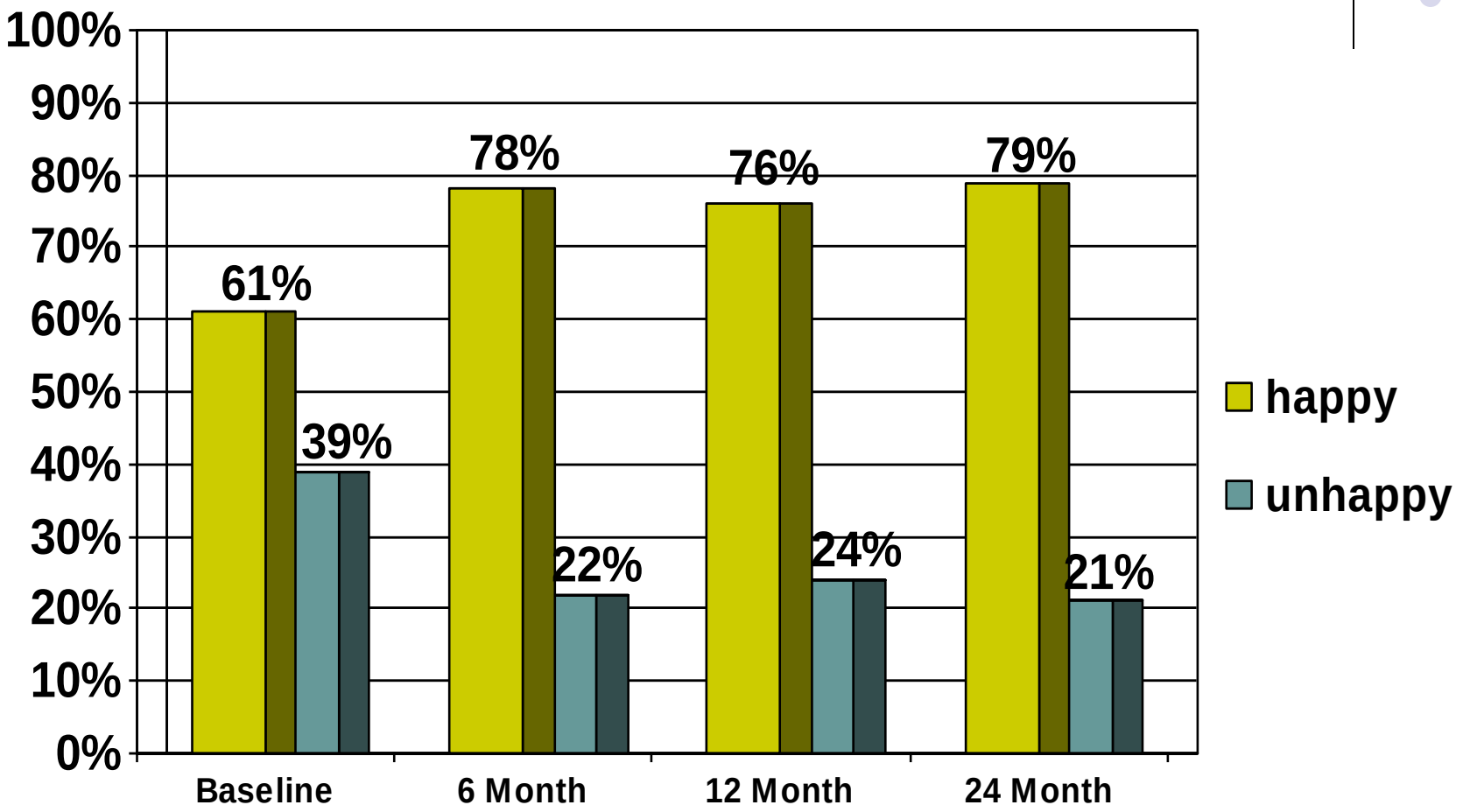
# 1506 Transitions from Nursing Homes



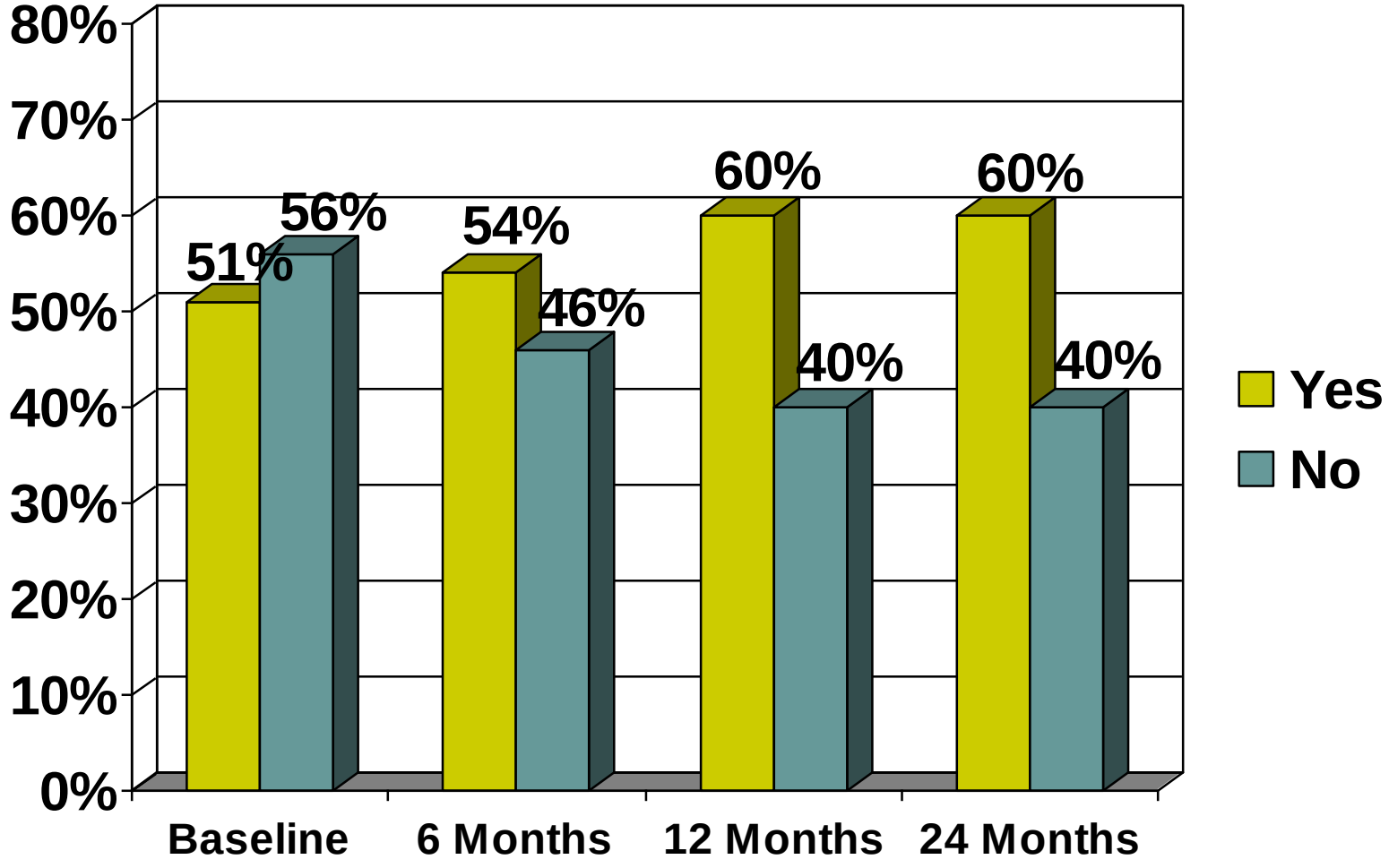
# Where do MFP Participants Choose to Live?



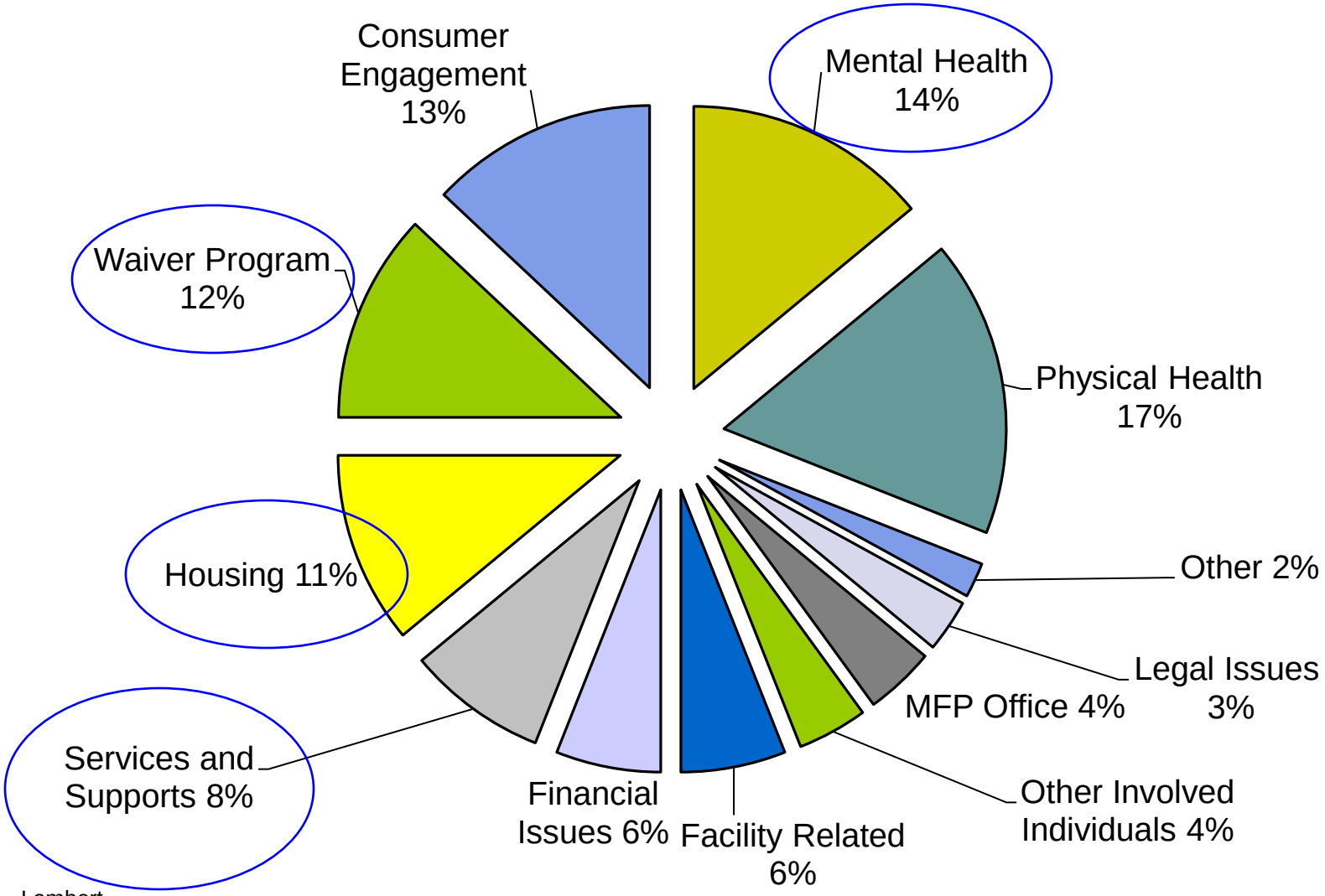
# Happy or unhappy with the way you live your life?



# Community Integration – Do you do fun things in the community?



# Transition Challenge Categories



# Home and Community Based Services

***Goal: To improve effectiveness and efficiency of Connecticut's HCBS system***

- **Challenge**
  - People lack information about home and community based services
- **Strategy**
  - Connect people to LTSS information and services
    - Create website

# Home and Community Based Services

- **Create parity across age and disability resources based on functional support needs rather than diagnosis**
  - Create common comprehensive assessment
- **Close service gaps and improve existing services or identify new services to better serve the needs of all populations**
  - Integrate employment into home and community based services
- **Create mechanisms to ensure quality in the care provided through HCBS**
  - Assure conflict free case management
- **Build, improve quality of provider networks aligned with the principles of person centered planning**
  - Informed risk

# Workforce

***Goal: To build capacity in the community workforce sufficient to sustain rebalancing goals***

- **Challenge**
  - Difficulty finding qualified staff such as personal care assistants and home health aides
- **Strategy**
  - Raise awareness of the importance and value of the direct care worker and unpaid caregiver
    - Create workforce communication plan

Note: Workforce Committee is chaired by Deborah Migneault, Commission on Aging

# Workforce

- **Continuously promote workforce initiatives that are proven to support consumer choice, self direction and quality while enhancing recruitment, retention, productivity and training of the paid and unpaid direct care workforce**
  - Create statewide inventory of the existing workforce needs, future demand and national and local initiatives that show promise and scalability;
- **Increase synergy with Connecticut's workforce system and support their efforts to create a pipeline of direct care workers with opportunities for career ladders to health and human/social services professions**
  - Partner with state and local workforce systems such as workforce investment boards (WIB's) and Connect-Ability to align recruitment and training efforts towards the demand for community-based direct care workers;
- **Create equity across state systems**
  - Identify, analyze and catalog variations across state departmental practices, policies and regulations that affect the paid and unpaid direct care workers;

# Housing and Transportation

***Goal: To increase availability of accessible housing and transportation***

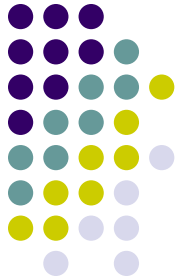
- **Challenge**
  - Medicaid long-term services lack coordination with housing

- **Strategy**
  - Foster partnership and cross-agency collaboration between agencies focused on housing and transportation
    - Establish a strategic partnership between DSS, the new Department of Housing, Connecticut Housing Finance Authority (CHFA), Department of Economic and Community Development (DECD), Department of Transportation (DOT) and the U.S. Housing and Urban Development (HUD)

# Housing and Transportation

- **Provide natural supports and caregivers with transportation and housing assistance**
- **Develop more opportunities to utilize HUD's Section 202 housing program to assist in housing shortage;**
- **Improve financing dollars for housing**
  - Provide competitive low cost loans to finance adult family homes or to convert rest homes to adult family homes;

# Nursing Facility Diversification and Modernization



- **Transform NFs into continuing care providers that allow individuals to receive a continuum of services from the same entity**
  - Support nursing homes working in collaboration with community stakeholders to build a town-based LTSS compendium consistent with the State's strategic plan
  - Coordinate with HUD to explore flexibility with existing NF financing;
  - Develop community space at NFs
  - Explore NF as part of the town's emergency back-up and expanded respite system;

# Nursing Facility Diversification and Modernization

***Goal: To adjust supply of institutional beds and community services and supports based on demand projections***

- **Challenge**
  - People who would like to return to the community often lack the readiness to transition
- **Strategy**
  - Develop NF services to include transitional programs that support the movement of individuals from a variety of care settings back into the community
    - Explore transitional training programs within NFs (including possible transitional units), including training and support for caregivers

# Example of plan layout

**Strategy: Provide natural supports and caregivers with transportation and housing assistance**

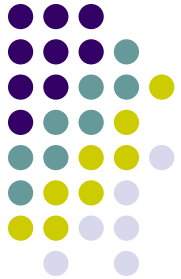
**Tactics**

- Establish coalitions for community transportation to assist with ride shares;
- Explore the use of Zip car-like rentals service, school buses or NEMT transportation brokers, negotiated transportation rate and network available as a service under HCBS ;
- **Develop more opportunities to utilize HUD's Section 202 housing program to assist in housing shortage**
- Analyze additional means to establish how home sharing could assist family and caregivers with respite.

**Metrics:**

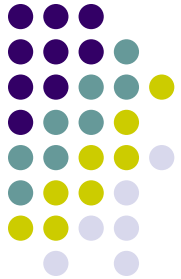
- **Increase in the number of 1915(c) waivers with non-medical transportation as a service option;**
- **Increase in numbers of community transportation coalitions and alternative transportation options (zip cars, school buses, IT-N I);**
- **Increase in number of Section 202 subsidized units.**

# Rebalancing Scorecard



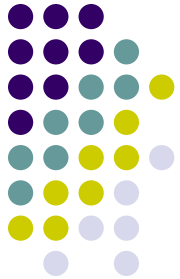
- Scorecard will be implemented along with the strategic plan;
- This scorecard will evaluate progress towards stated goals;
- The assessment will occur on a quarterly basis;
- Results will be communicated to all stakeholders

# Next Steps



- What will your community look like?
- How will we create a partnership?
- What additional data would be helpful?

# Public Contact information



- **www.DSS.state.ct.us**
- **Dawn Lambert**
  - **Project Director, Money Follows the Person Rebalancing Demonstration**
  - **Dawn.Lambert@ct.gov**
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