

Rebalancing Long-Term Supports and Services in Connecticut

HCBS Conference
December 2, 2020



What is “rebalancing”?

Rebalancing refers to reducing reliance on institutional care and expanding access to community-based Long-Term Services and Supports (LTSS).

A rebalanced LTSS system gives Medicaid beneficiaries **greater choice in where they live and from whom they receive services.** It also delivers LTSS that are **integrated, effective, efficient, and person-centered.**

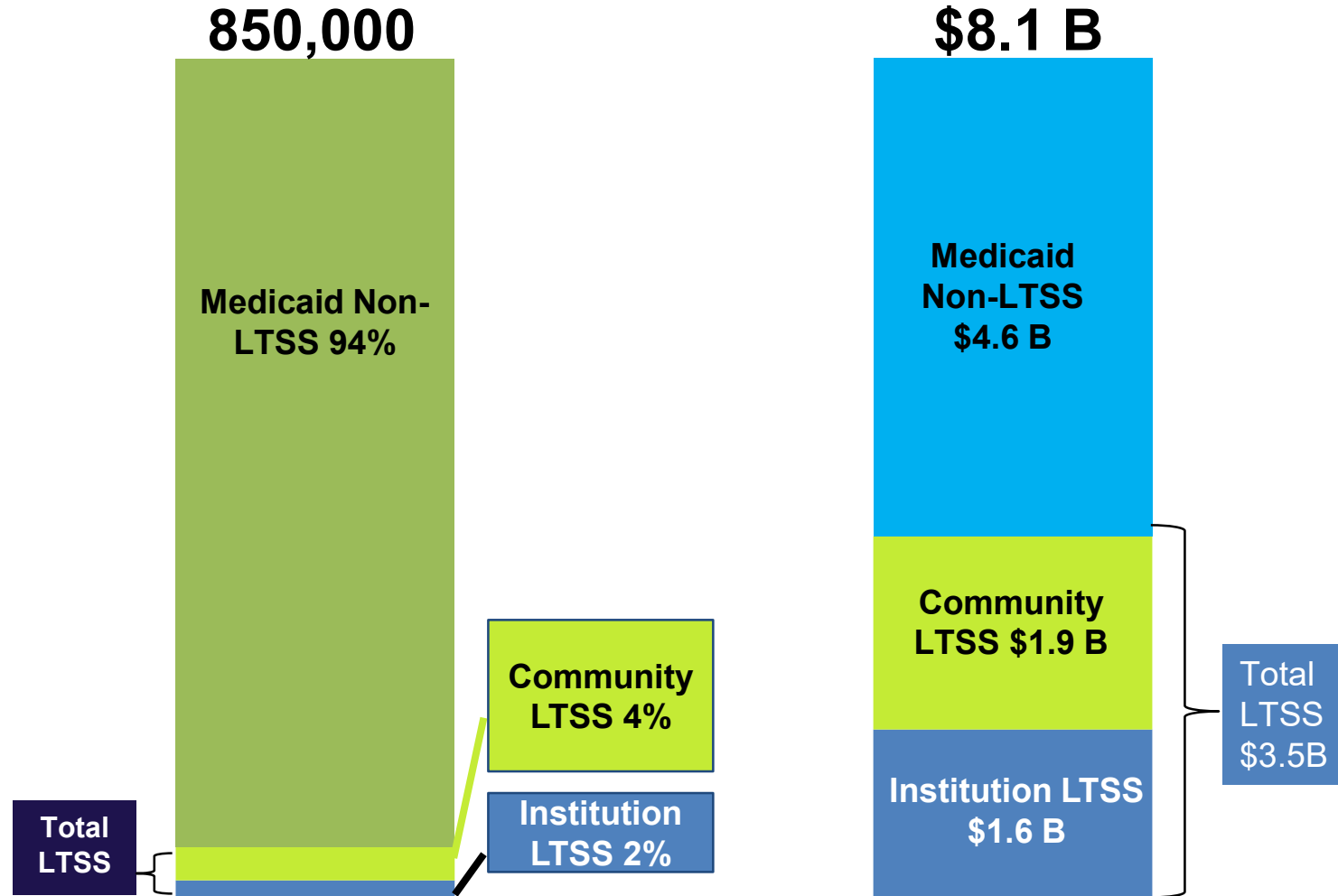
Why rebalance the system?

- **People overwhelmingly wish to have meaningful choice in how they receive needed LTSS.**
- In Olmstead v. L.C. (1999), the Supreme Court held that Title II prohibits the unjustified segregation of individuals with disabilities. **Medicaid must administer services, programs, and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities.**

- A relatively small number of individuals use LTSS, but their **costs are a significant proportion of the Medicaid budget.**
- Individuals who use LTSS typically have **high needs and high costs** and **benefit from coordination** of their services and supports.
- Average per member per month **costs are less in the community.**

- We have transitioned over 6,300 individuals from nursing facilities to the community under MFP.
- This figure has continued to increase year over year.
- In FY 20, we served 64% of individuals who receive Medicaid LTSS in community settings and spent 52% of Medicaid LTSS dollars on home and community-based services.
- **We have proven results concerning integration and life satisfaction for individuals who have transitioned.**

LTSS Medicaid Participants represent 6% of the total Medicaid population and represent 43% of the total Medicaid spend.



2007

2019



TRANSITION PEOPLE FROM INSTITUTIONS

0

5956



INCREASE % FUNDING TO COMMUNITY

33%

53%



INCREASE % OF LTSS MEMBERS IN COMMUNITY

52%

64%



INCREASE % OF HOSPITAL DISCHARGES TO COMMUNITY

47%

58%



INCREASE PROBABILITY OF DISCHARGE WITHIN 6 MONTHS

27%

38%



- Connecticut's first Rebalancing Strategic Plan was announced in January 2013.
- The plan is updated annually.
- The Rebalancing Steering Committee meets monthly and is comprised of state agency staff, self-advocates, legal advocates, nursing home administrators, and various non-profit entities.
- UCONN Health Center on Aging is the evaluator of the plan.

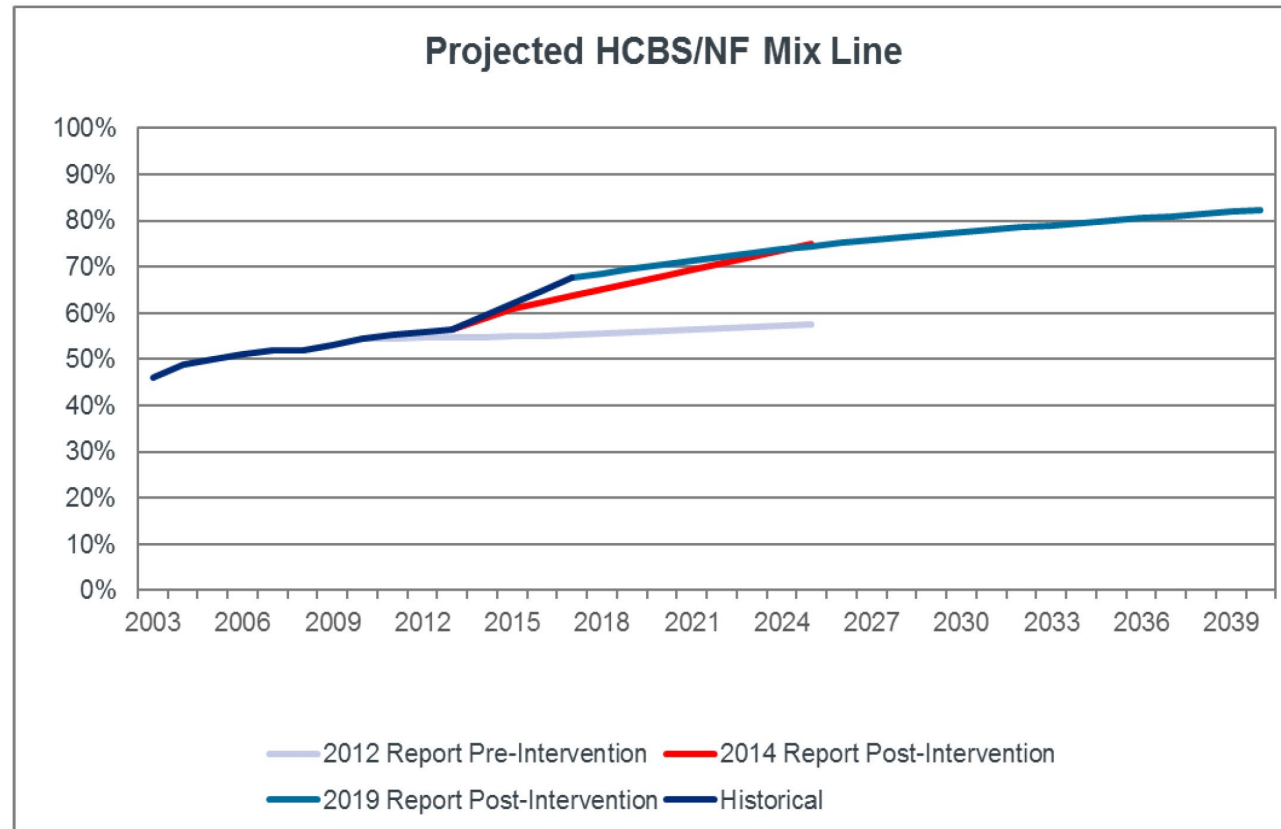
- **People have historically faced barriers** in Medicaid to receiving community-based LTSS.
 - Lack of sufficient services, supply, and information.
 - Inadequate support for self-direction and person-centered planning.
 - Lack of housing and transportation.
 - Lack of a streamlined process for hospital discharges to the community.
 - Lengthy process for accessing Medicaid as a payer.
 - Lack of a sufficient workforce.

- Connecticut partners with Mercer Human Services Consulting to produce a set of town-level data (first issued in 2012 and updated in 2014), focusing on current and projected supply and demand for LTSS. The data encompasses nursing home services, community-based services and associated workforce. Mercer updated this data in 2019 with the intent of enabling policymakers, municipal officials, service providers, advocates and families to understand how changes in public demand, as well as strategies implemented by the state, will affect how LTSS is provided and utilized.

<https://portal.ct.gov/dss/Health-And-Home-Care/Medicaid-Long-Term-Care-Demand-Projections/Medicaid-Long-Term-Care-Demand-Projections>

- Governor Lamont proposed, and the legislature has adopted, a number of new initiatives that are anticipated to further increase use of HCBS.
- By incorporating the Governor's initiatives into modeling going forward, **Mercer expects Connecticut to increase the level of home care from the 2017 level of 67.6% to 82.3% by 2040.**
- Mercer concluded that this will mean a continued trend of less need for nursing home beds. **Mercer expects demand for nursing home beds to be reduced by nearly 6,000 beds over the period from 2017 to 2040.**

Projected use of nursing home compared to community long-term services and supports



Strategic LTSS rebalancing initiatives have modified the expected trend of where LTSS participants will receive services by 2040. Current projections indicate that by 2040 over 80% of all LTSS participants will receive services in the community by as opposed to in a nursing home.

Data = Change

Year	Data or Event	Change
2010	No nursing agency would support 'him'	Risk agreement was created
2010	People were generally transferred to other nursing homes if the home closed	Nursing home closure protocol
2012	Assessment data wasn't comparable – Each program had its own assessment	Create universal assessment and allocation methodology
2012	Nurse delegation limited	Amended Medical Practice Act.
2012	Excess supply of nursing home beds	Nursing home diversification Grants
2015	Limited services for people under 65	Community First Choice (expand services to 4000 people)
2020	People in nursing homes have substance abuse disorders and were homeless	CHES
2020	Workforce and housing projections lack capacity to sustain choice	To be determined

- The CT Universal Assessment is a **person-centered whole** person approach to assessment that identifies needs, strengths, preferences, and risks.
- **Automated** web-based assessment system.
- **Reduce redundancy** of multiple assessments, **reduce burden** for consumer and assessor at reassessment.
- **Equitable** distribution of resources based on functional need.
- **Standardized assessment** across multiple programs/waivers.

- The rebalancing agenda is **enabling access to affordable, accessible housing.**
 - Connecticut's Money Follows the Person (MFP) model is a unique **“housing plus supports” model** under which people receive both services and housing vouchers.
 - Both MFP and Medicaid waivers also support **accessibility modifications** to housing.

- Recognizing the importance of housing to the overall success of rebalancing, the Department of Social Services partnered with the Department of Housing **to produce supply and demand estimates of accessible affordable housing** required to support rebalancing at a state and local level.
- Final report due **December 2020**
- Preliminary findings:
 - Accessibility data related to public housing inadequate
 - Over **100,000 additional accessible supportive housing units required to support rebalancing goals through 2040.**
- New housing plus support model in development

- **CHES (Connecticut Housing Engagement and Supports Services) is premised on our collective observation that transition and tenancy-sustaining supports provided through Department of Mental Health and Addiction Services (DMHAS)-led Connecticut supportive housing, pilot programs and Money Follows the Person have historically been instrumental in helping Medicaid members to achieve housing stability and also improved health, community integration and life satisfaction.**
- **CHES also acknowledges the need to build on DMHAS and DOH's extensive experience, as well as to use a public-private partnership, to inform this work.**

- CHES is fundamentally **premised in data**.
- Targeting of the individuals who are being prioritized for CHES services and housing vouchers is being informed by the following:
 - Matching Medicaid claims and data from the Homeless Management Information System (HMIS) on a monthly basis.
 - Use of comorbidity index scores that **predict future illness** to select people most likely to benefit from CHES, with improved quality of life and reduction in avoidable Medicaid spending.

- Finally, the CHES model design **advances health equity**.
 - Comorbidity index scores were carefully reviewed to ensure equity.
 - This is in contrast to many other models nationwide that have relied on past claims data - we now recognize that this method is inherently biased because health care utilization is often lower among members of racial and ethnic minority groups.

- CHES is projected to serve up to 850 people.

- CHES has **four eligibility requirements** - individuals must:
 - Be **homeless or have been homeless prior to admission to an institution** (e.g. skilled nursing facility);
 - Have a **behavioral health diagnosis**;
 - Have a specified minimum **comorbidity index score**; and
 - **have two “critical needs”** (e.g. need for assistance in maintaining housing stability, need for assistance with medication administration).

- **Key components of CHESs include:**
 - **Person-Centered Recovery Plan Development** – development of the person’s care plan.
 - **Pre-Tenancy Supports** - assistance in locating and securing stable housing.
 - **Tenancy Sustaining Supports** - assistance in maintaining successful tenancy (healthcare coordination, skill development and community integration).
 - **Transportation** - assistance with increased access to community supports (e.g. employment).
 - **Housing Subsidies** - provided by DOH.

- **State Level Partnership**

- Policy change informs Department of Labor Projections
- Development of competencies for PCAs

- **Town Level Partnership**

- Workforce projections inform local business and community to align state/local strategy
- Workforce development

- **Data and Evaluation**

- **Community First Choice (CFC) was implemented in 2015.**
 - This is the first ‘universal’ HCBS option for people at nursing home level of care.
 - CFC supports hiring and budget authority for Medicaid participants.
 - CFC supports ***hiring family members*** as personal care attendants with certain limitations.
 - Personal care attendants are permitted to perform medical tasks under the direction of the participant.
 - Total enrollment is 4300 of which 2300 are accessing self-directed services for the first time.
 - CFC employers increase the workforce by recruiting from their networks.

- **Community First Choice** includes the following services:
 - Personal Care Attendants
 - Assistive Technology
 - Home Delivered Meals
 - Health Coach
 - Accessibility Modifications
 - Transitional Supports

Statewide Supply and Demand Projections Policy and Intervention Impact on Workforce

Staff Classification	2013 Actual Demand	2017 Actual Demand	2025 Projection Supply Excess (Deficiency)
Institution Licensed Staff	2854	2320	1021
Institution CNA Staff	4665	4075	1820
Community Personal Care Attendant	2477	14680	(2001)
Community Home Health Aide	2906	2229	(271)

- Nursing Home Diversification Grants were awarded from 2014 – 2019.
- 7 different nursing homes received a total of \$7.8 million.
- Projects ranged from building conversion to new accessible housing to development of new housing plus supports models.
- New activities are focused on technical assistance to nursing home administrators for business redesign.

A new LTSS initiative that uses **predictive methodology**, claims data, and in the future, MDS data to:

- Identify and educate people on all LTSS options to make an informed choice.
- Support discharge of people from nursing homes to community.
- Create a support path to Medicaid while private paying for homecare services.
 - Dedicated LTSS financial eligibility support.
 - Individualized financial support tools.

Stay informed about coronavirus (COVID-19): Connecticut residents are urged to continue taking precautions to prevent the spread of COVID-19. For the latest information, resources and guidance related to coronavirus (COVID-19), including the State of CT website, go to [myplacect.org/coronavirus](https://www.myplacect.org/coronavirus)



Attention All Homebound Individuals in Bridgeport and Torrington: If you have a food shortage due to Covid-19 contact Annie Scully at 860-571-7215 or email ann.scully@ctunitedway.org for food delivery assistance.



Health and Wellbeing

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About Us

Find what you need to live the life you want.

MyPlaceCT.org is a free web-based resource from the State of Connecticut that helps you live life independently. Bringing together the information you need to live how and where you choose.

What can we help you find?

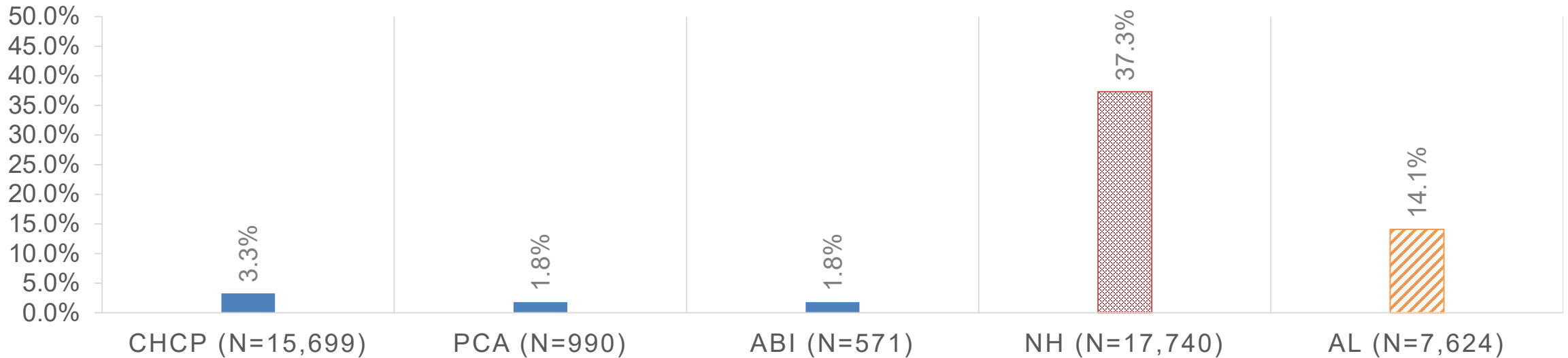
Enter your search term here



LIVE CHAT



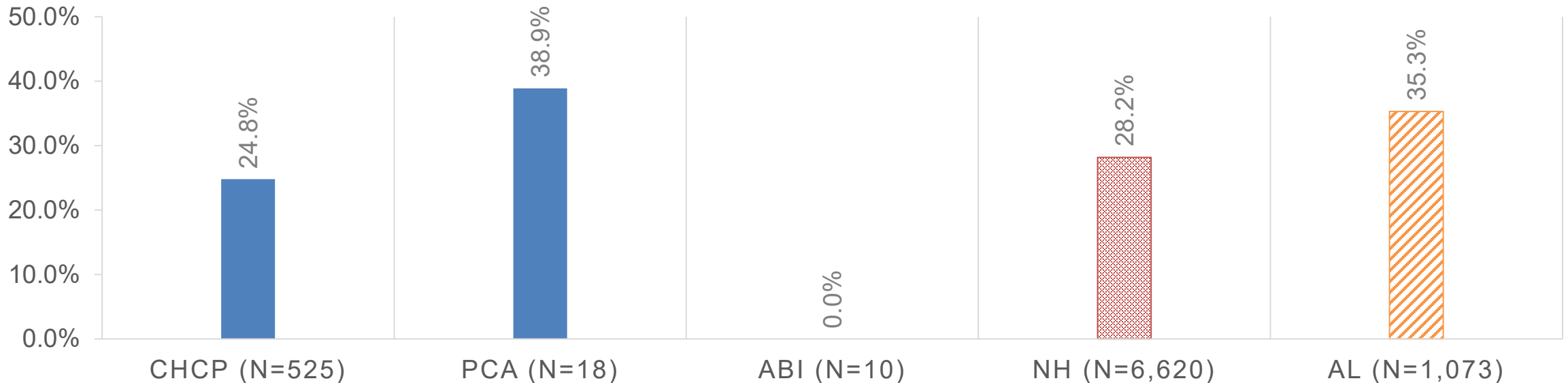
**% OF PEOPLE IN DIFFERENT LTSS SETTINGS WITH POSITIVE COVID-19
CASES
(N=TOTAL FOR GROUP)**



Nursing homes and assisted living facilities had far greater percentages of residents with positive cases, 37.3% and 14.1% respectively, than any of the three HCBS programs: 3.3% of CHCP, 1.8% of PCA and 1.8% of ABI participants.

Source: UCONN Health Center on Aging, September 2020; Mathematica September 2020

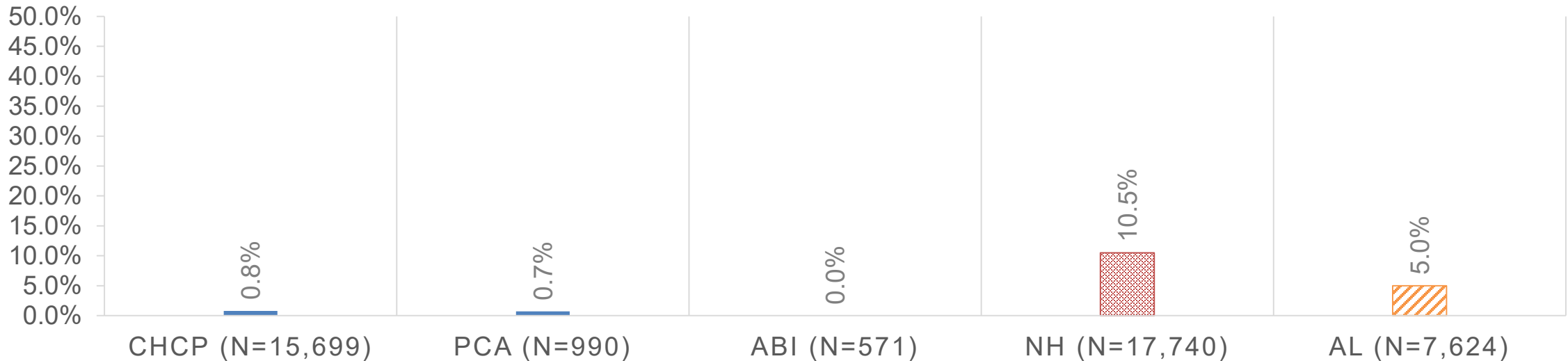
**% OF PEOPLE WITH POSITIVE COVID-19 CASES WHO DIED IN DIFFERENT
SETTINGS
(N= COVID-19 CASES FOR GROUP)**



The death rates among the subgroup of people who contracted COVID-19 were more comparable across the settings, with 24.8% in CHCP, 28.2% in nursing homes, 35.3% in assisted living and 38.9% in the PCA program. There were no deaths among ABI program participants .

Source: UCONN Health Center on Aging, September 2020; Mathematica September 2020

**% OF PEOPLE IN DIFFERENT LTSS SETTINGS WHO DIED
OF COVID-19
(N=TOTAL FOR GROUP)**

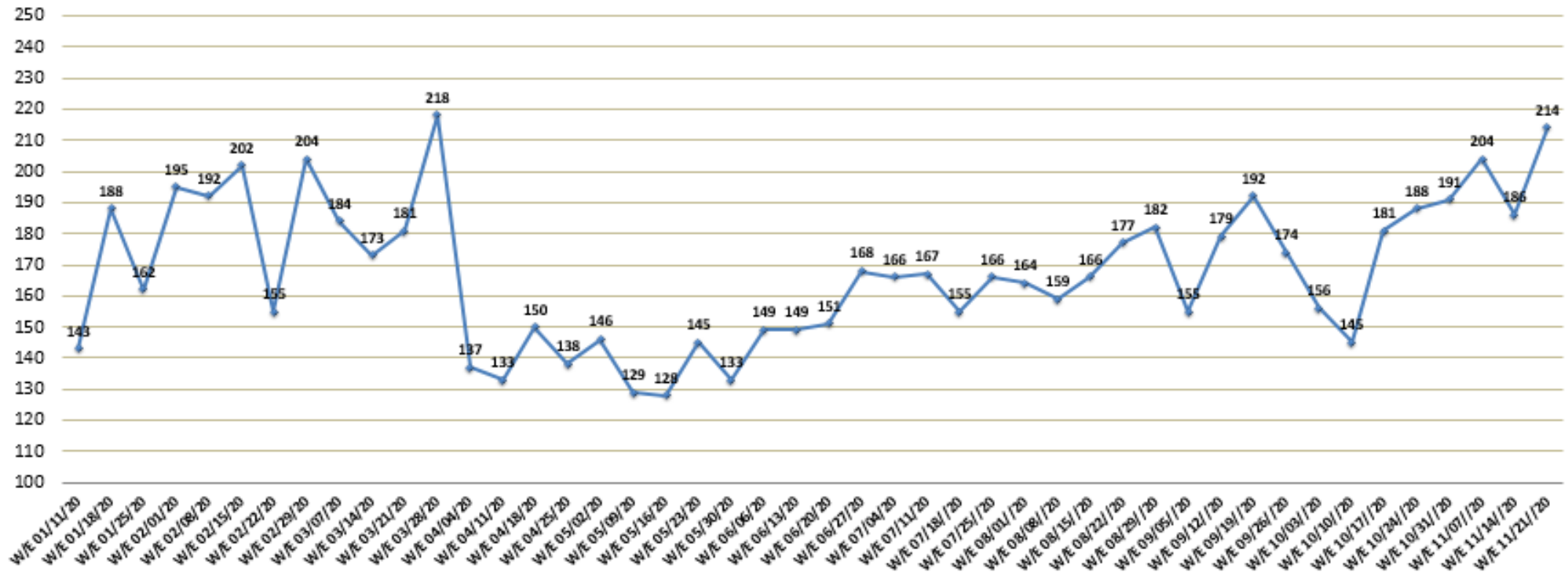


The percent of nursing home (10.5%) and assisted living (5.0%) residents who died from COVID-19 were also far higher than the HCBS population (CHCP=.8%, PCA=.7% and ABI=0%)

Source: UCONN Health Center on Aging, September 2020; Mathematica, September 2020

Weekly LOC Completed Assessments

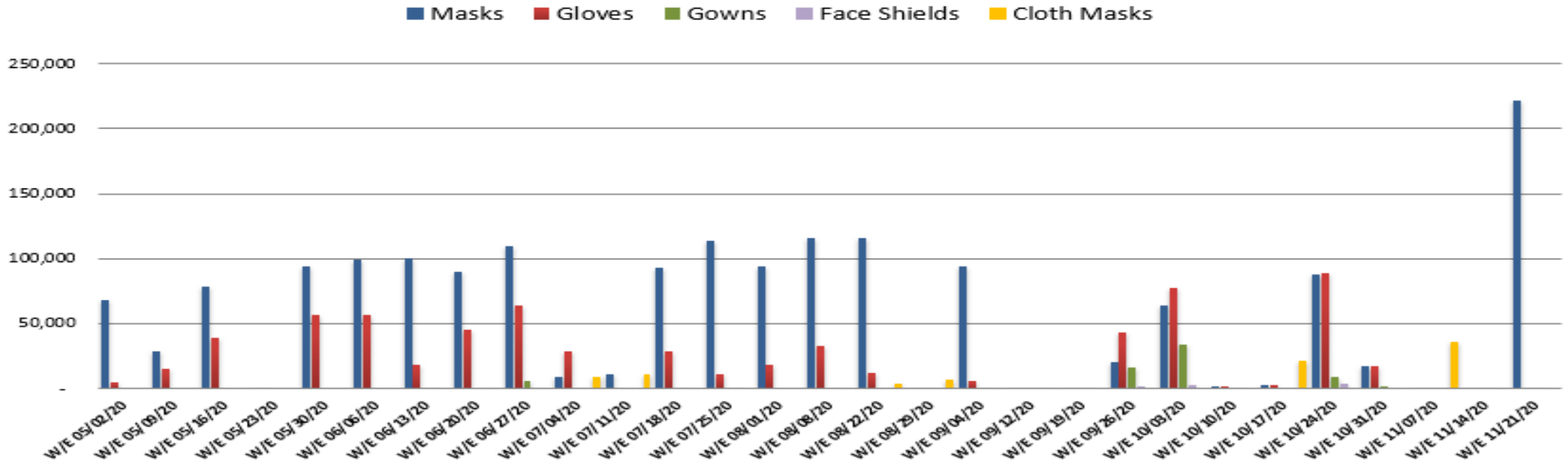
→ All Agencies



Community Referrals in the most recent 5 weeks are within 5% of 'Pre-COVID' levels

Source: Department of Social Services Assessment System

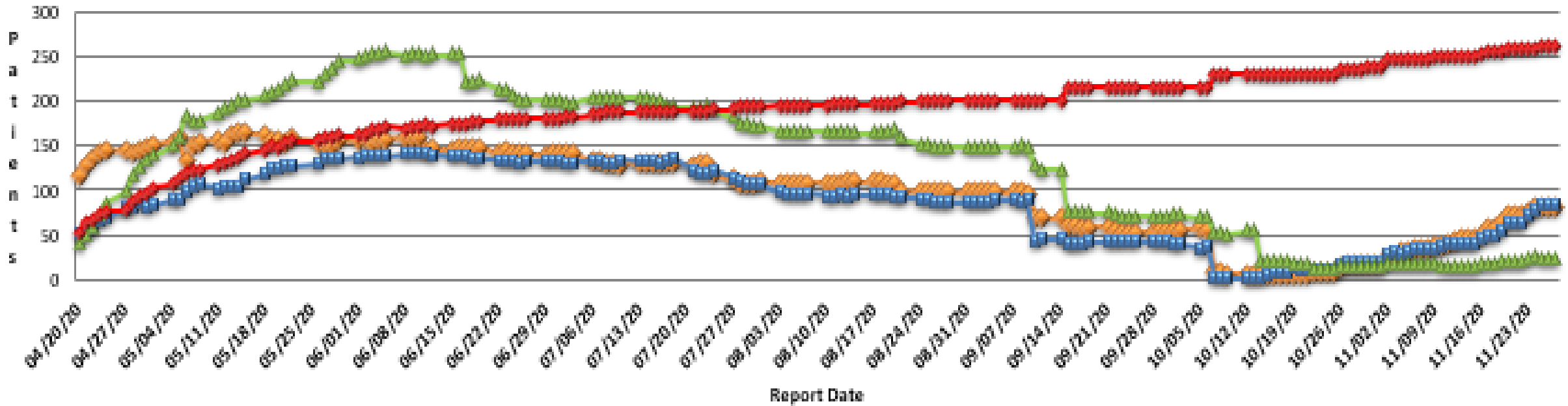
Kennedy Ctr Universal Deliveries on Weekly Basis



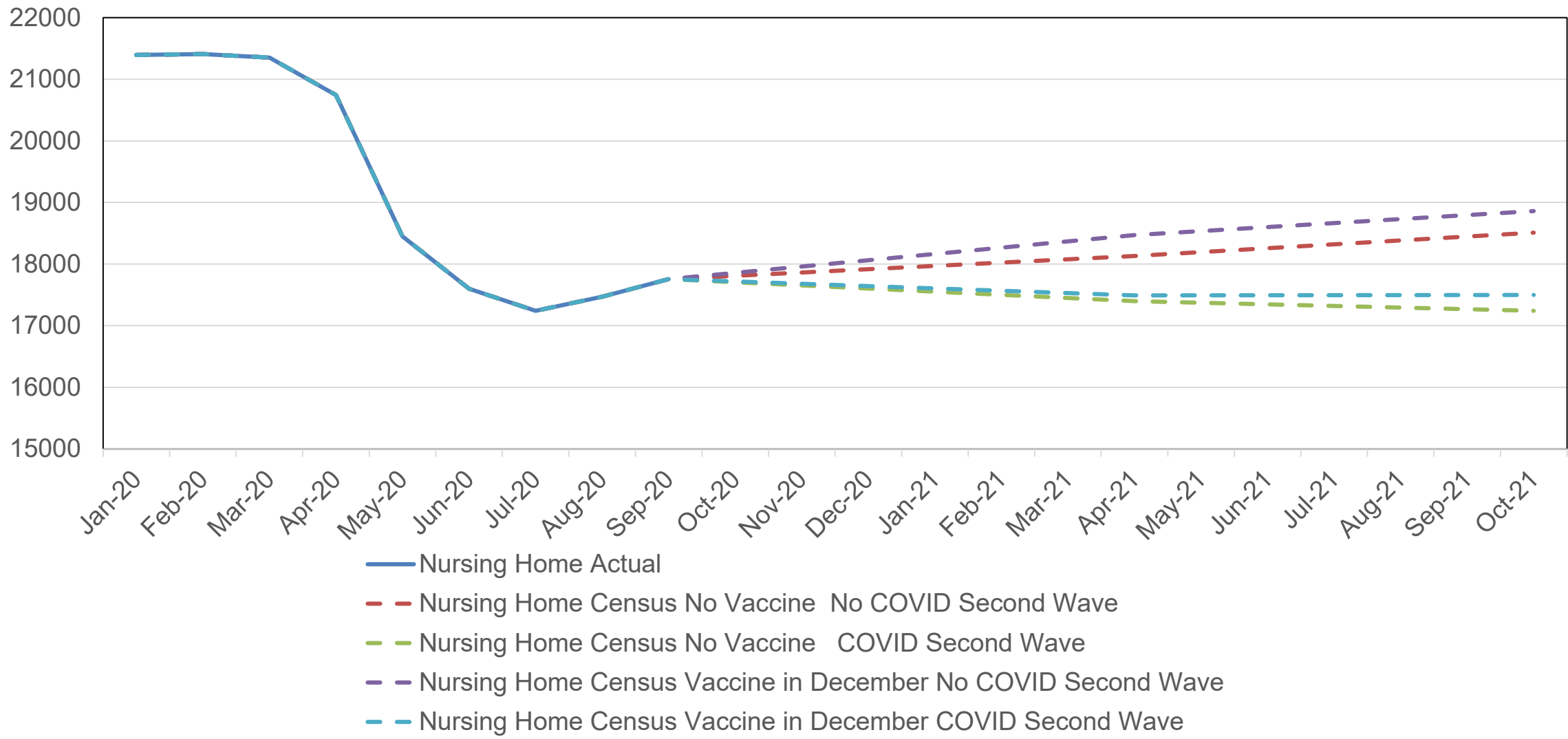
Over 1.5 million surgical masks, face shields, gloves and gowns have been delivered to people who self-direct LTSS.

LTSS Patients Tested Positive for COVID-19

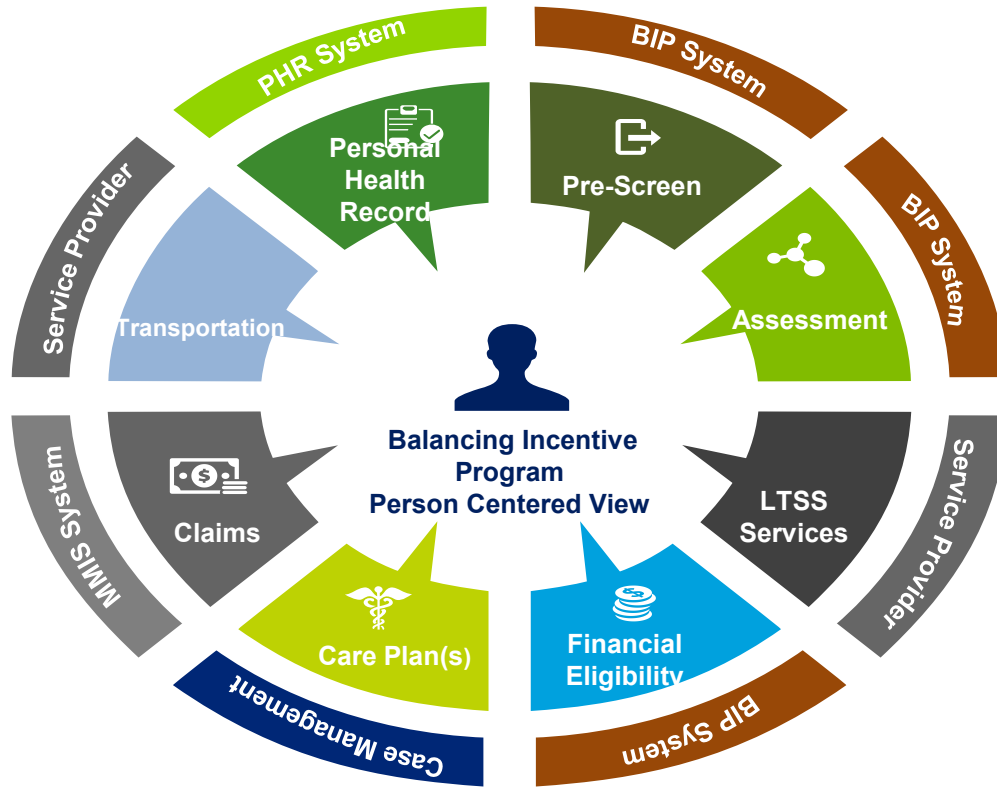
— Hospitalized — Home — SNF — Deceased



There is less reliance on institutional care in the second wave of COVID 19.



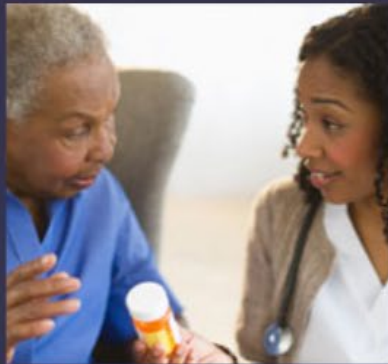
Source: Mercer Health and Benefits LLC, October 2020



Achievement of a person-centered, integrative, rebalanced system of long-term services and supports



LESSONS LEARNED



Engagement

**Investment
in ongoing
education**

ROI

**Targeted
housing
saves
Medicaid
money**

Culture

**Belief in
human
potential**

Direct Care

**Who do we
hire and
who are our
partners?**