

2010 LONG-TERM CARE PLAN

RECOMMENDATIONS AND ACTION STEPS

Introduction

The recommendations and action steps provided in this Plan are put forward to improve the balance of the long-term care system in Connecticut for individuals of all ages and across all types of disabilities. While this Plan maps out the need for long-term care over the next 25 years, the recommendations address current needs as well as future demands.

The 16 recommendations provided in this plan are not prioritized. These recommendations are reflective of a system of care, and as such, they must be viewed as both interrelated and interdependent. As Connecticut continues its work to rebalance its long-term care system, progress must be made on multiple fronts. A balanced long-term care system is one where policies, incentives and services are aligned to allow individuals with long-term care needs to live fulfilling and productive lives. Balancing the mix of home and community-based and institutional care as well as the mix of public and private resources is needed if Connecticut hopes to provide real long-term care choices for its residents and to achieve the long-standing Vision, Mission and Governing Principles put forth by this Plan and previous Long-Term Care Plans. Over the years, Connecticut has made notable progress towards this goal, but more must be done to meet needs today as well as to anticipate the demands on the long-term care system that will be made by the aging of the baby boom generation.

The 2010 Long-Term Care Plan is informed by the findings of the Connecticut Long-Term Care Needs Assessment (Center on Aging at the University of Connecticut School of Medicine, June 2007) and many of the recommendations made in the Needs Assessment have been adopted in this Plan. Each recommendation is followed by a series of action steps providing more detailed guidance. Overall, the recommendations are primarily focused on initiatives State government can undertake. While the focus of this Plan is on State government, it is important to recognize the vital role that cities, towns, the private sector and individuals and families play in the long-term care system. Government at all levels must work in partnership with individuals, families and the private sector in order to develop a quality and effective system.

In 2005, a broad philosophical statement was enacted in Connecticut statute to guide policy and budget decisions. It states *that Connecticut's long-term care plan and policy must provide that individuals with long-term care needs have the option to choose and receive long-term care and support in the least restrictive, appropriate setting.* This simple statement provides a larger framework for Connecticut to make the necessary changes to the laws and regulations that govern the State's long-term care system to make real choices for consumers a reality.

Summary of Recommendations

1. Provide true consumer choice and self-direction to all users of long-term care.
2. Develop and implement a statewide system of Aging and Disability Resource Centers for providing information and referral.
3. Support programs that divert or transition individuals from nursing homes and other institutions.
4. Further reform and expand the nursing home placement prescreening process.
5. Provide a broader range of community-based choices for long term care supports, foster flexibility in home care delivery, and promote aging in place.
6. Address the scope and quality of institutional care.
7. Simplify Connecticut's Medicaid structure.
8. Create greater integration of functions at the state level.
9. Address the education and information needs of the Connecticut public.
10. Increase availability of readily accessible, affordable transportation.
11. Expand and preserve affordable housing for older adults and persons with disabilities.
12. Address access and reimbursement for key Medicaid services.
13. Expand and improve employment opportunities and vocation rehabilitation for persons with disabilities and older adults.
14. Address the long-term care workforce shortage.
15. Provide support to informal caregivers.
16. Promote efforts to enhance quality of life in various settings.

Recommendations and Action Steps

1. Provide true consumer choice and self-direction to all users of long-term care.

According to the Long-Term Care Needs Assessment, Connecticut has only achieved partial success implementing a self-direction model of service delivery. The defining characteristic of a consumer-directed model is that it allows individuals with disabilities considerable choice and control over how they receive supportive services and from whom. Some consumer-directed programs go further by providing a cash benefit (often called Cash and Counseling), with which the individual can purchase services or pay caregivers, including family members. In addition to providing more individual choice, control and satisfaction, consumer direction is also considered to be an effective means to address cultural diversity and workforce shortages. Examples of self-directed programs in Connecticut are found in the Department of Developmental Services (DDS) Medicaid waiver programs, the Medicaid Personal Care Assistance (PCA) waiver program, and the Nursing Home Diversion Grant at the Department of Social Services (DSS).

Action Steps

- a. Expand self-directed care options under home and community-based services programs.
 - Allow consumers and family members to choose their own care providers, including individuals from within their own informal care network, particularly family members, and allow consumers to control their own budgets.
 - Operate programs with as much flexibility as possible, including the ability to arrange for as many care provider hours as necessary, in whatever configuration across providers is appropriate and preferred by the consumer. (See Recommendation #5)
 - Ensure that consumer-directed programs are an option, not a requirement or condition, for receiving home care services.
- b. Provide a permanent self-directed care option for program participants under the Department of Social Services (DSS) National Family Caregiver Support Program (for those caring for relatives age 60 and older) and the Connecticut State Respite Care Program (for individuals with Alzheimer's disease) using the existing model being piloted under the Nursing Home Diversion Modernization Grants. This would provide a broader array of options to caregivers of individuals with Alzheimer's disease and/or those caring for relatives 60 and over under these two programs. Also, investigate funding options to support Fiscal Intermediary Services under these and other programs to allow consumers the flexibility to

choose and hire their own personal care workers and control their budgets, similar to what are allowed under the current DDS Medicaid waivers.

- c. Implement Cash and Counseling as a tool to increase program flexibility and choice. Consider options available under Section 1915 of the Deficit Reduction Act to implement Cash and Counseling. Make case management available to those who wish to use it but optional for individuals who are able to manage their own care.
- d. Explore training opportunities regarding supporting choice, autonomy and dignity and the assistance available for transitioning from institutions to the community and the services available in the community after transition. Training should be available for conservators, guardians, families, probate system staff, medical personnel, social workers, clergy, elder law attorneys and others. Training of professionals should include recognizing signs of abuse and neglect.

2. Develop and implement a statewide system of Aging and Disability Resource Centers for providing information and referral.

Although there are a number of resources in Connecticut to assist individuals in need of long-term care services and supports, there is no statewide single point of entry providing standardized information, referral and screening. However, currently, there are two operating single points of entry in Connecticut, serving two regions of the state. Connecticut's Aging and Disability Resource Centers (ADRCs) are designed to provide a cadre of services to anyone age 18 and over regardless of income or ability including: comprehensive information and assistance, screening, assessment, options counseling (employment, benefits and long-term care), long-term care planning and advocacy. They serve individuals of all ages, incomes and disabilities and their caregivers seeking publicly or privately funded long-term care services and supports.

Aging and Disability Resource Centers (ADRCs) are being implemented in states across the country. The National Association of State Units on Aging (NASUA) estimates that over 10 years, the savings for having ADRCs is \$1.2 billion for the state and another \$1.2 billion for the federal government. Currently in Connecticut, two regional ADRCs have been established, one in the south central region of the state and the other in the western region, both known as "Community Choices." They were established with funding from the federal Administration on Aging. Additional funding is required to sustain the existing programs as well as to expand to the remaining regions of Connecticut.

Action Steps

- a. Use the existing model from the Department of Social Services (DSS) State Unit on Aging, through available funding sources including the federal Administration on Aging to maintain ADRC services in south central and western Connecticut and

develop and implement new ADRCs in the remaining three areas of the state: eastern, southwestern, and north central. Base further development of the model upon evaluation of the existing ADRCs.

- b. Build on the existing model with Area Agencies on Aging (AAAs) and Centers for Independent Living (CILs) as the core regional partners providing comprehensive information and assistance and explore other models and regional partners to maximize the variety and creativity of approaches.
 - c. Train ADRC staff, utilize a comprehensive resource database, create management information system (MIS) database tracking, and enhance the Long-Term Care Website to include interactive features.
 - d. Build on the connection with the CHOICES program, the widely recognized information and assistance program operating out of the AAAs, which provides long-term care options counseling.
 - e. Continue to integrate disability specific agencies in the ADRC network.
- 3. Support programs that divert or transition individuals from nursing homes or other institutions.**

The Connecticut Long-Term Care Needs Assessment indicates that most individuals preferred living in their own home with supports if necessary. Connecticut should strive to allow this to be the rule rather than the exception by maximizing consumers' choice and their ability to live in the least restrictive setting. For individuals at risk of placement in a nursing home or other institution and for those residing in these institutions that prefer to live in the community, diversion and transition strategies are a critical component for maximizing opportunities for individual choice and rebalancing the long-term care system.

Action Steps

- a. Support current nursing home diversion and transition programs, such as Money Follows the Person (MFP), the home and community-based Medicaid waiver programs, the Pre-Admission Screening Resident Review (PASRR), Aging and Disability Resource Centers (ADRCs), cash and counseling options under existing respite programs, and the Department of Mental Health and Addiction Services (DMHAS) Nursing Home Diversion and Transition Program.
- b. Identify individuals at risk of institutionalization and develop a long-term care service system that is able to sustain community living and significantly delay or avoid institutionalization.
 - Establish and fund ADRCs. (See Recommendation #2)

- Channel identified individuals who are at risk of spend-down to Medicaid and at risk of institutionalization to the ADRC for comprehensive long-term care needs assessments so that a home and community-based services plan can be developed.
 - Emphasize diversion at the point of hospital discharge.
 - For those in an institution, provide additional transition discussions after three months, six months and annually thereafter.
 - Support and expand the DMHAS Nursing Home Diversion and Transition program to avoid institutionalization of individuals with mental illness at the point of hospital discharge.
 - Support the provision of out-stationed eligibility service workers at ADRCs, hospitals, community health centers and local mental health authorities to develop an expedited Medicaid eligibility screening process.
 - Simplify the Medicaid application process and develop a web-based on-line application system for those applying for Medicaid coverage. Also, develop and implement an expedited eligibility process for state programs that support services in the community such as the Connecticut Home Care Program for Elderly (CHCPE) and other Medicaid home and community-based services waiver programs. (See Recommendation #7)
 - Support and promote the availability of personal care assistant (PCA) registries such as rewardingwork.com. (See Recommendation #13)
- c. Increase the number of respite/transitional beds for individuals discharged from hospitals who are awaiting home and community-based services. For example, pay under-utilized institutions a lower rate to utilize unoccupied beds for patients who are being discharged from hospitals and are awaiting the coordination of home and community-based services by hospital discharge planners.

4. Further reform and coordinate the nursing home/ institutional placement prescreening process.

In order to progress in the goals of rebalancing the long-term care system in Connecticut, assuring consumer choice and maximizing independent living, comprehensive, coordinated pre-admission screening is needed to assess and educate individuals before they are admitted to a nursing home or similar institution. Helping private pay nursing home applicants understand their community options and possibly avoid or delay their entrance into a nursing home is not only advantageous to the individual and family but is a wise investment for the State. The overall goal of

prescreening should be to assure that individuals have the knowledge and opportunity to exercise their choice to live in a community or institutional setting. Prescreening should not prohibit or deny applicants the choice to enter an institution. Prescreening activities need to take into account the specific needs of the individual, addressing both cognitive and physical impairments, and ensure that the person receives the appropriate level of care that will protect them and others from any potential harm. Individuals who choose community settings must have safe and adequate living options and sufficient care giving supports.

Action Steps

- a. Expand the current State commitment to prescreen all applicants to nursing facilities age 65 and older, regardless of their payer status, to include all nursing home applicants, regardless of age or payer source. Similar prescreening for applicants of all institutions for individuals with disabilities should be developed.
 - b. Identify people who have housing to return to and preserve its availability as part of the prescreening process.
 - c. Implement a systematic, web-based, comprehensive prescreening program for persons seeking placement in a nursing home or other institution. As part of this system, track length of stay in the institution.
 - d. Enhance existing educational efforts with hospitals, physicians, nursing facilities, and other institutions regarding prescreening and available community options in collaboration with providers and other entities working in the community with individuals with disabilities.
- 5. Provide a broader range of community-based choices for long term care supports, foster flexibility in home care delivery, and promote aging in place.**

As Connecticut works to rebalance its long-term care system and improve access to a full range of long-term care services, from aging in place at home to residing in institutions, the amount and types of community-based choices will need to be sufficient to meet the demand. A comprehensive system of services and supports address both physical and mental health needs across the lifespan without exclusion of specific populations. The demand for home and community-based services will only grow as the baby boomer generation ages and the number of older adults in need of long-term care increases over time. By the year 2011, baby boomers will begin to enter retirement age. Meeting these demands will require flexibility and creativity in our approaches to service delivery.

Action Steps

- a. Develop increased flexibility in Connecticut's highly professionalized model of home care delivery without sacrificing quality of care and health and safety concerns. In the current model, both agencies and individual providers are sometimes subject to extensive and inflexible licensing requirements and regulations.
 - Study, and implement where appropriate, initiatives such as nurse delegation of specific tasks in specific settings, and use of lower cost alternatives (e.g. homemaker vs. home health care) while not compromising the quality of care.
 - Review the current scope of practice definitions for the nursing professions, and develop options for refinement in order to promote flexibility.
 - Consider allowing under Medicaid waivers and public funding an independent provider model in which providers are not required to work for an agency, a model that is more cost-effective and flexible. The Department of Developmental Services currently employs such a model.
- b. Reduce restrictions on who can provide home and community-based services to foster flexibility, aging in place, and the needs of caregivers. States such as Oregon and Washington can serve as useful models.
- c. Provide incentives to existing, experienced providers to transition or expand their services to provide more community-based options.
- d. Break down the barriers to community integration, such as the "not in my backyard" syndrome.
- e. Expand the Veterans directed home and community-based program being developed and piloted in the south central region of the state through the Department of Social Services (DSS) State Unit on Aging, Area Agency of South Central Connecticut and the Veterans Administration Connecticut Health Care System, West Haven Office. Enhance partnerships between the aging and disability networks and the Veterans Administration to better serve veterans of all ages and disabilities.
- f. Enhance the availability of and access to community mental health services to support consumers at home. This includes improving access to and the operations of Local Mental Health Authorities in addition to investing in the creation of a system of community mental health services. Continue and expand the Department of Mental Health and Addiction Services (DMHAS) Senior Outreach and Senior Services Program to provide substance abuse and mental health interventions in consumers' homes and communities in order to avoid institutionalization.

- g. Expand the number of slots, funding and case management in the various community-based Medicaid waiver programs, including the Personal Care Assistance (PCA), Acquired Brain Injury (ABI), Katie Becket, and Connecticut Home Care Program for People with Disabilities. Some of these programs have a waiting list and this impedes the ability of persons with disabilities from transitioning into or remaining in the community.
- h. Continue to advocate for changes to federal Medicaid law that will facilitate an expansion of home and community-based options. In the past, Connecticut submitted a proposal to the federal Centers for Medicare and Medicaid Services (CMS) to expand the medically needy income formula allowing individuals with incomes in excess of 300 percent of Supplemental Security Income to be eligible under the Medicaid portion of the Connecticut Home Care Program for Elders (CHCPE). This proposal would have allowed individuals the same access to home and community-based care as they have for nursing home care. Unfortunately, Connecticut's proposal was rejected by CMS. Connecticut should resubmit this proposal and continue its efforts in this regard. If successful in its effort to expand the income requirements under the CHCPE rules, Connecticut should also examine the feasibility of utilizing similar income requirements under its other Medicaid home and community-based services waiver programs, resulting in equal access to home and community-based care and nursing home care for individuals of all ages and disabilities.
- i. Current Medicaid law prohibits the reimbursement of room and board charges for those living in the community, including in assisted living communities. Connecticut should continue its efforts to remove this prohibition or expand other state and federal programs such as Section 8, allowing more aggressive development of community living options.
- j. Enhance rates to home and community-based service providers in order to develop and maintain an adequate network of services.
- k. Allow reimbursement for adult day care for residents of subsidized assisted living facilities.
- l. Enhance interagency efforts to offer community based service options to dually diagnosed consumers.

6. Address the scope and quality of institutional care.

Although the majority of individuals responding to the Long-Term Care Needs Assessment expressed a preference to remain in their homes and live as independently as possible with homecare supports, there are those who prefer or need the care provided in a nursing home or similar institution. Ensuring a vibrant long-term care system in Connecticut will mean developing incentives to encourage the redistribution,

redesign or downsizing of public and private institutions and, at the same time, assuring that high quality care is provided at remaining institutions.

Action Steps

- a. Develop a plan to modernize the physical plants of existing nursing facilities. Modernized and high quality skilled nursing homes are needed as an available option for consumers of long-term care.
- b. Explore the concept of the small nursing home site to elicit a cost/benefit factor relative to less acute care admissions, complications and declines as evidenced by the current nursing home model. This may also include an increased diversion of people from nursing homes by expanding community-based service options.
- c. As nursing facilities and other institutions close, or occupancy levels are reduced, Connecticut should continue to conduct a needs analysis to: 1) determine if any of the beds are needed elsewhere in the system; and 2) de-license or reclassify the remaining beds. As this occurs, there is an opportunity to redirect the appropriate level of resources to enhance home and community-based services and supports.
- d. Create incentives for under utilized institutions to convert their facilities to adult day care services, assisted living, residential care homes, independent living communities, or other community housing options in order to offer settings that reflect the more home-like features that people generally prefer. (See Recommendation #11)

7. Simplify Connecticut's Medicaid structure.

The Medicaid program is particularly complex, especially with regard to the separate long-term care pilot programs and home and community-based waivers that vary in terms of eligibility, services provided and types of disabilities that are addressed. Ideally, eligibility for long-term care services and supports should address functional needs and not exclude individuals due to age or particular disability.

Action Steps

- a. Establish a universal Medicaid home and community-based services waiver based on function, not age or diagnosis. Allow for flexibility to address a variety of specific needs.
- b. If it is determined that a universal Medicaid waiver is not feasible, every effort should be made to ensure that consistent eligibility and level of need reporting forms are consistent across waivers.

- c. As an alternative to a universal Medicaid home and community-based services waiver, include home and community-based services, such as personal care assistance, in the State Medicaid Plan. Include programs for adults with developmental disabilities who are not mentally retarded.
- d. Make pilot programs that are proven successful a permanent feature of the Medicaid program. Require evaluation of all pilot programs after three years.
- e. Streamline Medicaid eligibility procedures and reduce response time to consumers and develop a web-based on-line application process for Medicaid services.

8. Create greater integration of State level long-term care administration and functions serving both older individuals and individuals with disabilities.

According to the Long-Term Care Needs Assessment, the governance structure for providing administration and programmatic support to older adults and persons with disabilities is splintered and not well coordinated. A number of State agencies have service, funding and oversight responsibilities and are represented on the Long-Term Care Planning Committee: the Departments of Social Services, Developmental Services, Mental Health and Addiction Services, Public Health, Children and Families, Economic and Community Development, Transportation as well as the Offices of Protection and Advocacy, Health Care Access and Policy and Management.

Action Steps

- a. Establish a consolidated, efficient all-ages human services approach to long-term care in Connecticut that maximizes the impact of Medicaid, Older Americans Act and Veterans Administration funds rather than divides them.
- b. Address the needs of persons with autism without the creation of a separate entity dedicated to individuals with Autism Spectrum disorders.
- c. Ensure linkages between the Long-Term Care Services and Supports Website and other websites that include specific long-term care service information.
- d. Provide for global budgeting with flexibility and authority to fund an array of long-term care services and supports, to be adjusted annually based on the projected needs of the population and for inflation.
- e. Simplify administration through a reduction in duplication and the development of standardized contracting, a unified application and assessment instrument for services and efficient application procedures.
- f. Ensure linkages with the CHOICES Program, ADRCs, Independent Living Centers, and providers of mental health services for all ages.

- g. Develop systems and technology to share long-term care data.
 - Improve technology in state systems to implement electronic records and make valuable data readily retrievable.
 - Assist all health care providers with the implementation of electronic records and the implementation of the statewide electronic data exchange.
 - Build data capacity and systems integration that facilitates more efficient care management for people receiving services.

9. Address education and information needs of the Connecticut public.

Individuals often do not seek information about long-term care until they are in a crisis situation and need immediate help. At that point it is difficult to navigate the complex system to get needed information so that supports can be secured quickly. Minority families are even less likely to have information about available supports due to cultural assumption that such supports should be provided by families. Often this lack of information leads individuals to assume that institutional placements are their only options. Information and education is also needed to help people plan ahead for paying for long-term care needs incase they arise due to illness, injury or disability.

Connecticut has a number of sources of public information on long-term care, including the Long-Term Care Services and Supports Website, Infoline (2-1-1), the CHOICES Program, ADRCs in the south central and western regions of the state, the Connecticut Partnership on Long-Term Care, as well as through a number of specific State agency programs. Despite the availability of these resources, access to information, resources and options regarding long-term care is still elusive for many people seeking information on state and local resources and programs.

Action Steps

- a. Continue and enhance the efforts of the Connecticut Partnership for Long-Term Care (Partnership), the State's public/private alliance to help educate Connecticut residents about the importance of planning ahead for future long-term care needs through the purchase of high quality private long-term care insurance (LTCI). The Partnership should continue its strategy of presenting LTCI as an option that can help individuals remain in their homes or communities longer, preventing or delaying the need for nursing home care.
- b. Develop targeted information campaigns about long-term care services and supports in collaboration with high-visibility, convenient community partners, such as hospital discharge planning offices, community and senior centers, Areas Agencies on Aging (AAAs), and public libraries as well as physicians, clergy and

teachers. These campaigns should integrate existing internet resources such as the Long-Term Care Website. Additional training and resources should be provided to those who are the most frequent sources of long-term care information and advice, such as social workers and health care providers, as well as Probate Court officials and conservators.

- c. Initiate a campaign of cultural change around long-term care, especially targeting health care professionals (physicians, nurses, social workers, occupational therapists, physical therapists, etc.). These professions often influence consumer choices.
- d. Increase public and professional understanding of consumer choice and self-determination. (See Recommendation #1)

10. Increase availability of readily accessible, affordable transportation.

In order to facilitate true choice in care and support alternatives, there is a need to improve transportation options at the state and local level for persons who require additional assistance due to disability or other decline in physical or mental functioning. Individuals with decreased driving capabilities report the lack of transportation alternatives as the principle reason they continue to drive.

Action Steps

- a. Increase the availability and affordability of transportation options available to aging individuals and those with disabilities that provide transport not only for medically-related purposes, but also employment, social and recreational activities through utilization of models such as the Independent Transportation Network (ITN).
- b. Encourage municipalities to work together to form regional plans that meet local and regional needs.
- c. Consider the formation of a broadly representative task force, led by a state-wide liaison from the Department of Transportation, to fully investigate alternative approaches and resource needs to improve transportation options. Coordinate with the Medicaid Infrastructure Grant (Connect-Ability) team which has identified transportation as a priority area.
- d. Give consideration to the availability of public transportation resources whenever new housing resources are being developed for individuals with disabilities or the general public.
- e. Provide transportation options beyond the limitations of the existing Medicaid medical transportation contracts to participants of Medicaid home and community-

based services waiver programs. A recurring problem is the lack of same day transportation to unanticipated medical appointments. Another obstacle is that social service provider organizations willing to provide transportation to their customers receive no specific reimbursement for this expense

11. Preserve and expand affordable and accessible housing for the elderly and individuals with disabilities.

Everyone needs a place to call home. To live in a community and participate in community life, people need affordable, safe and accessible housing. However, this is out of reach for many individuals with disabilities. Many people with long-term disabilities remain in public institutions or nursing homes or in housing that costs the greater portion of their income. Finding a home can be twice as difficult for people with disabilities because it must be within reach physically as well as financially. Although significant progress has been made in making public buildings accessible, the same is not true for residential housing.

Action Steps

- a. Promote universal design and “Visit-ability” in new building projects and with architects and housing developers.
- b. Increase outreach to landlords about resources and financing to make their units accessible.
- c. Encourage all state agencies, cities, and towns to update their ADA Transition Plans to ensure that necessary accessibility modifications are made when rehabilitating or updating public facilities, including public housing, or their programs, policies, and services.
- d. Preserve the stock of affordable housing and link residents with existing community-based services. Look at a range of different housing options to maximize the number of units available with supports. Make alternative low income housing and rental assistance available for older adults and people with disabilities.
- e. Increase the utilization of housing vouchers in communities throughout Connecticut so additional vouchers may be requested from HUD.
- f. Over the next biennium, support the efforts of the Department of Economic and Community Development regarding the CTHousingSearch.org website to identify accessible units and increase their utilization. Ensure that all State agencies that construct or rehabilitate housing or provide rental assistance, report the accessible units to the website.

- g. Ensure that persons with disabilities are accessing foreclosure assistance programs when needed including special assistance if forced to move.
- h. Expand affordable assisted living options. Strategies could include making assisted living available to individuals under the age of 55 and combining HUD and other housing programs to cover housing costs for those whose assisted living services are covered by Medicaid. Direct systematic attention toward expanding available slots in pilot programs for assisted living and other supportive community-based residence settings, and making these programs permanent.
- i. Convert under-utilized institutions to community-oriented residential options, such as assisted living, residential care homes, group homes, and adult day care centers. (See Recommendation #6)
- j. Develop new housing alternatives for persons with persistent mental illness who do not need nursing home level of care but who also can't function independently in a community-based setting.

12. Address access and reimbursement for key Medicaid services.

The Medicaid program is the primary payer for long-term care services. Nationally, approximately 49 percent of expenditures for long-term care services are paid for by Medicaid. In SFY 2008, the Connecticut Medicaid program spent \$2.403 billion on long-term care. Medicaid long-term care expenses accounted for 55 percent of all Medicaid spending and 13 percent of total expenditures for the State of Connecticut.

Action Steps

- a. Explore opportunities to work with Connecticut's medical and dental schools and allied professions to increase access to health care screening and preventive and restorative dentistry for individuals with disabilities. For example, establish a DMR Dental Coordinator and possible University of Connecticut dental fellowship to address the lack of community dental care for persons with cognitive disabilities.
- b. The Department of Social Services should assess the feasibility of increasing reimbursement rates to attract providers willing to serve individuals with disabilities. Psychiatric, dental, and podiatric services were identified in the Long-Term Care Needs Assessment as a particular problem for those receiving services through the Medicaid program. Difficulties involving access and financing persist.
- c. Reinvest the federal 75% Medicaid match obtained through the Money Follows the Person demonstration into long-term care initiatives (as statutorily mandated by P.A. 08-180), such as statewide ADRCs, expanded home and community-based programs, nursing home transition and diversion programs, workforce

development, support for informal caregivers, assistive technologies and prevention and wellness programs.

- d. Maximize reimbursement of state long-term care expenditures through an ongoing review process.

13. Expand and improve employment opportunities and vocational rehabilitation for persons with disabilities and older adults.

Full participation in the community means the opportunity to live, work and play in accordance with personal choice. The same supports that are necessary for an individual to live successfully in their community often translate into needed supports for the workplace. Community integration efforts should provide individuals with opportunities to increase employment outcomes and earnings. This, in turn, becomes a critical component of any rebalancing effort within a long-term care system.

The Connect-Ability initiative is designed to strengthen the employment infrastructure for job seekers with disabilities. Funded through the Centers for Medicare and Medicaid Services (CMS), Connect-Ability has created a technical assistance center designed to meet the needs of job seekers with disabilities, employers, state agencies, and other interested stakeholders throughout Connecticut. A comprehensive website and a toll free number provide a single point of entry to a multi-faceted system, and the Connect-Ability staff help navigate this system. The outcomes of the grant are reflected in the action steps below.

Action Steps

- a. Increase expectations for people with disabilities in achieving career potential. Educate the public and professionals about career potential for persons with disabilities.
- b. Improve the transition process for young adults moving from school to post-secondary education or employment.
- c. Increase the recruitment, employment and retention of individuals with disabilities into Connecticut businesses.
- d. Increase access to transportation to and from work for individuals with disabilities. (See Recommendation #10)
- e. Create a statewide technical assistance center for job seekers with disabilities and employers.

14. Address the long-term care workforce shortage.

The current supply of formal caregivers in the community and institutions, both professional and non-traditional, is not meeting the need for long-term care services. Examples of formal caregivers include personal care assistants, home health aides, companions, homemakers, care managers, and nurses. As the population ages and the numbers of those in need of long-term care supports grows, the demand for workers is expected to sharply increase. Attention must be given to attracting individuals to work in long-term care by enhancing the compensation and benefits, status, career ladders and training associated with these jobs. Without an adequate trained workforce that is paid appropriately for services, many of long-term care community support programs will fall short of their goals. Special programs and Medicaid waivers will fail if there are not enough willing and qualified workers to support the disabled and aging populations.

Action Steps

- a. Enhance public perception of long-term care jobs and professionalize paraprofessional positions.
- b. Promote flexibility of workplace employment policies and practices. Flexibility is important not only for older workers who may need to work longer than planned, but also for caregivers.
- c. Develop career paths allowing for increases in responsibility, status and wages.
- d. Develop education and training programs targeted to areas of workforce shortages.
 - Attract students into the field with scholarships and grants. Education and training curriculums should be considered beginning in high school.
 - Provide re-training for individuals who lose their job in such sectors as manufacturing and institutional care for new careers in long-term care, especially home and community-based care.
 - Expand efforts at collaboration between the Connecticut Department of Labor, the Workforce Investment Boards and the Older Workers program to address the needs of older workers who have lost their jobs and need to be retrained in order to support themselves.
- e. Engage Workforce Investment Boards to develop approaches to increase the size of the formal long-term care workforce, including training, education and incentives. The wage gaps, including benefits, between public and private frontline workers and across those workers who care for different populations should be addressed.

- f. Allow consumers to choose their own care-providers and increase flexibility in Connecticut's self-direction model to increase availability of workers and help to address the workforce shortage. (See Recommendation #1)
- g. Expand the use of the non-traditional workforce, such as personal care assistants (PCAs) and personal care managers, to help address the increased number of individuals desiring home and community-based care. To make the positions competitive and a viable career, these types of jobs will need to provide the necessary worker benefits and supports. In addition, optional training for PCAs should be considered part of the curriculum within appropriate state colleges and universities and other educational settings. Consider offering health insurance to PCAs at a reduced cost or no cost under existing plans such as HUSKY or Charter Oak.
- h. Support the creation and availability of PCA registries such as *rewardingwork.com*.

15. Provide support to informal caregivers.

Connecticut should do whatever it can to support and enhance the selfless efforts of caregivers who, with some support, will continue to provide the informal care that provides the backbone of the long-term care system. While the focus of the long-term care system tends to be on the dollars spent from public and private sources, most services and supports are still provided by family and friends on an informal basis. This informal support is absolutely critical and any opportunities Connecticut has to support this informal caregiving network should be explored. Any support for informal caregivers is an investment. A primary caregiver at home who is provided adequate respite will be able to maintain their caregiving responsibilities for a much longer period of time, possibly delaying or avoiding the cost for formal care and admission into an institutional setting.

Action Steps

- a. Provide support for family caregivers in a variety of coordinated forms, such as information and training, respite services, tax benefits and incentives, payment to informal caregivers, transportation alternatives, physical, occupational and speech therapy alternatives, and disability supports.
- b. Increase availability of and access to respite and adult day programs statewide without age and specified disability restrictions. Inventory existing programs and coordinate easier access to respite services by individuals of all ages and disabilities. For example, replicate the Alzheimer's Respite Care program to provide respite services for any caregiver of individuals with disabilities of all ages.

- c. Explore the potential for supporting overnight respite care in settings other than institutions, such as evening or overnight adult day care. This should include consideration of licensing and Medicaid reimbursement issues.
- d. Build on and expand current efforts supported under the National Family Caregiver Support Program, enhancing the basic information, training and respite services that are already provided.
- e. Support partnerships across State agencies to share information on age and disease specific programming for caregivers and develop coordinated sources for caregivers to obtain information on available respite services, utilizing ADRCs.
- f. Provide assistance with training, financing (including incentives) and information for informal caregivers, including family members. Caregivers should be a target group for education about long-term care services availability and financing.
- g. Expand and support caregiver respite service options through the availability of flexible respite services (See Recommendation # 1.b.)

16. Promote efforts to enhance quality of life in various settings.

To assure a high quality of living for individuals with long-term care needs, real choices must be provided regarding the type of services and supports they need and in what setting they live. In many cases, the quality of a person's life is measured by the level of control and independence an individual with a disability can enjoy.

Quality of care is a broad issue that encompasses the range of care settings and services, both institutional and community-based. It is measured objectively as well as subjectively, with physical as well as psychological and social components. Assuring quality of care not only involves adequate training and oversight of providers but also consumer direction and control so that individuals can have a voice in how services and supports are provided to them.

Action Steps

- a. Include a structure and process for including quality oversight throughout the system.
- b. Develop improved quality measures for persons with disabilities in the community under person-centered, consumer-directed programs. Such measures must reflect the individuals' own preferences and desires and allow reasonable risks while still avoiding unreasonable risks. The individual's right to "Dignity of Risk" should be honored. An individual must be able to give "informed consent" to undertaking a risk that might otherwise be considered a compromise of quality of care.

- c. Increase the quality of care in the various long-term care settings by including educational programs, identification of mechanisms that encourage longevity of employment, team building concepts and education of the public regarding the continuum of care. Include education about evidenced-based programs such as fall prevention, Gatekeeper Program, PEARLS, Healthy IDEAS, and Chronic Disease Self- Management.
- d. Incorporate the needs of elders and persons with disabilities in all state emergency planning.
- e. Support the purchase and maintenance of assistive technology. More emphasis should also be placed on the use of robotics in the home to assist with activities of daily living. Expenditures for assistive technology can be minor when compared to the extended cost of human services for personal assistance. This technology can allow an individual to maintain or regain independence and reduce their reliance on paid services.
- f. Utilize federal and state health promotion resources through adoption of Evidence-Based Programs that center on individual behavior change by means of scientifically researched interventions that benefit older adults and maximize limited resources.
- g. Establish a working Fall Prevention partnership between the Department of Social Services (DSS) Aging Services Division and the Department of Public Health (DPH) to expand current DPH fall prevention projects (i.e. home safety assessments, fall prevention seminars, medication safety programs, and fall prevention exercise classes) to serve new populations and geographic areas. Conduct social marketing, distribute public education materials, and utilize the media. Coordinate these activities with other existing Fall Prevention programs in the state. While fall prevention efforts are primarily focused on older adults, fall prevention programs should be available to individuals of all ages.
- h. Investigate establishing a public guardian/ conservator in Connecticut and require that all guardian/ conservators be trained (www.guardianship.org).