

**State of Connecticut
Department of Social Services
Nursing Facility Diversification 6/4/2013
Request for Proposals
Definitions**

Administrative Services Organization (ASO): An organization providing statewide utilization management, benefit information, and care management services within a centralized information system framework.

Community-Based Setting:

1. The setting is integrated in, and facilitates the individual's full access to, the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, in the same manner as individuals without disabilities;
2. The setting is selected by the individual from among all available alternatives and is identified in the person-centered service plan;
3. An individual's essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint are protected;
4. Individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact are optimized and not regimented;
5. Individual choice regarding services and supports, and who provides them, is facilitated;
6. In a provider-owned or controlled residential setting, the following additional conditions must be met. Any modification of the conditions, for example, to address the safety needs of an individual with dementia, must be supported by a specific assessed need and documented in the person-centered service plan:
 - a. The unit or room is a specific physical place that can be owned, rented or occupied under another legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord tenant law of the State, county, city or other designated entity;
 - b. Each individual has privacy in his or her sleeping or living unit:
 - i. Units have lockable entrance doors, with appropriate staff having keys to doors;
 - ii. Individuals share units only at the individual's choice; and

- iii. Individuals have the freedom to furnish and decorate their sleeping or living units;
- c. Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time;
- d. Individuals are able to have visitors of their choosing at any time; and
- e. The setting is physically accessible to the individual.

Community-based settings do not include the following:

1. A nursing facility;
2. An institution for mental diseases;
3. An intermediate care facility for the mentally retarded;
4. A hospital providing long-term care services; or
5. Any other locations that have qualities of an institutional setting, as determined by the Secretary of the U.S. Department of Health and Human Services. The Secretary will apply a rebuttable presumption that a setting is not a home and community-based setting, and engage in heightened scrutiny, for any setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment in a building on the grounds of, or immediately adjacent to, a public institution or disability specific housing complex.

The criteria for a community-based setting are included in Federal Register Volume 77, Number 86, May 3, 2012, Medicaid Program; State Plan Home and Community-Based Services, 5-Year Period for Waivers, Provider Payment Reassignment, and Setting Requirements for Community First Choice; Proposed Rule, which is available at <http://www.gpo.gov/fdsys/pkg/FR-2012-05-03/pdf/2012-10385.pdf>.

Demonstration to Fully Integrate Care for Dual Eligible Individuals: A demonstration authorized by section 110(b)(2)(F) of Connecticut Public Act 11-44. The purpose of the Demonstration is to improve health outcomes and care experience for Medicare-Medicaid Enrollees (MMEs), as well as to compare a centralized, Administrative Services Organization (ASO) based service delivery model with a new, value-based, localized Health Neighborhood model. Specifically, the Demonstration will: (1) integrate Medicare and Medicaid long-term care, medical, and behavioral services and supports; (2) promote medical provider practice transformation; and (3) create pathways for sharing health information through care coordination agreements and electronic communication tools.

Health Neighborhood (HN): A local, person-centered, multi-disciplinary healthcare provider arrangement that will focus on local accountability among providers working together consistent with an MME's values and preferences through connections that will include care coordination agreements and electronic communication tools, to achieve better integration.

Multifaceted Program: A program that contains more than one distinct project, all of which are integrated with or dependent upon one another. For example, a proposal may include establishing a Home Health Agency (HHA) and developing a training program for nursing facility staff because the successful operation of the HHA may be dependent upon the training program and vice versa. The proposal must demonstrate how each project is integrated with or dependent upon the other.

Person-Centered Medical Home: provides person-centered, comprehensive and coordinated healthcare. Care is organized around a person and led by a primary care provider who facilitates and coordinates a person's healthcare needs with other healthcare professionals. Person-Centered Medical Homes improve access to care, efficiency of care, and coordination of care resulting in improved quality of care. More information about Person-Centered Medical Homes is available at <http://www.huskyhealthct.org/providers/pcmh.html>.