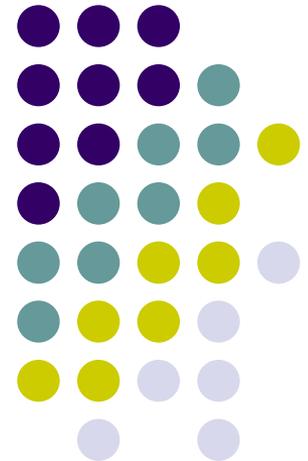


Money Follows the Person Rebalancing Demonstration

Long-Term Care Planning Committee

December 6, 2011



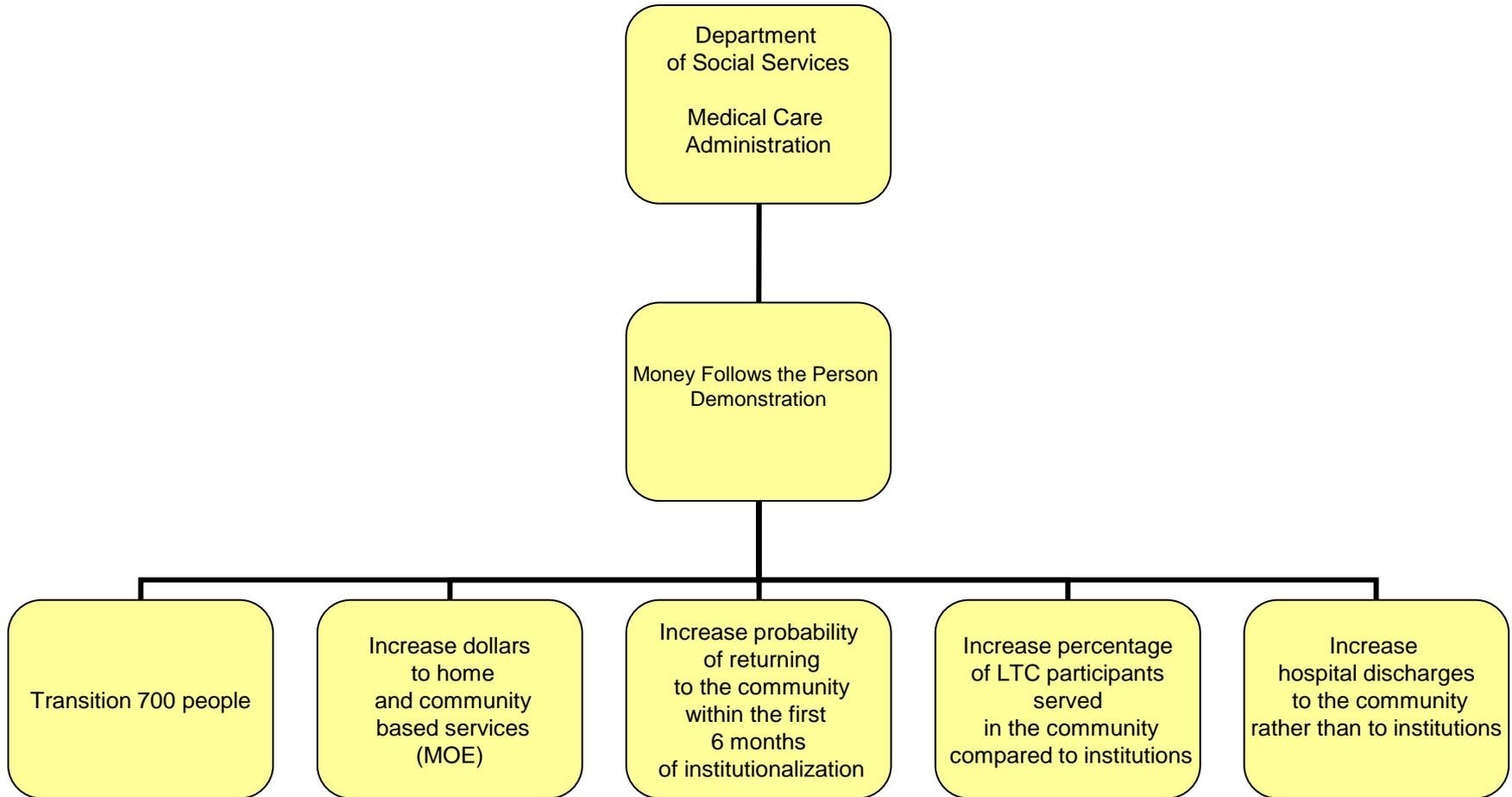
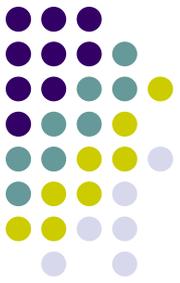
Connecticut MFP – Basic Overview



MFP in Connecticut is:

- **having a choice to receive long-term supports and services in the least restrictive environment appropriate and removing barriers that prevent that choice;**
 - **Choice, Autonomy, Dignity**
- **not just a transition program...but transition is important;**
- **changing the long-term supports and services to be consistent with the principles of person centered planning and self-determination;**
- **values driven – the dignity of risk**

Money Follows the Person Rebalancing Demonstration 2007

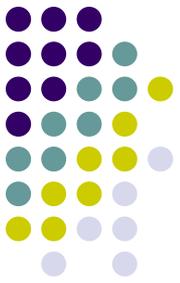


A Celebration of Partnerships



- Centers for Medicare and Medicaid Services;
- Division of Fiscal Management and Analysis;
- Aging Services
- Department of Developmental Services;
- Department of Mental Health and Addiction Services;
- Department of Economic and Community Development;
- Office of Policy and Management;
- U.S. Department of Housing and Urban Development;
- Department of Public Health;
- Center for Aging, University of Connecticut;
- 28 transition coordinators working at a local level within Area Agencies on Aging and Independent Living Centers.
- A 25-member steering committee comprised of stakeholders including CANPFA, Commission on Aging, NAMI, Brain Injury Association, M.S. Society, AARP, ARC, people with disabilities and family members;
- Home care providers, nursing home associations, providers, etc.
- Housing coordinators located at FSW, Inc, and Housing Education Resource Center;
- Emergency Back Up Triage located at Connecticut Community Care Inc.

2009 – 2011: MFP Implementation



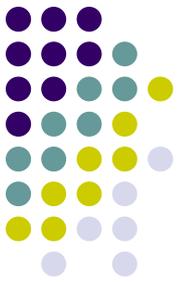
2009

- Start-up delays
- While there were only 30 people transitioned by July 2009, there were hundreds of applications;
- Cost caps for MFP were changed;
- Eligibility centralized
- Steering Committee Audience grew – first brain-storming about NF redesign
- 5 Central Office Staff and 30 field staff

2011

- Continue with message regarding choice;
- Increase benchmark of number of transitions from 700 to 5200;
- MDS Section Q;
- Informed Risk Protocol Adopted by the Legal Department;
- Right-sizing initiative drafted;
- Informed Choice Protocol for nursing home closures;
- 21 Central Office Staff and 80 field staff

2007 to Present – Celebration of Partnership



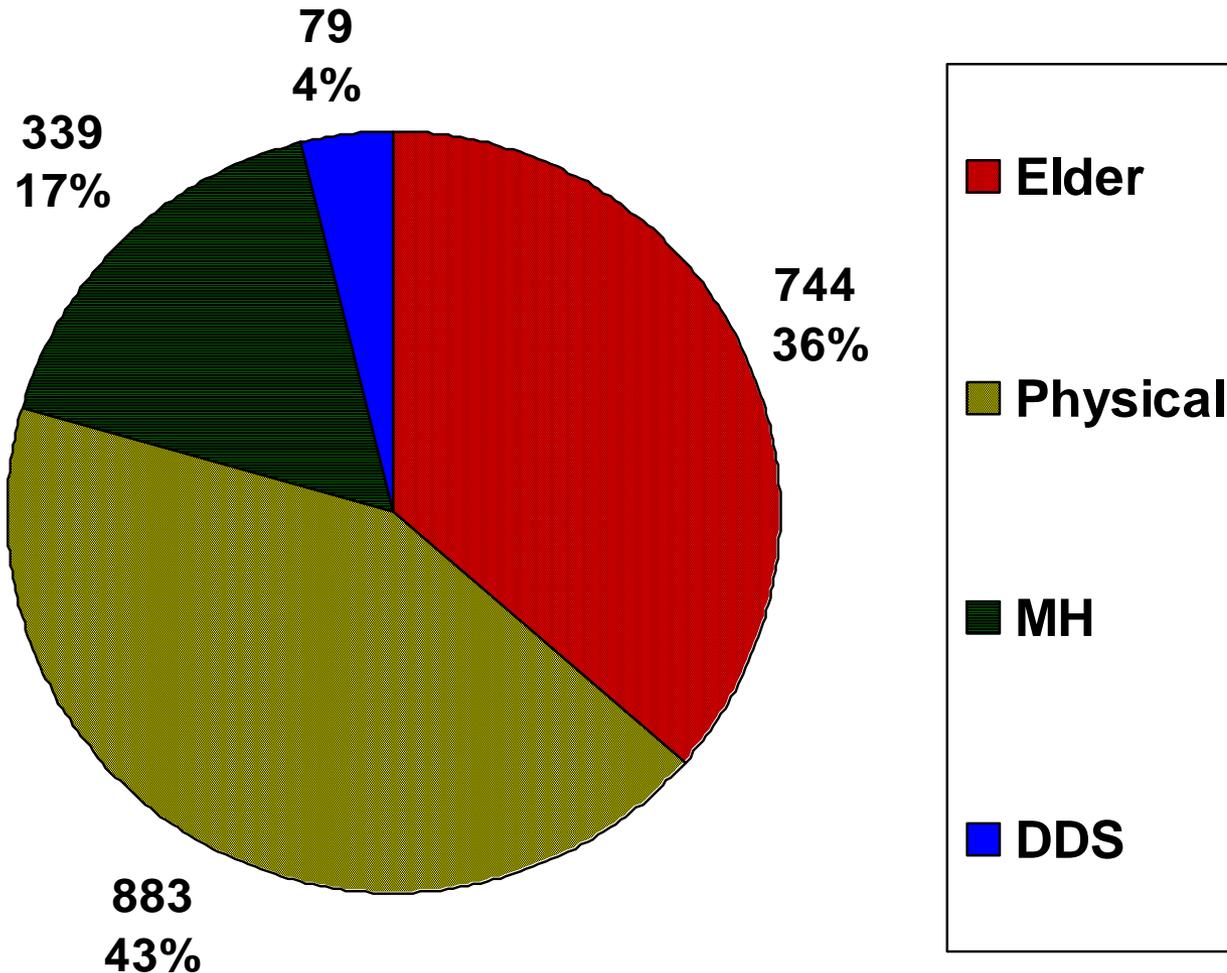
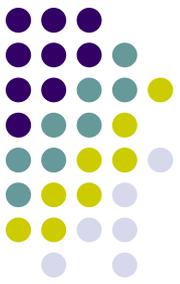
- It is true that the MFP project was built by the people of the State of Connecticut for the people of the State of Connecticut – a true partnership: cooperation, responsibility, achievement.
- Many thanks to those who have spent countless hours on rebalancing efforts.

Key Initiatives

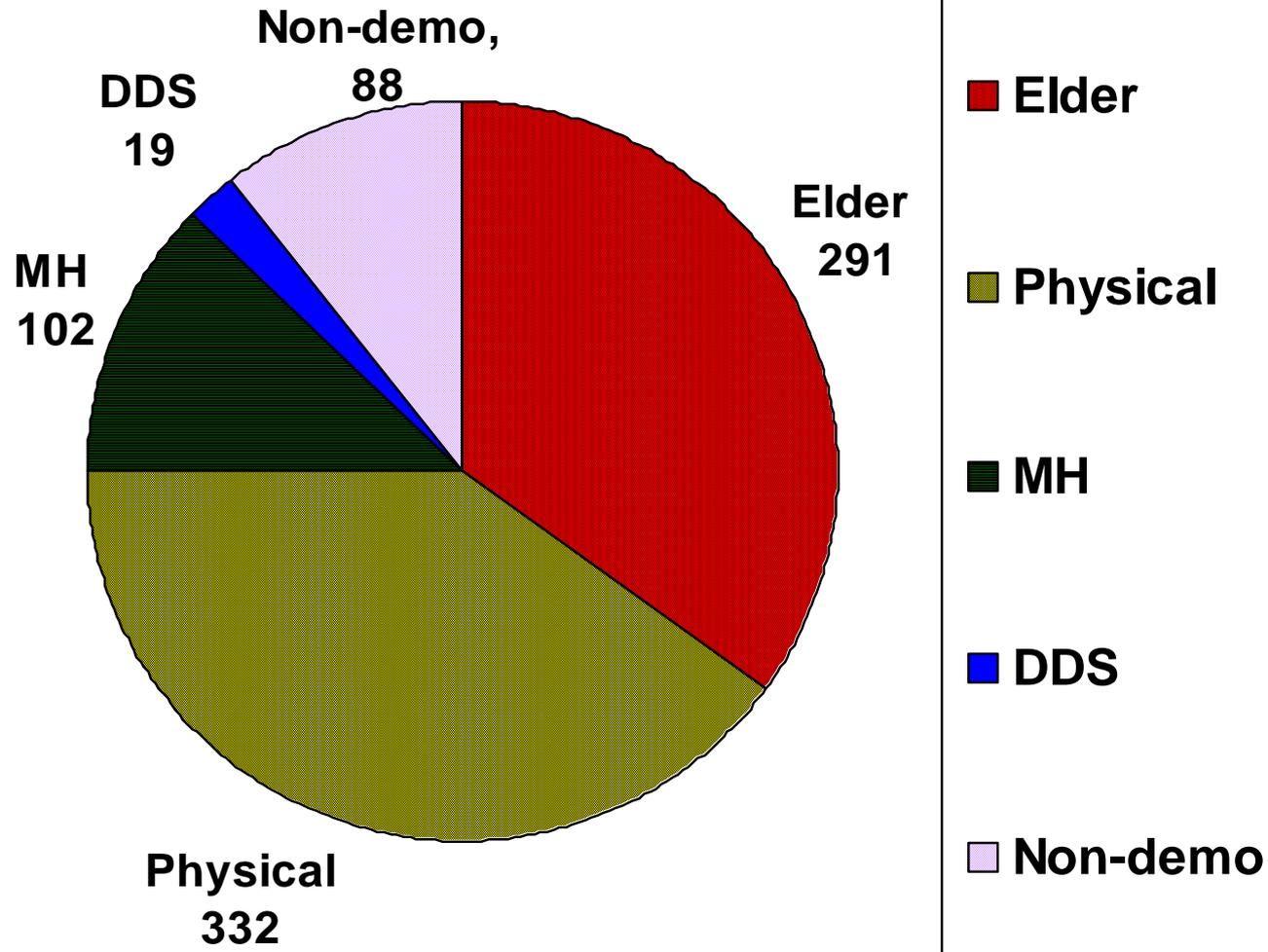
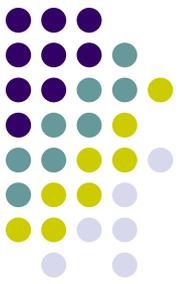


- **Expand number of persons transitioned over a 5 year period from 700 to 5200;**
- **Strategic Rightsizing**

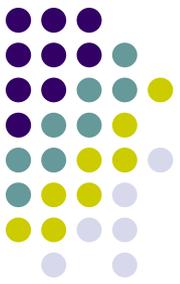
2045 Assessed by Target Population



832 Transitions by Target Population

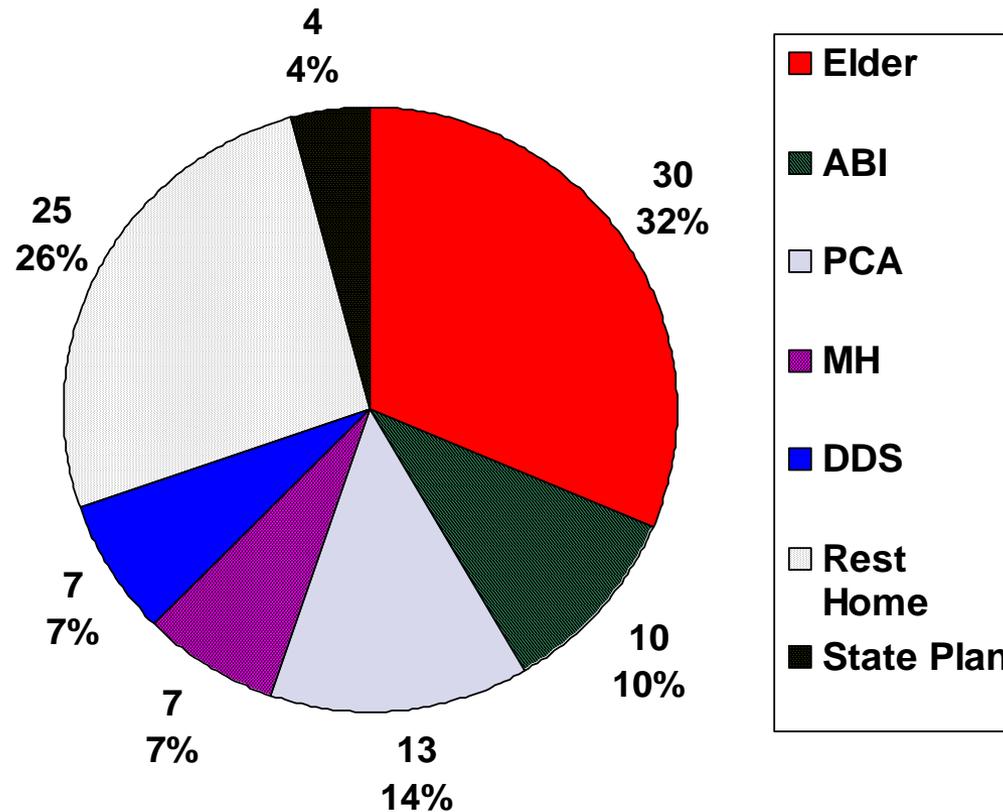


Results of Nursing Home Closures

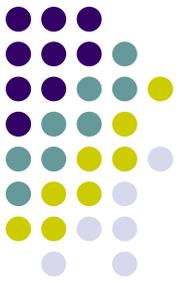


96 (24%) of the 406 residents at the facility when decision to close is final transitioned to community.

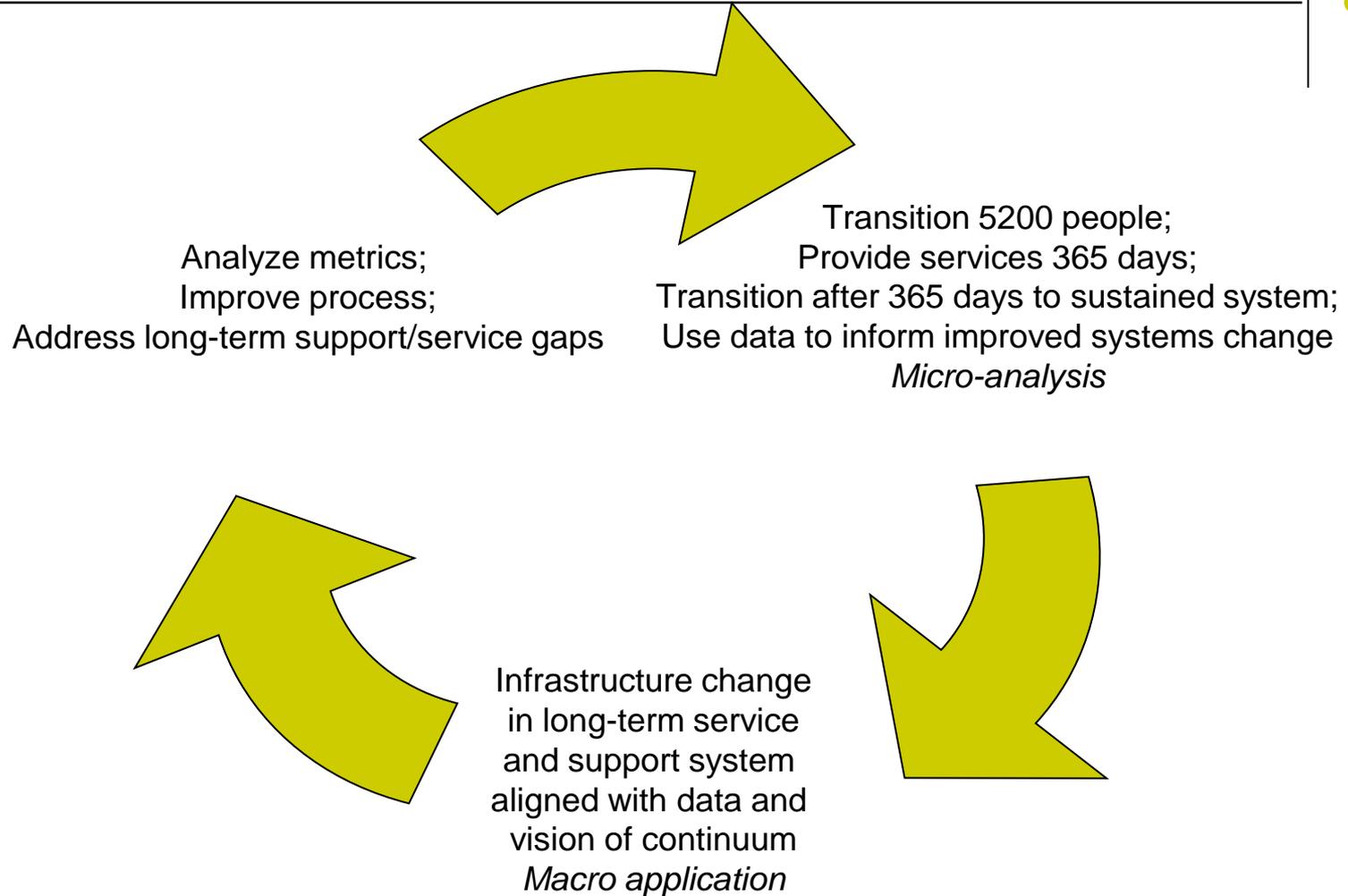
Who moves to the community?



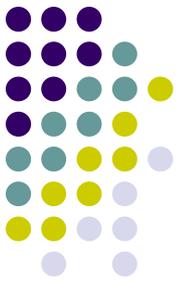
Approximately 50% of the residents leave prior to assessment or refuse assessment with nursing home plans already in place.



Operation of MFP Demonstration

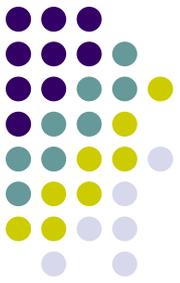


Existing Metrics: Third Party Quarterly Reports



- Cost comparison by participant;
- Service utilization and impact on health outcomes;
- Service gap analysis;
- Quality Improvement;
- Quality of Life Dashboard

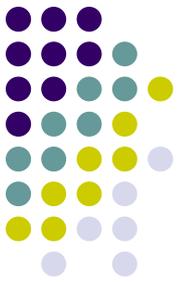
Right-sizing Strategic Plan



Building a continuum of long-term supports and services that assure choice, autonomy and dignity to the persons we serve

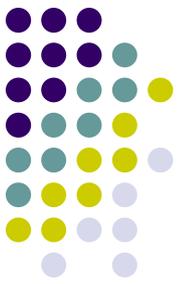
- Diversified stakeholder group;
- Rebalancing targets established;
- Strategies, tactics and metrics to assure target is met;
- New partnerships formed

Continuum of Long-Term Supports and Services



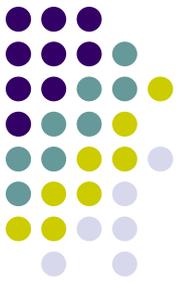
- Guiding Principles: Person Centered
- What will the continuum look like in 2030?
- What are the people we serve telling us that they want?
- How will increased choice and portability of funds impact your business model?
- How will you prepare now to be part of the changing market?

Key Strategic Areas of Focus coordinated with Dual Initiative (Integrated Care Organization) and Administrative Service Organization



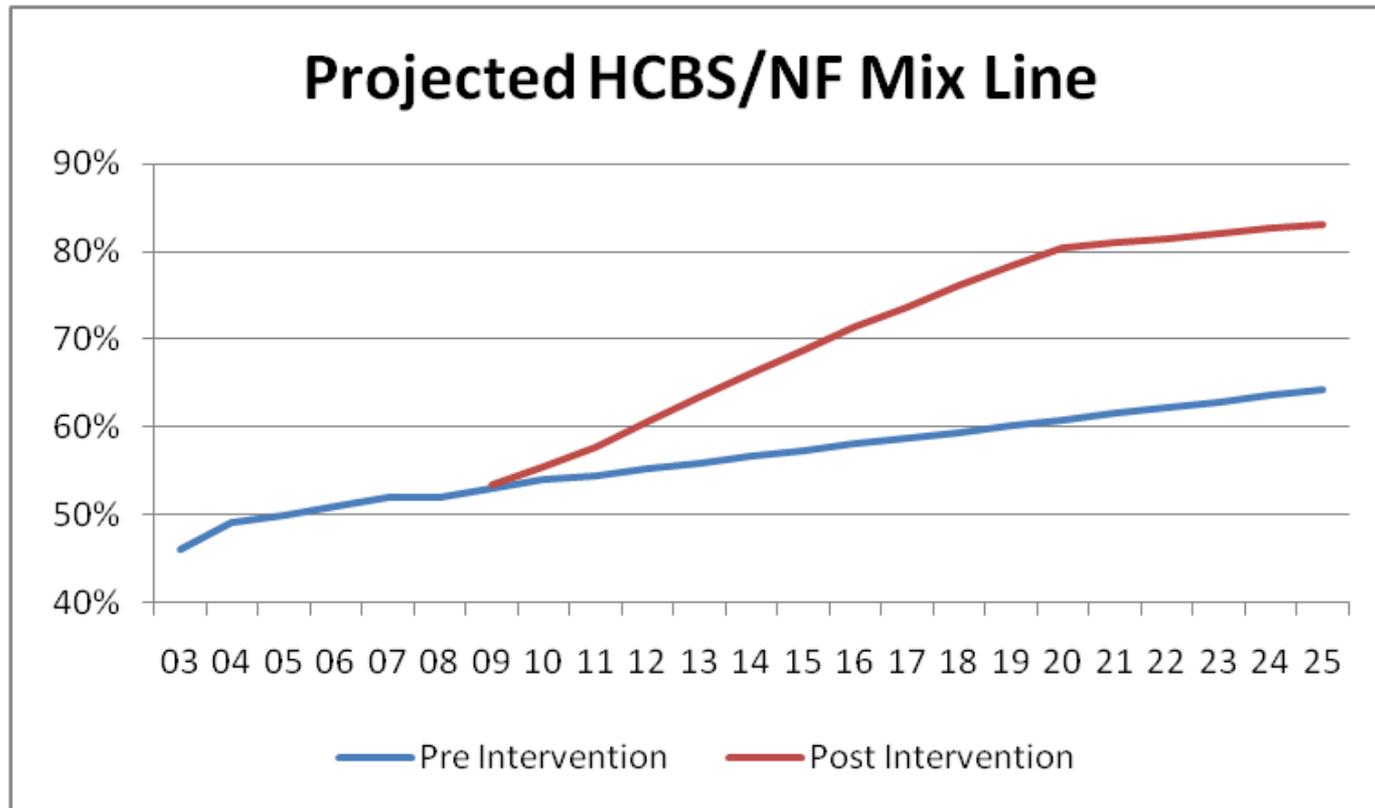
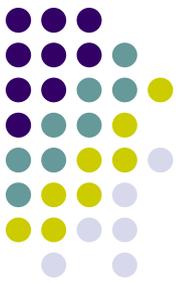
- Housing /Transportation;
- Home and Community Based Services;
- Hospital Discharge;
- Nursing Diversification and Modernization;
- Workforce Development;
 - Estimated demand for 9000 additional community direct workforce staff

What did we ask Mercer to do?

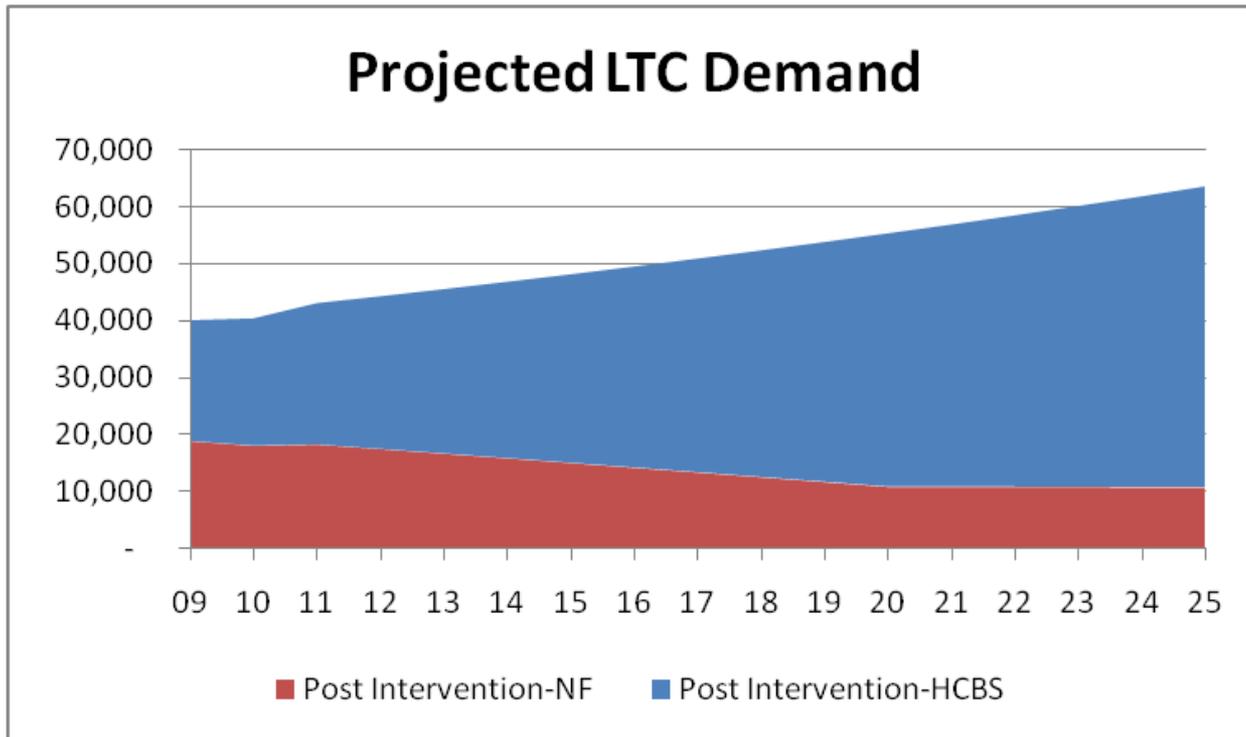
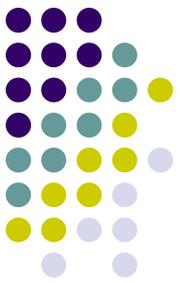


- Analyze existing census data and projections;
- Estimate demand for long-term supports and services over the next 15 years;
- Analyze and extrapolate existing trends towards home and community based services;
- Estimate the impact of interventions designed to assure choice in where people receive long-term supports and services;
 - This is a fluid process

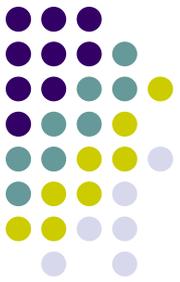
Results



Results (cont'd)

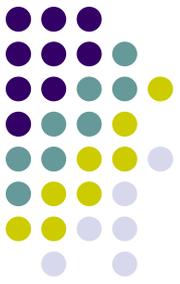


Key takeaways



- The total pool of LTC users is expected to grow by 25K people over the next 15 years.
- The HCBS/NF mix is expected to move from ~53/47 to ~83/17 over the next 15 years.
- The demand for NF needs is expected to decrease by 7K–9K beds by 2025 compared to 2010.
- Currently, the key initiative driving these results is the MFP grant.

Right-Sizing Data Supporting Strategic Planning Efforts



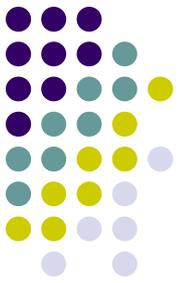
- State level data will guide public policy decisions;
 - Mercer and UCONN Center on Aging
- Local town level data will support decision making at a town level

Opportunities for Partnership



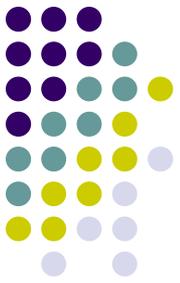
- Competitive grants to institutional providers;
 - Funding for strategic plan aligned with vision;
 - Plans reviewed and awarded;
 - Awards anticipated to fund 2 years of change efforts;
 - Restrictions on MFP infrastructure dollars

Challenges



- Empowering people with choice;
- Creating management roles for nurses (nurse delegation) leading to options for med administration;
- Shifting the culture to support informed risk;
- Building infrastructure

Public Contact information



- **www.DSS.state.ct.us**
- **Dawn Lambert**
 - **Project Director, Money Follows the Person Rebalancing Demonstration**
 - **Dawn.Lambert@ct.gov**
 - **860-424-4897**