

2013 LTSS Plan – Proposed Priority Recommendations

Members of the Long-Term Care Planning Committee and Advisory Council were asked to Identify the top three priority recommendations that they would like to see addressed in the next three years that are 1) critical to the success of the LTC system and 2) can be acted upon in the next three years.

Programs and Services

- Availability of relevant community based services and supports (for all people needing it, any disability or condition); that is individualized, consumer driven, respecting the principle of self-determination and dignity of risk; and includes people with psychiatric disabilities who are now in skilled nursing facilities that restrict their movement without legal authority (i.e. "locked floors at nursing homes").
- Increase the capacity of all the home and community-based services (HCBS) waivers.
- For all nursing home residents, provide occupational therapy (OT) with skill development to assist with transitioning back to the community.
- Provide support to informal caregivers; maintain appropriation for Alzheimer's respite program, Connecticut Home Care Program for Elders and Adult Day Care.
- Caregivers Supports. The bulk of long term services and supports in this country are provided by unpaid family and friends. Caregivers need support in providing this essential care, including training, respite and information and referrals to learn about the range of services available to their loved one and themselves.
- Create a dementia capable infrastructure including transportation and mobility options, address isolation of older adults and individuals with dementia, oral health care access and diversion from nursing facilities or other institutions as appropriate with the progression of the disease. Emphasize diversion at the point of hospital admission and discharge.
- Increase availability of readily accessible, affordable and inclusive transportation.
- Address emergency preparedness/disaster planning for older adults and persons with disabilities.

Infrastructure

- Create greater integration of State level long-term services and supports administration and functions serving both older adults and people with disabilities and their families.
- Care in Your Own Home—Accessibility and Affordability. Connecticut should revamp state Medicaid policies that favor institutionalization over in-home services. Supports for independent living not only reflect the preference of most families, but save money over time, which makes this priority even more sensible for states with budget woes. Medicaid's pro-institution bias is outdated and

unresponsive to the needs of most beneficiaries. At the same time, independent living is not the right answer for everyone. Funding should support care in the most appropriate setting— home, community or institutional. Individual preferences should be respected whenever possible.

- Specifically, Connecticut should pursue a broad 1915(i) state plan amendment to provide home and community based supports based on functional limitations and financial need. Options should be based on consumer preference rather than arbitrary slots, caps or categorical restrictions. Earlier this year the state submitted a narrow 1915(i) state plan amendment change that will allow some individuals on the state-funded CHCPE to qualify for services. Connecticut should build on this approach and extend home and community based options to a broader group of consumers.
 - Additionally, Connecticut should seek and implement BIPP (Balance Incentive Payment Program) created in the Affordable Care Act as a way to secure additional federal investment in long-term care rebalancing and systems reform in Connecticut.
 - Furthermore, affordability must be an important priority; recent changes requiring a co-pay for services under the state-funded Connecticut Home Care Program for Elders are a financial burden and barrier to access for several seniors, who need home and community based supports to live in the community. The state should work to reduce and/or eliminate the co-pay and expand eligibility to allow higher asset limits for clients on the state-funded Connecticut Home Care Program.
- Address the historical fragmentation of the Medicaid “waivers,” which are associated with specific age and diagnostic eligibility criteria (“silo” chart). Use the reinvestment dollars to:
 - Expand scope of 1915(i) Medicaid State Plan amendment
 - Streamlined HCBS Medicaid structure should:
 - preserve the state’s ability to serve individuals with incomes up to 300% of the maximum SSI payment and to maintain a broad service array
 - be accessible (address waiting lists and prolonged eligibility determination); and
 - allow for presumptive eligibility
 - Because of severe staff shortages (15%-30% depending on program) and antiquated information systems, the Department of Social Services (DSS) is unable to efficiently process Medicaid applications for consumers desperately in need of a variety of services. Individuals are going to nursing homes and hospitals as a result of this backlog. Providers are not reimbursed for services provided. Although a long term solution has been identified, it does not address the immediate crisis for consumers, their families and providers. This is a second priority if we hope to rebalance the long term care system.

- Expand statewide Aging and Disability Resource Centers for providing information, referral, assistance and long-term care support options counseling.
- Improving Coordination. Individuals with chronic illness often navigate a maze of specialists and support services with little guidance. This disjointed system drives up costs, puts stress on families—and even jeopardizes health—through waste, duplication, gaps in care, and lack of patient-centeredness. AARP supports improvements that would place new emphasis on coordination, communication and guidance between the health and long term services and supports systems. Connecticut should ensure successful implementation of the Health Neighborhood/MME Care Coordination demonstration to provide a person-centered approach that delivers better value and quality, health outcomes and consumer satisfaction. State savings from that demonstration should be directed to more home and community based investments.
- The need for data exchange and electronic health record sharing among providers across the CT health care continuum to streamline care transitions, coordinate care delivery and improve quality and outcomes.

Financing

- Allow me to first address what I consider the “emperor has no clothes” aspect of the long term care plan. All of us who have spent years on plan development and implementation want to see the plan succeed. We want to provide higher quality, better integrated care and services to our consumers. We want to be efficient and effective. We want to save state and federal tax dollars whenever appropriate to do so. The unattractive truth is that many of the very organizations critical to the successful implementation of the plan are literally watching their infrastructures crumble because of the lack of adequate rate reimbursement from the state. Most of these crucial providers have not had a rate increase in FIVE years, have relinquished employee pension and salary increases and significantly modified employee health benefits as a result. Capital investments in vital information technology enhancements are on the proverbial back burner. Organizational solvency is rapidly eroding. Before any forward movement can be considered, the state must acknowledge and address this issue.
- The need for adequate and sustainable reimbursement rates to home care and hospice providers to keep them viable to meet the growing needs and demographics of Connecticut residents.

Currently, DSS pays home health providers 60 cents on the dollar, meaning that licensed and certified providers lose money on every Medicaid client served. There have been no rate increases for over 5 years.

The increased regulatory burden (both state and federal) on home care agencies (ex: “Face to Face” requirement and DSS audits) require thousands of hours of staff time and significant legal fees each year resulting in a diversion of precious resources away from patient care.
- Achieve Reimbursement Levels that Meet the Cost of Care: Quality services cannot be sustained without rates of reimbursement that cover the cost of care – and without adequate reimbursement, not only will a balanced system of long term care fail to thrive, but long standing, high quality

providers within that system will be lost. LeadingAge Connecticut encourages the Long Term Care Planning Committee to recognize this need and to incorporate into the 2013 Long-Term Supports and Services Plan a method of working toward achieving rates of reimbursement for all segments of the long term care continuum that meet the cost of providing the care.

- Reinvestment of DSS savings resulting from Money Follows the Person (MFP) and other emerging Medicaid programs (ex: Health Neighborhoods) which succeed directly as a result of the efforts of home health and community-based providers.
- Reform of the Medicaid rate setting system for skilled nursing facilities in light of the impact of long term care rebalancing, rightsizing and a range of home and community based service initiatives, including a review of the system from an acuity based perspective warranted as older and more disabled residents are reflected in the nursing home population mix due to the state and federal initiatives, various methods to structure/enhance/compensate nursing homes when associated with licensed bed reductions, a streamlined certificate of need process, and various methods to enhance quality improvement (fair rent, moveable equipment recognition and other measures) in Connecticut nursing homes.
- Explore various methods to increase the private sector's greater involvement as a payer of long term care services. To relieve pressure on the Connecticut state budget as a means to better position Connecticut to finance the cost of long term care services across the spectrum, Connecticut should adopt a full range of policies that discourage the transfer of large sums of wealth away from applicants or their spouses to achieve long term care Medicaid coverage. The state government should also undergo a review of the long term care eligibility determination process toward achieving reforms designed to expedite the process with policies and procedures having the most profound impact on behaviors that are truly intended for the purpose of becoming eligible for Medicaid and those behaviors not intended to achieve Medicaid eligibility.
- Capture and Reinvest Cost Savings Across the Long-Term Care Continuum
 - Enhance transparency in Medicaid budgeting
 - Demonstrate the reinvestment of cost-savings associated with MFP and “rightsizing” and the MFP enhanced match into the LTSS (as originally envisioned in the now-eliminated Long-Term Care Reinvestment Account)
 - Implement global/flexible budgeting in use of Medicaid funds

Quality

- Review licensing certification requirements for dementia training of community-based formal caregivers, conservators and guardians and provide training where there are gaps.
- Regulatory, Survey and Certification Reforms --- from the perspective of nursing home rightsizing, nursing home business diversification in support of rebalancing, culture change and various

initiatives to achieve person-centeredness in the nursing home model, Connecticut should reform its regulatory philosophy and implement a full range of reforms that provide flexibility to achieve change and to achieve an oversight process that recognizes and responds to changes in the nursing home care delivery model.

- Create a Collaborative, Efficient and Flexible Regulatory Environment: Connecticut must strengthen and invest in our system of long term care and provide the opportunity and environment for individual providers to transform our system of aging services one solution at a time. LeadingAge Connecticut proposes that through the current rightsizing strategic planning initiative, the state create a collaborative, flexible and efficient regulatory and reimbursement environment that is adaptive and receptive to individual provider's forward thinking ideas and planning. Such an environment would encourage providers of the long term care continuum to adjust, modernize and diversify their models of care to address current and future consumer needs and expectations. It would require that state agencies be directed to work collaboratively and in a timely manner toward a common goal of assisting providers who are developing new business models consistent with the state's rightsizing strategic plan and aimed toward meeting future consumer demand. This would include the modernization and improvement of skilled nursing facilities and the implementation of technology solutions.

Housing

- Preserve and expand affordable and accessible housing for older adults and individuals with disabilities. (same as #14)
- Lack of decent, affordable housing compromises the quality of life for countless elders and persons with disabilities. Individuals currently residing in skilled nursing facilities can wait months before discharge because supporters are tacitly unable to find housing. We won't solve the long term care dilemma without solving the housing conundrum. I see this as another priority.
- Preserve and expand the supply of affordable and accessible housing for older adults and adults with disabilities.

DECD activities in furtherance of this recommendation include: commitment of new funding for construction and substantial rehabilitation of multifamily housing, homeownership, and a special allocation for congregate housing; preservation and revitalization of state public housing statewide, including several elderly/disabled projects; "rightsizing" of underutilized institutions; and a contract with Corporation for Independent Living to provide assistance to homeowners for accessibility modifications and code corrections.

- Provide Rental Assistance Program (RAP) vouchers to non-MFP clients.
- Support programs that divert or transition individuals from nursing facilities or other institutions to community housing options.

DECD activities in furtherance of this recommendation include MFP grants for accessibility for rental and homeownership housing; and “right- sizing” of LTC institutions for adult day care and other LTC community needs.

- Develop new housing alternatives for persons with persistent mental illness who do not need nursing facility level of care.

DECD activities in furtherance of this recommendation include the joint administration of the Permanent Supportive Housing Initiative Program with CHFA, through which program \$30 million will be provided for six projects recommended by the Interagency Committee on Supportive Housing, providing approximately 150 permanent supportive housing units to foster the creation of affordable, service-supported housing opportunities for individuals and families with special needs including those persons with serious mental health needs. In addition, DECD, together with DSS, OPM, CHFA, DMHAS and OPM, is in the process of preparing the State’s application in response to a HUD NOFA for the Section 811 Supportive Housing for Persons with Disabilities Project Rental Assistance Demonstration Program (Sec. 8 PRA Demo). DECD will be the lead applicant. Sec. 8 PRA Demo is designed to develop and support sustainable partnerships with state housing agencies and state Health and Human Services/Medicaid agencies that will result in long-term strategies to provide permanent affordable rental housing for people with disabilities receiving assistance under Title XIX of the Social Security Act or other individuals with disabilities receiving comparable long-term services and supports in the community. According to the HUD NOFA, funds (from \$2-12 million per awardee) will be awarded to 8-16 states for grants for project-based rental assistance for extremely low income persons and families with disabilities residing in eligible new or existing multi-family properties for a minimum period of 20 years. The application is due on July 31, 2012.

- Expand Senior Housing with Services: LeadingAge Connecticut is seeking continued state investment in the development of senior housing that is affordable to older adults. Housing development takes time and therefore progressive investment is needed to meet the growing need. In addition, we would encourage the growth and development of community based service models that bring long term services and supports to housing residents. The model of affordable housing with assisted living services that has been developed in the state is exceptional and an example of what is needed to balance the current system of long term care. Other community based services and supports must also be enhanced to help older adults who are aging in the community. In particular the state needs to develop a more comprehensive affordable transportation network for older adults in the community. The state plan should also incorporate working with the federal government to preserve the Older Americans Act funding and to secure housing subsidy, preservation, and development funds. These federal funding sources are currently at risk and must be considered a priority issue for the state plan.

Workforce

- Endorse and feature the full recommendations of the LTC Workforce Development Strategic Plan: “In order to prepare and respond to the dramatically shifting demographics and to honor consumer preference, Connecticut must build and support a robust long-term services and supports workforce that is sustainable, respected and skilled. This paid and unpaid workforce will support the dignity, choice and autonomy of individuals with disabilities and older adults.”

For consideration, additions to the Plan

- A greater emphasis on community supports which are non-Medicaid related...how they intersect.
- Feature an environmental mapping of how various LTC related initiatives (MFP, Rightsizing, BIP, MME) can and should fit together.