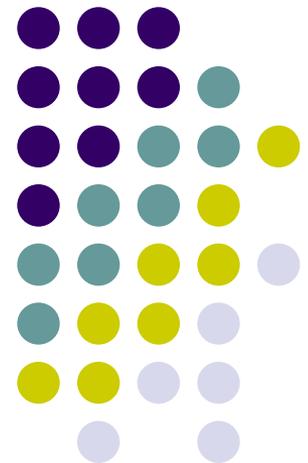


# *Money Follows the Person Rebalancing Demonstration Status Update*

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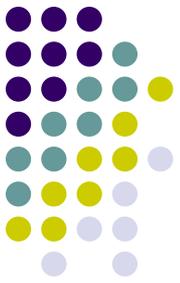
## *Long-Term Care Planning Committee*

September 11, 2012



# Overview

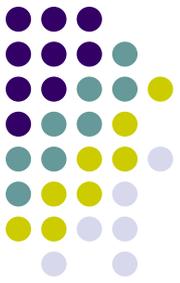
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- Status update: long-term support and service system;
- Policy initiatives driving change;
- Projecting future demand;
- Importance of leadership

# Principles Guiding Policy

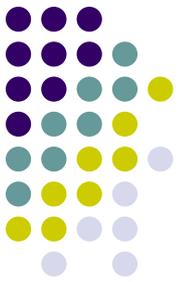
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- Person-centered decision making
  - Empower people with information so that they may make their own decisions;
  - Assure choice;
  - Assure dignity of risk.

# Vision

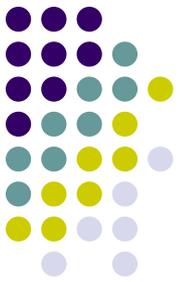
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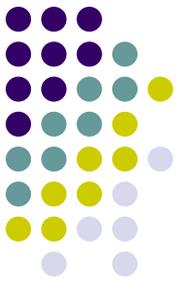
- Each town or group of towns in Connecticut will have a long-term care compendium of supports and services

# Connecticut MFP – Program Goals

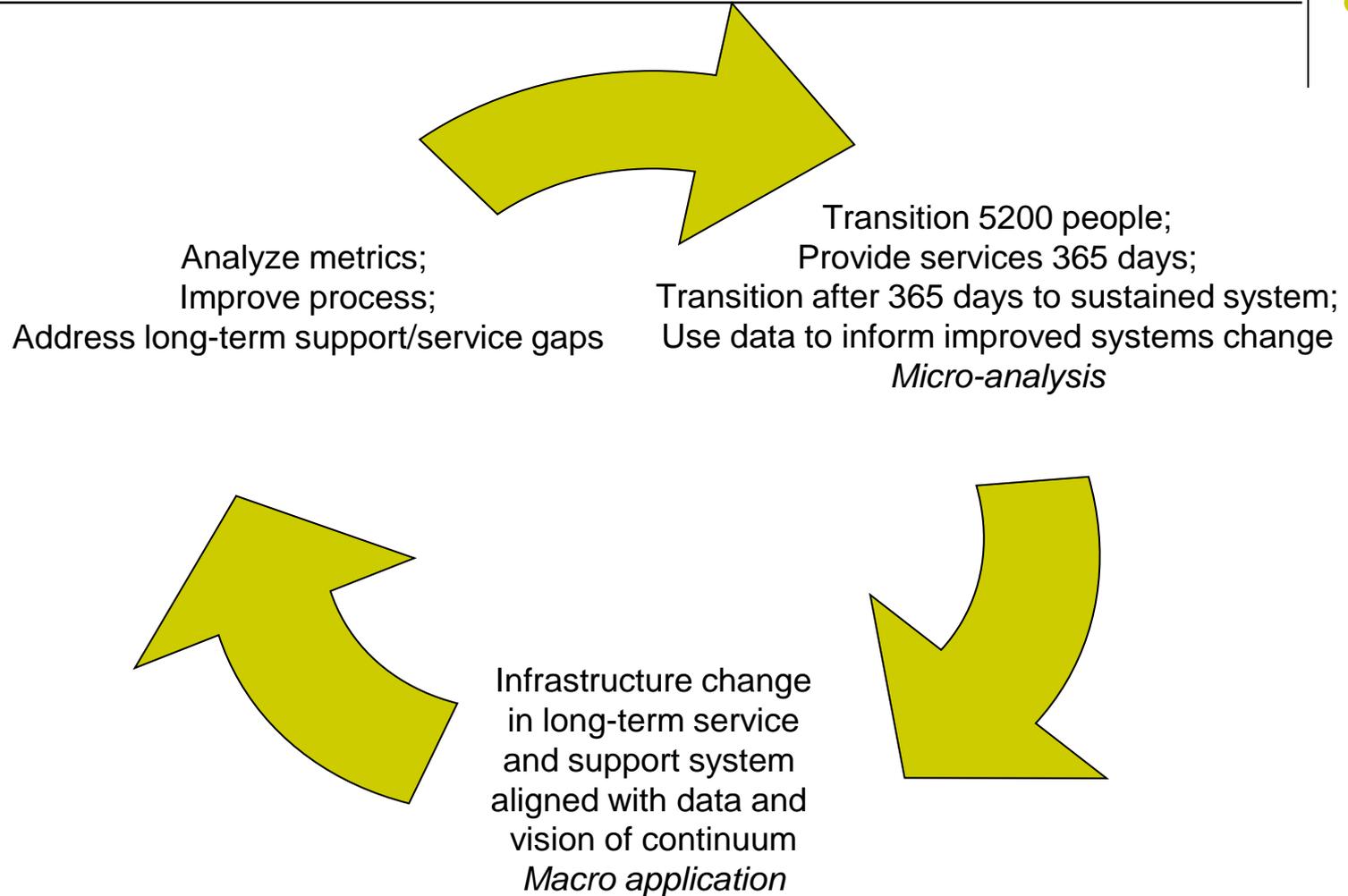
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- **Eliminate barriers in State law, State Medicaid plans, and State budgets that restrict the use of Medicaid funds to let people get long-term care in the settings of their choice**
- **Put procedures in place to provide quality assurance and improvement of HCBS**
- **Strengthen the ability of Medicaid programs to provide HCBS to people who choose to transition out of institutions**
- **Adjust the supply of home and community-based services (HCBS) and institutionally-based services to appropriately meet the demand.**

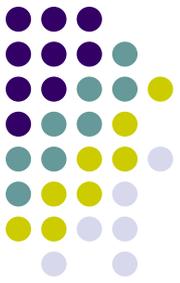


# Operation of MFP Demonstration



# Eligibility

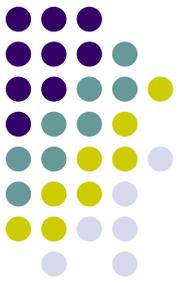
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- MFP and DSS program eligibility
- Granting and maintaining benefits during 365 days
- Long Term Care eligibility

# Assistance Programs

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## Medical

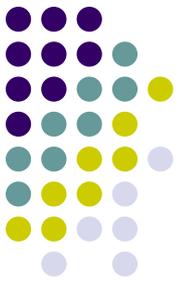
- Medicaid for Low Income Adults (LIA)
- Long Term Care (LTC)
- Home and Community Based Services (HCBS)
- Qualified Medicare Beneficiary
- \*State Supplement (SS)

## Financial

- Supplemental Nutrition Assistance Program (SNAP)
- State Administered General Assistance (SAGA Cash)
- Temporary Family Assistance (TFA)

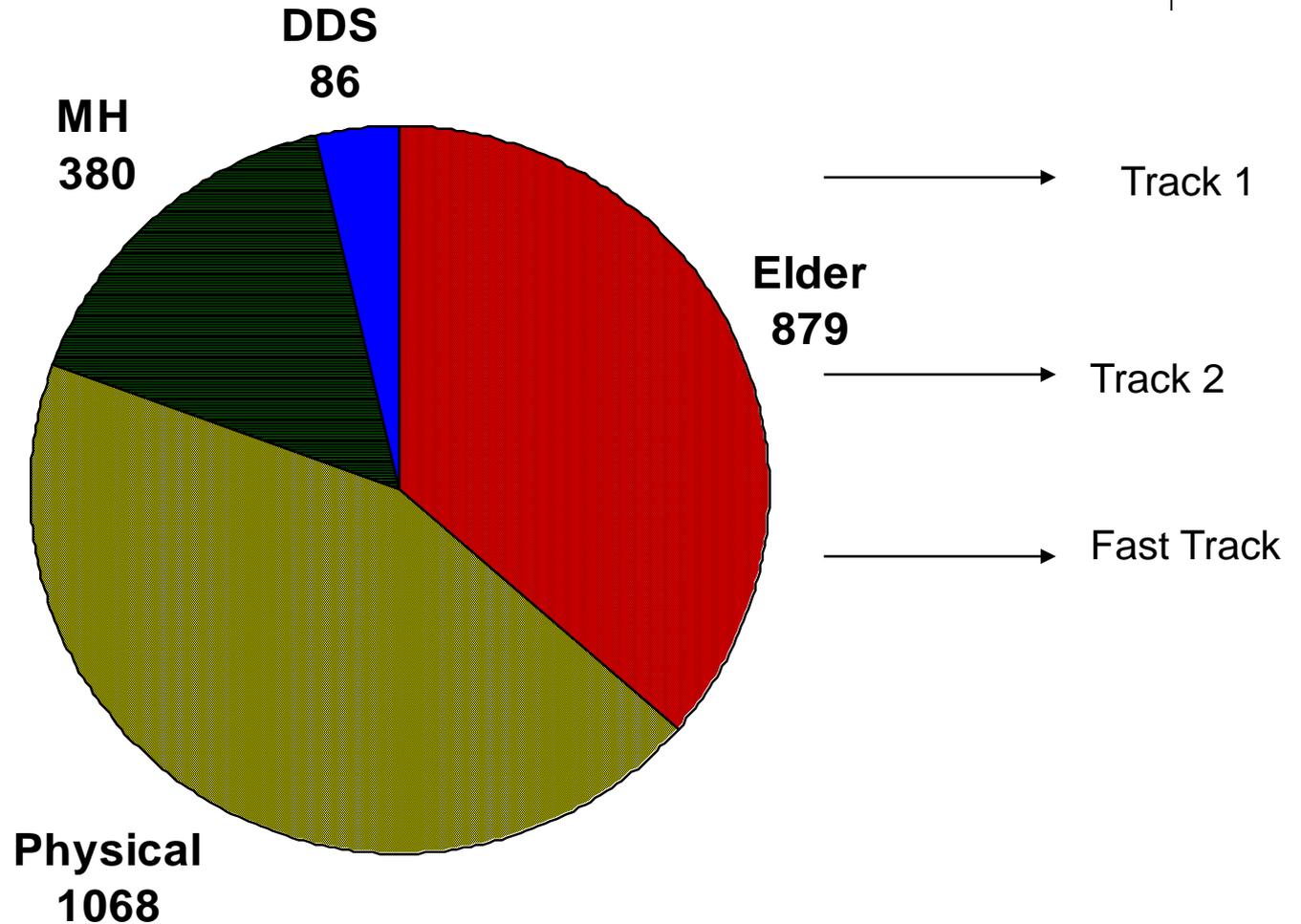
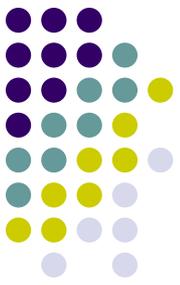
\*\*SS also provides financial assistance

# National Comparison Current Transitions

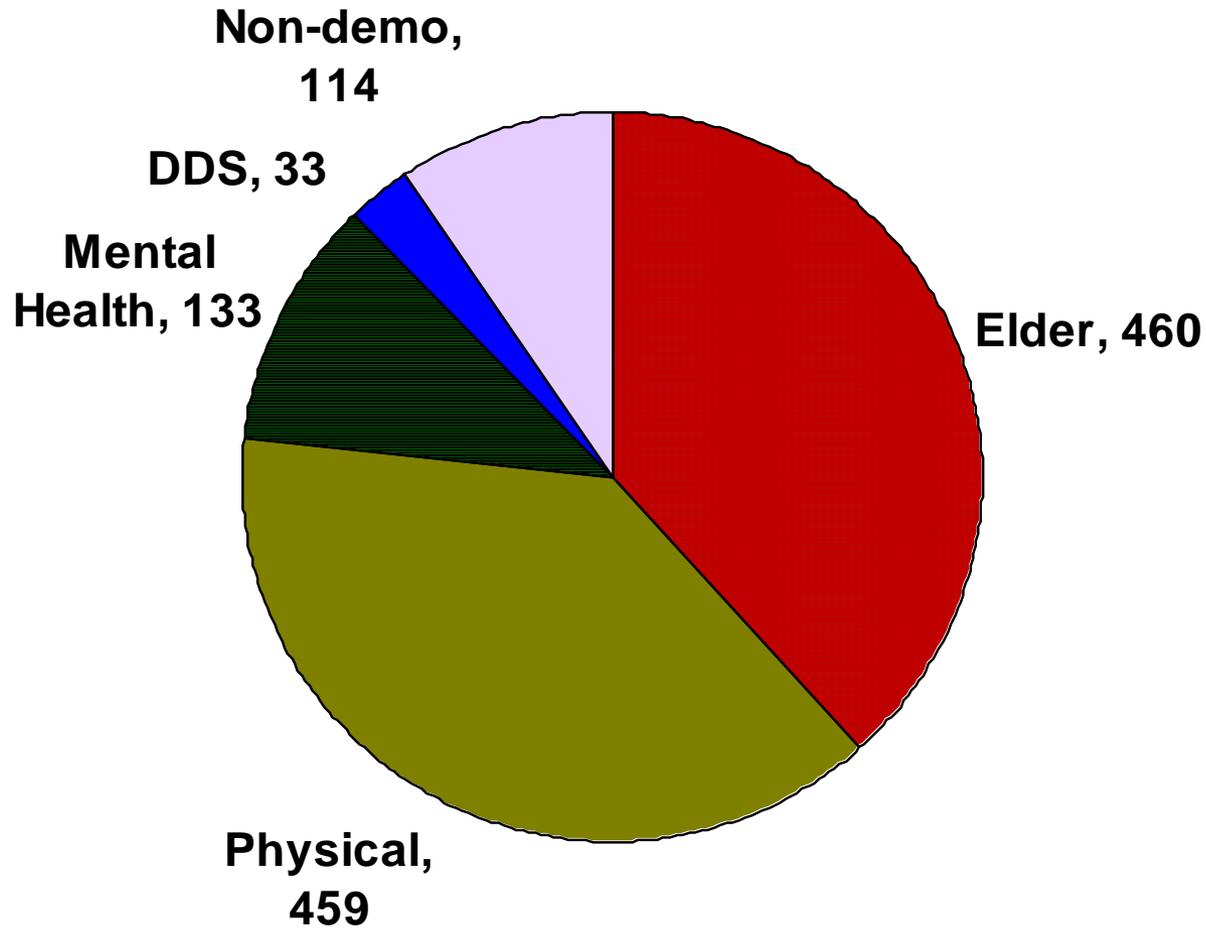
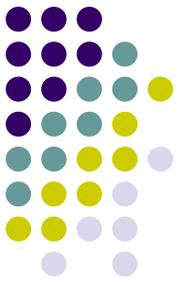


	June 2010	Dec 2010	June 2011	Dec 2011	June 2012
Texas	1340	1654	1572	1420	
Washington	446	394	760	960	
Ohio	646	425	521	711	
Connecticut	204	264	305	402	446*

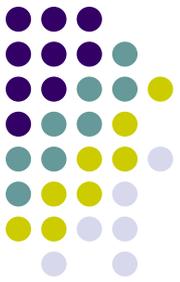
# 2413 Assessed by Target Population



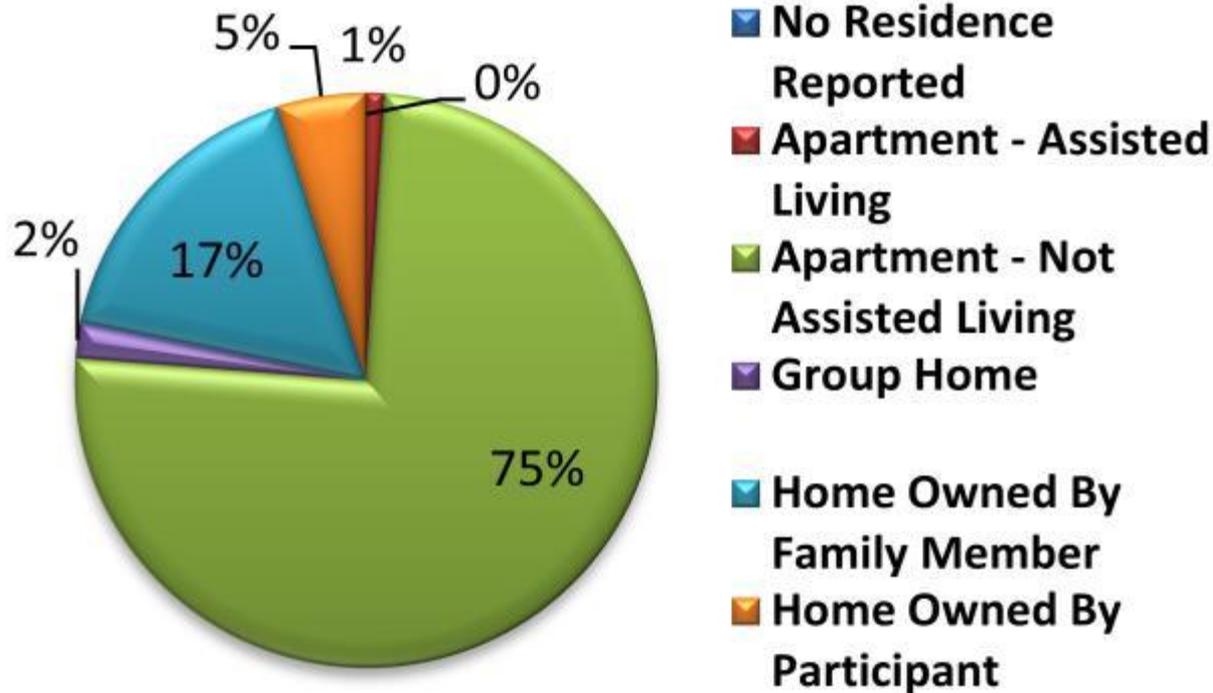
# 1199 Transitions by Target Population



# Housing Choices



## Q1 and Q2, 2012 Transitions

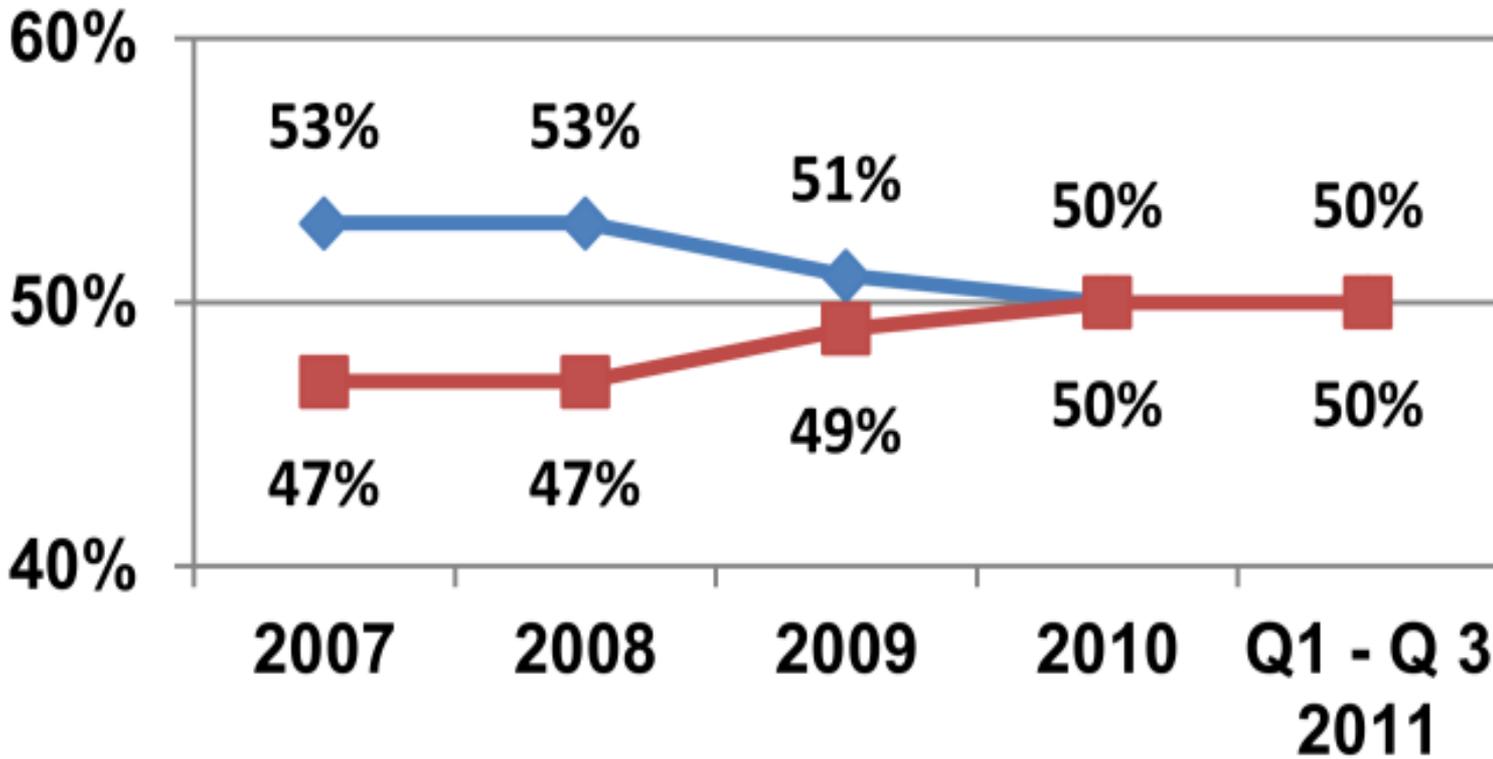




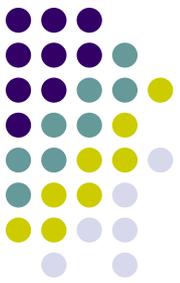
# Benchmark 3

## Percentage of Hospital Discharges to SNF vs. HCBS

—◆— SNF  
—■— HCBS

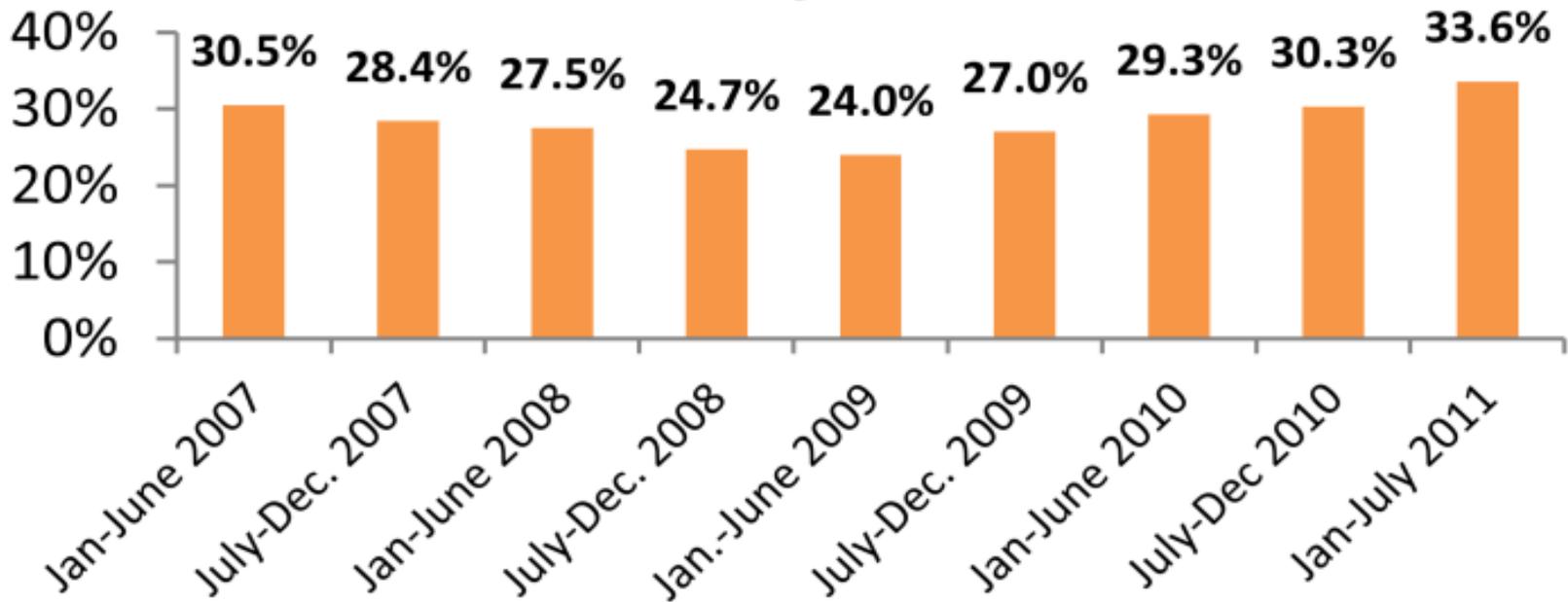


Note: Approximately 100,000 discharges from hospitals to long-term care per year



## Benchmark 4

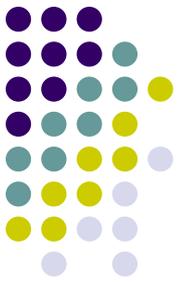
### Percent of SNF admissions returning to the community within 6 months



Note: Approximately 22,000 people admitted to nursing homes with a Medicaid claim per year.

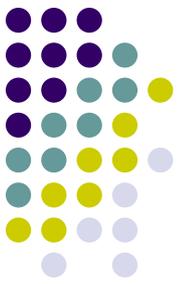
# 2011-2012 Nursing Home Closures

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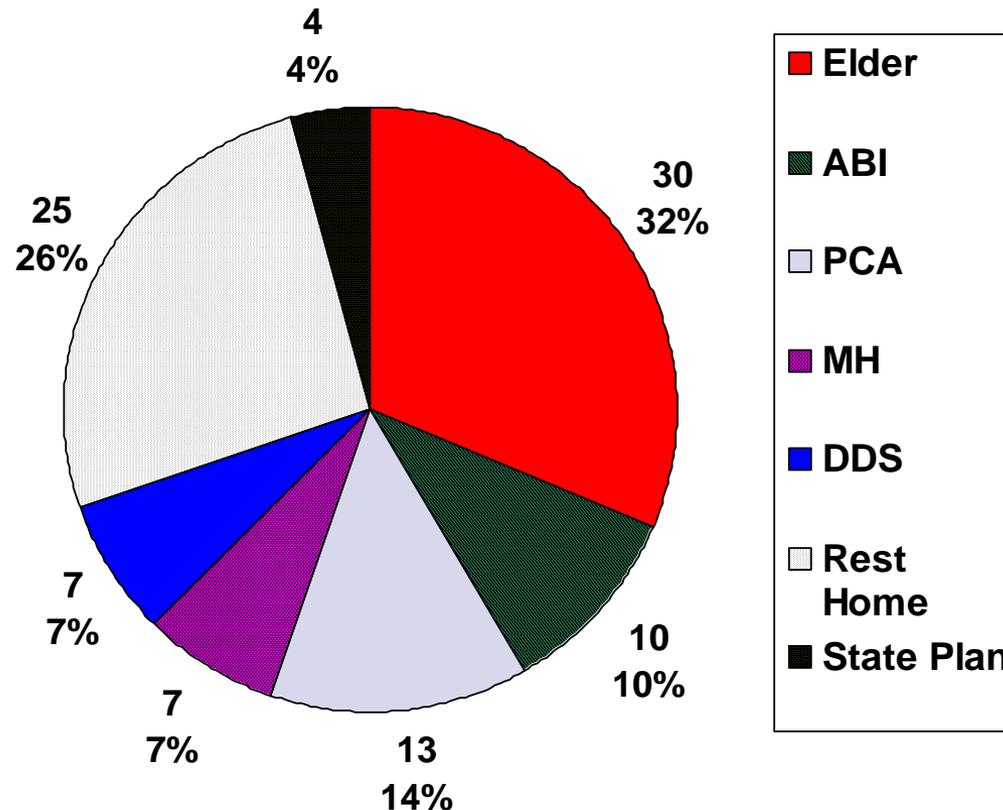
- 8 nursing homes have closed over the past year;
- 24% of the residents transitioned to the community
- Eligibility Barriers

# Results of Nursing Home Closures



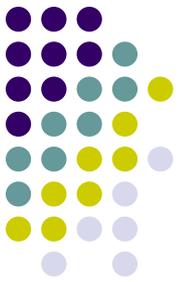
96 (24%) of the 406 residents at the facility when decision to close is final transitioned to community.

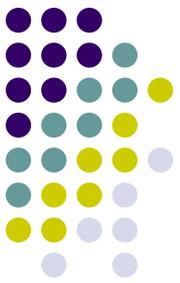
## Who moves to the community?



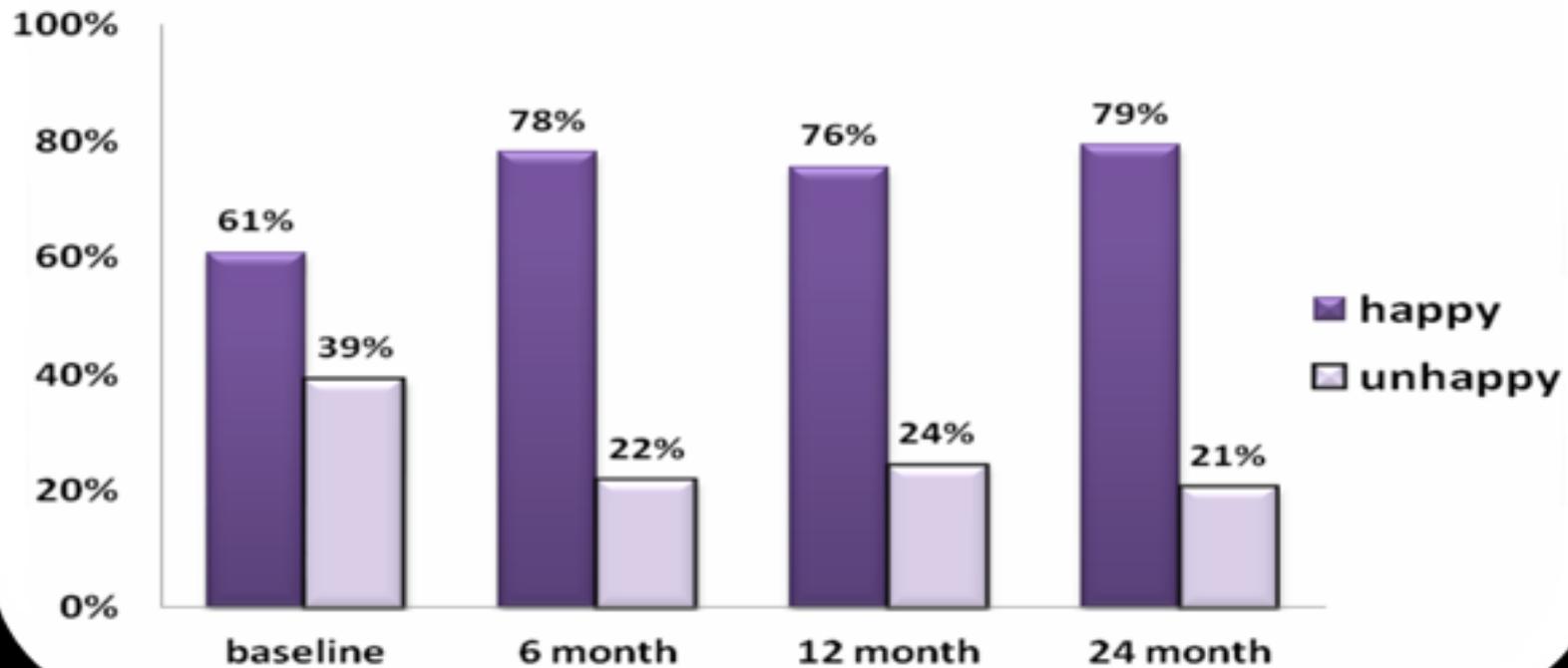
Approximately 50% of the residents leave prior to assessment or refuse assessment with nursing home plans already in place.

# Institutional Bed Vacancy Rate



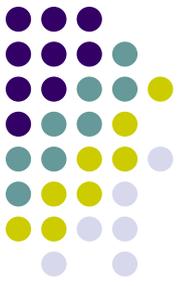


## Happy or unhappy with the way you live your life\*



# Major Initiatives – Policy Changes

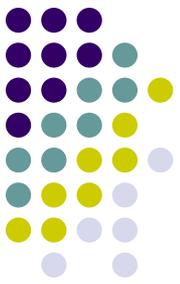
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- Dual Initiative;
- Pre-Admission Screening and Resident Review;
- MDS Section Q;
- Balancing Incentive Payment Program
- Money Follows the Person
  - Right-sizing Initiative

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

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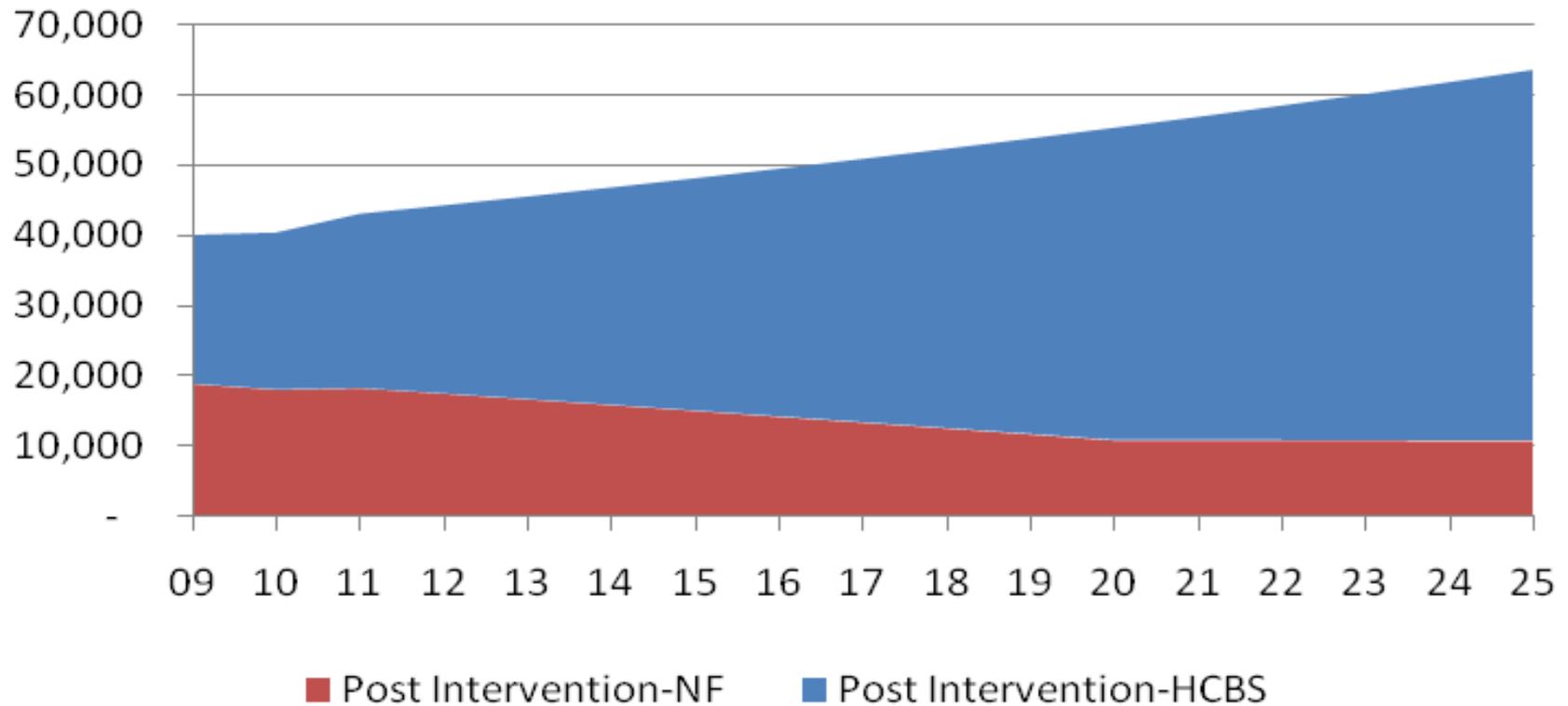


- Housing /Transportation;
- Home and Community Based Services;
- Hospital Discharge;
- Nursing Diversification and Modernization;
- Quality
- Policy Analysis
- Workforce Development;
  - Estimated demand for 9000 additional community direct workforce staff

# Projected Demand through 2025 – Post Interventions

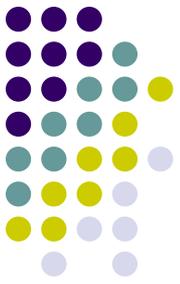


## Projected LTC Demand



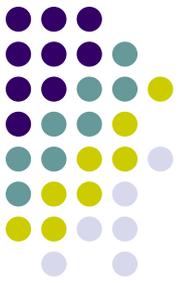
# Right-Sizing Data Supporting Strategic Planning Efforts

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- 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

# Identified Challenges or Barriers and Proposed Solutions



## Barriers

- Lack of flexible service and supports
- Lack of person centered policy and procedure
- Lack of resources for hospital discharge planners
- Lack of Accessible, Affordable Housing
- Lack of funding for accessibility modifications

## Solution

- Adult Family Care and Independent Support Broker
- Nurse Delegation for Medication Administration and informed Choice Protocols
- Web based system for electronic referrals
- Funding for congregate housing (\$12M), supportive housing, housing plus supports
- \$1 million in bond funds

## Challenge

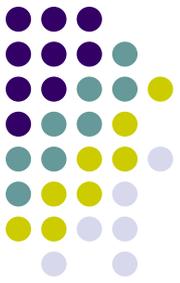
- Need for 9000 additional direct care workers in Connecticut
- Nursing Home diversification modernization

## Solution

- \$400,000 investment in workforce development
- \$13 million in competitive funds

# The Future

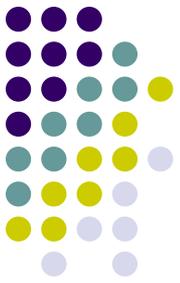
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- Expansion in place
- Balancing Incentive Payment Program October 31
- New community services January 1
- RFPs for nursing homes November 1
- Quality Management November 1

# Public Contact information

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- **[www.DSS.state.ct.us](http://www.DSS.state.ct.us)**
- **Dawn Lambert**
  - **Project Director, Money Follows the Person Rebalancing Demonstration**
  - **[Dawn.Lambert@ct.gov](mailto:Dawn.Lambert@ct.gov)**
  - **860-424-4897**
- **Karri Filek**
  - **Eligibility Services Worker, Money Follows the Person**
  - **860-424-5895 , [Karri.filek@ct.gov](mailto:Karri.filek@ct.gov)**