CONNECTICUT ASSOCIATION OF HEALTH CARE FACILITIES, INC.

January 4, 2012

Connecticut Department of Social Services
Money Follows the Person Program
25 Sigourney Street
Hartford, CT 06106
Attn: Dawn Lambert, Program Director

Dear Dawn:

Thank you for this opportunity to submit additional comments on the draft Long-Term Care Right-Sizing Strategic Plan (from the input compiled and recorded at the November 30, 2011 strategic planning retreat). Please consider these additional comments as a supplement to the comments submitted on December 2, 2011, which continue to reflect the views of the Connecticut Association of Health Care Facilities (CAHCF) concerning the draft plan.

As is customary in governmental reports of this type, we are asking that our submitted comments be included as an addendum to the final report.

CAHCF looks forward to our ongoing participation in this stakeholder input process as Connecticut seeks to rebalance and right-size its long term care system in a manner which continues to recognize the strong need for high quality and financially viable nursing homes now and in the future.

Sincerely,

Matthew V. Barrett
Executive Vice President

111 Founders Plaza • Suite 1002 • East Hartford, CT 06108 • Telephone (860) 290-9424 • Fax (860) 290-9478

Connecticut Association of Health Care Facilities (CAHCF) Comments on Long-term Care Right-sizing Strategic Plan (draft) – January 4, 2012 – page 1

Page 3 – the draft report states: "A 2011 analysis of adults age 31 and over using Medicaid LTC services shows that Connecticut has the highest or the second highest nursing home rate per 1,000 population in each of the following categories in both 2000 and in 2008: Total state nursing home rate of use, rate of use for ages 31-64 and rate of use for age 65 and Older."

CAHCF Comment: The final rightsizing report should acknowledge that the unusually large numbers of persons age 90 and over in Connecticut from the most recent data, in large measure, explains higher nursing home utilization rates and thus should be a factor in the future NF/HCBS projections.

> The November 2011 report *90+ in the United States: 2006–2008* published by the U.S. Department of Health and Human Services and U.S. Department of Commerce offers an explanation as to why Connecticut needs more NF beds than the norm --- Connecticut ranks second in the number of persons over 90 year of age. The report states, "An older person's likelihood of living in a nursing home increases sharply with age." The report further states: "Almost everyone (98.2 percent) residing in institutional group quarters (e.g., nursing homes) had some type of disability, compared with 80.8 percent of those who lived in households or non-institutional group quarters. For most measures of disability, rates for those institutionalized were drastically higher than for those not institutionalized. The largest differences were in cognitive ability (concentrating, remembering, or making decisions) and limitations in dressing or bathing (indicator for ADL), with the institutionalized population aged 90 and older more than twice as likely to have those limitations than their non-institutionalized counterparts." Accordingly, age is the driver with respect to institutionalization and in that CT ranks second in terms of its over 90 population in the over 65 age cohort, demonstrates why more nursing home beds per 1,000 population are needed in CT than the norm. There is a simply correlation that explains the situation in CT --- CT ranks second in the nursing home rate per 1,000 population because CT ranks second in the percentage aged 90 and over of the age 65 and over.

Additional CAHCF Comments:

Page 12 - Add: Strategy: Create mechanisms to ensure quality in the care provided through HCBS. Add Tactics and Metrics for this Strategy. Training alone is not sufficient.

Page 22: #1.a. Change "LTC mantra" to "HCBS mantra."

#1.b. The authors of the draft report assume that NFs can somehow operate without physician orders, which is quite simply not possible. The issue is not having to have physician orders. The problem is how to obtain them outside the hospital setting.

Page 27 - Many of the recommendations here will require federal as well as state law changes. For example, if a "person-centered assessment" is developed, will NFs then be required to do that assessment in addition to the current 56-page MDS already required?

#15. Delete. Hospice services are already widely available in NFs.

#16. Clarify by adding "CHANGE THE FEDERAL exclusion of LTC providers for grants for electronic medical records."

Matthew V. Barrett

From: Matthew V. Barrett [mbarrett@cahcf.com]
Sent: Friday, December 02, 2011 7:42 PM
To: 'Lambert, Dawn B.'
Cc: 'Swenson, Barbara'; Matt Barrett (mbarrett@cahcf.com)
Subject: CAHCF Comments

Hi Dawn,

Thank you for this opportunity to submit some additional comments as a supplement to those expressed in the targeted breakout sessions at the November 30 rightsizing retreat. I also appreciate that there will be ongoing opportunities to comment on the anticipated mid-December draft plan and after the December 21 and 22 scheduled webinars. We appreciate the further opportunity to comment given that we can't fully know of all the issues expressed in the targeted sessions even though there was a sincere effort to report in the afternoon session. At this time, please consider the following comments, with an understanding that additional comments are likely to be forthcoming:

General Observations

Our participants encountered a strong sense at the retreat that even as Connecticut seeks to rebalance and rightsize its long term care system, our state will also need high quality and financially viable nursing homes in the future. There was strong agreement that the state's rebalancing goals should not be construed as a nursing home versus home and community based services race. There was a sentiment expressed that Connecticut must continue to enhance its home and community based systems given the dramatic aging of our population and that we also need to assure for a strong and vibrant nursing home option as well. It was also affirmed at the retreat that nursing homes across the state are today cooperatively engaged in efforts to transition residents to community settings every day, and in particular in the Money Follows the Person program. Moreover, nursing homes are increasingly transitional care settings where residents return home after short-term rehabilitation and post acute care treatments. In addition , nursing homes are distinguished from intermittent care providers because they provide 24/7 personal and nursing care, rehabilitation therapies, room and board, dietary, housekeeping, medication, laundry, medical equipment and other support. Finally, there was a strong sense at the retreat that nursing homes should and will continue to be fully engaged as key participants in developing strategies to meet the long term care needs or our aging population, including the state's rebalancing and rightsizing initiatives.

There is a critical need for accurate data and projections

While Mercer has indicated that there is fluidity to their initial data collection, estimates and projections, the importance of accurate information is critical as inaccuracies could lead to access to care issues. Flaws in presenting aspirational goals and expectations as future certainties could have significant negative consequences if such were the sole basis for appropriating resources. There is a concern that overstating the expected HCBS/NF mix could wrongly be a basis for underfunding current and future needs in the area of needed nursing facility ongoing infrastructure improvement, such as fair rent rate adjustments, and adequate reimbursement rates to assure quality and viability. We suggest additional analysis in the draft report on census data and projections for the over 75, 85, and 90 populations, and additional information on acuity of residents in HCBS/NF settings, as a relevant reference of need as opposed to the overly broad over 65 reference point.

Bias against Assisted Living and Campus settings in MFP Grant

The assisted living providers associated with nursing home providers who have opportunities for growth in campus settings at CAHCF are concerned that that assisted living in Connecticut is not considered truly HCBS in the MPF program. There appears to be a strong bias against further campus options because of abuses in other parts of the nation. These campus communities should not be excluded from MFP grant opportunities.

Reimbursement and Payments to Reduce Licensed Beds in support of Rightsizing

- The draft report should recognize the private property issues that attach to licensed beds and that our law prevents the involuntary taking of such private property without compensation.
- Options for compensation for reductions in beds: increase Medicaid rates, payment for decreasing licensed bed capacity, permanently or temporarily (mothball/inventory); debt commitments relief;
- Fair Rent Restoration is essential to incent quality improvement and future viability
- Funding for electronic health records
- New bonding dollars for affordable housing and making nursing homes more homelike, greenhouse, efficiencies, culture change; more common space
- New Rates to encourage highly complex care cases to transfer from hospital to the nursing home setting
- Mini case mix; increase special rules for enhanced services like HIV-AIDS care
- Critical need to address Medicaid eligibility excessive delays; presumptively eligibility

Other Needed Reforms to meet future demand for LTC services

- New flexible authority to convert buildings for different use
- Drop bed hold current percentage
- Waiting List Law repeal
- Pre-authorized respite care
- CON to close requires a new streamlined process
- Transfer of asset penalty applies to nursing homes and no other providers; improved recently but still applies when transfers made for the purpose of becoming eligibility
- Applied Income collection reforms
- Increase DPH flexibility for high performing homes --- deemed status
- Medication administration (med techs) in nursing homes;

MFP GRANTS

There should be maximum flexibility for projects that are consistent with the state's rebalancing and rightsizing plan, including projects that provide additional capacity where needed. As Connecticut's two association representing nursing home and elder care providers, CAHCF and Leading Age Connecticut should be members consulted in the development of the grant criteria, notice, and evaluation process for the MFP grants.

Please do not hesitate to contact me if you require any additional information on these comments.

Thank you.

Matt

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