



Factors Influencing Receipt of Long-Term Care Services and Supports in Home and Community Settings

Background

For the last several years, Connecticut state governments, with financial and policy encouragement from the federal government, has undertaken several initiatives that have helped increase the proportion of Connecticut's long-term care services and supports (LTSS) that are delivered in home and community settings rather than in nursing homes and other institutions.

It is generally accepted that it is preferable to increase the percent of people receiving LTSS in the community because: 1) people prefer living in their own homes in a community setting rather than in a nursing home or other institutional setting, and 2) it can be less expensive than delivering services in an institution.

There are two major programs administered by the Department of Social Services (DSS) that provide support for community-based care for frail older adults and people with disabilities. The Connecticut Home Care Program (CHCP) is the primary vehicle used by the state to provide home and community-based care to prevent institutionalization. Money Follows the Person Rebalancing Demonstration (MFP) supports Connecticut's efforts to "rebalance" the long-term support system, by providing transition services and supports to enable institutional residents to return to a home and community based setting. There are also prevention measures that may be taken to reduce the need for LTSS in nursing homes or other institutional settings such as respite for caregivers, fall prevention programs, and congregate housing support services.

PRI staff analyzed information contained in MFP and CHCP databases. Staff also obtained through interviews with state agency personnel, provider groups, and other interested parties. PRI staff also toured nursing home, assisted living, and congregate housing facilities.

Main Staff Findings

- While an increasing percent live in nursing homes as they age, even at 95+ years of age, two-thirds of CT residents still live in the community.
- Although many believe LTSS prevention and diversion programs, such as fall prevention, telemonitoring, and chronic disease self-management, are helpful, outcome data is scarce.
- Some home and community based Medicaid waivers are more costly than nursing home care; living in the community may sometimes be more a personal choice and philosophy rather than save CT money.
- Compared with 2009/2010, nursing home residents in 2014 have become older and sicker, having more health diagnosed illnesses.
- Regarding MFP:
 - DSS made significant improvements in 7 years in both the # of transitions and time to transition for MFP participants.
 - Despite some concerns from the field, transition outcomes for MFP participants with risk agreements are similar to other transitioners.
 - Risk factors such as cardiac/pulmonary and endocrine diagnoses, and also shorter length of time in preparing for transition, were more prevalent for MFP participants who died within 365 days of transition.
- The LTSS rebalancing ratio of home/community based care to nursing home/institutional care needs to be clarified, and costs better understood. Also,
 - If recalculated to include state-funded LTSS programs and MFP transitioners, then the rebalancing ratio becomes 63.1 percent community to 36.9 percent institutional care.

PRI Staff Recommendations

Improvements to LTSS data collection. Clarify how MFP referrals, transitions, and challenges are captured. Report Nursing Home Registry information in a more useful manner, and require outcome data for fall prevention programs.

Increased efficiencies to MFP program. Establish maximum time for certain cases, clarify services available for non-demonstration participants, disseminate favorable outcome on MFP risk assessment participants, provide training on ADL/IADL assessment, ensure planning information is shared, and adequate planning occurs for those with particular risks.

Calculation of rebalancing ratio. Develop rebalance ratio for state use only, incorporating home health services, state-funded CHCPE participants, and MFP transitioners. Report LTSS costs in greater detail.

Other improvements. Expand the CHCPE care transition role currently provided in some hospitals, and monitor Medicaid waiver waitlists.