DSS Community Options
Strategic Planning Group
Money Follows the Person
Federal Demonstration Program
9/12/17
MFP Benchmarks

1) Transition 5200 people from qualified institutions to the community
2) Increase dollars to home and community based services
3) Increase hospital discharges to the community rather than to institutions
4) Increase probability of returning to the community during the six months following nursing home admission
5) Increase the percentage of long term care participants living in the community compared to an institution

(Based on latest data available at the end of the quarter)

UConn Health, Center on Aging
Operating Agency: CT Department of Social Services Funded: Centers for Medicare and Medicaid Services

Data source OPM and DPH

Benchmark 1: The number of demonstration consumers transitioned = 4,247 (non-demonstration transitions = 304)

Benchmark 2: CT Medicaid Long Term care Expenditures

UConn Health, Center on Aging
Operating Agency: CT Department of Social Services Funded: Centers for Medicare and Medicaid Services
Based on latest data available at the end of the quarter
Benchmark 5: Percentage of Home and Community Care vs. Skilled Nursing Facility

Benchmark 6: Percent of SHP admissions returning to the community within 6 months

Dashmark 3: Percent Resolving LTSS in the Community vs. Institutions

Happy or unhappy with the way you live your life?

Source: OPM and DPH data
UConn Health, Center on Aging
Operating Agency: CT Department of Social Services Funder: Centers for Medicare and Medicaid Services
Based on latest data available at the end of the quarter

Number of Transitions by Quarter
December 2008 - June 2017

UConn Health, Center on Aging
Operating Agency: CT Department of Social Services Funder: Centers for Medicare and Medicaid Services
Based on latest data available at the end of the quarter
Community First Choice & Universal Assessment v1.2

Community First Choice
HUSKY Health Benefit

4658 applications
1370 care plans sent to FI
222 awaiting clinical approval by DSS
1401 cases recommended for closure/closed
500 pending assessment
1000 pending assignment to field
Community First Choice
On-line toolkit

- CFC participants have begun piloting an on-line toolkit
- This will allow participants to submit their care plans for approval on-line
- This was made possible through the TEFT grant as part of their electronic Long-Term Services and Supports (eLTSS) initiative.
- This is in the beginning stages, but has an exciting start!

Universal Assessment v1.2

- The new UA went LIVE on Monday 8/7
- We have 190 users accessing the new UA across CFC and MFP
- We incorporated the updated algorithm producing accurate Levels of Care and Levels of Need across ALL populations
No Wrong Door

Connecticut's No Wrong Door

MY PLACE CT
Trusted Vetted LTSS Information Source
Partner Portal - Resources

Local Partners in every CT Town
Tiers of partners to maximize participation

Care Through Community
The information and resources you need to remain in the place you call home.

How can we help?
Connect to living independently.
MyPlaceCT.org 211
Enhancing Community LTSS Networks
Request for Proposals – May 2016
Contracts Signed November 2016

- Mini Grants $10,000 - $15,000 to help communities engage stakeholders, expand their networks, and develop a local asset map

- Leadership Council
  - NWD: Danbury, Enfield, Newington
  - Rightsizing: Leeway (New Haven), Southington HC, Jewish Senior Services (Bridgeport), Mary Wade (New Haven)
  - State Department on Aging
  - Department of Social Services
  - Mintz + Hoke

- Leadership Council meets monthly to develop resources, process, and best practices

- Evaluation: UConn Center on Aging - Determine proof of concept: does this design work?

- Report due early 2018

My Place CT
CaringCareers.org
1. Raise awareness of the importance and value of home care workers

- Connect employers and jobseekers on the CT DOL website, CTHires.com
- Created CaringCareers.org to help introduce CTHires.com
- Outreach and awareness campaign
  - Sept-Nov 2016
  - May-Nov 2017
- Generated over 28 million gross impressions and 3,475 website users

CaringCareers.org creates a warm handoff to those looking for in-home care jobs, with direct links to CTHires.com and visual aids that provide an overview of what to expect upon creating an account.
Housing
Project Based Subsidy CT 811

COMMUNITY PARTNERSHIP
- One component of the Frank Melville Supportive Housing Act of 2010 "creates a new emphasis on multifamily housing to encourage nonprofit sponsors to set aside up to 25% of units..."

PARTNERSHIP ACROSS AGENCIES
- The Department of Housing and Urban Development (HUD), The Department of Housing (DOH), The Department of Developmental Services (DDS) Autism Spectrum waiver unit, The Department of Mental Health Coordinated Access Network (DMHAS-CANS), and The Department of Social Services Money Follows the Person (DSS-MFP) Demonstration are partnering in the project based subsidy program intended to serve very-low income consumers with disabilities.

PROCESS
- CT is a 2013 awardee, to date two contracts have been executed.
- Units become available based on turnover from each property.
- Consumer access is limited to target populations of the partnered agencies listed above.

Housing Analysis

The DOH in collaboration with DSS are evaluating Connecticut's current housing inventory. The purpose is to understand today's housing stock and understand what tomorrow's need for housing is.

The Analysis will include:
- A count of all available housing, both market and subsidized
- A review of accessibility of all housing
- Homeless trend projection affect on housing supply and demand
- Base data from the Mercer Report, which includes projections on workforce needs for community based long-term services and supports
Hospice

Objective:
To identify the barriers to hospice care for State of CT Medicare/Medicaid participants with Chronic Medical Conditions.

Challenges:
- CT continues to rank last in the country in hospice median length of stay (15 days CT vs. 23 days nationally, based on 2015 Medicare claims data)
- CT ranks last in country with highest short length of stay (36% CT days 0-7 vs 29% nationwide days 0-7)
Identified barriers to service:

- Short Hospice Stays – start of services occurring 7 days prior to death
- Late Referrals to Hospice
- Lack of Knowledge amongst patients, families, and medical professionals
- Lack of training for upcoming professionals

Goals:

- Foster a conversation around how to discuss hospice care with Medicare/Medicaid participants and their families
- Increase public knowledge and awareness about hospice and the Medicare benefit. (It appears consumers do not know the details of the benefit and they do not actively seek access to the benefit they are entitled to)
Next Steps:
- Hold focus groups to include health care providers, patients and their families

Goal of focus groups:
- understand additional factors that may be contributing to inadequate utilization
- generate solutions for closing the gap between the current system and optimal end of life care

Informal Caregiver Supports
The Department of Social Services/Money Follows the Person (MFP) is in the process of developing an Informal Caregiver Supports Pilot to:

- provide in-home hands-on teaching to families and informal caregivers of individuals discharging from institutions to the community
- improve the health and “quality of life” outcomes for both the individual receiving the services and the informal caregiver
- diminish gaps in Connecticut’s support system, related to informal caregivers.

The findings from the University of Connecticut’s Center on Aging study on the impact of older adults and individuals with disabilities returning home with informal care, indicates that the most frequently mentioned knowledge gaps reported by informal caregivers were:

- managing and learning about proper administration of medications
- nutrition issues related to specific chronic conditions such as diabetes,
- and exercise/rehabilitation options for clients with moderate to severe disabilities
Nursing Facility Diversification

Exploring incentives for conversion of facilities into affordable housing

- Last fall Connecticut hosted a Federal and State Workgroup on Rebalancing Long Term Services and Supports. The workgroup, consisting of federal, state, and local entities, identified strategies to meet the housing trends and demands in Connecticut.

- Focused on financial issues related to housing trends and challenges in Connecticut, in particular, conversion of assisted living facilities and nursing facilities, and use of U.S. Housing and Urban Development (HUD) 232 funding.

- A smaller subgroup has continued to meet regularly to move forward Connecticut’s plan to fund the conversions with $28M in state nursing home diversification bond money coordinated with tax credits from the Connecticut Housing Finance Authority.
Nursing Home Diversification Projects

- Leeway Health Care Grant to open Places of Dynamic services throughout New Haven and decrease institutionalization/re-institutionalization

- Southington Health Care Center completed their grant in July of 2017. They will be sustaining and expanding their Centers for Healthy Aging

- Mary Wade completed their grant in October of 2015 and are sustaining their non medical home care

- Jewish Home for the Elderly completed their grant and opened a Adult family Living Agency that is sustainable

- United Methodist Home completed their pre-development project and are looking to move forward to development

- Church Homes has been working with HUD on their pre-development project

Nursing Facility Closures
### Nursing Home Closures and Anticipated Need: 2005 through 2025

<table>
<thead>
<tr>
<th>Year</th>
<th>JBH NHA Residenciales</th>
<th>MFP Transitions</th>
<th>Mercier Report Projections</th>
<th>Actual Number of Facilities Closed</th>
<th>Reduction in Nursing Beds</th>
<th>Cumulative Reduction in Nursing Beds</th>
<th>Estimated Total Available NH Beds</th>
<th>Estimated Occupancy Rate Over 8 Years</th>
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<tr>
<td>2005</td>
<td>18,728</td>
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<td>1</td>
<td>160</td>
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<td>59</td>
<td>219</td>
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<td>399</td>
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<td>3</td>
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<td>17,665</td>
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<td>267</td>
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<td>17,083</td>
<td>434</td>
<td>17,390</td>
<td>4</td>
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<td>510</td>
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<td>2013</td>
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<td>632</td>
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<td>2014</td>
<td>15,709</td>
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<td>15,859</td>
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<td>230</td>
<td>2,352</td>
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<td>15,636</td>
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<td>15,255</td>
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<td>25,577</td>
<td>73.0%</td>
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<th>Year</th>
<th>2005 Through 2017</th>
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<th>28</th>
<th>2,942</th>
<th>4,311</th>
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### NURSING FACILITY CLOSURES SFY 2005 - 2016

<table>
<thead>
<tr>
<th>Year</th>
<th>Nursing Facility</th>
<th>Town</th>
<th># of Beds closed</th>
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<tr>
<td>2005</td>
<td>Hamilton</td>
<td>Norwich</td>
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<tr>
<td>2006</td>
<td>Mercy Hospital</td>
<td>West Hartford</td>
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<tr>
<td>2007</td>
<td>Darrell Health Care Center</td>
<td>Boston</td>
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<td>2007</td>
<td>Galesville Nursing Home</td>
<td>Waterbury</td>
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<td>New Lenox Park</td>
<td>Bridgewater</td>
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<td>2008</td>
<td>Haven Health Care of Waterford</td>
<td>Waterford</td>
<td>10</td>
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<tr>
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<td>Norwalk Nursing Home</td>
<td>East Hartford</td>
<td>90</td>
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<tr>
<td>2009</td>
<td>Greenfield Nursing Home</td>
<td>Norwich</td>
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<td>Waterbury</td>
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<td>Courtland</td>
<td>Stanford</td>
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<td>Rocky Hill Skilled Nursing</td>
<td>Rocky Hill</td>
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<td>2011</td>
<td>Boardman</td>
<td>West Haven</td>
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<tr>
<td>2011</td>
<td>Ealing Green Skilled Nursing</td>
<td>West Haven</td>
<td>130</td>
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<tr>
<td>2011</td>
<td>University Skilled Nursing</td>
<td>New Haven</td>
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<td>2012</td>
<td>Richard Rosehill Hospital</td>
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<td>Tamasi</td>
<td>Stanford</td>
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<td>Clарамont</td>
<td>North Haven</td>
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