

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)

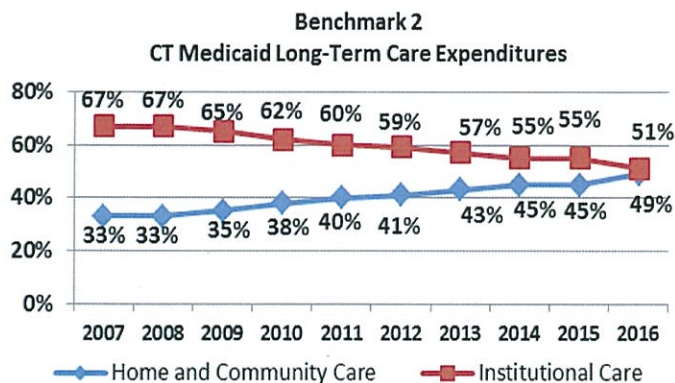
UConn Health, Center on Aging

Operating Agency: CT Department of Social Services Funder: 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)

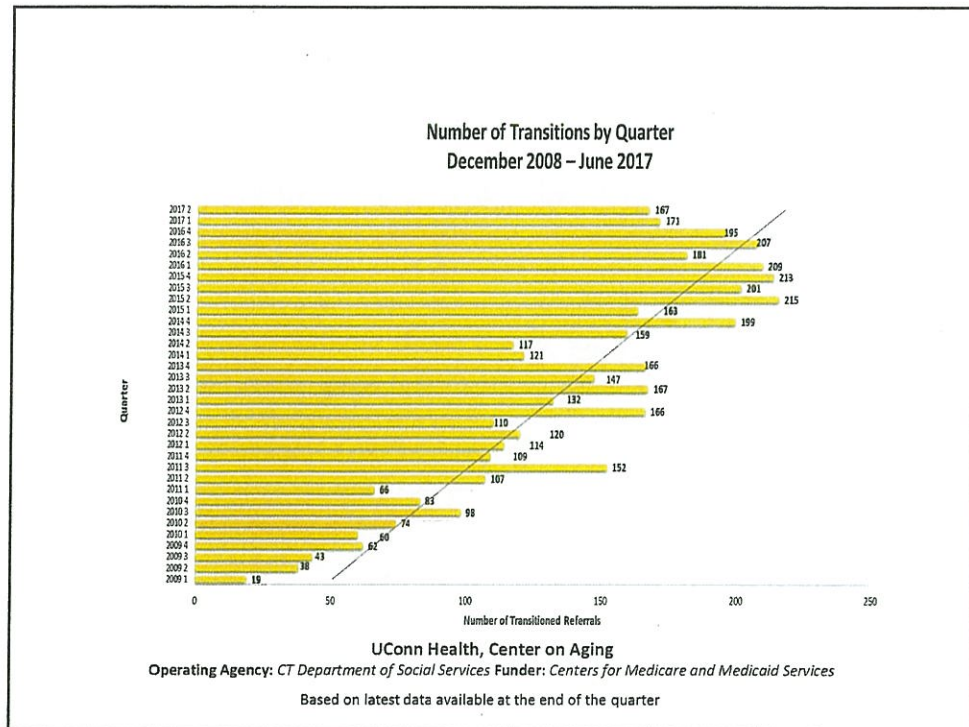
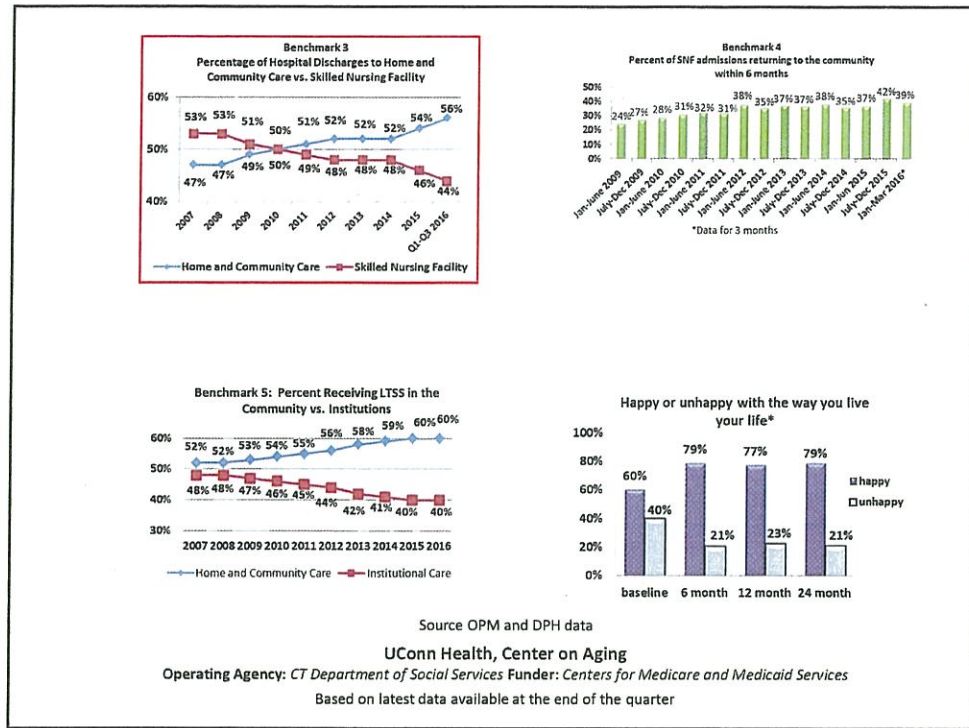
Benchmark 2: CT Medicaid Long Term care Expenditures



UConn Health, Center on Aging

Operating Agency: CT Department of Social Services 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!

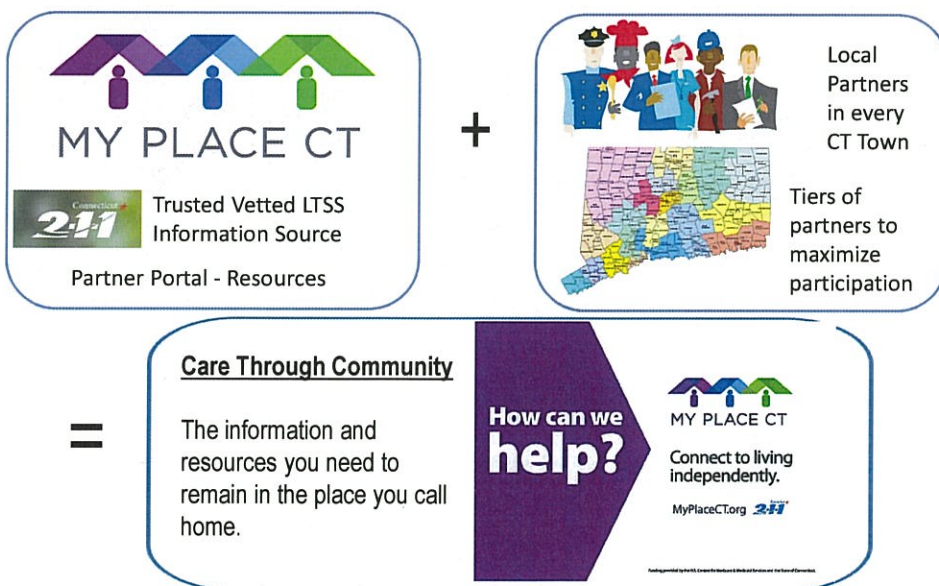
Universal Assessment v1.2

- 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



Enhancing Community LTSS Networks
Request for Proposals – May 2016
Contracts Signed November 2016

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- **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**

Starting
Point

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CaringCareers.org

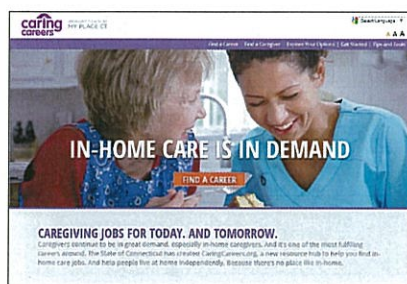


1. Raise awareness of the importance and value of home care workers

- 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

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The State of Connecticut

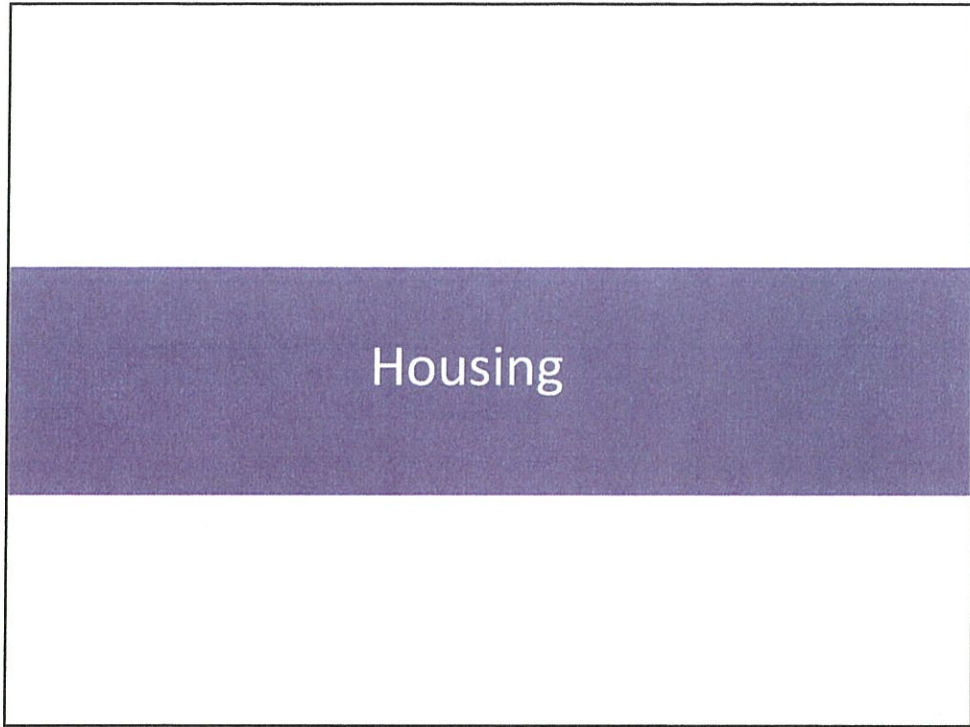


CaringCareers.org creates a warm handoff to those looking for in-home care jobs, with direct links to CTHires.com and visual aids that provide an overview of what to expect upon creating an account.

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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

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

Year	384T NH Recipients	MFP Transitions	Mercer Report Projections	Actual Number of Facilities Closed	Reduction in Nursing Home Beds	Cumulative Reduction in Nursing Home Beds	Estimated Total Available NH Beds	Estimated Occupancy Rate	Additional Bed Reductions to get to 95% Occupancy Over 8 Years
2005	18,728			1	160	160	28,712	91.4%	
2006	18,637			1	59	219	28,552	91.4%	
2007	18,238			2	180	399	28,493	89.6%	
2008	17,591			2	190	589	28,313	87.0%	
2009	17,396	162		3	295	884	28,123	86.6%	
2010	17,263	315	17,665	2	207	1,091	27,828	86.9%	
2011	17,083	434	17,340	4	472	1,563	27,621	86.6%	
2012	16,896	510	17,015	4	464	2,027	27,149	87.2%	
2013	16,683	612	16,690	2	165	2,192	26,685	87.6%	
2014	16,769	596	16,365	0	-	2,192	26,520	88.6%	
2015	16,778	792	16,037	2	210	2,402	26,508	88.6%	
2016	16,647	791	15,636	4	395	2,797	26,412	88.3%	
2017	16,122		15,235	1	145	2,942	25,777	87.6%	
2018	15,721		14,834		401	3,343	25,376	86.8%	450
2019	15,320		14,433		401	3,744	24,975	85.9%	900
2020	14,919		14,032		401	4,145	24,574	85.0%	1,350
2021	14,477		13,590		442	4,587	24,132	84.0%	1,800
2022	14,036		13,149		442	5,028	23,691	83.0%	2,250
2023	13,594		12,707		442	5,470	23,249	81.9%	2,700
2024	13,153		12,266		442	5,911	22,808	80.8%	3,150
2025	12,711		11,824		442	6,353	22,366	79.6%	3,600
2005 Through 2017				28	2,942				
2018 Through 2025					3,411				
TOTAL					6,353				3,600

NURSING FACILITY CLOSURES SFY 2005 - 2016

Year	Nursing facility	Town	# of Beds closed
2005	Hamilton	Norwich	160
2006	Mercyknowll	West Hartford	59
2007	Darien Health Care Center	Darien	120
2007	Oakcliff Convalescent	Waterbury	60
2008	New Coleman Park	Bridgeport	100
2008	Haven Health Center of Waterford	Waterford	90
2009	Sterling Manor	East Hartford	90
2009	Griswold Health and Rehab	Griswold	90
2009	Crescent Manor	Waterbury	115
2010	Courtland	Stamford	120
2010	West Rock Health Care	New Haven	87
2011	Rocky Hill Skilled Nursing	Rocky Hill	120
2011	Soundview	West Haven	102
2011	Bishop's Coner Skilled Nursing	W. Hartford	130
2011	University Skilled Nursing	New Haven	120
2012	Richard Rosenthal Hospice	Stamford	12
2012	Tandet	Stamford	130
2012	Clintonville	North Haven	112
2012	Wethersfield Healthcare	Wethersfield	210
2013	Laurel Hill	Winstead	75
2013	Hilltop - Ansonia	Ansonia	90
2015	Marshall Lane Manor	Derby	120
2015	The Kent	Kent	90
2016	Holy Spirit Healthcare	Putnam	40
2016	Alexandria Manor	Bloomfield	120
2016	Astoria Park	Bridgeport	135
2016	Paradigm South Windsor	South Windsor	100
2017	Greensprings	East Hartford	145