Department of Social Services
Division of Health Services
Community Options

Medical Assistance Program Oversight Council Meeting

October 12, 2018

Connecticut Department of Social Services
Caring for Connecticut

Lambert

Guided by our belief in human potential we envision a Connecticut where ALL have the opportunity to be healthy, secure, and thriving

Three Overarching Goals

Increase ACCESS to services
Increase TRUST with general public
Increase use of DATA to inform change

The Governor led strategic Long-Term Services and Supports Rebalancing Plan began implementation on January 29, 2013 funded by federal grants. The plan analyzes existing trends, establishes tactics and measures and identifies funding with the aim of rebalancing Medicaid long-term services and supports.

https://portal.ct.gov/-/media/Departments-and-Agencies/DSS/Long-Term-Care/strategic_rebalancing_plan___1_29_13_final2_(2).pdf?la=en

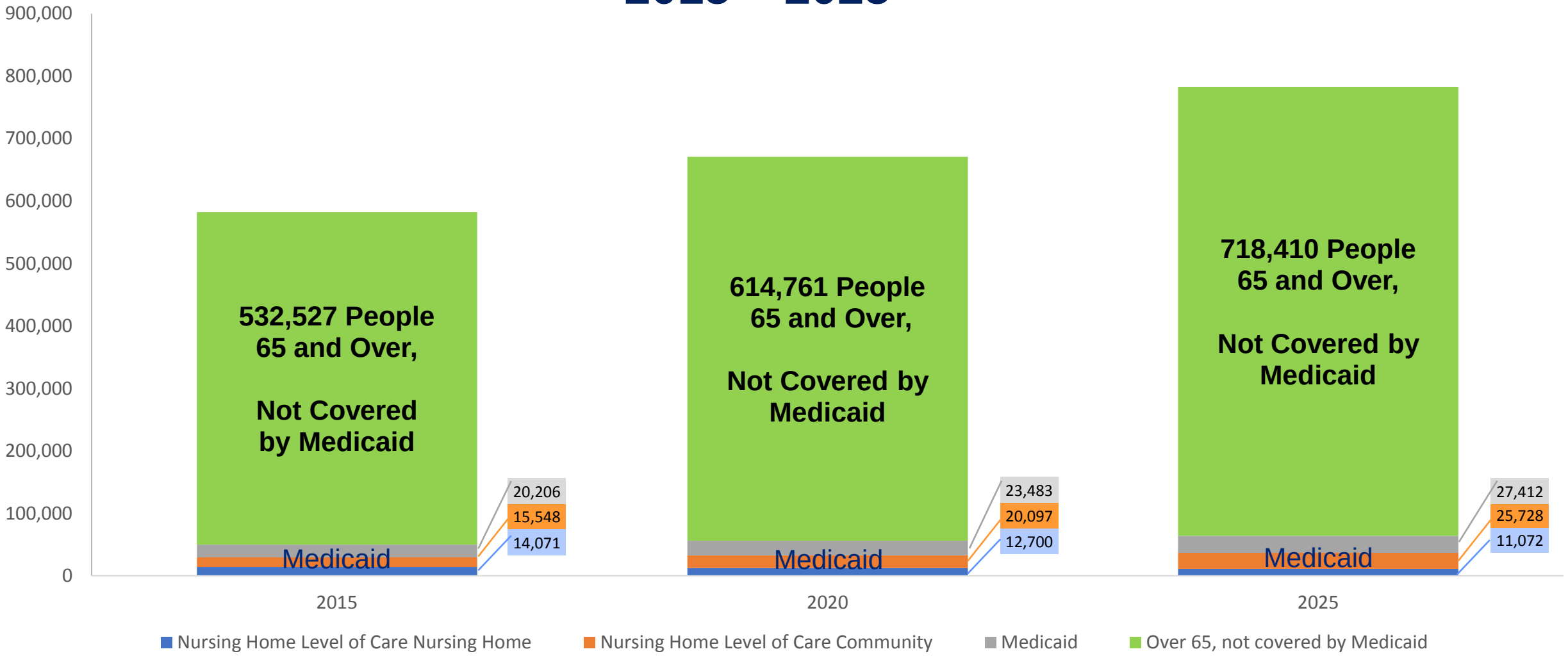
Rebalancing – Part of a Comprehensive Healthcare Strategy

- Consumers overwhelmingly wish to have **meaningful choice** in how they receive needed long-term services and supports (LTSS).

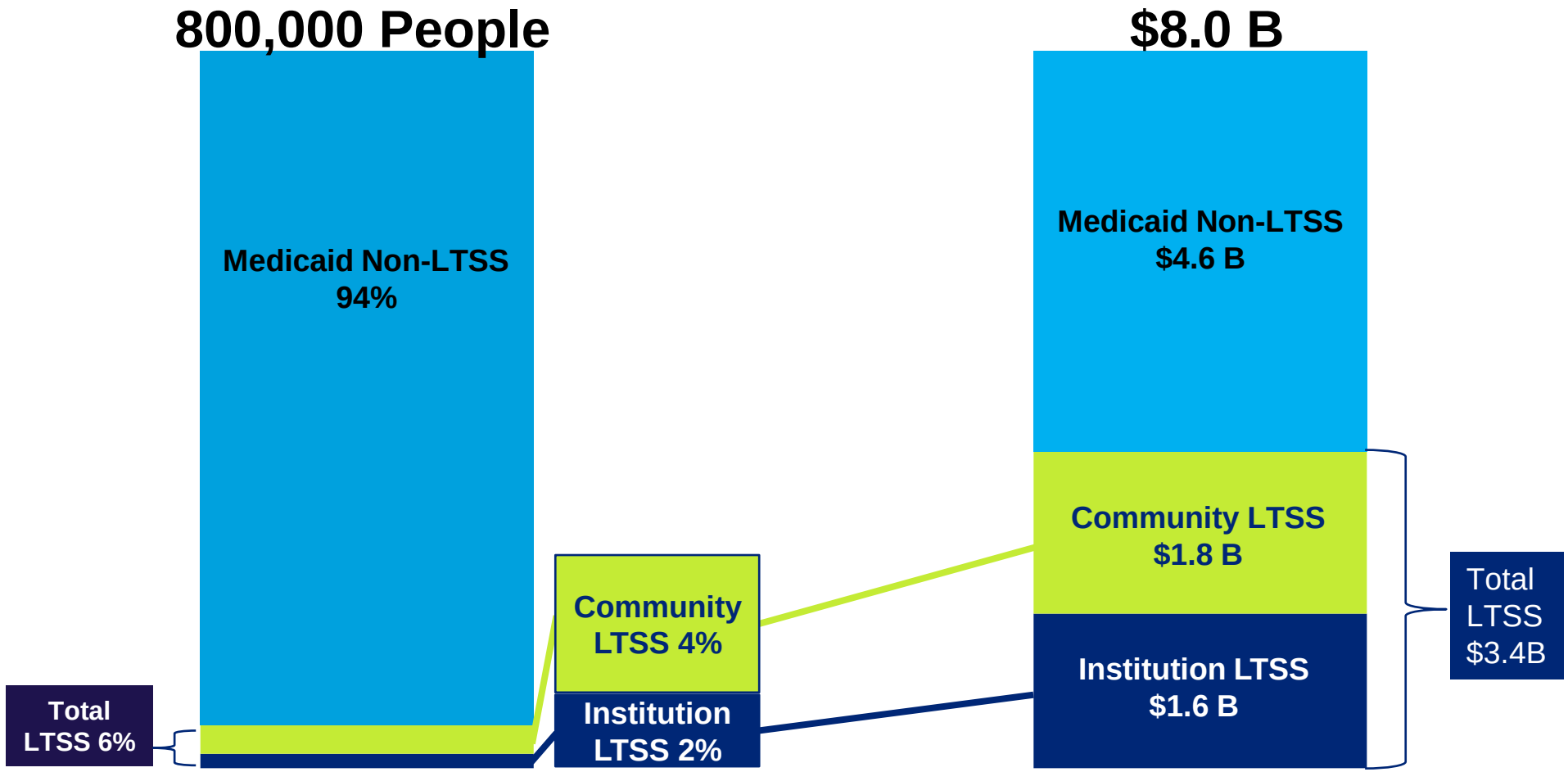
- Average per member per month **costs are less in the community**.

- In Olmstead v. L.C., 527 U.S. 581 (1999), the Supreme Court held that title II **prohibits the unjustified segregation** of individuals with disabilities.
  - Medicaid must administer services, programs, and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities.

Growth in Connecticut Population Age 65 and Over 2015 – 2025



Percentage of Medicaid LTSS Participants Compared to Overall Medicaid Expenditures (2018)



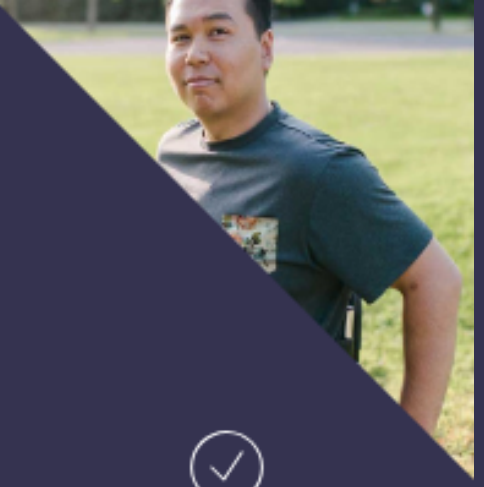
Source: Connecticut Form CMS-64 Report

CHOICE **DIGNITY** **AUTONOMY**

Ability to exercise choice leads to perceived control. Perceived controllability of an event positively relates to psychological well-being, physical health, adaptive coping strategies.

Kampfe, C.M. (2002). Older adults' perceptions of residential relocation. *Journal of Humanistic Counseling, Education, and Development. 41*, 103-113

01 BENCHMARKS

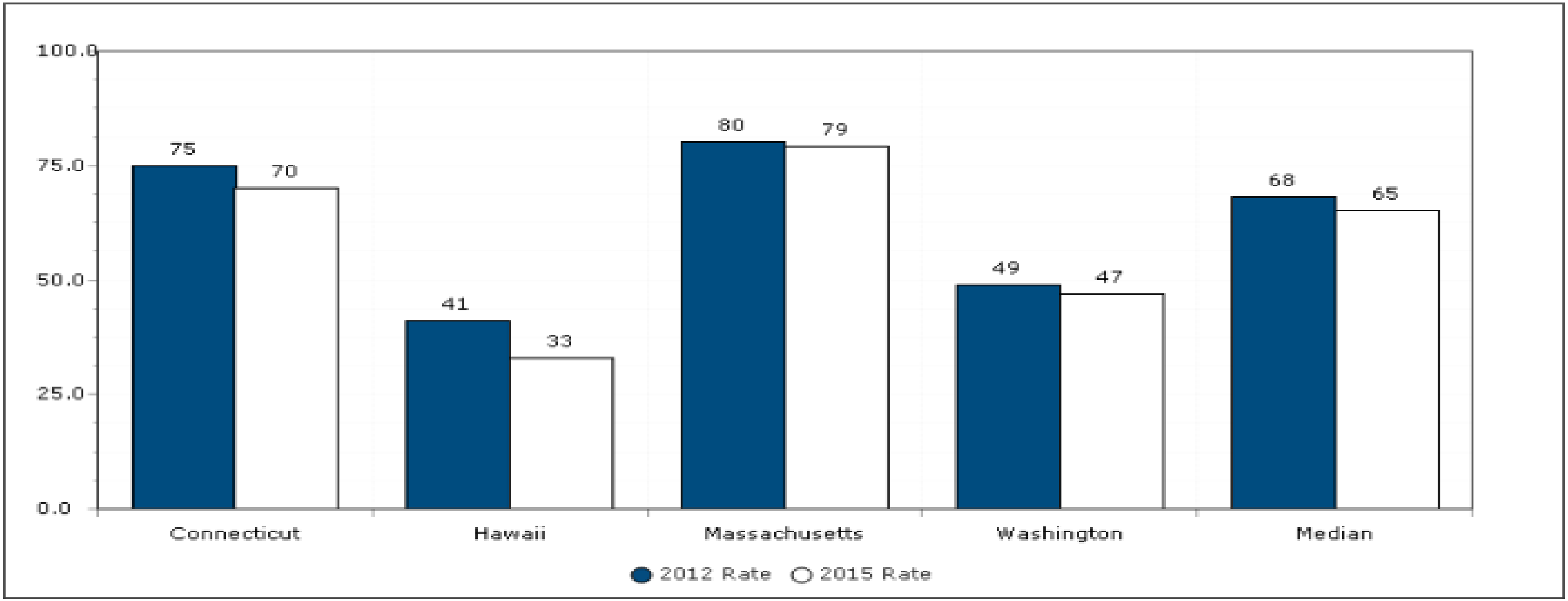


	2007	2018	✓
TRANSITION PEOPLE FROM INSTITUTIONS	0	5286	✓
INCREASE % FUNDING TO COMMUNITY	33%	49%	✓
INCREASE % OF LTSS MEMBERS IN COMMUNITY	52%	61%	✓
INCREASE % OF HOSPITAL DISCHARGES TO COMMUNITY	47%	57%	✓
INCREASE PROBABILITY OF DISCHARGE WITHIN 6 MONTHS	27%	41%	✓

Challenges: The rate of hospital and nursing home use remains high largely due to system fragmentation, lack of affordable accessible housing and lack of information about community options.

Hospital Admissions

Hospital admissions for ambulatory care–sensitive conditions, age 75 and older, per 1,000 Medicare beneficiaries



Source: Commonwealth Fund State Scorecard on Health System Performance, 2018

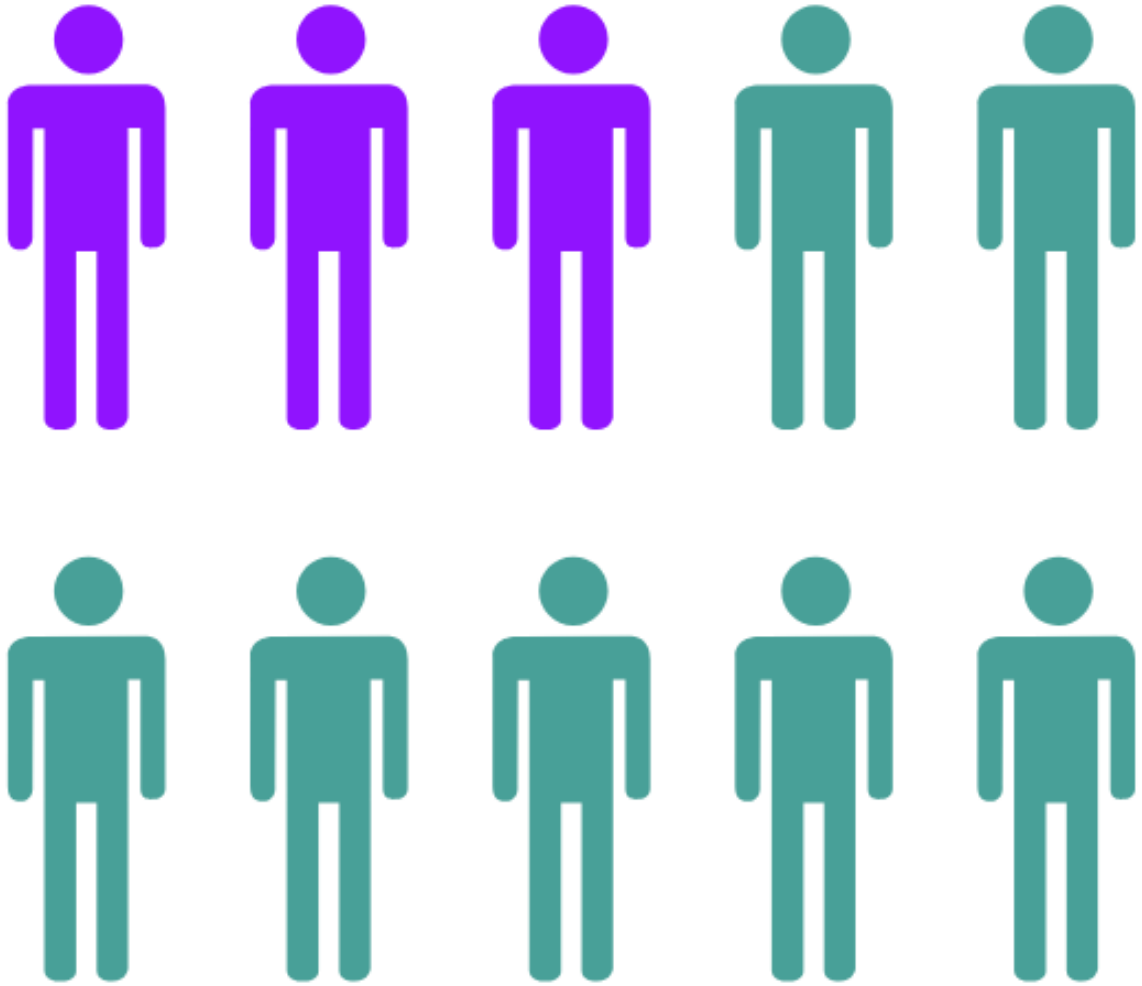
2012 Data: CCW (via CMS Geographic Variation Public Use File); Analysis by authors (CMS 2012).

2015 Data: (CMS 2015).

The Commonwealth Fund

Connecticut Home Health Patients with a Hospital Admission (2017)

3 out of 10 people discharged to hospital is highest rate in the United States

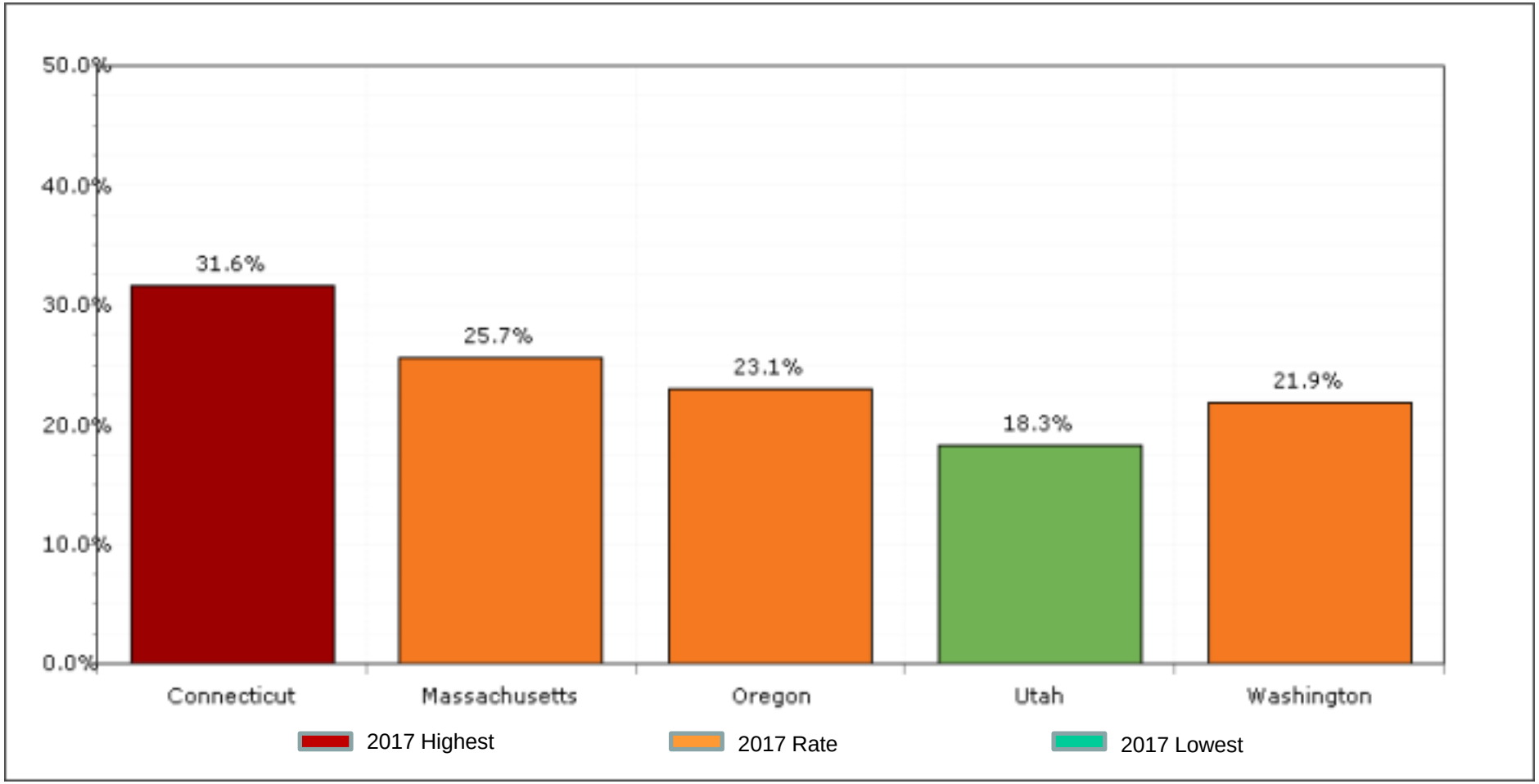


Key:

- Hospital Admission
- No Hospital Admission

Source: AARP: PICKING UP THE PACE OF CHANGE: 2017 LONG-TERM SERVICES AND SUPPORTS

Percent of home health patients with a hospital admission



2017 Data: OASIS

Source: AARP: PICKING UP THE PACE OF CHANGE: 2017 LONG-TERM SERVICES AND SUPPORTS

Nursing Home Admissions

Medicare Service Use of Nursing Facility Stay per 1000 Connecticut Enrollees (2016)

Number of people with nursing home stay higher than any other state

Key:

Nursing Home Stay

No Nursing Home Stay

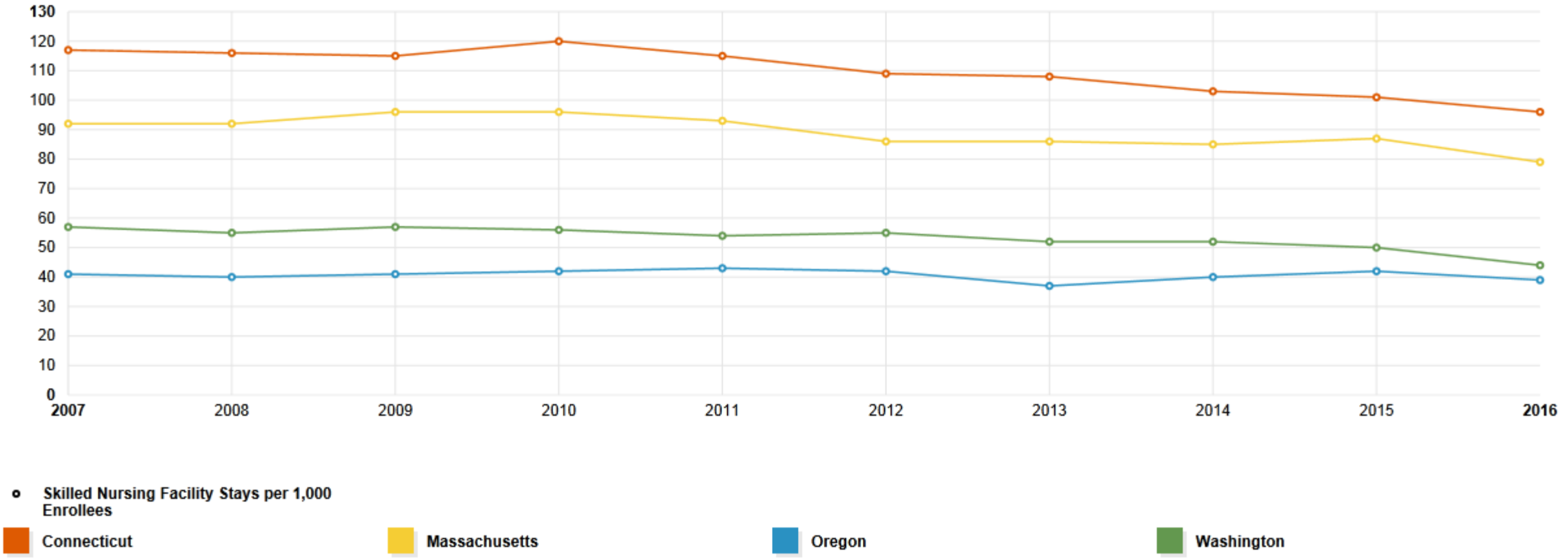
Notes
Analysis excludes beneficiaries in Medicare Advantage and beneficiaries with zero months of Medicare Part A coverage.

Data are as of July 1 of the year indicated in each timeframe.

Sources
Kaiser Family Foundation analysis of a five percent sample of Medicare claims from the CMS Chronic Condition Data Warehouse, 2000-2014.

Medicare Service Use: Skilled Nursing Facilities | The Henry J. Kaiser Family Foundation

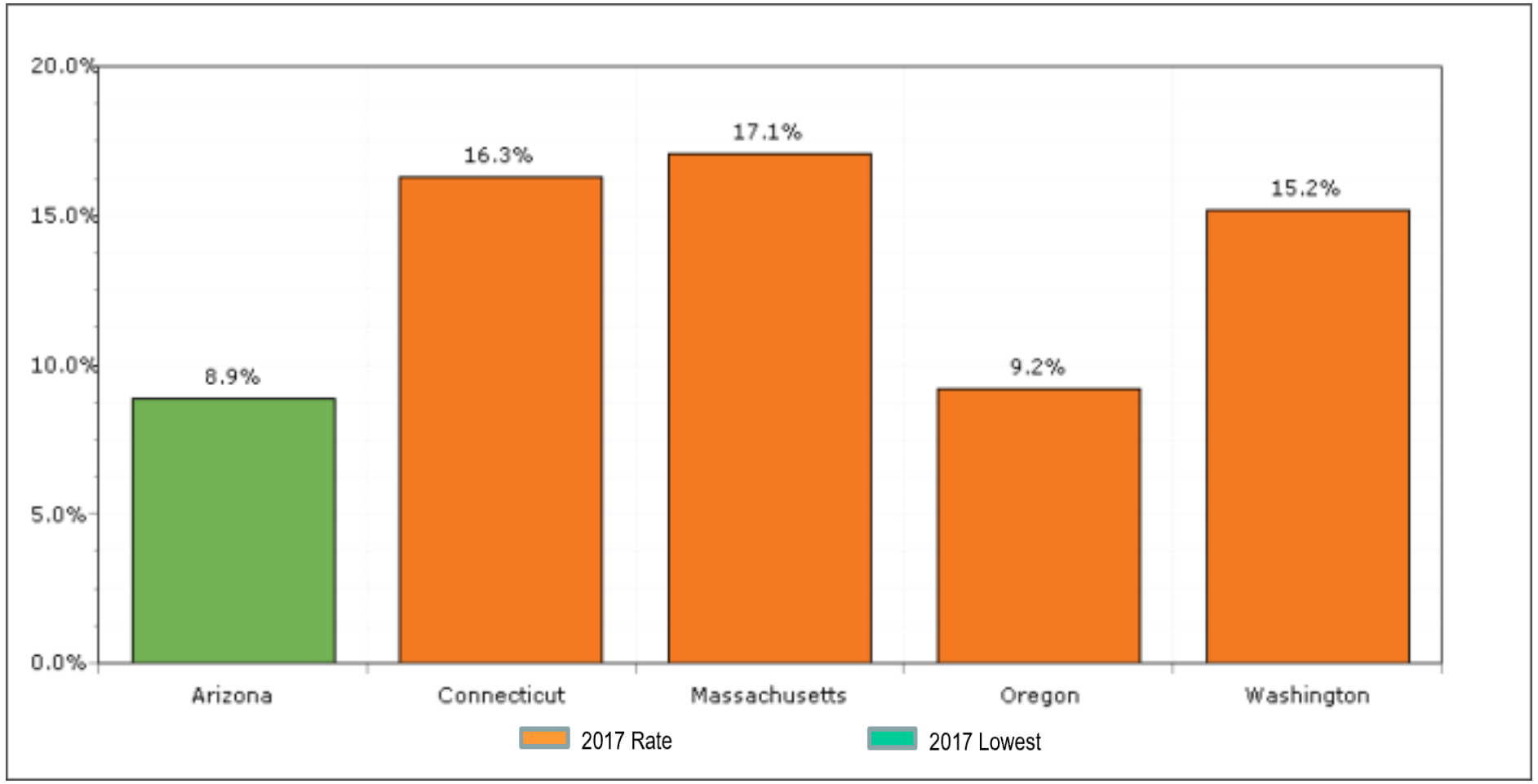
Timeframe: 2007 - 2016



Note
Analysis excludes beneficiaries in Medicare Advantage and beneficiaries with zero months of Medicare Part A coverage.
Data are as of July 1 of the year indicated in each timeframe.
Sources
Kaiser Family Foundation analysis of a five percent sample of Medicare claims from the CMS Chronic Condition Data Warehouse, 2000-2016.

Nursing Home Discharge

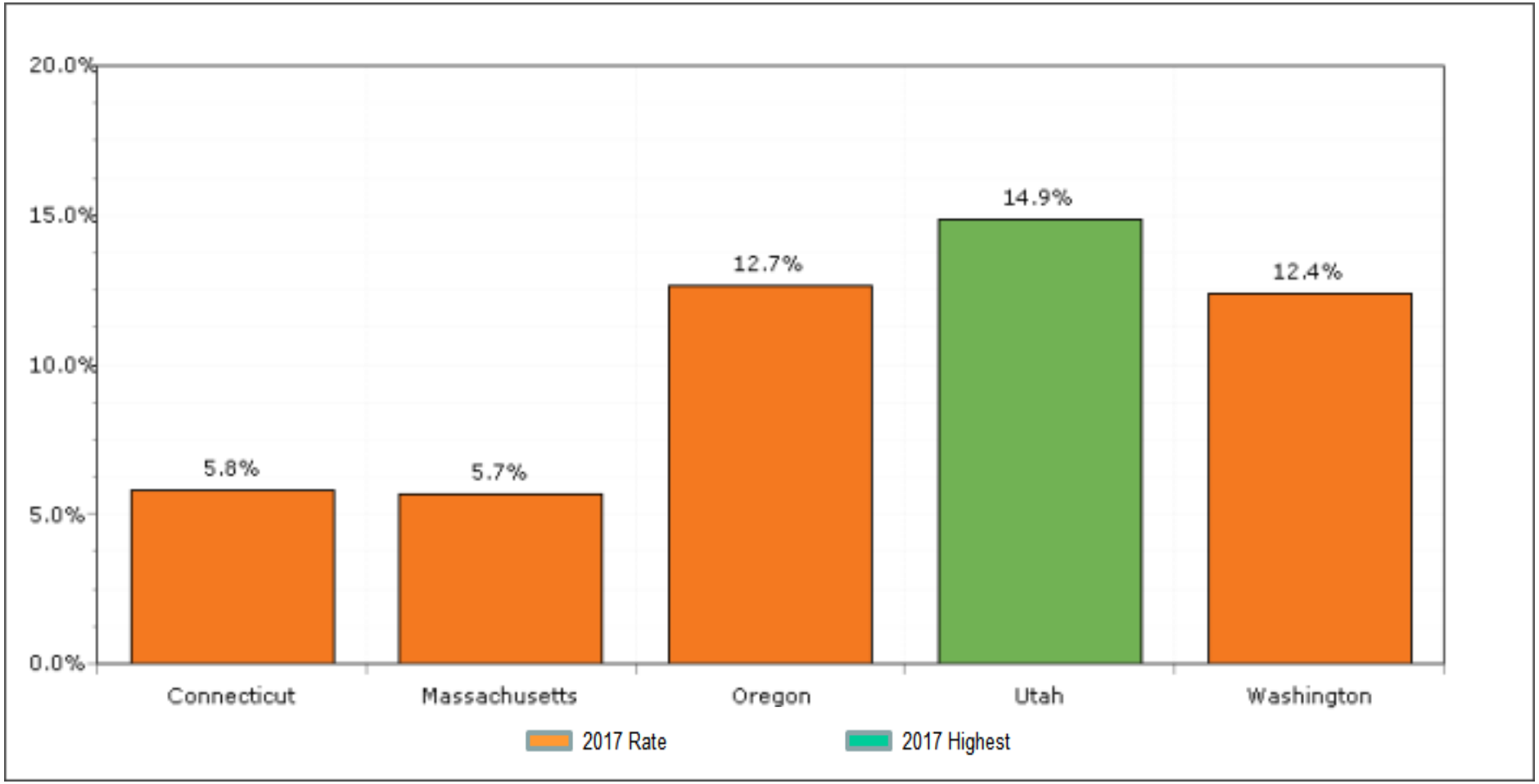
Percent of new nursing home stays lasting 100 days or more



2017 Data: MFP Report from Field

Source: AARP: PICKING UP THE PACE OF CHANGE: 2017 LONG-TERM SERVICES AND SUPPORTS

Percent of people with 90+ day nursing home stays successfully transitioning back to the community



2017 Data: MFP Report from Field

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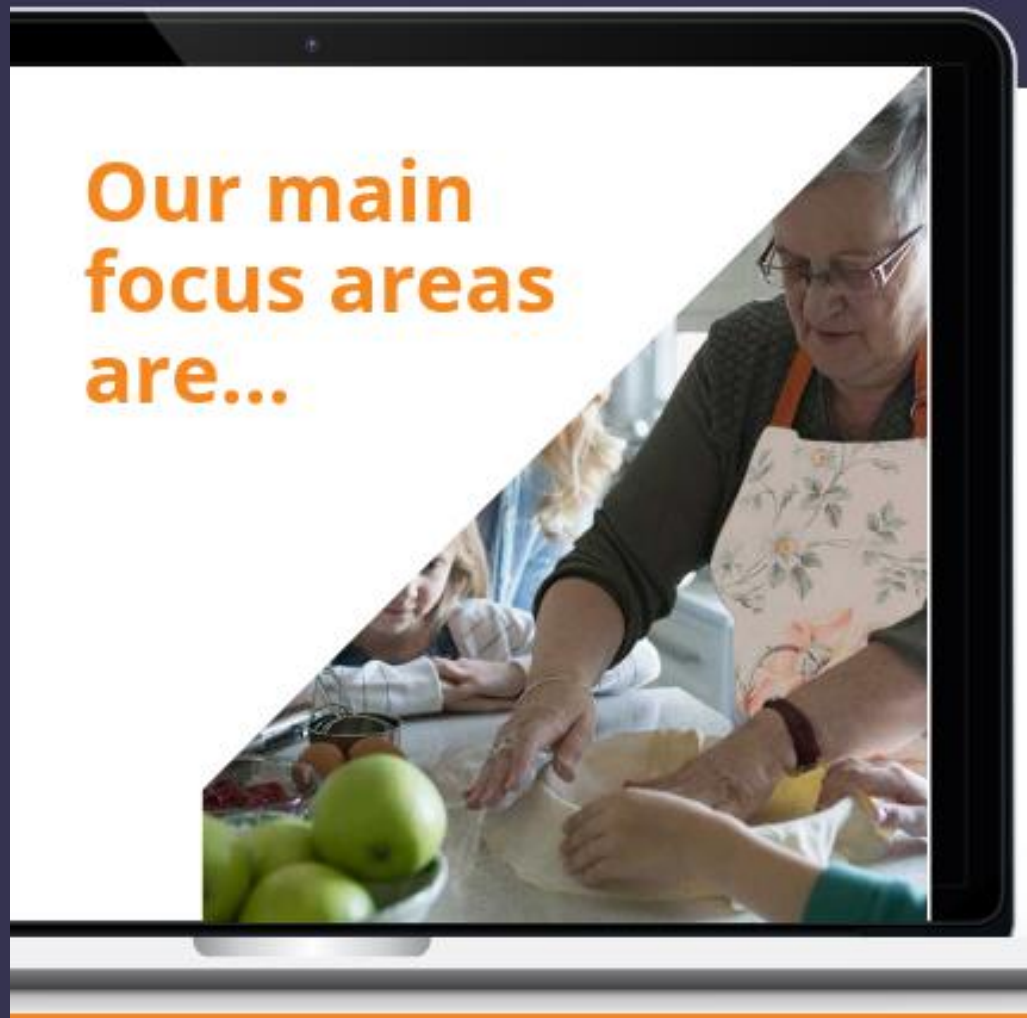
02 STRATEGIES



01 Transitions to Community

02 Home and Community

03 Housing

04 Diversion

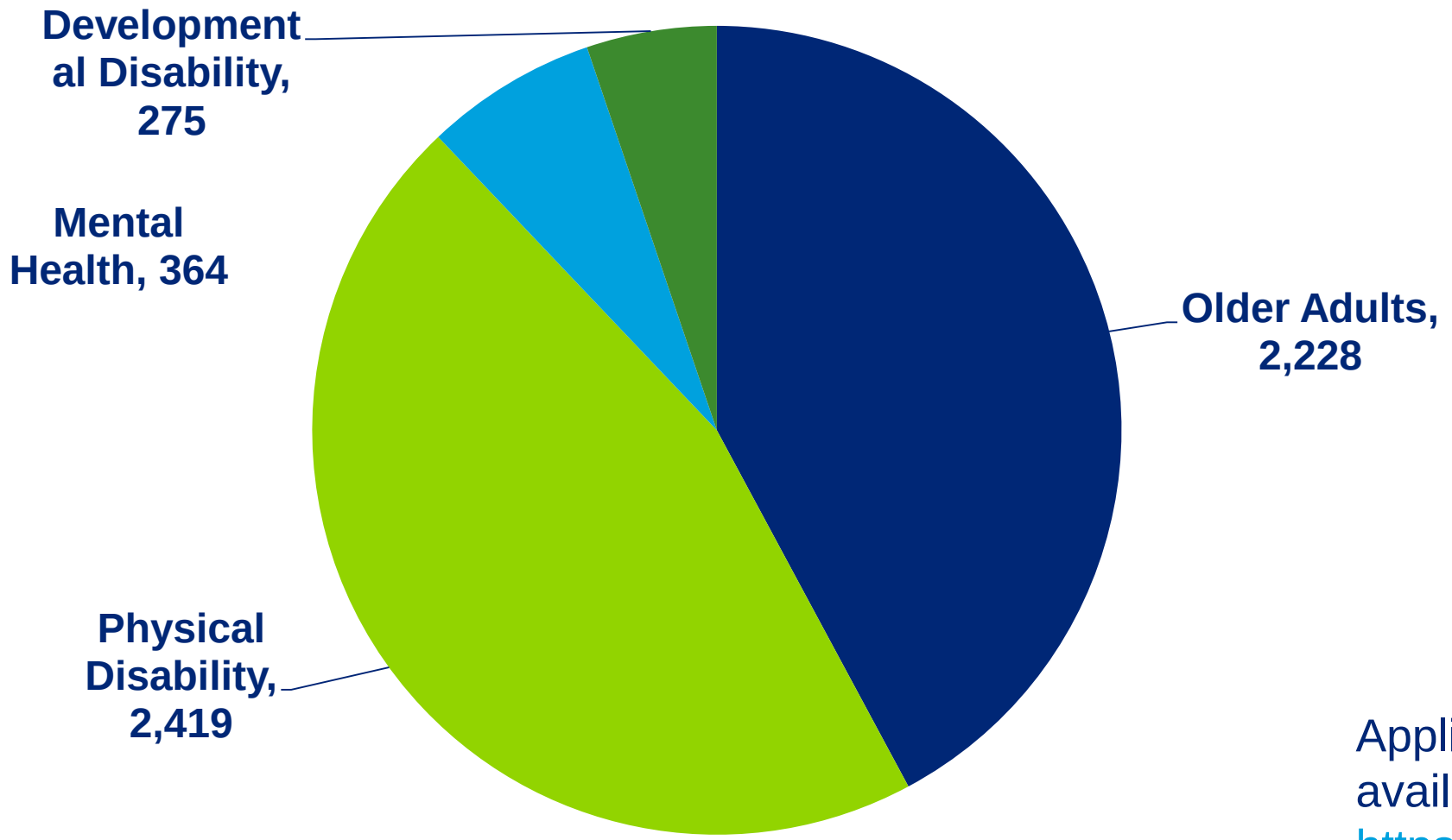
05 Workforce

06 Community Integration

07 Business Diversification

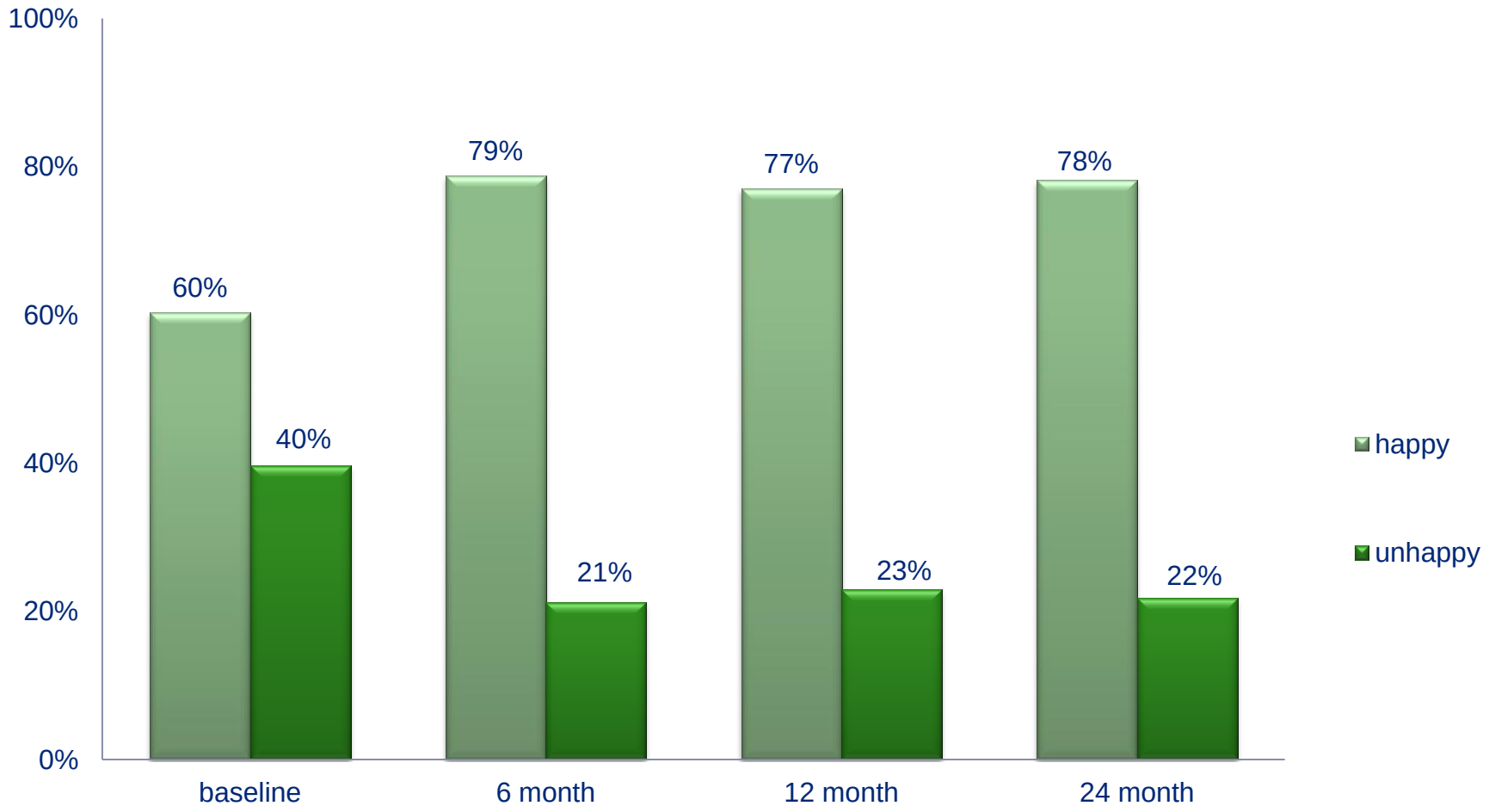
5,286 Transitions to the Community through September 2018

4,934 MFP and 352 Non-MFP



Applications available at: https://ctmfp.com/

Happy or unhappy with the way you live your life*



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

*Indicates statistically significant difference

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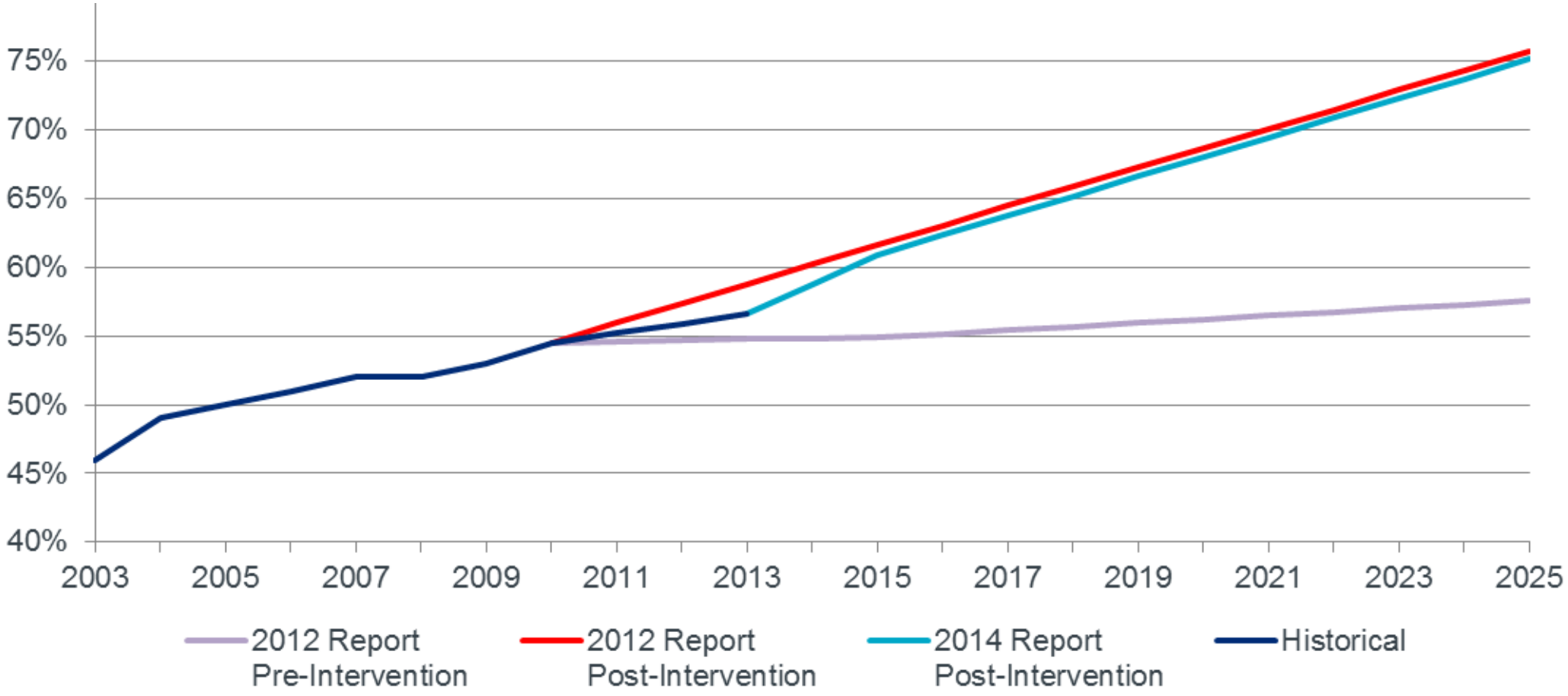
Projected use of nursing home compared to community long-term services and supports



Strategic LTSS rebalancing initiatives have changed the historical trend of where LTSS participants will receive services by 2025. Current projections indicate that 75% of all LTSS participants will receive services in the community rather than in a nursing home by 2025

Since implementation of Money Follows the Person, 3800 nursing home beds have been removed from the system.

The nursing home census rate remains low at 86%.

https://portal.ct.gov/-/media/Departments-and-Agencies/DSS/Medicaid-Nursing-Home-Reimbursement/NF_Closures_as_of_June_2018.pdf?la=en

Universal Assessment

Brief History of the Universal Assessment

Funding was secured through the Centers for Medicare and Medicaid Services provided by the Balancing Incentive Program (BIP). This financially incentivized states to increase access to non-institutional long-term services and supports (LTSS).

BIP required states to **implement standardized instruments to help facilitate eligibility determinations, person-centered assessments, and individualized service planning.**

The CT Universal Assessment was designed to standardize assessments across waivers and other Medicaid programs, improve reliability of assessments, and reduce redundancy of multiple assessments.

"*Our overarching goal is to develop a standardized approach across all sources of long-term care coverage that enhances and expedites people's access to services, reduces the confusion and redundancy that has resulted from a range of different approaches, and improves the reliability and validity of assessment.*" ~ Kate McEvoy - *Director of the Division of Health Services at DSS*

Brief History of the Universal Assessment

Design and Development started in 2012

- Cross agency collaboration from DSS, DMHAS, DDS and SDA allowed for representation from all stakeholders to inform the process and build the most appropriate tool.

- Stakeholders reviewed, analyzed and ranked standardized tools currently used in CT as well as tools from other states. The group identified standard questions, definitions and processes across multiple domains (Activities of Daily Living (ADL), Instrumental Activities of Daily Living (IADL), Cognition, Behavior, etc).

Workgroup chose InterRAI HC as base for the CT assessment instrument and built additional CT specific questions to support all populations.

- InterRAI HC is currently used in 24 states and several countries.

- This tool is well established and is a vigorously tested assessment instrument that has been proven to be both valid and reliable across populations and settings.

Key Strengths of Utilizing the Universal Assessment

Person-centered whole person approach to assessment that is strengths based.

– Key domains - Cognition, Communication, ADLs, IADLs, Mood and Behaviors, Psychosocial Well-Being, Disease Diagnoses, and Health Conditions.

Reduces redundancy of multiple assessments when attempting to determine eligibility for different programs, reduces burden for participant at time of functional change or reassessment due to being a web-based tool.

Equitable distribution of resources based on functional need when participant can be assessed within the same domains despite what program they are accessing.

A Universal Assessment spanning multiple programs allows for data analysis across programs, as well as comparison to other states who use the InterRAI HC tool.

Universal Assessments (UA) Completed

Total of 7,692 people assessed using the UA

from 8/5/17-10/1/18

Number of Assessments* Completed by Program/Waiver:

CFC *(UA roll-out 8/7/2017)* – **1,400**

DMHAS (for MFP) *(UA roll-out 8/7/2017)* - **192**

Autism *(UA roll-out 4/1/2018)* - **42**

PCA *(UA roll-out 6/1/2018)* - **663**

ABI *(UA roll-out 6/1/2018)* - **224**

CHCPE *(UA roll-out 7/1/2018)* – **5,171**

*totals include MFP assessments

Ongoing Development

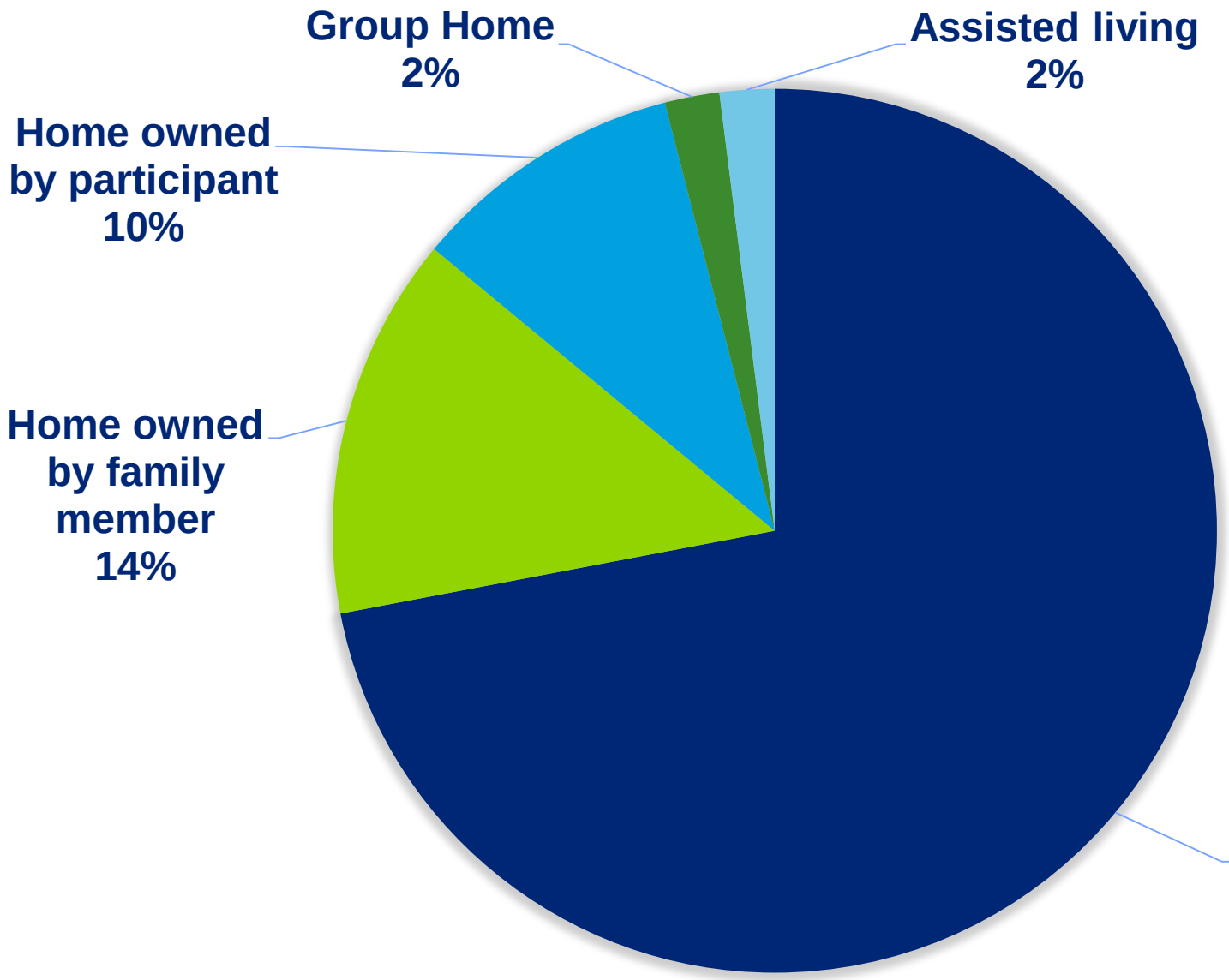
Weekly workgroup meetings with key field staff and state agency staff (across multiple waivers and programs) to identify challenges

If a problem is identified, data is analyzed to further understand and/or validate the concern

IT solutions and Department guidance are used to clarify or alleviate an identified issue

HOUSING

Housing for People Transitioning Under Money Follows the Person



People who transition have access to the State's Rental Assistance Program

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Smart Home Technology
Building Conversion to Affordable Housing
New Housing Plus Supports Models

No Wrong Door

No Wrong Door

MYPLACECT.ORG

MyPlace.org ~ Virtual hub

Helps people navigate LTSS, Health & Well-being
Helps people plan life with LTSS, including end of life
Includes a Caregiver Center (UConn)
Leverages technology to make connections

Connecticut 2-1-1

My Place Partners

In Communities Across CT
Navigators
Partner Portal
Training Hub

Empower – Plan for the Future – Access Key Services & Supports - Connect

SUMMARY

HOUSING

CHOICE

Assessment

Standard process Streamline Equity

ROI

Targeted housing saves Medicaid money

Information

Quality of Life Improved health

Culture

Belief in human potential