



**Weathering the Storm: The Impact of the Great
Recession on Long-Term Services and Supports**
State Profile: CONNECTICUT

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INTRODUCTION

Weathering the Storm: The Impact of the Great Recession on Long-Term Services and Supports is the most comprehensive analysis to date on the budget cuts to both Medicaid and non-Medicaid funded long-term services and supports (LTSS) in each state. It also illustrates state-by-state how LTSS are financed. In addition, this study provides a very early snapshot of the likelihood of states pursuing some of the LTSS provisions within the Affordable Care Act (ACA).

Weathering the Storm contains several components:

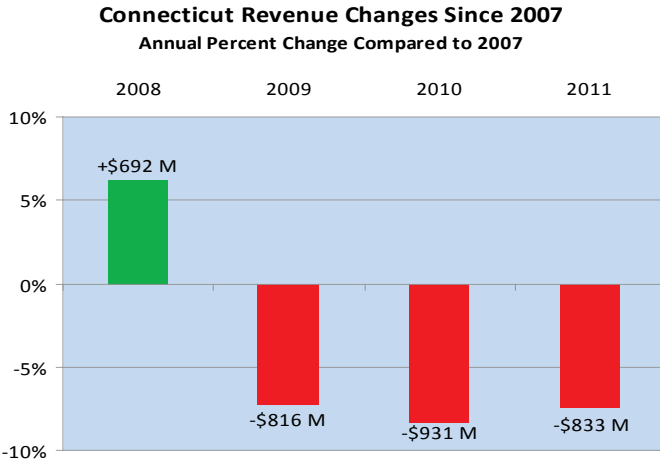
- The full report with an overview of findings and state-by-state tables;
- State profiles, which are 4 to 5 pages in length, for each state that participated in the study;
- An In Brief, which is a short synopsis; and
- A videotaped interview about the key findings.

Hard copies of *Weathering the Storm* are available free of charge. To order, please call the AARP Public Policy Institute at (202) 434-3890 or email jgasaway@aarp.org.

All of the components of *Weathering the Storm* are also available on the web and can be found at www.aarp.org/ppi, www.nasuad.org, and www.healthmanagement.com.

CONNECTICUT

TAX COLLECTIONS



Source: HMA analysis of state tax collection data from the National Association of State Budget Officers (NASBO), Spring Fiscal Survey of States, 2008 (for baseline 2007 data); Spring Fiscal Survey of States, 2009 (for 2008 data) and Spring Fiscal Survey of States, 2010 (for 2009 actual, 2010 estimated, and 2011 projected). Revenue represents the following taxes if collected by the state: **Personal Income, Corporate, and Sales**. Percent change and change in amount collected (in millions) represents the divergence between the state fiscal year noted and baseline SFY 2007.

ARRA FUNDING

IMPACT OF ARRA ENHANCED MEDICAID FMAP EXPIRATION

- ARRA enhanced FMAP allowed the state to maintain long-term services and supports (LTSS) without making cuts.

PREDICTED IMPACT OF THE EXPIRATION OF THE ARRA NUTRITION FUNDING

- Waiting lists will increase.
- Programs and services will be reduced.

STATE UNIT ON AGING AND DISABILITY (NON-MEDICAID) SERVICES

STATE UNIT ON AGING NUMBER SERVED (UNDUPLICATED)

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (projected)	% Change SFY 2009–2011
85,629	96,651	85,629	0%

STATE UNIT ON AGING TOTAL EXPENDITURE REDUCTIONS – ACTION TAKEN

SFY 2009–2010	SFY 2010–2011
5% or less	Don't Know

CONNECTICUT

STATE UNIT ON AGING SERVICE DEMAND AND EXPENDITURE CHANGES

Program	Change in Expenditures		Change in Service Requests
	SFY 2009–2010	SFY 2010–2011	SFY 2009–2010
Adult Foster Care	0	0	-
Adult Day Care	-	+	-
Adult Protective Services	NA	NA	DK
Assisted Living	NA	NA	-
Behavioral Supports	NA	NA	DK
Case Management	-	+	-
Chore	-	+	-
Community Transition	NA	NA	+
Congregate Meals	+	-	+
Day Habilitation	NA	NA	DK
Disease Prevention/Health Promotion	0	+	+
Elder Abuse Prevention	0	0	
Environmental Modifications	+	-	
Equipment and Supplies	+	-	+
Family Caregiver Support			0
Food Stamps/Supplemental Nutrition Assistance Program			DK
Foreclosure Counseling	NA	NA	DK
Homemaker	-	+	-
Home-Delivered Meals	+	-	+
Housing Assistance	NA	NA	DK
Information and Referral	-	0	+
Legal Assistance Development	-	0	0
LIHEAP			+
Long-Term Care Ombudsman	0	0	0
Nutritional Supplements	NA	NA	DK
Occupational Therapy	NA	NA	DK
Personal Care/Assistance	+	+	+
Physical Therapy	NA	NA	DK
Recreational Therapy	NA	NA	DK
Residential Habilitation	NA	NA	DK
Respite	-	+	-
Senior Community Service Employment Program	+	+	+
Senior Centers	-	0	DK
Speech Therapy	NA	NA	DK
State Adult Guardianship Program	NA	NA	
State Pharmaceutical Assistance	-	-	DK
Supported Employment	NA	NA	DK
Supported Living	NA	NA	DK
Transportation	0	0	-
+ Expenditure/demand increase	0	No change in expenditure/demand	DK Don't know
- Expenditure/demand decrease	NA	Program not administered by SUA	

- The decreases are a result of the following: (1) 15 percent cost sharing was added to the state-funded Connecticut Home Care Program—that provides home and community-based services(HCBS)—on January 1, 2010; the cost share was reduced to 6 percent on July 1, 2010, and (2) the closure of new intake for the Alzheimer's Respite Program.

CONNECTICUT

STATE UNIT ON AGING NON-MEDICAID HCBS EXPENDITURES

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (appropriation)	% Change SFY 2009–2010
\$68,000,000	\$72,000,000	\$73,000,000	6%

MEDICAID LONG-TERM SERVICES & SUPPORTS

NUMBER OF BENEFICIARIES: WAIVERS & NURSING FACILITIES

Waiver Name	Avg. Daily Caseload			% Change
	SFY 2009	SFY 2010	SFY 2011 (planned)	SFY 2009– 2010
Home Care Program for Elders	11,700	11,900	12,200	2%
Personal Care Assistance	837	895	947	7%
Acquired Brain Injury	368	375	380	2%
Nursing Facility Services	Avg. Daily Census 2010		Expected Change 2011	
NF Average Daily Census*	17,618		Decrease	

- Connecticut expects the Money Follows the Person grant program to have an impact on the number of special needs facility beds.

LTSS EXPENDITURES (FEDERAL AND STATE)

Service	SFY 2009	SFY 2010 (Estimate)	SFY 2011 (Appropriation)	% Change SFY 2009–2010
HCBS Waivers (For Older People and Adults with Physical Disabilities)	\$183,498,653	\$187,106,414		2%
Medicaid LTSS State Plan	\$356,204,732	\$321,628,493		-10%
Nursing Facility	\$1,239,014,353	\$1,246,657,351		1%

LTSS PROVIDER PAYMENT RATE CHANGES

Provider Type	SFY 2009–2010 % change	SFY 2010–2011 % change
Nursing Home		
Home Health		
Personal Care Services		
HCBS Waiver Services*	+4.2%	
+ Provider rate increase - Provider rate decrease 0 No change in provider rate		NA Not applicable

- The adult day care rate increased to try to maintain the current level of providers.

CONNECTICUT

OPTIONS, OUTLOOK, AND PROMISING PRACTICES

The Medicaid agency and State Unit on Aging were asked about their intent to pursue options under health care reform, to provide their thoughts on the outlook for LTSS, and to share promising practices in their state. This section combines information from both agencies if both agencies responded.

See the Overview for descriptions of these provisions.

State's Intent to Pursue LTSS Provisions in the Affordable Care Act	Very Likely	Somewhat Likely	Not Likely	Don't Know
State Balancing Incentive Program		X		
Community First Choice Option				X
Money Follows the Person Demonstration				
1. Apply for new program				
2. Apply for extension of existing program	X			
Medical/Health Home Initiative				
1. Agency applying for planning grant		X		
2. State plan amendment to establish medical/health home services				X
3. Apply to establish community health teams				X

STATE PRIORITIES: 18–24 MONTHS

- The state's priority is a programmatic use of resources to maximize efficiency and effectiveness.

STATE ISSUES

- Maintaining access to providers at current rates.
- Sustaining adequate availability of home and community based services (HCBS) to meet demand.
- Containing costs.
- Working on workforce development and training.

STATE PROMISING PRACTICES

- The addition of personal care attendant services and assistive technology to the elder and personal care attendant waivers.
- Aging and Disability Resource Center (ADRC) development and implementation in three of five state regions.
- Evidence-based health promotion projects.
- Money Follows the Person implementation.

The information in this profile represents information available to state officials at a point in time. Surveys were conducted from June through September 2010. Connecticut's fiscal year begins July 1 and ends June 30.