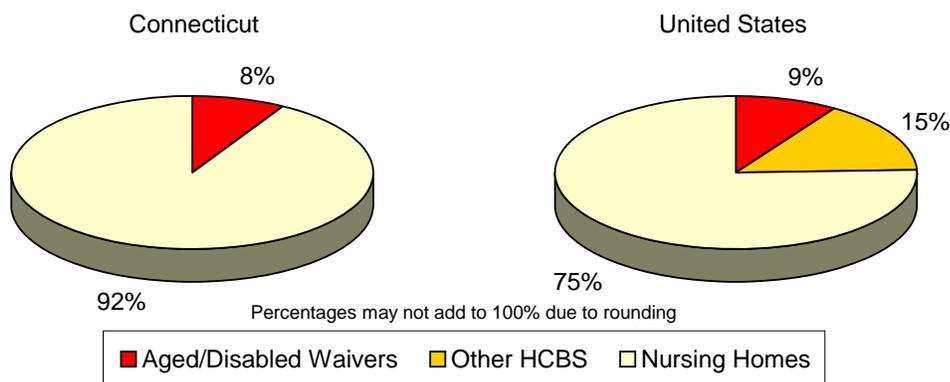


State Long-Term Care Reform in
CONNECTICUT

Medicaid Long-Term Care Spending for Older People and Adults with Physical Disabilities in Connecticut and the U.S., 2006



Compared to the U.S. average, Connecticut allocates a greater percentage (92 percent) of its Medicaid long-term care (LTC) spending for older people and adults with physical disabilities to nursing homes, even though most people prefer to remain in their own homes and communities. In FY 2006, Connecticut spent 8 percent on waiver services.

Type of Service	Medicaid Participants ¹			Expenditures (millions)		
	1999	2004	Change	2001	2006	Change
HCBS	9,176	11,335	+2,159	\$68	\$112	+\$43
Nursing Homes	38,862	36,868	-1,994	\$1,024	\$1,226	+\$201

Although Connecticut has yet to achieve an overall balanced LTC system for older people and adults with physical disabilities, an increase in Medicaid home and community-based services (HCBS) participants and a decrease in nursing home participants indicate that some progress has occurred in recent years. However, more Medicaid participants receive nursing home services than receive HCBS. From FY 2001 to FY 2006, the increase in Medicaid spending on nursing homes was more than 4.5 times the increase in spending on HCBS.

The state operates the Connecticut Home Care Program for Elders (CHCP), which is both Medicaid- and state-funded. CHCP has a three-tier structure through which individuals can

¹ This analysis separates Medicaid participation and spending data for older people and adults with physical disabilities from the population with mental retardation/development disabilities (MR/DD) and other LTC populations. Participants and expenditures for HCBS include all 1915(c) waivers for older people and adults with physical disabilities, and the personal care services option, if the state offers it. All participants and expenditures for nursing homes are included, regardless of the participants' type of disability or reason for admission. Excluded are participants and expenditures for intermediate care facilities for mental retardation (ICF/MR), HCBS waivers for other populations such as MR/DD, home health, and individuals receiving LTC services through managed care programs. Participant numbers include all persons receiving services during the year, not the average number on a given day; the number of nursing home participants is greater than the number of nursing home beds in each state. The average number of Medicaid nursing home residents on any given day for each state appears in the *Tables* tab at the end of the full report *A Balancing Act: State Long-Term Care Reform (#2008-10)*.

receive home care services in amounts corresponding to their financial eligibility and functional status. Two categories are funded with state dollars, and the third, under a Medicaid waiver. The total number of participants in FY 2006 was 16,646, with total expenditures of almost \$200 million (about \$29 million in state general revenue). To continue the program, including maintaining a no-waiting-list policy and a new Personal Care Assistance (PCA) pilot initiative begun in 2005, the legislature increased funding by \$2.1 million in SFY 2005, \$4.6 million in 2006, and \$9.7 million in 2007. The PCA pilot, which started with 100 slots, was expanded to 150 slots for 2006 and to 250 slots in 2007.

Major Initiative

Long-Term Care Vision and Benchmark. In 2005, the Connecticut legislature codified in law a broad philosophical statement requiring the state to “provide...individuals with long-term care needs...the option to choose and receive long-term care and support in the least restrictive, appropriate setting.” The 2004 report of the Connecticut Long-Term Care Planning Committee² had proposed that 75 percent of Medicaid LTC clients be receiving HCBS by 2025 and recommended a 1 percent annual increase. In January 2007, the committee reported that, for the first time, more individuals were receiving Medicaid LTC services in the community than were receiving institutional care. (This total includes all LTC populations, not just older people and adults with physical disabilities.)

“Connecticut Benchmark”

Connecticut set the benchmark that 75 percent of Medicaid LTC clients should receive HCBS, with the remaining 25 percent in institutional care by 2025. For the first time, more Medicaid participants were receiving LTC in the community in 2007.

Developing Assisted Living. Since 2000, the Connecticut Office of Policy and Management has coordinated a multi-agency, multiyear effort to develop affordable assisted living (AL) options for low-income persons as an alternative to nursing homes. This effort has included adding AL services in state-funded congregate housing, federally funded U.S. Department of Housing and Urban Development housing facilities, new subsidized AL communities in four towns, and a 75-slot pilot in private-pay AL facilities. By January 2008, a total of 524 persons had been enrolled. In addition, in 2007, new legislation has increased AL oversight.

Other Developments

Long-Term Care Recommendations. In 2006, the Connecticut General Assembly authorized and funded a comprehensive statewide Long-Term Care Needs Assessment by the University of Connecticut Health Center’s Center on Aging. The researchers reported in June 2007 that efforts to balance the state’s LTC system were “progressing, though more slowly than in some leading states.” Report recommendations included: 1) create a statewide single-point-of-entry system; 2) provide a broader range of community-based LTC choices, including expanding the number of people served in pilot programs for AL and other supportive residential housing; 3) offer consumer choice and self-direction to all LTC users; 4) increase accessible and affordable transportation options; and 5) address LTC education and information needs of the public and workforce shortage issues.

² The committee is charged with developing an LTC plan every three years for the Connecticut General Assembly.