

AGING STRATEGIC ALIGNMENT PROJECT

State Profile for

CONNECTICUT

Home- and Community-based Services for Older Adults and Adults with Physical Disabilities

Background

- Connecticut's 60+ population was 663,606 in 2008 (19.0% of the state's total population), with 6.1% below the federal poverty level.¹
- The 60+ population is projected to be 956,513 in 2025 (25.9% of the state's total population).²
- About 24.8% of all households in 2007 had one or more persons age 65 years and older, and 35.9% of persons age 65 years and older had a disability.³
- Of the 496,680 Medicaid beneficiaries in the state in 2003, 10.5% were aged, 11.5% were blind and disabled, 18.7% were Dual Eligible, and 3.6% were HCBS waiver beneficiaries.⁴
- Medicaid expenditures for institutional long-term care were 64.5% of total long-term-care expenditures, compared to 35.5% for HCBS in fiscal year 2007.⁵

Abbreviations

AAA	Area Agency on Aging
ADL	Activities of Daily Living
AoA	Administration on Aging
CMS	Centers for Medicare and Medicaid Services
HCBS	Home- and Community-based Services
IADL	Instrumental Activities of Daily Living
MRDD	Mental Retardation and Developmental Disabilities
OAA	Older Americans Act
PACE	Program of All-inclusive Care for the Elderly
SUA	State Unit on Aging

¹ Department of Health and Human Services, Administration on Aging. (2009). *AGing Integrated Database (AGID): American Community Survey (ACS) demographic data 2004-2007 and state-level population estimates data 2000-2008* [Data files]. Available from <http://198.136.163.234/default.asp>

² Department of Health and Human Services, Administration on Aging. (2009). *AGing statistics: Projected future growth of the Older population; By state: 2005-2030; Aged 60 and above* [Data files]. Available from http://www.aoa.gov/AoARoot/Aging_Statistics/future_growth/future_growth.aspx.

³ Reimbursement and Research Department, American Health Care Association. (2006, August 29). *The state long-term health care sector 2005: Characteristics, utilization, and government funding*. Washington, DC: Author.

⁴ U.S. Census Bureau, 2007 American Community Survey, United States and States. *Percent of households with one or more people 65 years and over (R1104) and Percent of people 65 years and over with a disability (R1803)*.

⁵ Burwell, B., Sredl, K., & Eiken, S. (2008, September 26). *Medicaid long term care expenditures FY 2007*. Eagan, MN: Thomson Reuters.

Government Structure to Manage HCBS

- **SUA:** Department of Social Services, Bureau of Aging, Community and Social Work Services. www.ct.gov/agingservices/site/default.asp
- **State Medicaid Agency:** Department of Social Services. www.ct.gov/dss/site/default.asp
- Connecticut has consolidated its SUA and Medicaid agencies under the Department of Social Services. The following agencies are not included but provide long-term-care services: Mental Health, Children and Families, and the Department of Developmental Services.
- The director of the SUA reports to the Deputy Commissioner of the Department of Social Services, who reports to the Commissioner. The Commissioner reports directly to the Governor.
- Connecticut has five Area Agencies on Aging.

Single Point of Entry (SPE)/Aging Disability and Resource Center (ADRC)

- Connecticut has an SPE but it is not statewide.
- Connecticut uses a virtual model or “no wrong door” with telephone linkages between information and referral providers.
- In addition to serving older adults, the SPE serves physically disabled older adults, those with developmental disabilities, and persons with cognitive impairments, including Alzheimer’s disease.

Assessment Process

Medicaid

- For Medicaid applicants, in determining functional eligibility for nursing home pre-admission, Connecticut requires an in-person assessment by someone other than nursing home staff. The first step in the assessment is the MIMR ([Mental Illness – Mental Retardation]) or Preadmission Screening and Resident Review [PASRR]) and health screen. These assessments are generally done by hospital staff or a physician or home health agency.

- There is an in-person screening and assessment required for all nursing home applicants when there is evidence of mental retardation or mental illness regardless of payment source.

Non-Medicaid

- For non-Medicaid applicants in Connecticut, nursing home pre-admission assessment is not performed by someone other than nursing home staff. The assessment is called the W-10, an interagency referral that examines whether the applicant has an uncontrolled or unstable or chronic condition that requires continuous skilled nursing and/or substantial assistance with personal care on a daily basis.
- There is an in-person screening and assessment required for all nursing home applicants when there is evidence of mental retardation or mental illness regardless of payment source.

State Medicaid Plan

- Connecticut provides HCBS through the state Medicaid plan.
- Refer to Table 1 for specific services provided.
- Connecticut does not have PACE programs.

Medicaid Waivers

- Connecticut has two waivers that provide HCBS to older adults and/or adults with physical disabilities. These are: Connecticut Home Care Program for Elders and Personal Care Assistance (PCA) for adults with disabilities.
- **Connecticut Home Care Program for Elders:** This program has both a Medicaid component and a state-funded component; there are differences between the eligibility levels but all services available are identical. The income limit for this program is 300% of Supplemental Security Income (SSI) or \$2,022 per month, and the asset limit is \$1,600; all persons are assessed as individuals. After applicants enroll in Medicaid, level of care applications are processed in 13 Medicaid district offices. The financial assessment is confirmed by

provider agencies and care management companies doing the in-person care management assessment. There is a self-directed option limited to choice of licensed provider agencies without case management.

- **Personal Care Assistance:** This program targets those with two or more ADL needs who have applied first for Medicaid. The income limit for this program is 300% of SSI or \$2,022 per month, and the asset limit is \$1,600; all persons are assessed as individuals. Consumer-directed options are the backbone of this program. The applicant must be able to be the employer of the personal care assistant, and is responsible for hiring, training, supervising, paying, and if necessary, firing the personal care assistants. The applicant is the essential participant in developing the PCA plan. Functional eligibility criteria require that the applicant must have a physical disability that requires hands-on help with at least two ADLs. A social worker meets with the applicant to assess needs and establish that the person cannot perform these functions. Medical verification is also required, as is annual redetermination of eligibility.
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered under each program.

CMS-funded Programs and Grants

- Connecticut has one CMS-funded program and grant that provides HCBS to older adults and/or adults with physical disabilities. This is Money Follows the Person.
- **Money Follows the Person:** This program includes a 24-hour care component and backup services for workers who fail to show up as scheduled. Applicants must be in a nursing home for six months and want to return to the community. The income and asset levels are the same as for Medicaid (income is 300% of federal poverty level [FPL] and \$1,600 in assets). Functional eligibility is assessed under contract with the AAAs and Independent Living Centers. The program goal is to transition 700 residents back to the community over five years.
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.

State-funded HCBS Programs

- Connecticut has three state-funded HCBS programs that provide HCBS to older adults and/or adults with physical disabilities. These are: Connecticut Home Care (Pilot) Program for Adults with Disabilities, Connecticut Home Care Program for Elders, and Personal Care Assistance (PCA Pilot Program) for Elders.
- **Connecticut Home Care (Pilot) Program for Adults with Disabilities:** This is a pilot program targeting those with degenerative neurological conditions who need the assistance of a case manager to coordinate their care. This program is, as the name indicates, part of the Connecticut Home Care Program, and therefore all income, asset, and contribution requirements are the same as stated below. Consumer-directed options are available but unlikely to be utilized due to the population served. This program has a \$720,000 allocation for up to 50 participants.
- **Connecticut Home Care Program for Elders:** Applicants must be at risk of placement or have a nursing home level of care need. This program has both a Medicaid component and a state-funded component; there are differences between the eligibility levels but all services available are identical. This program is for older adults and not specific to a diagnostic group. Persons who are not Medicaid-eligible may receive services through this portion of the Home Care program. There is no income limit but participants are asked to contribute based on a sliding fee scale. The asset limits for this program are \$32,868 for an individual and \$43,824 for a couple. Although the number of program slots was increased, the funds were not appropriated.
- **Personal Care Assistance (PCA Pilot Program) for Elders:** Eligibility is restricted to persons qualified for the Home Care Program for Elders. An individual's specific personal care needs determine level of service. Consumer directed services are provided by qualified family members or other informal helpers. There is no individual income limit; asset limits are \$32,868. This program is limited to 250 participants.
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.

Locally Funded HCBS Programs

- Connecticut uses local funds for HCBS for older adults and/or adults with physical disabilities.
- Some municipalities fund senior centers and other HCBS or provide matching funds for certain services such as Dial a Ride.

OAA-funded Programs and Grants

- Refer to Table 1 for services provided through Title III of the OAA.
- Connecticut has one other OAA-funded grant that provides HCBS to older adults and/or adults with physical disabilities. This is: Nursing Home Diversion.
- **Nursing Home Diversion:** This program has been piloted in one area of the state (New Haven region). Caregivers are being targeted as well those at risk of placement and spend down to Medicaid.

Social Service Block Grants (SSBG) and Community Service Block Grants (CSBG) for HCBS

- Connecticut uses SSBG to provide HCBS for older adults and/or adults with physical disabilities.
- SSBG monies are used to fund a community-based services program for disabled individuals ages 18-65 in order to keep them out of institutions. Subsidies of up to \$650 per month are used to fund services including home-delivered meals, homemaking services, companion services, adult day care, and emergency response systems. Applicants must have medical documentation of need as well as a social work assessment; need is reviewed annually.
- Connecticut does not use CSBG to provide HCBS for older adults and/or adults with physical disabilities.

Consumer Direction

- Connecticut offers consumer-directed options in all its HBCS programs (see Table 2).
- Models of consumer direction available in the state include: Cash and Counseling.
- Those permitted to provide services under consumer direction in Connecticut are: licensed provider agencies, adult children of the consumer, other family members and friends.
- Background checks are conducted on all persons the consumer selects.
- Spouses, parents and legally liable persons cannot provide assistance.
- Connecticut uses fiscal intermediary services in connection with consumer direction. There is one fiscal intermediary for the state.

Managed Care

- Connecticut does not have HCBS programs run by managed care health plans.

Major Accomplishments and Initiatives

- In the past two years, Connecticut's focus has been on waiver programs for the mentally ill to keep such individuals in independent housing and employed.
- A statewide needs assessment of more than 7,000 people indicated that unmet needs for information are widespread, hence the need to establish Single Points of Entry in the state.
- Challenges that Connecticut faces are to get the Money Follows the Person program and SPEs implemented, as well as transportation services due to the lack of public transportation in the state.

Types of Services	Program Type / Funding Source							
	Medicaid Waivers		CMS-funded Programs and Grants	State-funded Programs			State Medicaid Plan	OAA Title III
	Connecticut Home Care Program for Elders	Personal Care Assistance	Money Follows the Person Grant	PCA Pilot Program for Elders	Home Care Pilot Program for Persons with Disabilities	State funded Connecticut Home Care Program		
Adult Day Care / Adult Day Health	X		X			X		X
Assisted Living	X					X		
Caregiver Services / Respite / Education								X
Case Management / Care Coordination	X	X	X		X	X		
Chore / Homemaking	X		X		X	X		X
Companion Services / Socialization Activities	X					X		X
Employment								
Equipment / Supplies / Modifications / Assistive Technology	X	X				X	X	X
Health Promotion Activities								X
Home Health / Personal Care		X	X	X	X	X		
Information / Assistance / Referral	X	X	X		X	X		X
Legal Assistance / Financial Advice								X
Medical / Dental / Medication Care								X
Mental and Behavioral Health Services							X	X
Nursing						X	X	
Nutrition / Meals	X		X		X	X		X
Personal Supports for Community Living / Transitioning								
Rehabilitation / Therapy							X	
Residential Services								
Transportation	X	X	X		X	X	X	X
Other/Unspecified HCBS								X

Table 2: Selected HCBS Programs for Older Adults and Adults with Physical Disabilities in Connecticut

Program Type / Funding Source	Program Name	Ages Served	Nursing Home Level of Care Required	Entity Responsible for Functional Assessment	Entity Responsible for Financial Assessment	Entity Responsible for Case Management	Waiting List (Number)	Consumer Direction Option
Medicaid Waivers	Connecticut Home Care Program for Elders	65+	Yes	State care management agency, care management companies, provider agencies	State agency: District Medicaid offices of Department of Social Services	Access agencies under contract with the Department of Social Services, which are AAAs, providers and care management companies	No	Yes
	Personal Care Assistance	18+	Yes	State agency: Regional Offices of the Department of Social Services	State agency: Department of Social Services	State agency: Department of Social Services	Yes (65)	Yes
CMS-funded Programs and Grants	Money Follows the Person	18+	Yes	Area Agency on Aging; Independent Living Centers	State agency: Department of Social Services	Information Not Reported	No	Yes
	Nursing Home Diversion Demonstration	18+ with disabilities and 60+	No	Area Agency on Aging	Area Agency on Aging	Area Agency on Aging	No	Yes
State-funded Programs	Personal Care Assistance Program for Elders	65+	No	State care management agency; provider agencies, care management companies	State care management agency, provider agencies, care management companies	Provider agencies, care management companies	Yes (60)	Yes
	Connecticut Home Care (Pilot) Program for Adults with Disabilities	18+	Information Not Reported	Information Not Reported	Information Not Reported	Information Not Reported	Yes (24)	Information not reported
	State funded Connecticut Home Care Program	65+	No	State care management agency, provider agencies, care management companies	State agency: District Medicaid offices of the Department of Social Services	Area Agency on Aging; Access agencies	No	Yes