

**2003 INNOVATIONS AWARDS PROGRAM
Application Form**

1. Program Name:

Home Care and Assisted Living Alternatives to Nursing Home Care Initiative – encompassing the following programs:

**Connecticut Home Care Program for Elders
State-funded Congregate and Federally-funded HUD Assisted Living Pilots
Private Pay Assisted Living Pilots
Assisted Living Demonstration Project**

2. Administering Agency:

The Office of Policy and Management (OPM) is submitting this application. However, the following agencies, besides OPM, play an administering role for this initiative:

**Department of Social Services (DSS)
Department of Economic and Community Development (DECD)
Department of Public Health (DPH)
Connecticut Housing Finance Authority (CHFA)**

3. Contact Person (Name & Title):

Julie Cammarata from OPM is submitting this application. The following individuals are the various contacts from the administering agencies:

**Marc Ryan, Secretary – OPM
Steve Netkin – OPM
Peter Pacific – OPM
David Guttchen – OPM
Michele Parsons – DSS
Martita Rodriquez – DSS
Bette Smith – DSS
Evelyn Hernandez – DSS
Vincent Hayes – DSS
Dee O’Connor – formerly of DSS
Tim Coppage - DECD
Rick Robbins – DECD
Michael Santoro – DECD
Kathy Matthews - DECD
Vicki Carlson – DPH
Gary King – CHFA
Bruce Perry – CHFA**

Michael Ward – CHFA
Carl Stenman – CHFA
Joe Marsan – CHFA
Russ Bjorkland – formerly of CHFA

4. Address

Office of Policy and Management
450 Capitol Ave., MS #55SEC
Hartford, CT 06106-1308

5. Telephone Number

860-418-6209

6. FAX Number

860-418-6487

7. E-mail Address

julie.cammarata@po.state.ct.us

8. Please provide a two-sentence description of the program.

This initiative, launched in 2000, builds on an expansion of home and community-based service options that began in Connecticut in 1996 in an effort to provide elderly persons in need of long-term care the ability to remain in the community and avoid, or delay, entrance to a nursing home. The initiative includes an expansion of the income eligibility criteria for Connecticut's State's Home Care Program for Elders in 2000, implementation of assisted living pilots in State-funded congregate housing and federally-funded HUD housing in 2001, implementation of a private pay assisted living pilot in 2003 and the subsidized assisted living demonstration project, which is currently in the development and construction phase with the first assisted living units becoming available in 2004.

9. How long has this program been operational (month and year)?

The initiative began with an expansion of income eligibility criteria under Connecticut's Home Care Program for Elders in October 2000. The State-funded congregate and federally-funded HUD pilots began in May 2001 and the private pay assisted living pilots were launched in January 2003. The Assisted Living Demonstration Project has been in the development stages since 1998 with the first subsidized assisted living units scheduled to be available sometime in 2004.

10. Why was the program created? (What problem[s] or issue[s] was it designed to address?)

This initiative was created to address several interrelated problems. In the past, Connecticut was too reliant on nursing home care and didn't possess an adequate infrastructure in the community to support an expansion of services. In fact, prior to this initiative, and a commitment to home and community-based services begun in 1996, many elders were being forced to enter a nursing home due to a lack of subsidized resources in the community. In addition, Connecticut has an older population than most states, which combined with the aging boom, has forced Connecticut to play catch-up with other states when it comes to the development of a true continuum of long-term care. The initiative has created a win-win situation, whereby the State is able to provide less costly care in the community as opposed to the high expense of nursing home care while elders are able to remain in their own homes, or an assisted living environment, providing them with the dignity and independence that they wish and deserve.

11. Describe the specific activities and operations of the program in chronological order.

Prior to October 2000, individuals who were as little as one dollar over the income eligibility levels for Connecticut's Home Care Program for Elders would be ineligible for home care coverage but would be eligible for nursing home coverage under the Medicaid program. In October 2000, Connecticut lifted the income cap on the State-funded portion of the Home Care Program so that as long as an individual's income was less than the cost of care they could receive home care services. At the same time, Connecticut applied to the federal government for a similar change to the income requirements for the Medicaid waiver portion of the Home Care Program but, as of yet, Connecticut has not received federal approval for this expansion.

In May 2001, DECD and DSS began offering assisted living services to residents of State-funded congregate housing and two federally-funded HUD housing facilities. Individuals eligible for DSS' Home Care Program for Elders could choose to receive assisted living services from an on-site assisted living service agency. Individuals ineligible for the DSS Home Care Program due to having higher than allowed assets were provided a service subsidy from DECD designed to keep them in the community for as long as possible.

In January 2003, DSS began implementation of an assisted living pilot program designed to assist individuals residing in private pay assisted living communities who have exhausted their resources and, without some support, would be forced to enter a nursing home. The program encompasses two pilots within the Home Care Program for Elders – a 50 person Medicaid pilot and a 25 person State-funded pilot.

The Assisted Living Demonstration project was originally authorized by Connecticut's legislature in 1998. In 1999 a Request for Proposals (RFP) was initiated to choose developers for up to 300 units of subsidized assisted living. This project represented the State's first attempt to provide development financing, rental subsidies and assisted living service subsidies in an effort to help low-income elders stay in the community and avoid entrance into a nursing home. Five communities were chosen during the first RFP process. In 2001, a second RFP was issued and one more community was selected to replace a project that dropped out during the first round. The development teams for the various projects have been putting together their financing packages and construction of the first units should begin in 2003 with the first subsidized units available sometime in 2004.

12. Why is the program a new and creative approach or method?

Prior to 1996, Connecticut had a practice of rationing home and community-based services for elders by virtue of waiting lists for the Home Care Program for Elders. Beginning in 1996, Connecticut changed its philosophy and began an emphasis on alternatives to nursing home care and by 1998, Connecticut had eliminated its Home Care Program waiting lists. However, this was just the first step and the initiative described above represent new and creative approaches to allow elders to remain in the community for as long as possible.

13. What were the program's start-up costs? (Provide detail about specific purchases for this program, staffing needs and other financial expenditures, as well as existing materials, technology and staff already in place.)

One of the unique aspects about this initiative is that its program components have not required any start-up costs. All costs associated with the initiative are for the actual provision of services. Existing staff within the agencies were tapped and in some cases existing programs, such as DSS' Home Care Program or DECD's Congregate Housing program, were utilized to develop the initiatives. In other cases, such as the Assisted Living Demonstration project, a whole new program was developed, but again using existing staff and resources.

14. What are the program's annual operational costs?

As noted above, there is no new cost for the operation of the programs under this initiative since they utilize existing staff and/or programs.

The approximate annual costs associated with the service component of the programs are as follows:

Income Expansion of Home Care Program for Elders –

\$1.7 million

State-funded Congregate Assisted Living Program - \$700,000

Federally-funded HUD Assisted Living Pilots - \$360,000

Private Pay Assisted Living Pilots – Savings of \$250,000 due to nursing home diversion

Assisted Living Demonstration Project – Overall financing costs contributed by the State will total \$15 million. When fully annualized, service and rental subsidies will be \$7.2 million.

15. How is the program funded?

The program is funded through Medicaid funds as well as State funds through DSS and DECD.

16. Did this program require the passage of legislation, executive order or regulations? If YES, please indicate the citation number.

Each component of this initiative required legislative approval as follows:

Income Expansion of Home Care Program for Elders – June Special Session Public Act 00-2 (codified in Section 17b-342 of Connecticut General Statutes (CGS)).

State-funded Congregate Assisted Living Program - June Special Session Public Act 00-2 (codified in Sections 19a-490 and 17b-342 of the CGS).

Federally-funded HUD Assisted Living Pilots - June Special Session Public Act 00-2 (codified in Section 8-206e of the CGS).

Private Pay Assisted Living Pilots – May 9 Special Session Public Act 02-7 (codified in Sections 17b-365 and 17b-366 of the CGS.)

Assisted Living Demonstration Project – Public Act 98-239, as amended (codified in Section 17b-347e of the CGS).

17. What equipment, technology and software are used to operate and administer this program?

No new equipment, technology or software was used to operate or administer this initiative.

18. To the best of your knowledge, did this program originate in your state? If YES, please indicate the innovator's name, present address and telephone number.

Various components of this initiative have been implemented in other states, however the initiative as a whole, to the best of my knowledge, did originate in Connecticut. The innovator is Marc Ryan, Secretary of the Office of Policy and Management, 450 Capitol Ave., MS#55SEC, Hartford, CT 06106-1308, 860-418-6500.

19. Are you aware of similar programs in other states? If YES, which ones and how does this program differ?

Various other states have components of this initiative, such as an expanded home and community-based services program and/or assisted living initiatives. However, I am unaware of another state that has all these components included in an overall initiative to expand home and community-based options.

20. Has the program been fully implemented? If NO, what actions remain to be taken?

The income expansion for DSS' Home Care Program has only been implemented for the State-funded component since Connecticut is still waiting for approval for a similar expansion for its Medicaid Home Care Waiver.

The State-funded congregate and federally-funded HUD assisted living programs are fully implemented, with continued growth in enrollment each year.

The private pay assisted living pilots began implementation in January 2003 and, therefore, the full 75 slots available haven't been filled as of yet.

The Assisted Living Demonstration Project is still in the development phase with construction of the first subsidized units set to begin in 2003 with the first units available for occupancy sometime in 2004.

21. Briefly evaluate (pro and con) the program's effectiveness in addressing the defined problem[s] or issue[s]. Provide tangible examples.

The initiative has been successful in providing home and community-based and assisted living alternatives for elders who otherwise would have been forced to enter a nursing home. For example, close to 500 individuals have been able to access DSS' Home Care Program whose incomes exceeded the old income requirement level of 300% of SSI. In the absence of the Home Care Program's income expansion in October 2000, these individuals would have had no choice but to enter a nursing home, resulting in higher Medicaid costs to the State. In addition, of the over 350 individuals who have received assisted living services under the State-funded and HUD housing pilots, it's estimated that approximately half of them would have shortly had to enter a nursing home had it not been for the program.

22. How has the program grown and/or changed since its inception?

This initiative has seen incremental growth each year as new pilots and programs come on line. Each year the initiative has attempted to provide additional services in various community settings in an effort to develop a full continuum of care.

23. What limitations or obstacles might other states expect to encounter if they attempt to adopt this program?

The biggest obstacle other states will face will be the resources necessary to fund the programs included in this initiative. While in the long run this initiative will save Connecticut significant resources as nursing home expenses are reduced, in the short term the programs require an expansion of services within the community without necessarily a decline in nursing home costs.

Add space as appropriate to this form. When complete, return to:

CSG Innovations Awards 2003

The Council of State Governments

2760 Research Park Drive, P.O. Box 11910

Lexington, KY 40578-1910

innovations@csg.org

DEADLINE: All original applications must be postmarked or e-mailed by April 11, 2003, to be considered for an Innovations Award for 2003.