Leadership Results Resourcefulness Accountability Vision Teamwork Innovation Leadership Partners Best Practices Results Leadership Accountability Results Expertise Data Collaboration Innovation **Leadership** Turning the Curve Accountability Results Leadership Teamwork Results Leadership Strategies Innovation Collaboration Results Leadership Accountability Results Leadership Accountability Collaboration Efficiency Smart Government Planning Innovation Partners

Connecticut Commission on Aging

2011 Results-Based Accountability Report

with a Performance Report Card

Leadership Innovation Collaboration Expertise Partners Teamwork Data Results Accountability Teamwork Strategies Results Leadership Collaboration Strategies Expertise Results Accountability Teamwork Expertise Innovation Results Commitment **Accountability** Leadership Results Collaboration Accountability Results Leadership Expertise Results Leadership Strategies Accountability Non-partisan Results Leadership Teamwork Results Leadership Results Style Leadership Accountability Resource Leadership Accountability Data Teamwork Leadership Strategies Vision Results Leadership Accountability Results Collaboration Accountability Strategies Results Leadership **Results** Partners Data Teamwork Innovation Leadership Vision Accountability Collaboration Results Best Practices Leadership innovation Results Leadership Implementation Accountability Vision Leadership Expertise Accountability Results Planning Partners Results Teamwork Oversight Results Expertise Accountability Turning the Curve Leadership Accountability Vision Leadership Expertise Results Accountability Leadership Data Accountability Results Leadership Strategies Data Vision Expertise **Turning the Curve** Leadership Resource Partners Innovation Results Implementation Results Teamwork Accountability Expertise Results

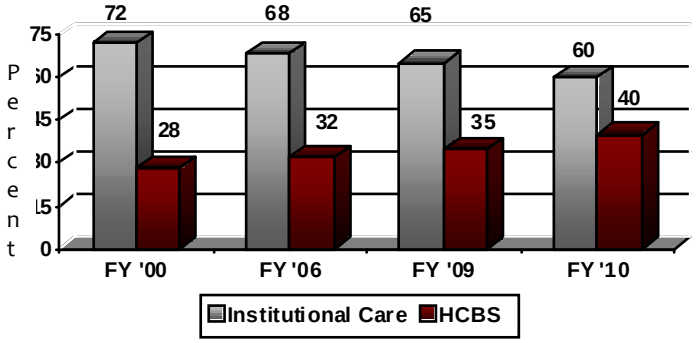
CONNECTICUT COMMISSION ON AGING

A nonpartisan research and public policy office of the Connecticut General Assembly

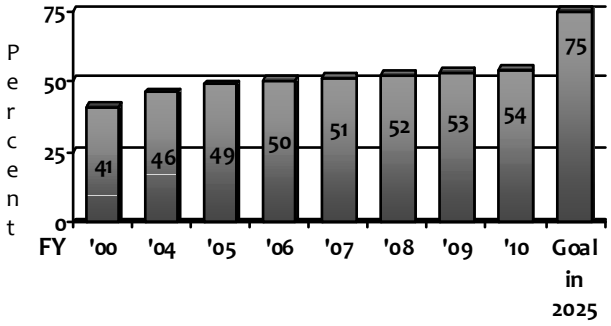
Connecticut Commission on Aging 2011 Report on the Status of Older Adults in CT

All CT Older Adults are ~
"free from discrimination"

Percent of CT Medicaid Long-Term Care dollars for institutions vs. home-and community-based services



Percent of CT Medicaid Long-Term Care enrollees who receive home-and community-based services



Indicator 1: % of Medicaid LTC dollars spent on institutional care vs. HCBS

Story Behind the Baseline: CT spends 60% of its $2 billion+ Medicaid LTC budget on institutional care and 40% on home-and community-based services (HCBS). This 40% serves over half of all LTC Medicaid enrollees. Utilizing Medicaid LTC dollars for HCBS costs significantly less. **Data indicate that CT could spend up to $900 million less every year with a more progressive system that invests a higher percentage of LTC Medicaid dollars in HCBS.** *(Note: The 5% shift from '09-'10 is due to a change in DSS Medicaid accounting procedures and does not indicate accurately a large shift in the balance.)*

Indicator 2: % of Medicaid LTC enrollees who receive institutional care vs. HCBS

Story Behind the Baseline: Medicaid is institutionally biased and can be construed as discriminatory. However, states across the nation are making strides to "rebalance" LTC systems to give people more choice in how and where they receive LTC services. In CT approximately 54% of Medicaid LTC enrollees receive HCBS while 46% are in institutions, a gradual improvement this decade. The State LTC Plan goal is for 75% of Medicaid LTC enrollees to utilize HCBS by 2025 (Oregon, the leading state, is already at 85%). Utilizing Medicaid LTC dollars for HCBS costs significantly less than institutional care and is the setting 90% of people prefer. Currently, DSS is developing a Right-Sizing Strategic Plan which is expected to be released January 2012 which may include more aggressive rebalancing goals for the State.

CoA Strategies to Turn the Curve:

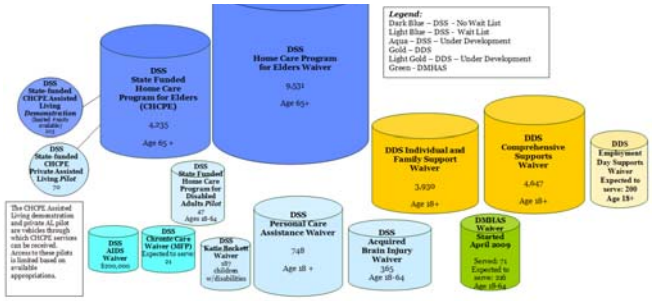
- Enhance programs and supports that allow people to age in place, including nursing home diversion strategies
- Implement LTC global budgeting and reinvest into the home and community-based infrastructure
- Support, enhance and coordinate the LTC infrastructure (e.g. workforce, housing)
- Restructure state LTC systems for maximum integration and coordination
- Educate, engage and support local municipalities in their efforts to respond to their changing communities
- Transition nursing home residents to their homes and communities
- Incent nursing homes to diversify services
- Establish aggressive rebalancing % benchmarks

How CoA Helps Turn the Curve: CoA applies actionable recommendations across various initiatives and efforts; introduced legislation for a 1915(i) state plan amendment; co-chairs and manages LTC Advisory Council; co-chairs the Money Follows the Person (MFP) steering committee; leads/participates in range of MFP activities such as chairing MFP workforce subcommittee and member of hospital discharge subcommittee; partners in the development of the state's LTC Plan; created a comprehensive Long-Term Care Strategies document; developed proposal to reorganize the state's LTC system, including submitting a plan to legislature and the Commission on Enhancing Agency Outcomes to restructure DSS; convenes briefings; convened and leads group of stakeholders to identify and recommend federal health care reform opportunities to streamline the HCBS system; and spearheaded and promoted the LTC Needs Assessment.

Connecticut Commission on Aging 2011 Report on the Status of Older Adults in CT

All CT Older Adults are ~
"free from discrimination"

CT LTC Medicaid HCBS waivers (& state-funded programs/pilots)



Indicator 3: Access to HCBS for Medicaid LTC

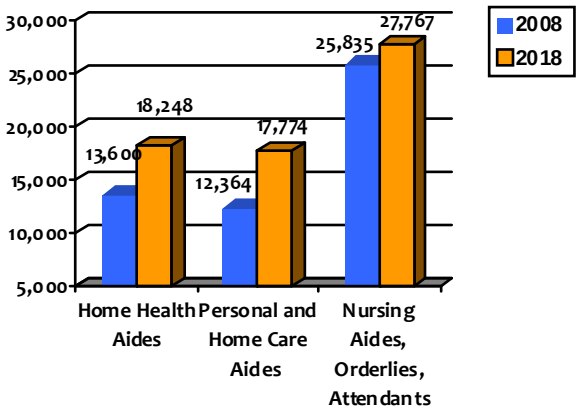
Story Behind the Baseline: To utilize Medicaid to pay for HCBS, people must navigate a complex system and try to fit into one of many narrowly defined waivers (or state-funded programs/pilots) as illustrated above. Furthermore, most waivers (or state-funded programs & pilots) have waiting lists. However, it is relatively easy to identify and access more expensive and restrictive institutional care for Medicaid recipients which allows for presumptive eligibility.

CoA Strategies to Turn the Curve:

- Simplify/streamline Medicaid HCBS system, utilizing a 1915(i) state plan amendment
- Address waiting lists, enrollment caps and the menu of services for HCBS waivers (1915(i) state plan amendment will address waiting lists and caps)
- Expedite Medicaid long-term care eligibility
- Create greater integration of functions at the state level and develop state government structure to best meet residents' LTC needs
- Provide consumer choice and self-direction
- Coordinate and support initiatives such as Aging & Disability Resource Centers, the state's Long-Term Care website and benefits calculators and fully integrate them into "rebalancing" efforts

How CoA Helps Turn the Curve: CoA gathered data on waivers; educated policymakers about waiver structure and strategies to streamline the system; convened group of stakeholders to identify and recommend federal health care reform opportunities to streamline the HCBS systems; made streamlining waivers a priority with introduction of legislation (SB 297) in the 2010 session and passage of PA 08-180; provides comments to CMS on federal Medicaid waiver rules; partners with the disability community; developed and promotes LTC website to educate consumers; and partners with ADRCs to provide information via the LTC website.

All CT Older Adults are ~
"free from discrimination"



Indicator 4: Direct Care Workforce Employment Projections

Story Behind the Baseline: Workforce development is one of the most significant components to achieve success in "rebalancing" - that is, honoring an individual's right to receive services and supports in the setting of their choice. Data indicate that CT will need 9,000 more direct-care workers in the next 5 years. An aging population, the growth in demand and the decline in the working age population will challenge the system. As Connecticut aggressively pursues the Medicaid long-term care rebalancing goals set forth in the state's 2010 Long-Term Care Plan, the need for focused efforts to recruit, train, retain and support paid and unpaid caregivers is essential.

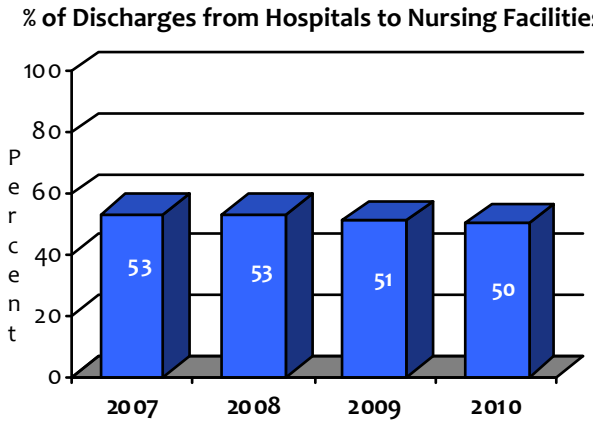
CoA Strategies to Turn the Curve:

- Promote workforce initiatives that are proven to support consumer choice, self direction and quality while enhancing recruitment, retention, productivity and training of the paid and unpaid direct care workforce
- Increase synergy with Connecticut's workforce system and support their efforts to create a pipeline of direct care workers with opportunities for career ladders and lattices to health and human/social services professions
- Create equity across state programs and systems (e.g., unemployment compensation and workers' compensation)
- Collaborate with municipalities to best implement workforce solutions
- Raise awareness of the importance and value of the paid and unpaid direct care worker

How CoA Helps Turn the Curve: CoA chairs and manages the MFP Workforce Development Subcommittee. Through this work CoA has written and disseminated a Direct Care Workforce Strategic Plan and leads efforts in carrying out the action steps set forth in the plan. CoA is also actively involved in several other workgroups that directly affect direct care workforce development including workgroups of the Allied Health Workforce Policy Board, Metro Hartford Alliance for Careers in Healthcare and the Home Health Legislative Workgroup.

Connecticut Commission on Aging 2011 Report on the Status of Older Adults in CT

All CT Older Adults are ~ "healthy and free from Discrimination"



Indicator 5: % of hospital discharges to skilled nursing facilities

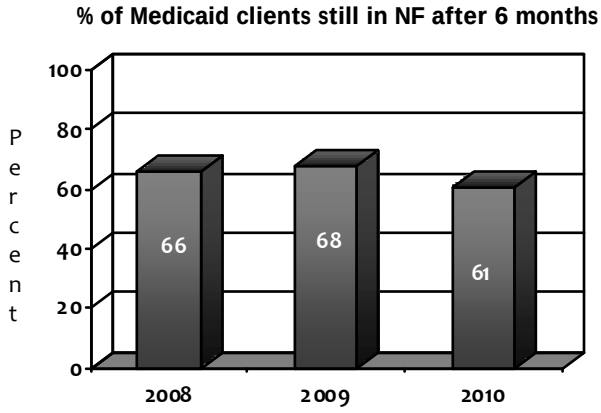
Story Behind the Baseline: In 2010, 50% of Medicaid enrollees leaving hospitals were discharged to institutions instead of a home setting. In part due to success in hospital discharge training and MFP, discharges to nursing facilities are decreasing. Data show that 61% of individuals on Medicaid who enter nursing facilities at hospital discharge are still there after six months. Discharge placements vary widely from 39% to 86% depending on the hospital.

CoA Strategies to Turn the Curve:

- Maximize use of Medicare (federal) HCBS funds
- Pursue federal funding and collaboration for evidence-based care transition programs with maximum coordination among and across sites of care (hospital, nursing home, physicians, specialists, etc.)
- Educate and support key hospital staff (e.g. discharge planners and/or physicians) to ensure seamless access to community
- Support nursing home diversion as a benchmark of Money Follows the Person (MFP)
- Identify factors that influence hospital variation (demographics, poverty, health disparities)
- Target education, outreach and intervention to hospitals with a higher % placements in nursing facilities

How CoA Helps Turn the Curve: CoA helped craft and advance MFP-related legislation and serves as co-chair of the MFP steering committee and as a participant on the hospital discharge subcommittee; informs and supports care transition grant proposals; and participates in other efforts to maximize federal funds for HCBS.

All CT Older Adults are ~ "healthy and free from Discrimination"



Indicator 6: % of Medicaid clients still in nursing facility six months after hospital discharge

Story Behind the Baseline: In 2010, 61% of Medicaid clients that entered a nursing facility at hospital discharge were still in a nursing facility 6 months later. **On average, nursing homes cost the CT Medicaid program $79,205 per person/year.**

CoA Strategies to Turn the Curve:

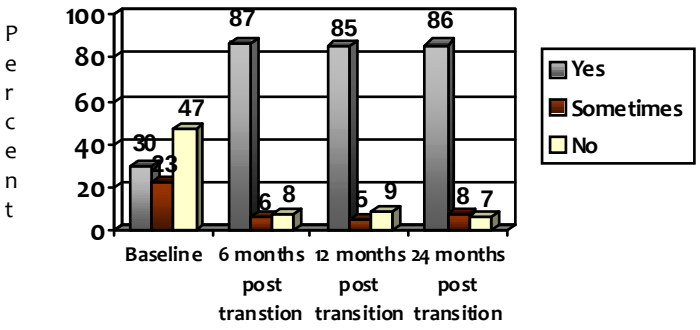
- Maximize use of Medicare (federal) HCBS funds
- Support nursing home diversion as a benchmark of Money Follows the Person (MFP)
- Educate key hospital staff (e.g. discharge planners and/or physicians) about community options
- Target education and outreach to hospitals with a higher % placements in nursing facilities
- Provide resources to implement the lowered requirement to transition out of nursing homes under MFP from 6 months to 90 days
- Educate nursing facility staff about community options
- Diversify nursing home business model to reflect individuals' needs and preferences

How CoA Helps Turn the Curve: CoA helped craft and advance MFP-related legislation and serves as co-chair of the MFP steering committee and as a participant on the hospital discharge subcommittee; and explores and pursues partners and successful efforts to maximize federal funds for HCBS.

Connecticut Commission on Aging 2011 Report on the Status of Older Adults in CT

All CT Older Adults are ~ "healthy"

MFP clients reporting on "Do you like where you live"?



Indicator 7: % of MFP consumers who report that they like where they live

Story Behind the Baseline: National data indicate that more than 90% of older adults would prefer to live in their homes and communities as they age. Data from the MFP Quality of Life Survey show that the percentage of MFP clients reporting "Yes" that they like where they live dramatically increases when they leave a nursing home and transition into the community. Twenty-four months after transition, 86% of MFP clients report "Yes" they like where they live. An important indicator of health status is quality of life.

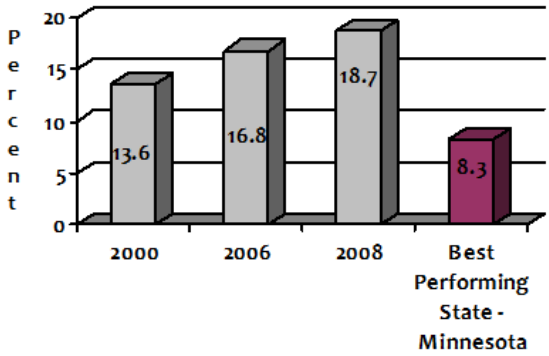
CoA Strategies to Turn the Curve:

- Prioritize quality of life with finding meaningful pathways for social connections and community resources
- Promote consumer choice and self-direction
- Foster flexibility in home care delivery
- Fully support nursing home diversion strategies as a benchmark of MFP
- Provide resources to implement the lowered 6 month MFP eligibility requirement to 3 months.
- Continue to educate nursing facility staff about community options

How CoA Helps Turn the Curve: CoA helped craft and advance MFP-related legislation and serves as chair of the MFP steering committee; helped pass legislation (PA 08-158) which allows people to receive hospice care at home; and explores and pursues partners and successful efforts to maximize federal funds for HCBS.

All CT Older Adults are ~ "healthy"

Percent of Long-Stay Nursing Home Residents with a Hospital Admission



Indicator 8: % of long-stay nursing home residents with a hospital admission

Story Behind the Baseline: In 2008, almost 19% of nursing home residents in CT were hospitalized for a health condition, leading to disruption, decreased quality of life and increased costs. Unfortunately, CT is headed in the wrong direction--with a 37% increase in this data point from 2000. **If CT performed at the level of the best-performing state (MN), it would have increased quality of care – avoiding an estimated 2,058 unnecessary hospitalizations – and saving millions of dollars.** Additionally, because of CT's "bed hold law," nursing homes must often keep these residents' beds vacant during their hospitalization and may not receive full reimbursement. Finally, new Medicare rules will penalize hospital readmissions beginning in federal fiscal year 2013.

CoA Strategies to Turn the Curve:

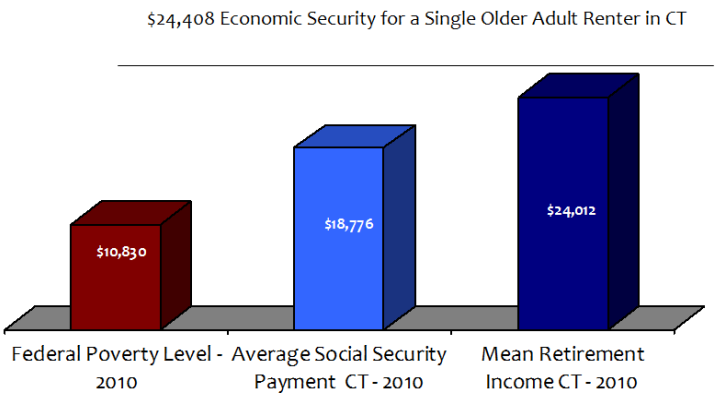
- Encourage current collaborative efforts to decrease hospital admissions
- Provide a higher level of primary care in the nursing home setting through the use of dedicated nurse practitioners to supplement physician care, as modeled by Minnesota
- Promote cooperation among primary care physicians, nurse practitioners, residents' families and the nursing home staff
- Provide nursing homes an incentive payment and the resources to care for certain patients who might otherwise be hospitalized
- Continue to work to integrate and coordinate care provided by Medicare and Medicaid, to improve value and outcomes

How CoA Helps Turn the Curve: CoA takes the lead on turning research and Best Practices into public policy; and collaborates with partners, to educate policymakers about this trend. Additionally, CoA takes a leadership role in state efforts to coordinate and improve care for individuals eligible for both Medicare and Medicaid.

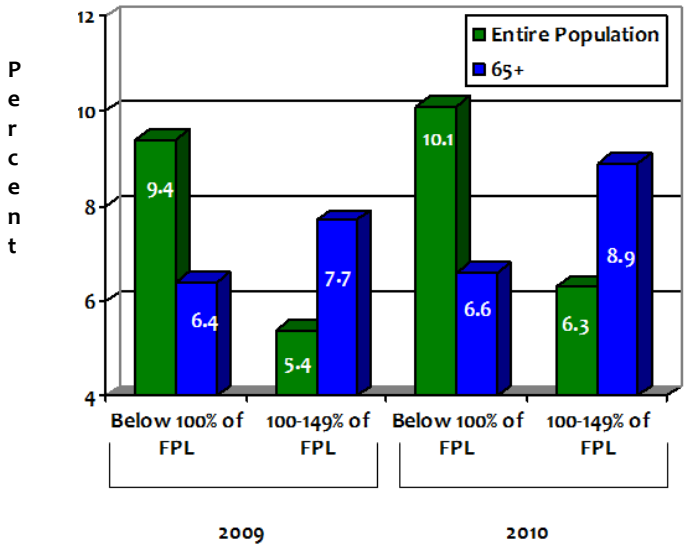
Connecticut Commission on Aging 2011 Report on the Status of Older Adults in CT

All CT Older Adults are ~ "economically self-sufficient"

Elder Economic Security Index (2008) vs. Other Benchmark Incomes For Single Older Adults in Connecticut (2010)



Percentage of CT Residents Living in Poverty 2009 and 2010



Indicator 9: Economic security of CT's older adults

Story Behind the Baseline: Economic security is vital. According to the Elder Economic Security Initiative (EESI – released in 2010), **more than half of older adults statewide are unable to make ends meet without the support of public programs.**

Indicator 10: % of CT's 65+ population living in poverty

Story Behind the Baseline: As is the goal of Social Security, most of CT's older adults are not living below the federal poverty level. However, a disproportionate number of older adults are living with limited means, between 100 and 149% of poverty level (for a single person, between $10,830 and $16,137 annually). Being slightly above the poverty level makes them ineligible for certain programs, but does not provide economic self-sufficiency in our high-cost state.

CoA Strategies to Turn the Curve:

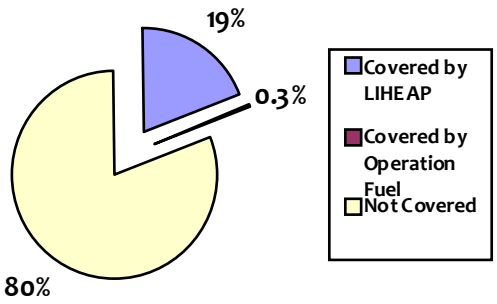
- Evaluate and prioritize public programs that are most effective in impacting economic security, particularly housing and health care
- Raise income potential for older workers by encouraging workplace flexibility
- Simplify eligibility for programs, create a single intake application and coordinate and support initiatives such as Aging & Disability Resource Centers, the state's Long-Term Care website and benefits calculators, fully integrating them into "rebalancing" efforts
- Educate, engage and support philanthropic efforts to respond to the needs of the changing community.
- Encourage retirement and long-term care planning

How CoA Helps Turn the Curve: CoA partnered with PCSW, D.C.-based WOW, Inc. and UMass Boston on EESI, which calculates how much older adults across CT need to earn to attain economic security. EESI also evaluates the impact of support programs in our state. CoA continues to use the EESI data to inform public policy. CoA is a member of the Low-Income Energy Advisory board and the SNAP Improvement Council. These programs help fill the gaps and improve economic security. Additionally, CoA supports the above strategies through specific studies (e.g., workplace flexibility), convening forums, raising public awareness, submitting related legislation, commenting on state plans and developing proposals.

Connecticut Commission on Aging 2011 Report on the Status of Older Adults in CT

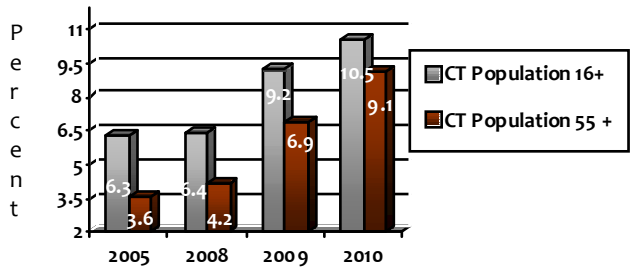
All CT Older Adults are ~ "economically self-sufficient"

Percentage of the Home Energy Affordability Gap Covered by LIHEAP



All CT Older Adults are ~ "economically self-sufficient and free from discrimination"

Unemployment rates in CT for all adults and adults 55+



Indicator 11: Percentage of Home Energy Affordability Gap Covered by LIHEAP

Story behind the Baseline: In 2011, over 117,000 Connecticut households received help with home energy costs through the Low-Income Home Energy Assistance Program (LIHEAP); 33,400 (28.4%) of those contained a person aged 60+. A new study by Operation Fuel indicates that LIHEAP covered only 19.2% of the "home energy affordability gap" in CT this year. For households below 185% of FPL, the average gap between actual energy costs and what they could afford was nearly $2,200.

This year's reduced LIHEAP funding ($79M instead of $115M) and projected 19% energy cost increases will exacerbate this problem – unless further action is taken. According to the Elder Economic Security Initiative, **heating assistance is as important as prescription drug assistance in helping older adults meet their needs.**

CoA Strategies to Turn the Curve:

- Create a rapid response team, composed of law enforcement, social services and elected officials from the state and municipalities and other relevant stakeholders, to ensure a coordinated response, including the option of alternative housing
- Include state funding to supplement federal LIHEAP dollars

How CoA Helps Turn the Curve: CoA participates on the Low-Income Energy Assistance Board (LIEAB), providing a voice for older adults, and continues to monitor and educate about these data and trends.

Indicator 12: Unemployment rates of CT's 55+ population

Story behind the Baseline: From 2005 to 2010, the percentage of unemployed 55+ adults in CT increased by 92%, while overall unemployment increased by 46%. (The actual number of unemployed 55+ adults in our state more than doubled in that timeframe). **The effect is even more dramatic for those over age 65, whose unemployment increased by 243% during that time.** The largest impact is on the 65-74 age group: in the past year alone, the percentage unemployed dramatically increased from 4.6% to 9.3%. These data indicate that older workers are losing their jobs at a disproportionate rate to younger workers. Older individuals may face discrimination during hiring, promotion and lay-off decisions. However, as age, experience and salary are linked, age discrimination in the workplace can be difficult to prove. As retirement benefits are being reduced, pension plans have taken a hit, and since people are living longer, many individuals are hoping to stay in the workforce longer.

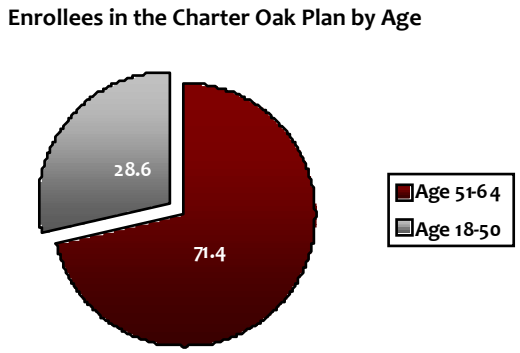
CoA Strategies to Turn the Curve:

- CT's Dept. of Labor to collect timely age-specific data
- Provide more workplace flexibility policies
- Raise awareness about the rapidly growing number of unemployed older adults

How CoA Helps Turn the Curve: CoA completed a multi-year project on Redefining Retirement Years and has educated policymakers, including other states' initiatives to embed workplace flexibility into their statutes and policies for state workers. CoA crafted legislation and championed a related bill in the 2008 session (SB 1144) and worked with stakeholders from the administration, legislature and employee unions to build support. The issue gained traction and PA 10-169 required DAS to develop and implement telecommuting guidelines for state employees.

Connecticut Commission on Aging 2011 Report on the Status of Older Adults in CT

All CT Older Adults are ~ "healthy"



Indicator 13: Percentage of Charter Oak Plan enrollees over the age of 50

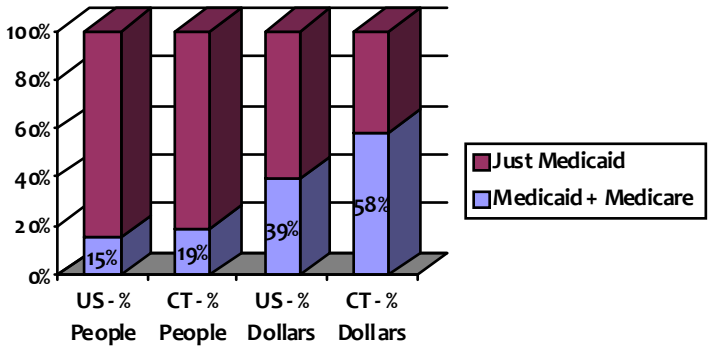
Story Behind the Baseline: The Charter Oak Plan, CT's health care plan for the uninsured, is currently utilized by a high percentage of people over the age of 50. Additionally, of the Charter Oak enrollees over the age of 50, more than 1 in 4 earn more than 300% of federal poverty level. This means that enrollees are likely working, but in jobs that do not provide health insurance. Finally, as alternate insurance options continue to be made available to younger adults (e.g., extending parents' health insurance coverage to age 26), few affordable options remain for older adults.

CoA Strategies to Turn the Curve:

- Work to counter high unemployment of people aged 50-64
- Publicize the availability of Charter Oak, while ensuring appropriate coverage under the plan

How CoA Helps Turn the Curve:
CoA participates in the Medical Assistance Program Oversight Council to provide a voice for older adult concerns. We continue to monitor these data and trends.

All CT Older Adults are ~ "healthy"



Indicator 14: Spending on Individuals Eligible for Both Medicaid and Medicare

Story Behind the Baseline: In Connecticut and nationally, most Medicaid enrollees are children and their parents; fewer than 1 in 5 Medicaid enrollees are older adults and/or persons with disabilities, making them also eligible for Medicare (often called "dually-eligible" individuals). Despite their small numbers, a disproportionate and significant portion of the costs borne by the Medicaid program are used to pay for care, services and supports for the dually-eligible – in CT, 58% of our Medicaid costs in 2007 were spent on duals. Moreover, there is no indication that these funds provide better health outcomes; **there is virtually no coordination between funding streams or care provided by Medicaid and Medicare and limited, if any, quality data exist to date.**

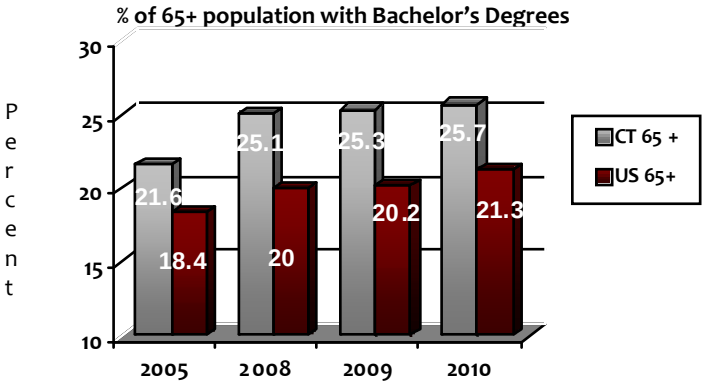
CoA Strategies to Turn the Curve:

- Obtain and analyze quality of life data for duals in CT, both quantitative (e.g., emergency department visits) and qualitative (e.g., self-reported health)
- Redesign the state Medicaid program to improve health outcomes, while enhancing value
- Ensure the widespread availability of home- and community-based services for long-term care, instead of favoring institutional care

How CoA Helps Turn the Curve: CoA takes a leadership role on the Complex Care Committee of the Medical Assistance Program Oversight Council, which is working closely with DSS to redesign the system of care. A $1 million planning grant was provided to CT by the federal government to design a new system that will: be person-centered, ensure coordination between Medicare and Medicaid, allow for choice in long-term care settings, improve access to primary care and specialists and provide coordination among doctors, hospitals and other providers.

Connecticut Commission on Aging 2011 Report on the Status of Older Adults in CT

All CT Older Adults are ~ "educationally fulfilled"



Indicator 15: CT's 65+ Population with Bachelor's Degrees

Story Behind the Baseline: CT's older adults continue to be well-educated, in comparison with their peers across the country, reflecting the general trend for Connecticut's residents of all ages. As the Baby Boomers age, the percentage of CT older adults with college degrees will continue to rise.

There are many financial and health benefits associated with higher levels of education. For example: new studies suggest that high levels of education may help ward off Alzheimer's Disease (one of the main causes of dementia); upon onset it progresses rapidly.

CoA Strategies to Turn the Curve:

- Continue to focus on providing quality education at many levels of college, including community colleges, focusing on workforce shortages;
- Promote and expand college-level audit opportunities

How CoA Helps Turn the Curve: CoA respectfully suggests not focusing its efforts and limited resources on trying to turn the curve for this specific quality of life indicator.

Sources:

Indicator 1 and 2: Office of Policy and Management, LTC Planning Committee

Indicator 3: DSS, DDS, and DHMAS

Indicator 4: CT Department of Labor, 2008-2018 CT Employment Projections for Healthcare Support Occupations

Indicator 5: CT Department of Public Health, Division of Health Care Access, Acute Care Inpatient Discharge Data

Indicator 6: UConn Center on Aging

Indicator 7: UConn Center on Aging, MFP Quality of Life Dashboard, Quarterly Report – December, 2011

Indicator 8: Commonwealth Fund State Scorecard, 2011

Indicator 9: Elder Economic Security Index, 2009

Indicator 10, 12 and 15: 2010 American Community Survey (ACS) – US Census

Indicator 11: DSS and Operation Fuel's "Home Energy Affordability: 2011"

Indicator 13: Medical Assistance Program Oversight Council and US Census, ACS

Indicator 14: DSS

Connecticut Commission on Aging Performance Report Card: 2011

All CT older adults are healthy, safe, economically self-sufficient, free from discrimination and achieve educational fulfillment.

Approach 1: Research

Measure: Number of CoA published reports and updates in 2011

Number of CoA published reports/fact sheets/updates in 2010	20+

Story Behind the Baseline: CoA turns research into action! With a small, dedicated staff and partners, CoA has published reports and fact sheets in the past year on topics ranging from caregivers to nursing homes. These and previously published reports have informed policy-making on the state and local levels. CoA has shared information through legislative briefings, community forums, senior fairs, email updates to our 1200+ person mailing list, our new Facebook page, the media, in-person meetings with stakeholders, public testimony and more.

Additionally, CoA's work continues to be utilized by a variety of sources from the DSS Right-Sizing Initiative, to recommendations from the Governor's office, CT Regional Institute for the 21st Century report on long-term care and policy reports from the media, consultants, policymakers, etc. CoA partners with researchers from the UConn Health Center's Center on Aging, Everyday Democracy, Yale School of Medicine, PHI, WOW, etc. to identify, evaluate, and advance national trends and best practices.

Future Action:

- Continue to provide nonpartisan, objective research and expertise to the public and policymakers
- Work to embed evidence-based practice in state systems
- Analyze and feature a variety of newly released data including US Census and Medicaid long-term care data
- Pursue gaps in data such as Medicaid health care data, data specific to those not on Medicaid in need of long-term care, and direct care workforce development data.

Approach 2: Assess State Programs, Policies and Structure / Implementation

Measure: Number of substantive interactions between CoA and other state agencies

Number of state agencies connected to the CoA and Its work	21
Number of state plans and reports on which CoA commented in 2011	5
Number of meetings with executive Branch Officials in 2010	200+

Story Behind the Baseline: CoA has extensive working relationships with executive branch agencies and in-depth knowledge of state aging-related programs, policies, and structure - most notably those relating to long-term care, comprising approximately 13% of the state budget (over $2 billion). CoA regularly assesses information on state programs, services, and policies affecting older adults in CT and puts forth recommendations (often resulting in legislation) for improvement and major reform. CoA provides formal comments on proposed state plans and proposals. CoA also solicits and coordinates diverse stakeholders' comments on these plans. CoA co-chairs the Money Follows the Person Steering Committee (a DSS administered multi-million dollar project), participates on the Medical Assistance Program Oversight Council, LIHEAP, the Civic Health Project Advisory Board and the Public Health Preparedness Advisory Group – all of which have representation from the executive branch.

Future Action:

- Enhance existing collaboration with executive branch decision-makers and program administrators and build partnerships with new administrative leaders
- Enhance monitoring and information-sharing of programmatic and policy decisions to determine effectiveness and implications of resulting policies for older adults
- Continue to promote streamlining services and supports and systems within state departments, consistent with national trends and best practices
- Enhance efforts to maximize federal and state funds

Approach 3: Legislative Work

Measures: Percentage of positive action on legislative initiatives

Number of bills on which CoA testified in 2010	27
Number of meetings with legislators	35

Story Behind the Baseline: CoA works closely with policymakers from a nonpartisan, objective perspective to help turn research into sound public policy. Utilizing a variety of data sources - including US Census data, PHI, EESI, LTC Needs Assessment, and others - the board and staff share relevant information with policymakers to impact legislative decision-making. Through formal and informal meetings with legislators and staff, informational forums, testimony at public hearings, regular email updates to legislators and more, CoA educates policymakers about issues affecting older adults and impacting the state. In 2011, CoA hosted briefings on long-term care proposals and an end-of-session forum for the CT Elder Action Network. CoA also produced and broadly distributed the "Inside the Dome Report;" drafted legislation; managed the Grandparents' Visitation Rights Task Force; keynoted at legislative breakfasts and other meetings (including legislators' senior fairs) across the state.

Future Action:

- Continue education and outreach work with legislative community
- Continue work with policymakers to streamline state government and improve service delivery
- Enhance efforts to maximize federal and state funds
- Enhance connections with federal legislators and help CT maximize opportunities available under national health care reform
- Track proposals: various deficit mitigation plans and impact on aging related programs

Approach 4: Finding Efficiencies in the State Budget

Measure: Potential Medicaid cost avoidance due to CoA recommendations

2025 costs with current client ratio	$5,847,314,105
2025 costs with optimal client ratio	$4,940,492,800
Cost avoidance	**$906,821,305**

Story Behind the Baseline: CoA devotes an enormous amount of time to long-term care rebalancing and continues to recommend and implement critical components to restructure the delivery the long-term care services and supports in Connecticut. Our current system favors institutional care, but the state goal is to rebalance the system to make home- and community-based care a more available option. In 2009, 53% of all Medicaid long-term care enrollees in Connecticut were served in the community (and 47% were served in institutions). The State LTC Plan goal is for 75% of Medicaid LTC enrollees to utilize HCBS by 2025 (Oregon, the leading state, is already at 85%). Utilizing Medicaid LTC dollars for HCBS costs significantly less than institutional care and is the setting 90% of people prefer. Currently, DSS is developing a Right-Sizing Strategic Plan which is expected to be released January 2012 which may include more aggressive rebalancing goals for the State.

CoA has presented actionable recommendations to achieve rebalancing to community groups, the business community, legislators, the executive branch, and the media. Additionally, CoA continues to lead efforts to maximize opportunities available under the Affordable Care Act.

Future Action:

- Continue to work towards rebalancing
- Enhance working relationship with the executive branch and partner with diverse stakeholders to reach rebalancing goals
- Continue to promote global (flexible) and transparent budgeting

Approach 5: Leadership / Partnerships

Measure: Number of coalition /partners

Number of coalitions/task forces	21
Number of representatives on these coalitions/tasks forces	406
Total reach of coalition/partners	645,000+

Story Behind the Baseline: The CoA leads, coordinates and participates in formal coalitions working on a vast array of aging-related quality of life issues involving dozens of diverse partners. The above chart highlights the number of coalitions (21) in which we lead or participate, the number of representatives/organizations on those coalitions (406), and finally the hundreds of thousands members of those organizations.

CoA provides critical top-level leadership on several collaborations including the legislatively mandated LTC Advisory Council (partners in the development of the State's LTC Plan); chairs and manages the CT Elder Action Network; chairs the Money Follows the Person Steering Committee; chairs and manages its workforce development subcommittee; chairs the Medical Assistance Program Oversight Council's Complex Care Committees. Through SA 11-12 the CoA was tasked with staffing the Grandparents' Visitation Rights Task Force.

Future Action:

- Enhance strategic partnerships with the faith, business, and philanthropic communities (as specifically mandated in PA 09-7)
- Continue to partner with the disability community to build synergy to break down systemic barriers and work toward greater efficiency and parity
- Enhance efforts to connect with the Workforce Investment Boards and other workforce stakeholders
- Encourage legislative appointing authorities to help ethnically diversify the CoA Board. In doing so may suggest an improved reporting process by the state.
- Inform the CT Congressional Delegation on issues impacting older adults in CT
- Seize opportunities and encourage initiatives that involve baby boomers and older adults as change agents through civic engagement.

Approach 6: Education and Outreach

Measures: Number of media hits and Number of CoA Website visits

Total number of media hits	**200**
Radio	13
Televised (events)	22
Print (published articles)	165
Number of CoA website visits	
2011	90,097
2010	85,360
2009	119,928
2008	97,617

Story Behind the Baseline: The CoA raises awareness about the status of older adults in Connecticut and the need to prepare for dramatically changing demographics. CoA utilizes no-cost, multi-media ("earned media") news outlets, its Facebook, Twitter and website vehicles, forums, interviews, news conferences, news releases, letters and other means to deliver objective, data-driven messages. The chart above records the approximate number of times CoA staff and/or data were quoted, or the CoA's name appeared, in newspaper or magazine articles or on radio and television. The CoA also hosts a monthly radio program on WTIC–AM, drawing approximately 15,000 listeners, and produces fact sheets, programmatic and legislative updates. CoA board members and staff also interact on a personal level with residents by reaching out into communities statewide.

Also featured in the chart above is the number of visits (not "hits" which is a far higher but less accurate number) to the CoA website. On average the dynamic CoA website experiences roughly 246 visits each day. CoA recently began utilizing Facebook and has attracted 220 "friends" and the list is growing rapidly.

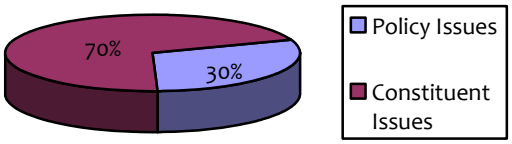
Future Action:

- Produce a regular statewide show on cable television
- Continue building relationships with the media
- Continue and enhance current multi-faceted methods

Approach 7: Information and Assistance

Measures: Requests for information

Total Number of requests for Information: 900



Story Behind the Baseline: In 2011, the CoA responded to approximately 900 calls, emails, letters and in-person requests from older adults, adult children, legislators and their aides, the news media and other interested parties. Legislators and their aides increasingly utilize CoA's expertise and contact the office for information about policy and constituent issues. Increasingly, inquiries made directly from constituents and their loved-ones are related in some way to financial security. It is important to note that, due to budget cuts, the CoA office is now closed on Wednesdays and has reduced hours on other days, delaying our response time.

In general, aging-related issues are complex and multi-faceted, while the services and support network is fragmented and difficult to navigate. In response, the Legislature mandated creation of the Long-term Care Services and Supports website. This website, created and maintained by the CoA, experiences approximately 100,000 visits each year. The website is utilized by many state initiatives as the electronic "one-stop shopping" site for services and supports for older adults and persons with disabilities.

Future Action:

- Seek outside funds to update and modernize the LTC Website
- Establish a statewide single-point-of-entry for long-term programs and services

CoA ~ Turning the Curve!

CoA 2011 Performance Card – General Information

Created in 1993
CGS §17b-420

Location: State Capitol - 5th floor

Annual Budget: $253,506 for FY '12

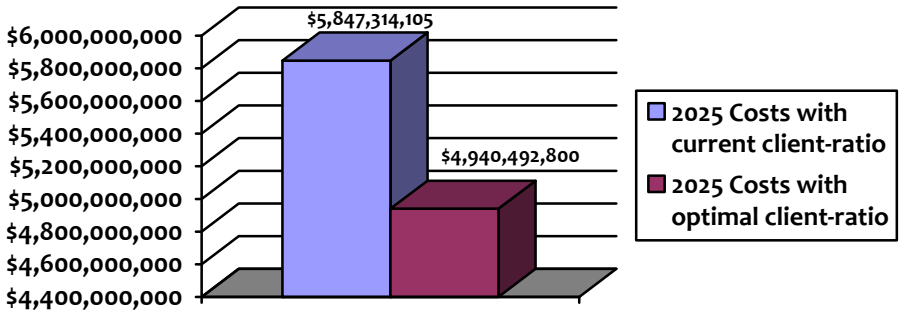
Connecticut Commission on Aging: a nonpartisan, independent agency of the General Assembly which provides research, actionable plans, objective oversight and policy implementation within government. This role is unique within state government. The CoA is comprised of a resourceful team of 21 voting (unpaid) members, 4 professional staff, and volunteers.

Personnel: An Executive Director and 3 employees working with reduced salaries/schedules. Its "team" delivers deep knowledge, experience and responsiveness, continued opportunities for growth and enrichment and a cost-effective agency.

Partnerships: For almost two decades the CoA has created and led an extensive network of partnerships both inside and outside state government.

CoA Staffers: Deb Migneault, Julia Evans Starr, Robert Norton & Deb Polun

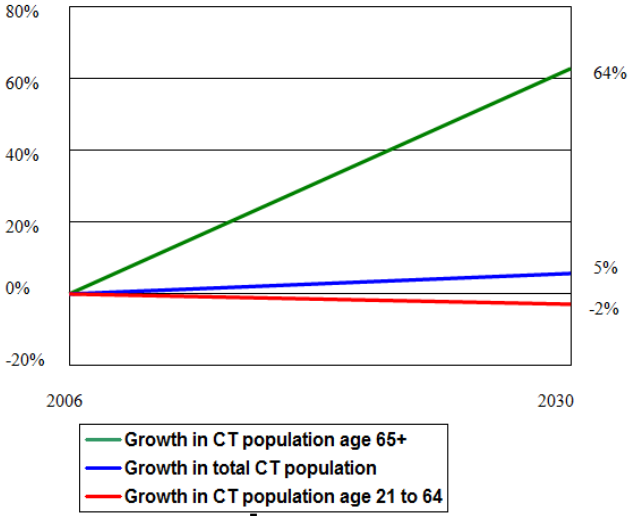
Work in Relation to Demographics and to State Budget: CoA works to ensure all present and future older adults in CT live where **they** choose to live. At the same time, we work to prepare the state for a vastly changed demographic – a dramatic increase in the sheer numbers of older adults and unprecedented longevity. This growing constituency has a profound effect on nearly every facet of society and most certainly the state budget. Medicaid LTC expenditures alone represent approximately 13% of the state budget. CoA has developed specific recommendations to achieve large scale efficiencies that can be achieved at a lower cost to the state and provide an increased quality of life.



Source: 2010 CT Long-Term Care Plan

CT's cost avoidance in 2025 will equal over $900 million if we rebalance the long-term care system

CT Demographics by Age



Source: Connecticut Commission on Aging/UConn

Data Development Agenda: CoA turns research into action by collecting and analyzing data from a variety of state and national sources. Utilizing this data, CoA presents and implements public policy recommendations. This role is unique within state government. Moving forward, CoA will analyze and feature a variety of newly released data including US Census and Medicaid long-term care data. We will pursue gaps in data such as Medicaid health care data, data specific to those not on Medicaid in need of long-term care, and direct care workforce development data.

CoA RBA Approaches: The following are the primary approaches/activities CoA employs to support the strategies outlined: **Research; Assess State Programs, Policies and Structure/Implementation; Legislative Work; Maximizing Federal and State Funds; Partnerships/Leadership; Education and Outreach; and Information and Referral.**

For more information, please contact the Connecticut Commission on Aging:
860-240-5200, check out our web site at www.cga.ct.gov/coa or
Join Us on Facebook and Twitter