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's Legislative

Commission on Aging

2013 Results-Based Accountability Report

Leadership Innovation Collaboration Expertise

with a Performance Report Card

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 Positive Force Results Accountability Smart Government Results Data Innovation Results Leadership Strategies Objective Vision **Turning the Curve** Leadership Resource Partners Innovation Results Implementation Transparency Results Teamwork Accountability Expertise Vision Lean Results

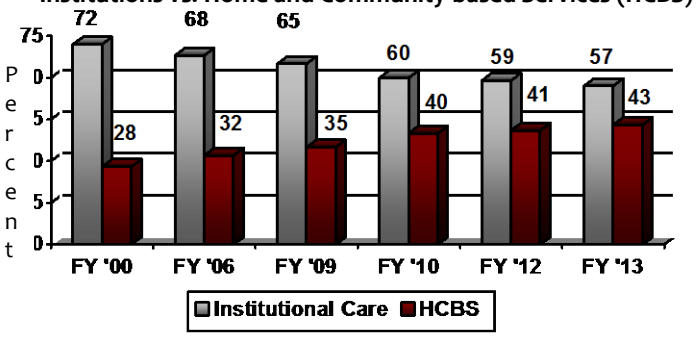
Legislative
Commission on Aging

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

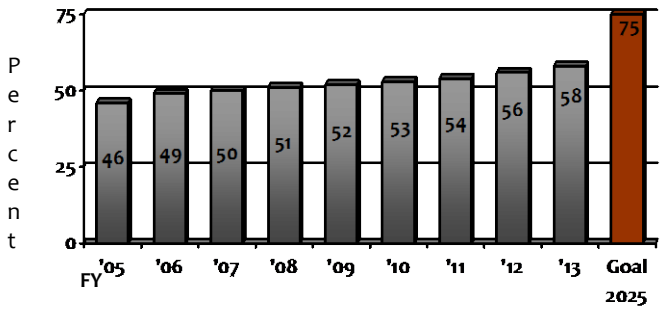
CT's Legislative Commission on Aging 2013 Report on the Status of Older Adults

All CT Older Adults are ~
"free from discrimination"

Percent of CT Medicaid LTSS Dollars for Institutions vs. Home and Community-based Services (HCBS)



Percent of CT Medicaid LTSS Enrollees who Receive Home and Community-based Services (HCBS)



Indicator 1: % of Medicaid LTSS Dollars Spent on Institutional Care vs. HCBS

Story Behind the Baseline: CT spends 57% of its $2.6 billion Medicaid Long Term Services and Supports (LTSS) budget on institutional care and 43% on home and community-based services (HCBS). This 43% serves almost 60% of LTSS Medicaid enrollees. Utilizing Medicaid LTSS dollars for HCBS costs significantly less. The trend is clear that CT is shifting its spending more toward HCBS. Data indicate that CT could spend up to $756 million less every year with a more progressive system that invests a higher percentage of LTSS 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 LTSS 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" LTSS systems to give people more choice in how and where they receive LTSS. In CT approximately 58% of Medicaid LTSS enrollees receive HCBS while 42% are in institutions, a gradual improvement this decade. The state LTSS Plan goal is for 75% of Medicaid LTSS enrollees to utilize HCBS by 2025 (Oregon, the leading state, is already at 85%). Between 2012 to 2013 CT saw a 2% shift, exceeding the 1% goal set in the 2013 LTSS Plan. Utilizing Medicaid LTSS dollars for HCBS costs significantly less than institutional care and is the setting 90% of people prefer.

Money Follows the Person (MFP), established by Congress through the Deficit Reduction Act of 2005 and further enhanced by the Affordable Care Act in 2010 and administered by DSS, is presently the engine for systems change in CT.

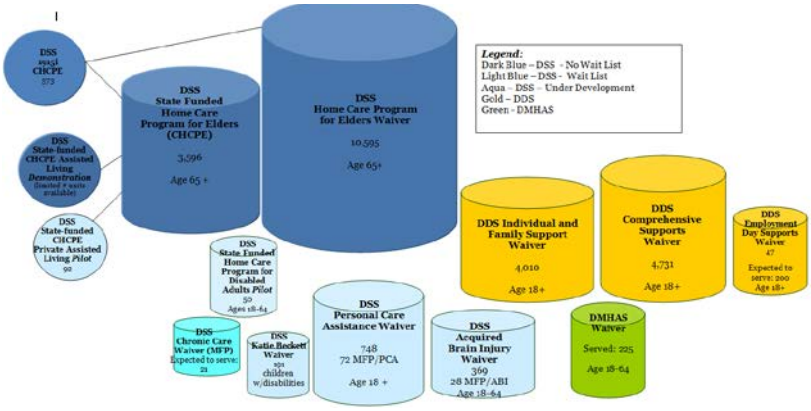
CoA Strategies to Turn the Curve:

- Enhance programs and supports that allow people to age in place, including nursing home diversion strategies
- Implement LTSS global budgeting and reinvest cost savings and related FMAP directly and **transparently** into the LTSS
- Support, enhance and coordinate the LTSS infrastructure (e.g. workforce, housing)
- Support nonprofit providers and their consumers by improving state contracting processes, establishing adequate reimbursements and expediting eligibility determination processes
- Restructure state LTSS systems for maximum integration and coordination
- Educate, engage and support local municipalities in their efforts to respond to their changing demographics
- Continue to transition nursing home residents to their homes and communities if they so choose
- Incent nursing homes to diversify services
- Strive to integrate the Medicare-Medicaid Enrollees (MME) Initiative with the LTSS rebalancing initiatives to maximize health and quality of life outcomes

How CoA Helps Turn the Curve: The CoA helped get the LTSS rebalancing ball running in CT after the U.S. Supreme Court Olmstead Decision by spearheading and promoting the LTC Needs Assessment (PA 6-188), and legislation establishing the state's principle statement - that people have the right to the least restrictive environment and separately, the State's LTSS website (of which CoA developed with its partners). CoA applies actionable recommendations across various initiatives and efforts; co-chairs and manages LTC Advisory Council (§17b-338) and in this role helped develop the State's LTSS Plan every 3 years; co-chairs the MFP steering committee; leads/participates in range of MFP activities such as chairing both the MFP workforce and policy subcommittees; provided organizational staff support to and participated on the Aging in Place Task Force (SA 12-6); successfully shepherded Aging in Place Task Force recommendations through the 2013 legislative session (PA 13-250), established and leads Livable Communities Initiative (PA 13-109);convenes briefings; leads and participates in various groups of stakeholders identifying pursuing and designing federal health care reform opportunities to streamline the HCBS system.

All CT Older Adults are ~
"free from discrimination"

CT LTSS Medicaid HCBS Waivers (& state-funded programs/pilots)



Indicator 3: Medicaid HCBS Waivers ("Silo Chart")

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, or as is the case for the CHCPE, a prolonged eligibility determination process. However, it is relatively easy to identify and access more expensive institutional care for Medicaid recipients which allows for presumptive eligibility.

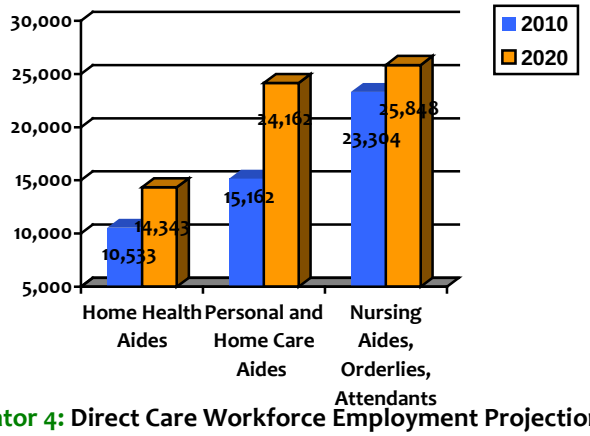
CoA Strategies to Turn the Curve:

- Create within DSS a centralized unit for Medicaid Waiver eligibility to help address prolonged eligibility determination processes
- Simplify/streamline Medicaid HCBS Waiver system; starting with combining the PCA and CHCPE waivers
- Address waiting lists, enrollment caps, prolonged eligibility determination and the varied menu of services for HCBS waivers
- Create greater integration of aging and disability programs and services at the state level and develop state government structure to best meet residents' LTSS needs
- Provide consumer choice and self-direction
- Help inform and coordinate inter and intra agency rebalancing plans/reports/data sets and initiatives

How CoA Helps Turn the Curve: CoA collects and maintains data on the various HCBS Medicaid waivers; educates policymakers about waiver structure and develops strategies and proposes legislation to streamline the system. CoA facilitated a series of meetings among stakeholders with the DSS Commissioner and his elite team and initiated solutions and partnerships to expedite eligibility determination. CoA led working groups developing the MyPlaceCT website which updated and integrated CoA's LTSS website; provides comments to CMS on federal Medicaid waiver rules; partners with the disability community; and leads coordinative efforts to integrate various federal/state rebalancing plans/reports/data sets and initiatives (e.g. LTSS website/ BIP/ADRC/MyPlaceCT).

All CT Older Adults are ~
"free from discrimination"

CT Direct Care Workforce Employment Projections 2008 to 2018



Indicator 4: Direct Care Workforce Employment Projections

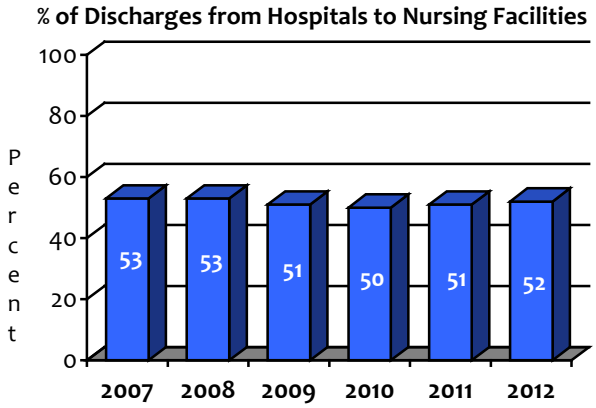
Story Behind the Baseline: Workforce development is one of the most significant components to achieve success in "rebalancing" - that is, honoring an individual's right to receive services and supports in the setting of their choice. Data indicate that CT will need 9,000 more direct-care workers in the 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 LTSS rebalancing goals set forth in the state's Long-Term Services and Supports Plan and the Governor's Rebalancing Plan the need for focused efforts to recruit, train, retain and support paid and unpaid direct care workers 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 & 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)
- 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 affect direct care workforce development including the Allied Health Workforce Policy Board-and also provides ongoing consulting with Mintz & Hoke for the state's direct care workforce communications and recruitment plan.

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



Indicator 5: % of Hospital Discharges to Skilled Nursing Facilities

Story Behind the Baseline: In 2012, 52% of Medicaid enrollees leaving hospitals were discharged to institutions and 48% were discharged to a home setting. Data show that 44% of individuals on Medicaid who enter nursing facilities at hospital discharge are still there after six months. Discharge placements vary widely from 36% to 80% depending on the hospital.

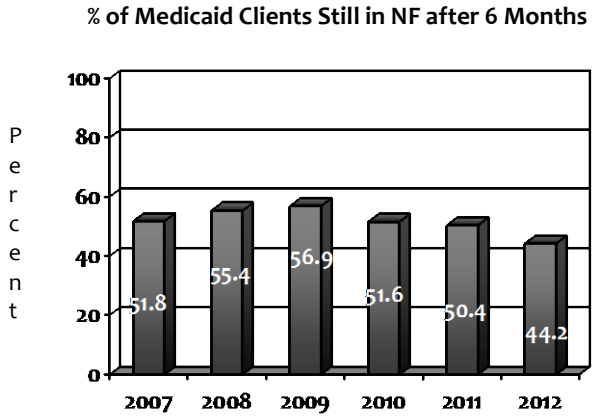
At least two new Medicare-related initiatives could potentially impact this indicator: the Medicare Inpatient Prospective Payment System, as included in the Affordable Care Act, which will adjust payments made for excessive readmissions in acute care hospitals and the Medicare and Medicaid Enrollee (MME) Demonstration for Integrated Care.

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
- Reinvigorate hospital discharge working group under MFP
- Educate and support key hospital staff 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; CoA informs and supports care transition grant proposals; and participates in other efforts to maximize federal funds for HCBS. Moving ahead, CoA will also monitor the potential impact of Medicare Inpatient Prospect Payment System and the MME demonstration will have on this particular indicator.

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 2012, 44% of Medicaid clients that entered a nursing facility at hospital discharge were still in a nursing facility 6 months later. Data shows that since 2009 the trend is improving due to the success of various LTSS rebalancing initiatives. On average, nursing homes cost the CT Medicaid program $79,205 per person/year.

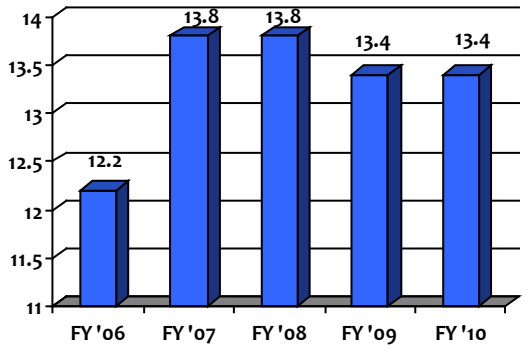
CoA Strategies to Turn the Curve:

- Maximize use of Medicare (federal) HCBS funds
- Enhance 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
- Reinvigorate hospital discharge working group under MFP
- 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 explores and pursues partners and successful efforts to maximize federal funds for HCBS. Additionally, CoA is involved with the state efforts to coordinate and improve care for individuals eligible for both Medicare and Medicaid as a member of the highly active Council of Medical Assistance Program Oversight and its Complex Care Subcommittee.

All CT Older Adults are ~ "healthy"

Percentage of All Discharges Readmitted Within 30 Days of Discharge
FYs 2006-2010



Indicator 7: % of All Discharges Readmitted within 30 days of Hospital Discharge

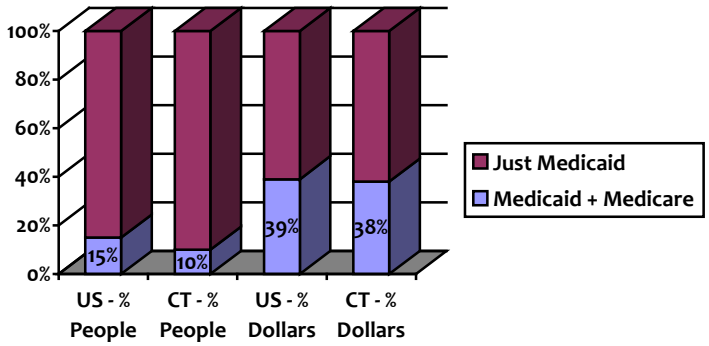
Story Behind the Baseline: In FY '10, 13.4% of all discharged patients from acute care hospitals were readmitted within 30 days. Readmissions may be indicator of poor care and missed opportunities to better coordinate care particularly in patients with chronic health conditions. Hospitalizations account for about half of all health care expenses, and it has been estimated that 13% of the inpatients in the US use more than half of all hospital resources through repeated admissions. Starting October 2012, hospitals began receiving reduced Medicare payments for excess Medicare readmissions. Also there is an increased number of hospital patients placed under "Observation Status" thereby never technically admitting the patient.

CoA Strategies to Turn the Curve:

- Pursue federal funding and collaboration for evidence-based care transition programs for individuals with chronic health condition with maximum coordination among and across sites of care
- Reinvigorate hospital discharge workgroup under MFP
- Continue to work to integrate and coordinate care provided by Medicare and Medicaid
- Strive to integrate the Medicare-Medicaid Enrollees (MME) Initiative with the LTSS rebalancing initiatives
- Encourage use of and reimbursement for telemedicine/monitoring services
- Incent intensive care management while establishing a person centered team based care

How CoA Helps Turn the Curve:
CoA is involved with the state efforts to coordinate and improve care for individuals eligible for both Medicare and Medicaid as a member of the highly active (MAPOC) and its Complex Care Subcommittee. CoA participates on MFP hospital discharge subcommittee (currently inactive, but hope to reinvigorate). CoA has provided comment and support for several evidence-based care transition grant opportunities.

All CT Older Adults are ~ "healthy"



Indicator 8: Spending on Individuals who are enrolled in both Medicaid and Medicare

Story Behind the Baseline: In 2010, in Connecticut 57,569 people are enrolled in both Medicare and Medicaid (known as Medicare-Medicaid Enrollees or MMEs). Among MMEs, 57% are older adults while 43% represents individuals with disabilities. Collectively they represent 10% of people of Medicaid. They are among the most chronically ill and costly in both Medicaid and Medicare with multiple chronic conditions and/or LTSS needs. 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.

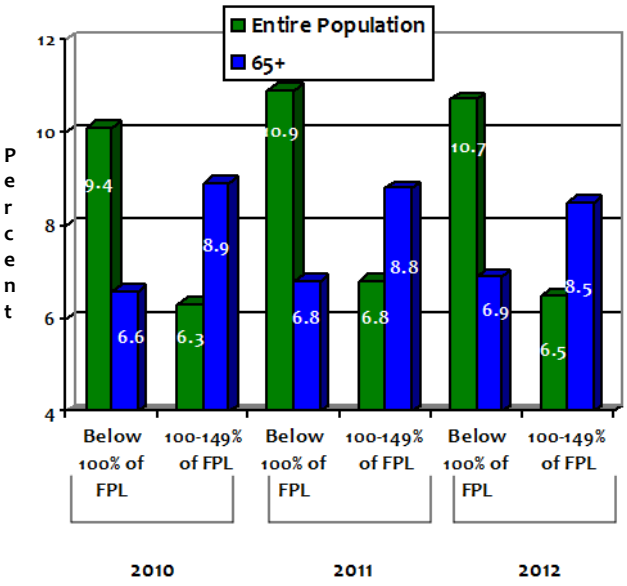
CoA Strategies to Turn the Curve:

- Obtain and analyze quality of life data for duals in CT, both quantitative (e.g., emergency department visits) and qualitative
- Redesign the state Medicaid program to improve health outcomes, while enhancing value
- Incent intensive care management while establishing a person centered team based care
- Ensure widespread access of home and community-based services

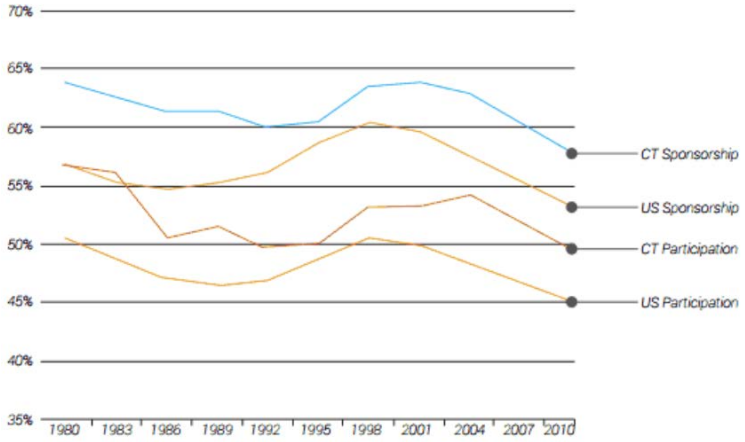
How CoA Helps Turn the Curve: CoA is a member of the highly active Complex Care Committee of the Council of Medical Assistance Oversight Program, which is working with DSS to redesign the system of care. In May '12, DSS submitted its MME Demonstration for Integrated Care proposal to CMS. It was developed with the help of a $1 million planning grant provided to CT by the federal government to design a new system. Its goals are as follows: person-centeredness, ensure coordination between Medicare and Medicaid, allow for choice in LTSS settings, improve access to primary care and specialists and provide coordination among doctors, hospitals and other providers. (This effort is one of many to coordinate Medicare and Medicaid.)

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

Percentage of CT Residents Living in Poverty
2010-2012



Pension Sponsorship and Participation
US and CT
1980-2010



Schwartz Center for Economic Policy Analysis - The New School

Indicator 9: % 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 $10,890 and $16,335 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.

Indicator 10: % of Pension Sponsorship & Participation

Story Behind the Baseline: According the CoA/PCSW Elder Economic Security Initiative, more than half of older adults statewide are unable to make ends meet without the support of public programs. Since 1998, the trend of Connecticut employer sponsorship of and employee participation in retirement plans is steadily decreasing. Between 2000 and 2010 the percentage of workers whose employers sponsored a retirement plan dropped by 6% from 66% to 59%. The bottom 25% income group is most dramatically affected by this trend. In 2000 46% of the lowest earners had access to an employee sponsored retirement plan whereas in 2010 only 31% had access - a staggering 15% drop.

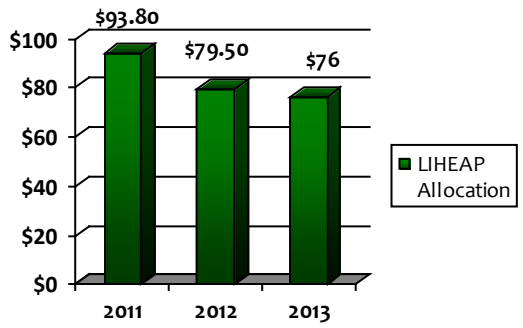
CoA Strategies to Turn the Curve:

- 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
- Incent and encourage retirement and LTSS planning
- Simplify eligibility for programs, create a single intake application and coordinate and support initiatives such the Balancing Incentive Program (BIP)
- Educate, engage and support philanthropic efforts to respond to the needs of changing demographics in communities
- Engage municipal leaders and state-level policymakers to promote "livable communities"

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 working with several organizations aimed at improving food security for older adults. 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, developing proposals and participating on related round-table discussions (i.e. public retirement plan round-table and domestic workers round-table).

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

Low-Income Home Energy Assistance Program (LIHEAP) Federal Allocation 2011-2013 (in Millions)



Indicator 11: Low-Income Energy Assistance Program (LIHEAP) allocation

Story behind the Baseline: Connecticut households receive home energy cost assistance through the federally funded Low-Income Home Energy Assistance Program (LIHEAP). During 2013, 49,215 heating and cooling bills were covered by LIHEAP's gross allocation. This represents a substantially fewer number of bills covered than the previous year when 63,344 bills were covered. CT's federal LIHEAP allocation has decreased substantially since 2011. Operation Fuel reports that up to 295,000 low-income CT households are at risk of not having enough money to pay heating bills in 2014. Operation Fuel says the average gap between actual energy costs and what these families can afford is now ***$2,368.*** The aggregate Home Energy Affordability Gap in CT now reaches approximately $700 million statewide. In 2013, CT's LIHEAP allocation was only sufficient to pay approximately 11% of the state's Home Energy Affordability Gap.

According to the Elder Economic Security Initiative, heating assistance is as important as prescription drug assistance in helping older adults meet their needs.

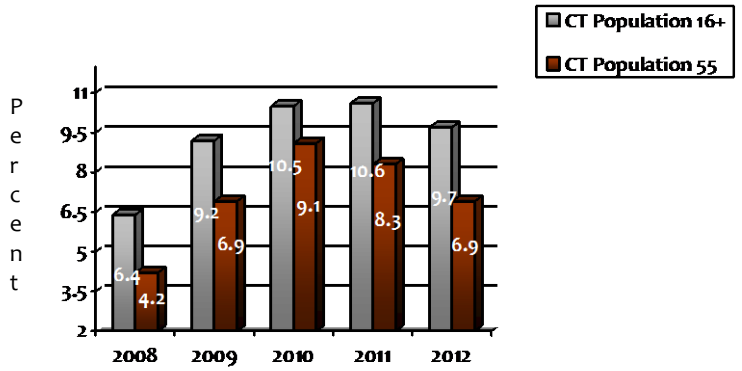
CoA Strategies to Turn the Curve:

- 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 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.

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

Unemployment rates in CT for all adults and adults 55+



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

Story behind the Baseline: Data indicate that CT older workers are losing their jobs at a disproportionate rate to younger worker and are more likely to experience long-term unemployment. 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 need to stay in the workforce longer.

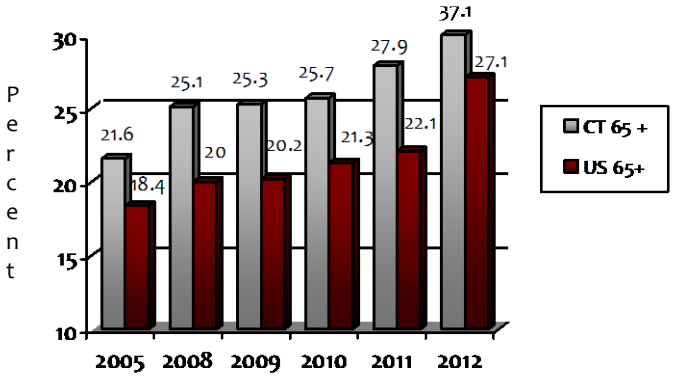
CoA Strategies to Turn the Curve:

- CT's Dept. of Labor to collect timely age-specific data
- Support recommendations from the Legislative Program Review and Investigations Committee's (LPRIC) "Reemployment of Older Workers" Report.
- Provide more workplace flexibility policies.
- Raise awareness about the value of the older worker.

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 in the past 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. CoA will continue to promote flexibility in the workplace which will serve as a great benefit for older adults and caregivers of all ages as well. CoA will track the outcomes related to the release of Legislative Program Review and Investigations Committee's December 2013 report "Reemployment of Older Workers".

All CT Older Adults are ~ "educationally fulfilled"

% of 65+ population with Bachelor's Degrees



Indicator 13: 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: CT Office of Policy and Management (OPM), Rebalancing: Medicaid Long-Term Care Clients and Expenditures, FY 2013

Indicator 3: DSS (CHCPE Quarterly Report), DDS and DHMAS Waiver Managers

Indicator 4: CT Department of Labor, 2010-2020 CT Employment Projections for Healthcare Support Occupations

Indicator 5 and 6: UConn Center on Aging, MFP Quarterly Report - Quarter 2, 2013 (April 1, 2013 – June 30, 2013)

Indicator 7: CT Department of Public Health, Office of Health Care Access, Chart Book: Availability and Utilization of Health Care Services at Acute Care Hospitals and Federally Qualified Health Centers, October 2011

Indicator 8: Medical Assistance Program Oversight Council and US Census, ACS, One Year Estimates

Indicator 9 and 13: US Census, 2012 American Community Survey (ACS), One Year Estimates

Indicator 10: Joelle Saad-Lessler; Teresa Ghilarducci; Lauren Schmitz. "Are Connecticut Workers Ready for Retirement: Trends in Plan Sponsorship, Participation, and Preparedness". Schwartz Center for Economic Policy Analysis - The New School

Indicator 11: Operation Fuel's "Home Energy Affordability in Connecticut: 2013". Prepared by Roger G. Colton - Fisher, Sheehan & Colton, Public Finance and General Economics, November 2013.

Indicator 12: US Census, 2011 American Community Survey (ACS), One Year Estimates & CGA Program and Review and Investigations Committee (LPRIC) "Reemployment of Older Workers" Report; December 2013.

Connecticut's Legislative Commission on Aging Performance Report Card: 2013

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 2013

Number of CoA published reports/fact sheets/updates in 2013	20+

Story Behind the Baseline: CoA turns research into action - *and action into results!* With a small, dedicated staff and partners, CoA has published reports and fact sheets in the past year on topics ranging from direct care workforce to MFP. These and previously published briefs 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, Facebook, the media, in-person meetings with stakeholders, public testimony and more.

Additionally, CoA's work continues to be utilized by a variety of sources (most recently, the DSS Right-Sizing Initiative, the Governor's Rebalancing initiative) policy reports from the media, paid 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.

CoA, as mandated staff for the Alzheimer's Task Force (SA 13-11), the Aging in Place Task Force (SA 12-6) and the Grandparents Visitation Rights Task Force (PA 12-137), drafted the final reports for these task forces.

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 services and supports data
- Pursue gaps in data such as Medicaid health care data, data specific to those not on Medicaid in need of LTSS, 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	23
Number of meetings with executive Branch Officials in 2013	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 services and supports, 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), chairs the MFP Workforce Development Subcommittee, participates on the Medical Assistance Program Oversight Council, UConn Center on Aging Advisory Board, and the CT Home Care Program for Elders Advisory Board.

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

Measure: Number of bills analyzed

Number of bills on which CoA testified in 2013	34
Number of bills monitored during 2013 session	257
Number of meetings with Legislators	65

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 and others - the CoA shares 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 2013, CoA hosted briefings on Aging in Place and Creating Livable Communities and an end-of-session forum for the CT Elder Action Network. During the 2013 legislative session CoA produced a bi-weekly tracking report of all aging and disability related legislative bills and proposals and broadly distributed its end of session "Inside the Dome Report"; drafted legislation; was extensively involved in Aging in Place legislation (PA 13-250) which was the result of the Aging in Place Task Force (SA 12-6) the CoA managed in 2012; managed the Alzheimer's Disease and Dementia Task Force (SA 13-11); keynoted at various legislative-related events and participated at events/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
- Continue to identify opportunities and prompt efforts to maximize federal and state funds
- Enhance connections with federal legislators to help CT maximize opportunities available under national health care reform
- Track and comment on executive and legislative proposals

Approach 4: Finding Efficiencies in the State Budget

Measure: Potential Medicaid cost avoidance due to CoA recommendations

2025 costs with current client ratio	$6,363,865,910
2025 costs with optimal client ratio	$5,607,647,360
Cost avoidance	**$756,218,550**

Story Behind the Baseline: CoA devotes a significant amount of time to long-term services and supports rebalancing and continues to recommend and implement critical components to restructure the delivery of LTSS 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 FY 2013, 58% of all Medicaid LTSS enrollees in Connecticut were served in the community (and 42% were served in institutions). The State LTSS Plan goal is for 75% of Medicaid LTSS enrollees to utilize HCBS by 2025 (Oregon, the leading state, is already at 85%). Utilizing Medicaid LTSS dollars for HCBS costs significantly less than institutional care and is the setting 90% of people prefer.

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.

Note: as the "rebalancing" ratios approach the state's goal the cost avoidance dollar amount will decline as "potential" savings are transformed into actual savings through rebalancing.

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	22
Number of representatives on these coalitions/tasks forces	386
Total reach of coalition/partners	640,000+

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 (22) in which we lead or participate, the number of representatives/organizations on those coalitions (386), 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 LTSS Plan); chairs and manages the CT Elder Action Network; chairs the Money Follows the Person Steering Committee; chairs and manages its MFP Workforce Development and Policy subcommittees; established and manages the Connecticut for Livable Communities (PA 13-109) Initiative.

Through SA 13-11 the CoA was tasked with providing administrative support to the Alzheimer's and Dementia Task Force. Additionally, in 2013, the CoA continued to build productive partnerships: e.g. the philanthropy community through the CoA's Livable Communities Initiative.

Future Action:

- Further enhance strategic partnerships with the faith, business, and philanthropic communities (as specifically mandated in PA 09-7 & PA 13-109)
- Continue development of the CT for Livable Communities Initiative (PA 13-109)
- Continue to partner w/ 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 stakeholders
- Encourage legislative appointing authorities to help ethnically diversify the CoA Board
- 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	**137**
Radio	14
Televised (events)	28
Print (published articles)	95
Number of CoA website visits	87,751

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, social media and website vehicles, forums, interviews, media events, news releases, direct mail 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 and on radio and television. The CoA hosts a monthly radio program on WTIC–AM1080, 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 to the CoA website. CoA utilizes Facebook and Twitter to its growing outreach network.

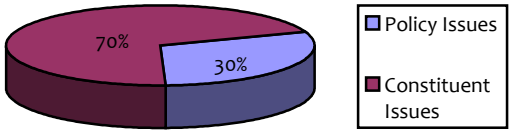
Future Action:

- Using print, internet, and broadcast media, execute a comprehensive communications plan to increase the visibility of CoA and share high-quality, unbiased information on aging issues
- Grow and connect networks of informed allies and stakeholders through high-visibility community forums and web communications
- Enhance web and email communications (e.g. more multimedia, implement monthly e-news) to better inform the public and legislative actors on key issues
- Execute targeted, comprehensive social media campaigns to highlight key issues affecting older adults

Approach 7: Information and Assistance

Measures: Requests for information

Total Number of requests for Information: Approximately 1,000



Story Behind the Baseline: In 2013, the CoA's three-person staff responded to approximately 1,000 calls, emails, letters and in-person requests from older adults, adult children, legislators and their aides, the news media and others. Legislators and aides increasingly seek the CoA's assistance for information and counsel about policy and constituent issues. Inquiries from constituents and their loved-ones are most often related in some way to financial security.

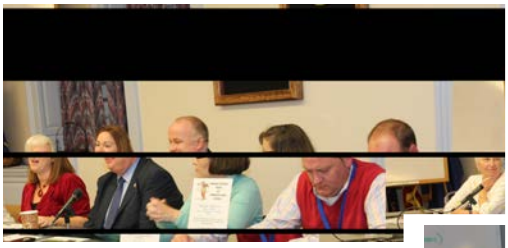
Aging-related issues are highly complex, while the services and support network is fragmented and difficult to navigate.

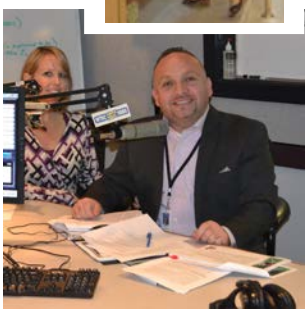
In response, the Legislature mandated creation of the Long-term Services and Supports website. In 2013, the website was updated and renamed "MyPlaceCT". The website is utilized by many in the state and private sector as a "one-stop shopping" site for services and supports for older adults and persons with disabilities and will also become a venue to help build the LTSS workforce.

Future Action:

- Continue to integrate the LTSS website into the No Wrong Door (NWD) to help meet the requirement of the Balancing Incentive Program (BIP). Note: In 2012, DSS received an $80 million dollar grant from the federal government to restructure LTSS. One of the three requirements is to establish a NWD. It is in DSS proposal that the NWD will utilize the "MyPlaceCT (LTSS) website, ADRCs and other community outreach and information portals.
- CoA will continue to participate on the MFP Communications Outreach for marketing and messaging for MYPlaceCT.

Turning the Curve!





CoA 2013 Performance Card ~
General Information CGS §17b-420

Celebrating its 20th year of excellence!

Connecticut's Legislative Commission on Aging: a nonpartisan, independent agency of the Connecticut 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/interns. It is one of six distinct Legislative Commissions (Children, Women, African-Americans, Latino and Puerto Ricans, and Asian Pacific Americans).

Location: **State Capitol - 5th floor**

Annual Budget: **$440,992 for FY '14**

Personnel: Its small staff delivers deep knowledge, experience and responsiveness, continued opportunities for growth and enrichment and a cost-effective agency.

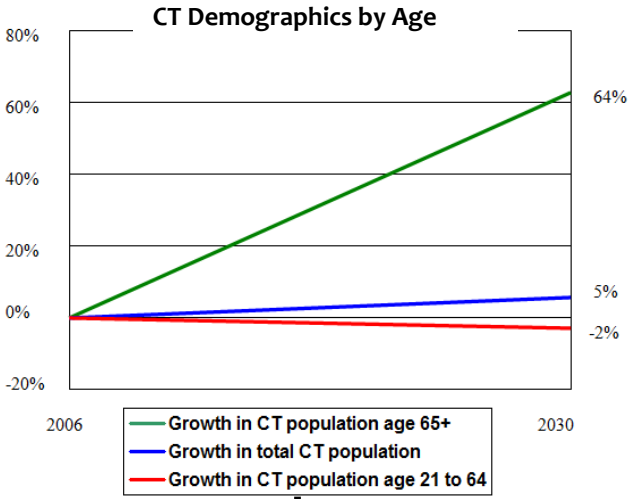
CoA Staffers (L to R):
Alyssa Norwood, Special Projects Coordinator
Deb Migneault, Senior Legislative Analyst
Julia Evans Starr, Executive Director
Carol Buckheit, Communications Manager

Rob Norton, Communications Manager retired from the CoA in June 2013. We wish him the very best!

Volunteer Board Members appointed by the Legislative Leaders:

Executive Team: Chair, Sherry Ostrout of Hartford; Vice Chair, Penny Young; William Eddy of Simsbury; Sharon Gesek of Seymour. **Members:** Kathryn Freda of West Hartford; Tom Gutner of West Hartford; Nancy Heaton of Sharon; Judith Jencks of Lisbon; Gerard Kerins of Madison; Christianne Kovel of Middletown; John Nelson of Hartford; Jim Pellegrino of Meriden; Ed Roman of Fairfield; Dianne Stone of Norwich and Susan Tomanio of Bethel.

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, it works 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 LTSS 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 while providing leadership and transparency in its implementation. CoA is also heading an initiative that helps provide support and resources to municipalities/regions for community readiness for the shifting demographics and the desire for boomers and older adults to age in place (PA 13-109).



Source: Connecticut Commission on Aging/UConn

Data Development Agenda: CoA turns research into action - *and action into results* 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 pursue gaps in data such as Medicaid health care data, data specific to those not on Medicaid in need of LTSS 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.**

Legislative
Commission on Aging

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