

C4A Connecticut Association of Area Agencies on Aging

November 26, 2013

Dear Ms. Veltri and members of the Core Planning Team:

Please accept the following comments and considerations presented by the Connecticut Association of Area Agencies on Aging (C4A) in response to the *Connecticut Healthcare Innovation Plan, Draft for Public Comment, November 1, 2013*. It is with great interest that C4A read the State Innovation Model (SIM) design process. The Committee is to be commended for the promise of improved health outcome, consumer experience, quality and coordination apparent throughout the document. The document demonstrates a firm understanding of the elements that drive healthcare costs. The primary drivers for transformation and the enabling initiatives provide thoughtful, realistic guidance designed to transform a complex healthcare system. C4A is eager to join in the State's effort as a key member of the social service support system for older adults and persons with disabilities.

Central to the design of SIM is the goal to "equip consumers with the information, resources, and opportunities for them to play an active role in managing their health." Consumer activation is required in order for the project to achieve true, sustainable change. Consumer input and advocacy is only possible when a consumer is well informed. The Area Agencies on Aging have long performed institutional translation, education and comprehensive integration of complex healthcare options for older consumers and consumers with disabilities. C4A is already connected to the communities of greatest healthcare spending. To achieve Health Enhancement Communities the State must include a broad array of Community Based Organizations (CBOs) and Nonprofit organizations (NPOs) representing homelessness, food security, transportation, HIV, Older Adults and many others. C4A is connected to the regional communities through the grant allocation process and is in a unique position to bridge the gap between the medical community, behavioral and social services.

Area Agencies on Aging operate in the State's urban concentrations including Hartford, New Haven and Bridgeport. These areas are home to the highest concentration of Medicaid

consumers and tend to be the most culturally and linguistically diverse. C4A is quite adept at reaching the members of diverse, disadvantaged communities. Long term care supports and services provided through the Older Americans Act touch hundreds of thousands of Connecticut residents. C4A believes it can be an asset to the SIM project in its ability to bridge social, behavioral and medical environments while keeping the consumer central and participative in all decisions and interventions. For example, the ability to access transportation for medical follow up, food via home-delivered meal programs and prescription medications ranked high in the probability of a successful transition from hospital to home. Connecticut can achieve the CMS triple aim of improved healthcare outcomes, quality of care and reduced cost with greater collaboration between the medical community, behavioral and social services along with the application of proven hospital discharge practices.

Members of C4A operating as Access Agencies have long seen the need of greater partnership between the primary care practices and the social and behavioral services that support a consumer's health outcomes. We are encouraged by the combination of behavioral care with medical care and ask that you broaden the definition to include homecare and social services. For example, the homecare companions, homemakers and aides are often the best reporters of changes to a consumer's condition. These paraprofessionals are in a unique position to train, educate and support a consumer's recovery and rehabilitation. A local intermediary is needed to facilitate training, support to the staff as well as the consumers. This workforce represents a great opportunity to improve health outcomes and quality of care for thousands of Connecticut's older adults and persons with disabilities. C4A is in a unique position to assist with the communication, training and support for the direct workforce while helping to translate complex information to boost consumer's participation in their own health. An example would be the ability to embed Community Health Workers (CHW) in Area Agency facilities so that the benefit of the outreach and community asset maps would be immediately available to the CHWs who could provide the majority of culturally correct information and medical translation for consumers.

Critical to the success of the SIM plan is the concept of navigation. Four of the fourteen key findings from the University of Connecticut's Long Term Care Needs Assessment

survey¹ cite the need for education, navigation and information assistance as primary barriers to accessing long term care. In 2008, the CHOICES program, a program of health insurance counseling, information and assistance and benefits screening for Medicare recipients worked with the Department of Social Services to develop a long term care website. CHOICES 800 number provides one-to-one access to counselors to assist consumers navigate health care insurance and home care options designed to support community living. The navigation function could enhance consumer understanding of complex medical jargon and communicate the affect of behavioral changes in support of improved outcomes. A cost effective navigation option would include targeted training and support while increasing the overall number of community CHOICES staff.

Within the context of healthcare reform, C4A hopes to see strong integration between existing rebalancing projects including Money Follows the Person, Complex Care, Medicaid waivers and the Healthcare Exchange. Restrictive policies, eligibility criteria and general lack of understanding hamper Connecticut's efforts to streamline access to health, behavioral and social services. C4A continues to partner as members of the Long Term Care Advisory Council, Complex Care Design Committee, core contractors in Money Follows the Person and lead community partners in CHOICES and the Healthcare Exchange navigator and assister components. As highly trained and informed stakeholders, C4A asks for the opportunity to prove the value of designated navigators in the design and composition of the innovation model. In addition to the trained workforce, evidence health initiatives and strength of the C4A community connections, C4A brings the funding and programmatic support of Title III of Older Americans Act.. In fiscal year 2012, C4A provided over 1 million home delivered meals while serving 811,000 community-based meals to a predominantly low-income consumer base. Nutrition, combined with 142,000 trips to medical appointments, almost 80,000 hours of homemaker/companion hours and 128,000 hours of adult day services provide unprecedented support for long term care. These impressive statistics can be combined with medical and behavioral interventions that will

¹ Julie Robison, Ph.D. et al, Connecticut Long-Term Care Needs Assessment, University of Connecticut Center on Aging, June 2007. http://www.uconn-aging.uchc.edu/res_edu/assessment.html

truly improve the quality of care, healthcare outcomes and reduce the cost of healthcare while respecting and honoring the voice and choice of consumers.

C4A applauds the enabling initiatives of performance transparency. The Money Follows the Person analytics reveal impressive measures to quantify the success of contractors in the rebalancing project. C4A has used this information to improve practices and enhance both the number and quality of transitions. C4A has long been responsible for providing unbiased, accurate information regarding the myriad of insurance provider available to supplement Medicare and support the purchase of prescription drugs. Initiatives are beginning today to create uniform billing and information tracking systems to make C4A members participating in Medicaid programs more supportive of the State's initiatives. C4A looks forward to the promise of predictive modeling and how the information gleaned through data analysis will better inform the interventions and success of community-based care plans.

Thank you for the opportunity to provide comment. C4A looks forward to supporting the plans outlined in the Connecticut Healthcare Innovation Plan.

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