

# DEMONSTRATION ADDICTION SERVICES AND SUPPORTS

Money Follows the Person State of Connecticut



- Medicaid in Connecticut
- Addressing the Need For Addiction Services and Supports in Connecticut
- Connecticut's Organizational Structure

## Medicaid in Connecticut

Over 745,000 CT Medicaid Recipients (over 20% of the population)

Husky A	Children and their parent/relative caregivers; pregnant women (income-based)	478,366 individuals
Husky B	Uninsured children under age 19 in higher-income households	10,652 children
Husky C	Individuals age 65 and older; individuals who are blind; individuals who are disabled	98,130 individuals
Husky D	Childless individuals age 19-64 who do not otherwise qualify for Medicaid	163,028 individuals

### Medicaid in Connecticut ....ctd

Connecticut's Medicaid budget totals over **<u>\$6 billion annually</u>** 

- 22.7% of the State budget

In SFY 2013, <u>\$3.1 billion</u> was spent on long-term services and supports.

- 51% of Medicaid expenditures
- 7% of the Medicaid population receives LTSS with 58% receiving Medicaid LTSS in the community

\*Precis of Connecticut Dept. of Social Services Division of Health Services Medicaid/CHIP Initiatives (8/14)

### Medicaid in Connecticut ....ctd

### Accomplishments (2013):

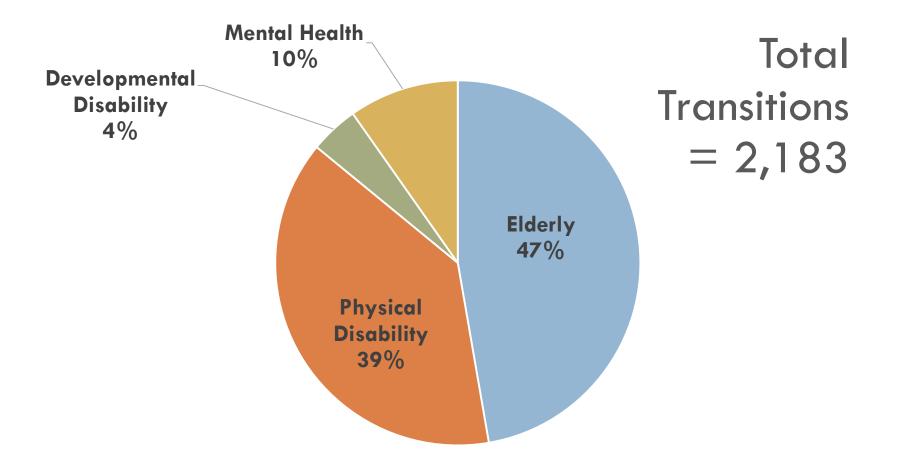
- Increased the percentage of hospital discharges to home and community care rather than nursing facility care from 47% in 2007 to 52%.
- Increased the percentage of LTSS expenditures to home and community rather than nursing home care from 33% in 2007 to 43%.
- Increased the percentage of nursing facility admissions returning to the community within six months of admission from 30% in 2007 to 36%.

Addressing the Need For Addiction Services and Supports in Connecticut

- Challenges within Money Follows the Person

## CT Money Follows the Person

In 2008, the Connecticut Department of Social Services received a \$56 million federal grant to fund the MFP Demonstration.



# **MFP Transition Challenges**

**Transition Challenges** are areas identified by MFP staff that may become or have been "roadblocks" for a consumer's transition.

Out of 6500 cases, <u>567 cases (8.7%)</u> were determined to have challenges related to alcohol and drug abuse.

## Case Closure Prior to Transition

Out of the 567 cases, 202 cases closed prior to transitioning.

<b>Top Reasons for Closure Prior to Transition</b>					
Consumer Changed Their Mind	30 *(7)				
Died	29				
Exceeded Mental Health Needs	23				
COP/Guardian Refused	22 *(4)				
Exceeded Physical Needs	22				

### Transitions

Out of the 567 cases, 267 cases transitioned to the community.

- 48 Non-Demonstration
- 219 Demonstration

HCBS Package	
ABI	26
CHCPE	44
DDS	4
MH	32
PCA	31
State Plan (MH & Physical)	82

### Transitions ...ctd

<u>**119 cases**</u> that transitioned under the Demonstration completed MFP year.

**<u>48 cases</u>** closed during their MFP year.

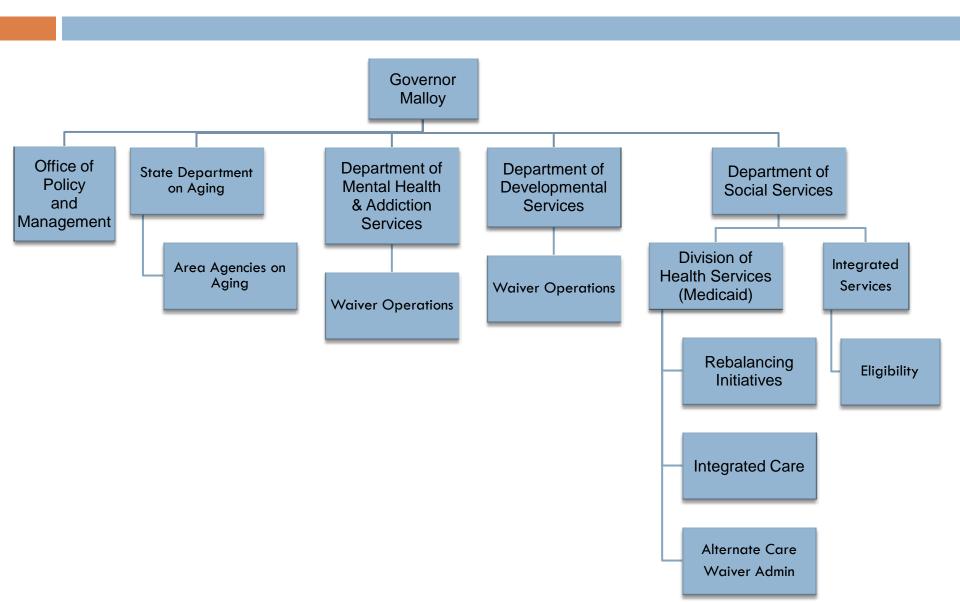
- 22 cases were re-institutionalized \*(8)
- 19 cases were deaths \*(4)

\* Alcohol and Drug-Related Cases

## **Development Process**

- CT's Organizational Structure

# State of Connecticut



### Demonstration Services & Supports

### Demonstration Addiction Services and Supports (DASS)

- The DASS Program is a comprehensive array of rehabilitation services that focus on skill building and relapse prevention for an individual who has a past or present primary addiction diagnosis or a co –occurring addiction and medical or psychiatric diagnosis.
- The service can begin pre-transition, approximately 1-2 months prior to the participant's planned discharge from a nursing home and continue with the participant in the home and community for up to 6 months post discharge.

## **DASS** Services

### Community Support Service (CSS)

Provides full array of Recovery Services, including assisting participants in obtaining basic supports needed to improve their likelihood of success in recovery.

### Peer Support Specialist

Promotes ongoing engagement of the participant towards recovery goals during the transition year. The PSS worker uses his/her personal experience to engage and maintain a therapeutic relationship with the participant.

### Transitional Supportive Employment

Temporary, intensive supports to assist participants in gaining competitive employment or for temporary supports to perform in a regular work setting.

### Transportation

Enables participants to gain access to community services, activities and resources specified in the plan of care. This service is offered in addition to medical and State Plan transportation services.



- Prior to discharge, an individual is screened for possible drug and/or alcohol problems using the seven question Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) tool.
- ASSIST scores of 4-26 will receive a Level 1 individualized budget for the Addiction Services and Support Program. The Maximum Budget for this level is \$5,000 with the maximum of 75% Community Support Services (CSS).
- Assist scores of 27 or higher will receive a Level 2 individualized budget. The Maximum Budget for Level 2 is \$8,000 with the maximum of 90% CSS.
- A Recovery Treatment Plan with services and budget is developed by the participant and MFP Specialized Case Manager. The plan is sent to Allied Community Resources for implementation of the plan.
- Allied Community Resources is responsible for credentialing providers, billing and Provider Quality Assurance.

# **ASSIST Screening Tool**

The ASSIST score translates to one of three outcomes:

- 0-3 = No Intervention required
- 4-26 = Level 1 DASS Services
- >27 = Level 2 DASS Services

#### Scoring

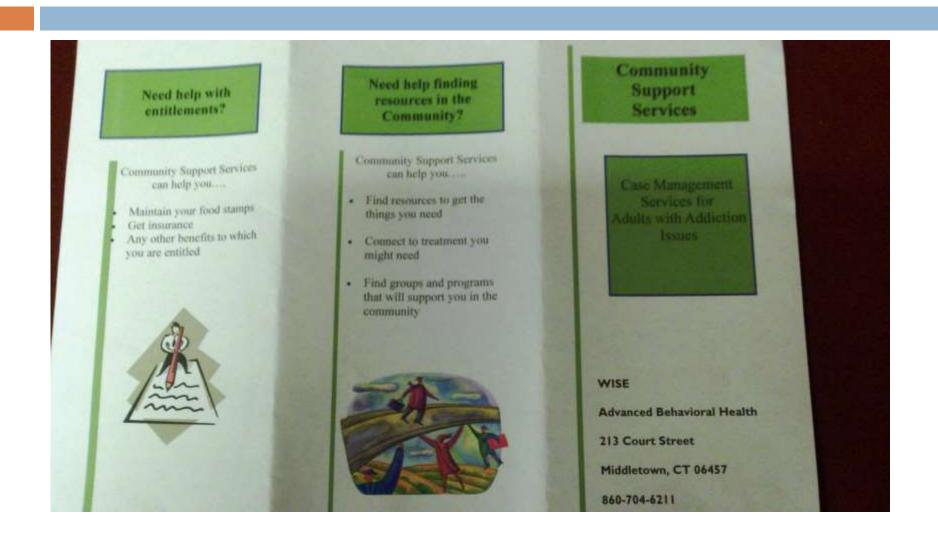
For each substance, add of the scores received for Questions 2-7. Results from Question 1 are not to be included in the score.

	Score	No	Level 1	Level 2
		intervention		
a. Tobacco		0-3	4-26	27+
b. Alcohol		0-3	11-26	27+
c. Cannabis		0-3	4-26	27+
d. Cocaine		0-3	4-26	27+
e. Amphetamine		0-3	4-26	27+
f. Inhalants		0-3	4-26	27+
g. Sedatives		0-3	4-26	27+
h. Hallucinations		0-3	4-26	27+
i. Opioids		0-3	4-26	27+
j. Other drugs		0-3	4-26	27+

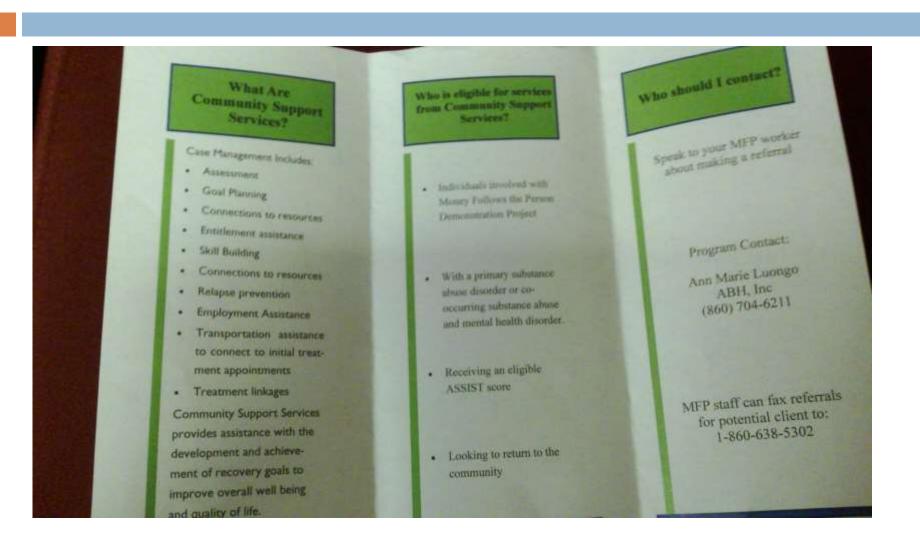
# Case Study

- Linda lived with less than 24 hour support prior to Nursing Home Admission
- Linda has history of alcohol abuse, diabetes and was sober while in the nursing home
- Linda's team is very concerned about her diabetes management if she starts drinking again.
- Recommendation for 24hr care
- Linda does not want 24hr care and is very committed to her sobriety

### Brochure



### Brochure





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