

Agency Option Submission

State Department on Aging

Signed (Agency Head) *Margaret A. Luetteke* Title *Acting Commissioner* Date *10/10/2014*

Fund	Agency Priority	Adjustment Title	FY 2016 Amount	FY 2017 Amount
11000 - General Fund				
	1	Eliminate Funding for HRS - Las Perlas Hispanas Senior Center Services Program	(20,000)	(20,000)
	3	50% Reduction in Elderly Health Promotion Funding	(147,488)	(147,488)
	Total		(167,488)	(167,488)
12004 - Insurance Fund				
	2	25% Reduction in Fall Prevention Program Funding	(118,750)	(118,750)
	Total		(118,750)	(118,750)
Total			(286,238)	(286,238)

Adjustment Type:

Reduction

Agency Title:

Eliminate Funding for HRS - Las Perlas Hispanas Senior Center Services Program

Agency Description:

Program: Las Perlas Hispanas Senior Center
SID: 16260 Project: SDA00000010612
Proposed Implementation Date: July 1, 2015

Description of Option - What is the current program and describe the change suggested:

In SFY 2013, Las Perlas Hispanas received a distribution from the surplus funds in Probate Court Administration Fund in the amount of \$25,000. These funds were specifically designated for a grant to Las Perlas Hispanas in New Britain, CT. In SFY 2014, the DSS received \$20,000 in Hispanic Human Development funds for Las Perlas Hispanas and these funds were transferred from DSS to SDA. Las Perlas Hispanas Senior Center Services Program is a state funded program which provides case management and information services to low income minority adults age 60 and older who are in need of assistance accessing additional community services and socialization. Many individuals are receiving meals through the Elderly Nutrition Program. Las Perlas Hispanas, through this funding, supports older adults who are in need of additional community services and reside in the City of New Britain.

This proposal is for the elimination of state funding for the Las Perlas Hispanas Senior Center Services Program. The funding totals \$20,000 annually.

What is the impact on core functions and services to clients?

This reduction proposed will eliminate funding for Las Perlas Hispanas Senior Center Services Program. With the elimination of this program, it is estimated that annually 50-60 first generation Hispanic, low income and frail elderly individuals, living in New Britain, will not have access to these services. The impact will be that older adults age 60 or older will not receive 1260 units of case management and 700 units of information and referral services.

The goal of the Las Perlas Hispanas Senior Center Services Program is to identify potential participants, assist in the application process, screen and proceed to enroll them for additional services (which could be state or federal programs) and link customers directly to programs both at the senior center as well as through partner agencies while continuing to track the individual's progress.

Without these state funds, fewer units of case management services, referrals and follow up will be provided to 50 - 60 older adults in New Britain. These services are an integral part of the services needed to improve and maintain a quality of life that keeps the older adult independent, active and socially engaged. Without these funds and these services, it is possible that the length of time that individuals remain in their homes and communities of choice may decrease.

Identification of Potential Impact:

Regional Operations: Yes, Explain: New Britain Area

Legislative Changes: No

Regulation Changes: No

State Plan Amendment: No

EMS System: No

Other System/IT Changes: No

Contract Resources: No

Partner Assistance: Yes, Identify/Explain: May affect the staff of HRA, Inc. through reduction of hours due to reduction in funds.

Staff Required: No

Fiscal Impact: Reduction to general fund account to meet required proposed reduction

SID: 16260 Project: SDA00000010612 SFY 2016 & SFY 2017 (\$20,000)

Potential Implementation Date: July 1, 2015

Agency Priority:

1

System ID:

3343

SID	Account	Program	Agency 2016	Agency 2017
Financials				
16260 - Programs for Senior Citizens	00000 - Unknown Account	00000 - Unknown Program	0	0
	01000 - Other Expenditures	10000 - Community Services	(20,000)	(20,000)
	Total-16260 - Programs for Senior Citizens		(20,000)	(20,000)
Total Financials			(20,000)	(20,000)

State Department on Aging

12004 - Insurance Fund

Adjustment Type:

Reduction

Agency Title:

25% Reduction in Fall Prevention Program Funding

Agency Description:

Program: Fall Prevention Program

SID: 12565
Proposed Implementation Date: July 1, 2015

Description of Option - What is the current program and describe the change suggested:

During the 2009 Special Session, the CT State Legislature established under Section 17b-33, a fall prevention program to address the rising rates of falls and resulting disability among Connecticut's older adults. With funding provided under this legislation, the Yale CT Collaboration for Fall Prevention (CCFP) has undertaken several initiatives that have built upon previous research showing that admission to emergency departments and acute care hospitals can be reduced when older adults learn they are at risk, why they are at risk and are assisted in changing behaviors to reduce their risks. (The Gerontologist Vol. 47, No. 4, 548-554).

The SDA proposes to reduce \$118,750 from the Fall Prevention Program which will assist the SDA in meeting the required proposed Agency budget reduction. The program allocation funded through the State Insurance Fund will decrease from \$475,000 to \$356,250.

What is the impact on core functions and services to clients?

In order to have an effective and worthwhile fall prevention program, time is critical for programs to develop and mature to the point where there is experienced staff, and a presence in the community where it becomes known as "the place to go" when older adults know they are at risk for falling. The VNA of Guilford is one of several community-based projects undertaken by CCFP and is a prime example of the impact this reduction would make on the core functions and outreach of fall prevention efforts in CT. The Guilford VNA has moved evidence-based fall prevention into practice by embedding fall prevention into their Medicare "care of the ill" efforts in conjunction with community outreach, screening and intervention leading to screening and triaging older adults into the appropriate level of intervention based on their individual risk factors. The following is an estimated cost savings in SFY 2015 of this community intervention using cost estimates from a longitudinal analysis of health care costs for older adults who experience falls requiring medical care.

Impact:
During the 12 month period from July 1, 2013 - June 30, 2014 this innovative program reported to have averted fall-related health care expenditures by an estimated \$416,175. The data looked at the following:

- 1) Number of falls and hospitalizations 6 months prior to the intervention and those who were hospitalized.
- 2) Number of falls and hospitalizations post the education and intervention to reduce risks.
- 3) The estimated fall-related injury health care costs averted in the 12 month period.

Identification of Potential Impact:

Regional Operations: Yes; Explain: The continuation of several Fall Prevention Projects that have shown significant reduction in falls will be in jeopardy. One example is the Yale University Department of Emergency Medicine program which demonstrated a significant ongoing reduction in EMS calls for lift assists in 5 shoreline towns; thereby freeing up critical public safety resources and reducing municipal and state costs.

The CCFP has also provided many research opportunities to improve the identification, diagnosis, treatment and rehabilitation of older adults and others who have a high risk for falling. These findings have been published in esteemed Journals such as the Gerontologist, The New England Journal of Medicine and Pre-Hospital Care.

The ability to expand proven community-based fall prevention programs such as the Guilford VNA project will be curtailed.

- Legislative Changes: No
- Regulation Changes: No
- State Plan Amendment: No
- EMS System: No
- Other System/IT Changes: No
- Contract Resources: No
- Partner Assistance: No
- Staff Required: Yes: Identify/Explain: These funds provide many job opportunities for clinicians and social service staff throughout CT. During these times of high unemployment in CT, these programs have played a role in keeping CT residents employed and working in their respective fields.

Fiscal Impact:
SID: 12565 SFY2016 and SFY2017 (\$118,750)
Potential Implementation Date: July 1, 2015

Agency Priority:

2	System ID:	3351
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SID	Account	Program	Agency 2016	Agency 2017
Financials				
12565 - Fall Prevention	01000 - Other Expenditures	10000 - Community Services	(118,750)	(118,750)
	Total-12565 - Fall Prevention		(118,750)	(118,750)
Total Financials			(118,750)	(118,750)

Adjustment Type:

Agency Title:

Agency Description:

Reduction

50% Reduction in Elderly Health Promotion Funding

Program: Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors)/Chronic Disease Self-Management Program (CDSMP)
SID: 16260 Projects: SDA000000010304 (\$42,610), SDA000000010305 (\$104,878)
Proposed Implementation Date: July 1, 2015

Description of Option - What is the current program and describe the change suggested:
In SFY 2015, the SDA embarked on a new direction for the use of Elderly Health Promotion funds, formerly the Elderly Health Screening Program. The purpose of this change was to shift the focus to needed services for an evidence-based behavioral health program and the Stanford University Chronic Disease Self-Management Program (CDSMP)/Tomando Control de su Salud (Spanish version).

The State Department on Aging (SDA) issued a Request for Qualifications (RFQ) to procure services from agencies/organizations wishing to implement Healthy IDEAS: (Identifying Depression, Empowering Activities for Seniors) a sustainable, evidence-based depression program designed to detect and reduce the severity of depressive symptoms in older adults with chronic health conditions and functional limitations. Healthy IDEAS targets underserved, chronically ill older adults in the community. At present the RFQ process is underway.

To date, the SDA has been awarded three Federal Grants to build a statewide delivery system for the CDSMP/Tomando and has been successful in this endeavor using a regional coordinator based delivery system through Connecticut's five area agencies on aging and one Medicaid access agency.

The Elderly Health Promotion allocation for SFY 2016 is \$294,976. The original intent of these funds for SFY 2016 was to allocate \$147,488 for Healthy IDEAS and to allocate \$147,488 for CDSMP/Tomando. With the proposed reduction, from \$294,976 to \$147,488, only the Healthy IDEAS program could be funded in SFY 2016. CDSMP/Tomando would not receive state EHP funds in SFY2016. With a 50% reduction in funds, only one of the two EHP programs could continue.

What is the impact on core functions and services to clients?

The reduction proposed for SFY 2016 will eliminate state funding that was to be used to sustain the established CDSMP/Tomando Statewide Delivery System which has also seen an elimination of federal funds. To date, over 2,000 older adults and persons with disabilities in Connecticut have participated in self-management programs. The CDSMP/Tomando is a low cost program that helps individuals with chronic conditions to learn how to manage and improve their own health, while reducing health care costs. The program focuses on problems common to individuals with chronic conditions such as pain management, nutrition, exercise, medication use and talking with a physician.

The traditional medical model of caring for people with chronic conditions is costly and can be ineffective. The Stanford University CDSMP/Tomando programs have brought to Connecticut a new way to address chronic conditions that has proven to delay health deterioration, improve function and address the problems that people with chronic conditions confront in their everyday lives.

In Connecticut chronic diseases account for 6 out of 10 of the leading causes of death and 91% of older adults have at least one chronic condition and 73% have at least two. In 2003, the costs associated with the treatment and loss of productivity due to chronic diseases such as cancer, heart disease and diabetes totaled \$16.2 billion dollars (Healthy CT 2020). If the number of people with chronic conditions continues to grow the economic impact in Connecticut could reach \$44.5 billion by 2023.

The impact of not funding the statewide CDSMP delivery system for SFY 2016 follows:

Regional Coordinator/Master Trainers

The Regional Coordinator network is the hub for the delivery of this evidence-based program. Six RCs are employed by the Area Agencies on Aging and the Medicaid Access Agency. Each RC is also a Master Trainer who must facilitate one leader training per year to maintain certification and replenish a leader base of approximately 116 leader facilitators statewide. This certification cost the SDA approximately \$1,500 per RC (1,500 x 6 RC = \$9,000) or \$9,000 to train. To have the RCs re-certified would be cost prohibitive to the SDA.

Fidelity Monitoring

The RCs are responsible for program fidelity which is a key component of the CDSMP/Tomando. The RCs monitor leader facilitators to ensure the Stanford

University's evidence-based program is followed according to the program's fidelity standards. CDSMP/Tomando is a well-researched scripted program whose evidence-base is easily lost if fidelity standards are not maintained.

Leader Facilitators
 The RCs each maintain a large leader base in their respective regions. Each RC must ensure that each workshop leaders facilitate have the appropriate data collection forms completed by each participant and returned to the RC for entry into the national online database. If the area agencies no longer have the funds to maintain an RC, data collection will cease and important demographic data will be lost

Implementation Sites
 There are over 168 implementation sites for the CDSMP/Tomando in Connecticut. The RCs must maintain contact with these sites, both as partnership building and to ensure that fidelity standards are met for each workshop. This connection would be lost and jeopardize the workshop base that has taken years to build.

Identification of Potential Impact:
 Regional Operations: Yes; Explain: Without State Funds CDSMP may not be sustained in the regions
 Legislative Changes: No
 Regulations Changes: No
 State Plan Amendment: No
 EMS System: No
 Other System/IT Changes: No
 Contract Resources: No
 Partner Assistance: Yes; Identify/Explain: AAAs, Medicaid Access Agency
 Staff Required: Yes; Identify/Explain: SDA, Fiscal, and Contract staff that have a part in amendment execution, AAA, and Elderly Health Provider staff for same reason and said staff may be affected by reduction of hours of employment.

Fiscal Impact: Reduction to general fund account to meet required SDA reduction
 SID 16260 Projects: SDA000000010304 (\$42,610.00), SDA000000010305 (\$104,878); SFY 2016 and SFY 2017 (\$147,488)
 Potential Implementation Date: July 1, 2015

Agency Priority:

3

System ID:

3333

SID	Account	Program	Agency 2016	Agency 2017
Financials	00000 - Unknown Account	10000 - Community Services	0	0
	01000 - Other Expenditures	10000 - Community Services	(147,488)	(147,488)
	Total-16260 - Programs for Senior Citizens		(147,488)	(147,488)
Total Financials			(147,488)	(147,488)