Long-Term Care in Connecticut

The number of Connecticut residents age 85 and older is projected to grow by 70 percent by 2030.

Connecticut’s older population can be at greater risk for chronic illnesses and in need of long-term care. Fourteen percent of Connecticut’s population is age 65+ with over 79,000 residents age 85+. Connecticut’s age 85+ population – the age group that is most likely to need long-term care services – will grow 70% from 2007 to 2030. This ranks Connecticut near the middle (##26) in the nation in the projected growth rate of the 85+ population.

Most prefer to receive long-term care at home; however, Connecticut spends over 90 percent of the state’s Medicaid funds for older people and adults with disabilities on institutional care.

The majority of Americans age 50+ (89%) want to stay in their homes for as long as they can. Over 525,000 Connecticut residents rely on Medicaid, and 12% are age 65+. Home and community-based service (HCBS) waivers allow Medicaid recipients to receive Medicaid funding for in-home care. In Connecticut, Medicaid allows some to choose in-home care instead of nursing home care. In 2006, 12,393 people 65+ with disabilities and 656 adults (18-64) with disabilities received a waiver. In 2008, there were 71 adults (18-64) with disabilities who waited to receive a waiver. On average, the Medicaid program can provide HCBS to three people for the cost of serving one person in a nursing home.

Connecticut spends 9% of its Medicaid long-term care dollars for older people and adults with physical disabilities on home and community-based care – ranking it near the bottom (44th) in spending on home care services for this population. However, for the first time more Connecticut residents are receiving long-term care services in the community rather than in institutions.

In addition, 370,000 Connecticut residents are providing family caregiving to a loved one at home. This care is valued at $4.9 billion.

Connecticut has an average nursing home private pay rate of $327 per day.

In 2008, Connecticut’s nursing homes had an occupancy rate of 91%. This care is expensive. In 2008, Connecticut nursing homes had an average private pay daily rate of $327 and adult day care facilities had an average daily rate of $75. The average private pay rate for home health aides was $21 per hour and $28 per hour for Medicare-certified aides.

One-third of Connecticut’s nursing homes rated above average in health inspections.

The Centers for Medicare and Medicaid Services (CMS) created a five-star quality rating to help consumers compare nursing homes. CMS rates nursing homes on health inspections, staffing, and quality measures. The health inspection process is comprehensive and conducted by a trained team of objective surveyors. Recent studies have found that non-profit nursing homes generally deliver higher quality of care. In 2007, 79% of Connecticut’s nursing homes were for profit (20%, non-profit; 1%, government-owned).

Long-term care insurance pays for a small portion of long-term care spending.

Long-Term insurance pays for seven percent of national spending on long-term care. Some states are creating partnerships that offer, through private insurers, high-quality, affordable long-term care insurance that provides protection against impoverishment. In Connecticut, as of June 2009, 50,892 long-term care insurance policies under the Connecticut Partnership for Long-Term Care were in effect. Policyholders range in age from 20-88 and the average age is 58 years old. More than half of these policyholders are female (57%) and less than half are male (43%).
End Notes

The data utilized in this report is the most recent publicly available data collected for all states.


3Providing More Long-term Support and Services at Home: Why It’s Critical for Health Reform. AARP Public Policy Institute, June 2009. URL: http://www.aarp.org/research/ltc/hcbs/articles/fs_hcbs_hcr.html


5Ibid. Medicaid 1915(c) Home and Community-Based Service Waiver Participants, by Type of Waiver, 2006. Data Source: The Kaiser Commission on Medicaid and the Uninsured (KC MU) and The University of California at San Francisco's (UCSF) analysis based on The Centers for Medicare & Medicaid Services (CMS) Form 372, December 2009, Table 5. "Medicaid 1915(c) Home and Community-Based Service Programs: Data Report" available at http://www.kff.org/medicaid/7720.cfm. URL: http://www.statehealthfacts.org/comparetable.jsp?ind=241&cat=4


9Ibid. Page 44.


11Connecticut Partnership for Long-Term Care, Cost of Long-Term Care in Connecticut, April 2009. URL: http://www.ct.gov/opm/cwp/view.asp?a=2995&q=383422


13Centers for Medicare and Medicaid Services. Note: These data are updated monthly. Data for this brief was pulled on November 3, 2009. URL: http://www.medicare.gov/NHCompare/Include/DataSection/Questions/ProximitySearch.asp

14BMJ 2009 (British Medical Journal); 339:b2732. URL: www.pnhp.org/nursing_home


16Georgetown University Long-Term Care Financing Project. National Spending for Long-Term Care. February 2007. URL: http://ltc.georgetown.edu/pdfs/natspendfeb07.pdf