



The CT Commission on Aging's
focus for the
2007
Legislative Session
and beyond

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CT Commission on Aging
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Legislative Session 2007

- The Session
 - Timeframe
 - Budget Cycle
 - Leadership & Committee Assignments

- CoA Collaborations & Initiatives
 - CT Elder Action Network
 - CT Long-Term Care Advisory Council
 - LTC Plan
 - LTC Needs Assessment

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CoA staffers' near window view of the Governor's Inaugural Parade the first day of the '07 session.



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■ The Session

- Began January 3rd
Ends June 6th
- First year of two year budget cycle
 - Present surplus (\$502 million) projected deficit for next year
 - Governor's Budget expected in early February
- Leadership & Committee Assignments
 - New leadership on relevant committees: Human Services, Select Committee on Aging, and Public Health.



Representative Christel Truglia (D-representing Stamford's 145 district) being sworn in with her House colleagues on the first day of the 2007 session.

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■ CoA Collaborations & Initiatives *The CoA plays a leadership role in facilitating collaboration among stakeholders to promote responsible public policy.*

- **CT Elder Action Network (CEAN):** *CoA Chairs and manages this network of major aging advocates /associations in the state committed to working on key issues of importance and speaking with a unified voice. Members include: CoA, AARP-CT, CT Association of Area Agencies on Aging, CT Association of Senior Center Personnel, CT Association of Municipal Agents for Elders, CT Community Care, Inc., Center for Medicare Advocacy, Inc., CT Coalition on Aging, and CT Legal Services with participation from the State Unit on Aging Director. .*
- **Long-Term Care Advisory Council:** *CoA Co-Chairs and manages this remarkable collaboration of consumers, providers and advocates for older adults and persons with disabilities..*

Long-term care (in its modern definition) represents a wide range of consumer directed assistance, services or devices provided over an extended period of time and designed to meet medical, personal and social needs in a variety of settings or locations to enable a person to live as independently as possible.

■ Long-Term Care Plan:

- Developed by the LTC Planning Committee (State Agencies) in collaboration with the LTC Advisory Council every three years.
- Next submission to the General Assembly on January 31, 2007. Will feature preliminary data provided by the long-term care needs assessment.

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■ Long-term Care Needs Assessment



Julie Robison, PhD and Cindy Gruman, PhD UConn Health Center, Center on Aging are conducting CT's LTC Needs Assessment.

This major initiative began in the fall of '06 with thousands of surveys being mailed to older adults, caregivers, baby boomers, persons with disabilities, and providers.

Preliminary results are just being shared. Lack of planning, education on existing resources, and transportation seem to be prominent themes with a remarkable number of folks still thinking that Medicare will pay for all their LTC needs, which is sadly inaccurate." .

Historically, the cornerstone recommendation of CT's LTC Plans.

- Over \$2 billion of the state budget is devoted to LTC.
- CT's LTC system is complex and fragmented often resulting in inaccessible and inflexible supports and more cost to the State.
- The State needs to have an inventory and full documentation of the LTC delivery system with an evaluation of its effectiveness.
- The State needs a baseline study that indicates present needs and preferences.
- There is a huge demographic shift underway that has to be evaluated relative to demands upon services and supports.
- It has been over 20 years since any kind of broad study has been conducted.
- LTC Needs Assessment as a priority of the LTCAC, was passed into law in 1998 and 2002 but not funded. In 2006, with the CoA in the lead, countless organizations and 30+ co-sponsors helped realize funding for the needs assessment. Additionally, the Task Force looking at the re-establishment of the Department on Aging resulted in a unanimous recommendation – that the General Assembly conduct a comprehensive, LTC needs assessment prior to determining the structure of a Department.
- Section 38 of Public Act 06-188 provided \$200,000 (originally \$300,000) to conduct the LTC Needs Assessment. Subsequently, the LTC Ombudsman's Office contributed \$80,000 for additional information in a targeted area.

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■ CT Commission on Aging Legislative Agenda ~

- The CoA Legislative Subcommittee was formed in the late summer of '06 by appointment of Chair Freda. The subcommittee, led by Chris Lewis, is comprised of the following members: Bill Eddy, Don Dimenstein, Mary Ellen Klinck, Kathy Freda, and Dick Memmott with participation by the Executive Director. They held several meetings to develop the Commission's proposed priorities and to discuss strategies for advocacy. In doing so, they reached out to the full membership for input and endorsed the Checklist below.

Checklist for Choosing an Issue:

A good issue is one that matches most of these criteria. The issue should:

1. Result in a Real Improvement in People's Lives
2. Give People a Sense of Their Own Power
3. Alter the Relations of Power
4. Be Worthwhile
5. Be Eventually Winnable
6. Be Widely Felt
7. Be Deeply Felt
8. Be Easy to Understand
9. Have Clear Advocacy Targets
10. Have a Clear Time Frame that Works
11. Be Non-Divisive
12. Build Accountable Leadership
13. Set Your Organization Up for Future Advocacy Work
14. Have a Pocketbook Angle
15. Be Consistent with Your Values and Vision



CoA Legislative Subcommittee
hard at work.

Originated by Midwest Academy, "Organizing for Social Change, Choosing an Issue"
And slightly modified...

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■ CT Commission on Aging Legislative Agenda

The CoA Legislative Subcommittee identified two major areas of focus for '07: 1) Long-Term Care (as part of the Health Care agenda) and 2) Medicare Part D/Choices. It was further decided to breakdown the areas of interest into two categories: "A" indicates those we will expend considerable energy into championing (including introducing legislation), especially in areas that are lacking leadership from another organization, and "B" indicates those we will provide oral or written testimony, and/or add signature to a letter/statement of support. The two main priority areas are as follows:

- **Long-Term Care:** We seek to raise visibility of global, structural, and broad based reform necessary to provide a portfolio of long-term care options. Though progress has been made, CT remains heavily institutionally biased. We seek better use of state dollars (LTC presently represents over 2 billion dollars or 14% of the state budget), more home and community based options, and enhanced support of the informal care network (families primarily). We seek to capitalize on the information/opportunities created by the LTC needs assessment, the LTC Plan, and the Money Follows the Person (MFP) Initiative. 24 hour in-home care with Medicaid dollars could be realized as a result of the recently approved MFP initiative. Other efforts should include: intercepting the savings from MFP to go back into home and community based supports (versus the General Fund), more expansive pre-admission screening for all potential nursing home residents, establishing a single point of entry for information, and expansion of planning and education initiatives.
- **Medicare Part D & Education and Outreach funding for the CHOICES Program:**
Last year the Legislature created a more comprehensive Wrap-Around Program for those on ConnPace and Medicaid. Their efforts (with the guidance of the experts/advocates) "hold people harmless", so that they would not lose benefits while the State was positioned to save significant money by co-mingling Part D with the state pharmaceutical assistant programs. Additionally, the Department of Social Services as the specified Medicaid agency received a \$2.5 million outreach grant. The bulk of that money was given to the CHOICES Program. This grant money in addition to the commitment of the CHOICES partners, including the municipalities, performed yeoman's efforts to held 900 presentations and forums, and counseled 60,000 individuals. CT received national accolades for their efforts. However, this grant funding is gone and the challenges remain.

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■ CT Commission on Aging Legislative Agenda (cont.)

- Long Term Care (cont.): The following is a range of issues identified by the CoA, which fall under the greater umbrella of LTC and speak to more immediate need. Please note the letter (A or B) stipulates its prioritization category.

- **Communication - A**

Begin an Awareness Communication Program that highlights problems with the current system and compares Connecticut with others.

- **Transportation** ITN seed money - A

& Matching Grant Program: maintain funding (5 million) - B

- **Falls Prevention - A**

Account for approximately 3rd and 4th single leading cause for Emergency Room visits and rehospitalizations of CT Medicare home care clients. It is estimated that if falls in CT were decreased by 10%, it would save the state roughly 40 million dollars.

- **Geriatric Health Screening - A**

- **Property Taxes - B**

Often prohibitive and a real barrier for helping folks stay in their homes. Support reforms that fix the problem and not shifts the burden. In the late spring, CoA will conduct a review of what towns and cities in CT are doing to offer help.

- **Dental Care / Hearing Aid Coverage - B**

- **Nutrition - B**

Maintain the elderly nutrition funding (\$900,000) for home delivered and congregate meals. Last year the Legislature provided one time funding (\$800,000) to make up for federal funding shortfall.

- **Affordable & Accessible Housing** (including expansion of Residential Services Coordinators) - B

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■ Other Legislative Issues

- Universal Health Care & Prevention
- Regulations in Assisted Living Facilities
- **Construct of the Department on Aging:** State Legislation in '05 and modified in '06 specified that in July '07 the State Unit on Aging becomes the Department on Aging. Senator Prague has introduced a bill in the Select Committee on Aging which will most likely serve as a vehicle to debate/develop its design. CoA will await the results of the LTC needs assessment as recommended by the Task Force.
- Reimbursement rates for providers
- Utilities
- Tax relief for caregivers, persons who have the LTC partnership program, seniors who work in the municipalities...
- Conservatorship modifications
- State funding for Senior Centers
- Expansion of the Home Care Program for Elders
- And more