



**Human Services Committee  
Public Hearing  
February 8, 2007**

**Testimony of the Connecticut Commission on Aging  
By Christine Lewis**

Hello Senator Harris, Representative Villano, Senator Kissel, Representative Gibbons, and other esteemed members of the Human Services Committee. My name is Chris Lewis and I am the vice chair of the CT Commission on Aging

All of the bills before you today help in some way to support the home and community based infrastructure in Connecticut. This is at the heart of the goals set forth by the Long-Term Care Planning Committee and Advisory Council to provide people with equal access to community and institutional care.

Two billion dollars or 14% of the state's budget goes toward long-term care. Traditionally, in Connecticut and nationwide, Medicaid has made access to institutional care easier than to home and community-based care in part due to federal rules and regulations. Consequently, the ratio between care and supports provided in individuals' homes and the community and those provided in institutions has consistently been out of balance and skewed towards institutional care.

Shifting the balance toward more home and community based supports in addition to moving toward a less costly more seamless delivery system based on consumer preference, need, and functionality (not restricted by age or type of disability) is critical for the well-being of the people of our state and our governmental finances.

*People of all ages and from all walks of life need long-term care supports and services. They are our parents, siblings, children, co-workers and neighbors. They are us. Whether challenged with limitations due to the aging process, injuries, developmental disabilities, mental illness, or chronic health conditions, they all share a common need for assistance in order to live, work and play. (LTC Plan 2007)*

Many of the bills before us are seeking funding for home and community based providers of care. We must figure out a way to systematically approach the need for funding enhancements to providers. In the interim, **the Commission strongly urges you to provide them with adequate and fair funding, otherwise critical services and housing options such as Adult Day Centers, home care agencies, and residential care homes will no longer be available.** Without them we can not achieve our overall goal – to rebalance our long-term care system.

Of most immediate concern is the survival of Residential Care Homes as a housing option for people primarily of modest means. **Proposed Senate Bill 303, An Act Concerning the Operating Expenses of Residential Care Homes, addresses this.**

- Many Residential Care Homes across the state (25 in fact within the last 6 years) have closed their doors. *Residential Care Homes provide a communal living environment for people of modest means. Residents live in a private or semi-private room, with either shared or private bathrooms and bathing areas. Many smaller homes provide services that help create a home-like atmosphere and family environment.*

**We ask that you help maintain this important type of housing option for people of modest means.**

Moving onto the Elderly Nutrition bills, some of you may know, I am one of the founding architects of the elderly nutrition program in Connecticut, before my retirement after 30+ years with the State and primarily with the State Unit on Aging (DSS).

### **Senate Bill 382 - Act Concerning An Appropriation to the Increase Funding for the Elderly Nutrition Programs**

The Commission supports increased funding and enhanced quality for critically important elderly nutrition programs. This is a key priority of the Connecticut Elder Action Network (CEAN) as well.

The Department of Social Services - Aging Services Division administers the Elderly Nutrition Program such as home delivered meals (aka Meals-on-Wheels) and congregate meals (those served in group settings at senior centers, faith-based locations, elderly housing complexes and other locations). It's important to note that many evening and weekend meals are served, especially to frail, homebound citizens. Without these programs thousands of citizens most in need of proper nutrition would be deprived of one of life's most basic necessities—a wholesome meal.

In 2006, 27,000 older adults in Connecticut received 2,479,375 meals through the Connecticut Elderly Nutrition Program. Of these, 1,497,385 were home-delivered meals and 981,990 were congregate meals.

Funding for the Elderly Nutrition Program is realized through a combination of Older American Act dollars, Nutritional Services Incentive Program (NSIP), and state matching funds. Unfortunately, these dollars for the coming fiscal year will be inadequate to meet the need.

- FY 2005-2006 as a result of a federal funding reformulation --based on a prohibition on counting meals paid for by third parties--several parts of the state experienced a reduction of federal funding (NSIP) for this program totaling \$419,000. The DSS ~ Aging Services Division offset this reduction by utilizing funds from another DSS Program (SSBG), but was able to fund this stopgap measure for only one year. The total dollars spent on ENP equaled \$10,936,213.

- FY 2006-07, as a result of the federal funding reformulation in 2005, Connecticut's NSIP dollars were still at that lower level of funding. The Governor's budget recommended an increase and the Legislature passed Public Act 06-186 - a one time funding enhancement of \$800,000. This allotment can be found in the "Elderly Services" line item of the DSS Budget.
- FY 2007-2008: The ENP is facing an increasing demand for meals, rising cost of food, and higher fuel costs while federal Older Americans Act dollars have remain fairly stagnant (1% increase) and NISP funds have decreased (by over 4%).

The Commission on Aging, other advocates, and the directors of elderly nutrition programs in Connecticut's communities believe that without increased state funding that fewer meals would be available for delivery to those who are frail and homebound.

**Therefore, we are respectfully asking that you maintain the funding at the 2006-2007 levels as implemented through PA 06-186. We urge you to continue to fund the \$800,000 enhancement in the very least.**

#### **House Bill 6277 – An Act Increasing Funding for Elderly Nutrition Programs**

We also support an increase in funding for the Department of Agriculture for its WIC Program for Fresh Produce for Seniors. Under this program, low income seniors throughout the state receive vouchers to purchase nutritious fruits and vegetables—essential to proper nutrition—at designated farmers' markets. We would also like to suggest exploring possible complementary initiatives involving both the Elderly Nutrition Program and the Voucher program. According to the Food and Drug Administration, a balanced diet that includes fresh produce reduces the risk of diseases such as heart disease, cancer, high blood pressure and certain cancers. The FDA also notes, however, that poor nutrition can prolong recovery from illnesses, increase the costs and incidence of institutionalization and lead to a poorer quality of life.

Nutrition programs for older adults are an undeniable, important piece of Connecticut's home and community based infrastructure which needs to be supported.

We very much appreciate the opportunity to join you here today to voice our support for these pressing issues and to thank you for your active involvement and commitment to Connecticut's rebalancing efforts.