



**Human Services Committee
Public Hearing
February 6, 2007**

Testimony of the CT Commission on Aging

Good morning Chairman Harris, Chairman Villano, Senator Kissel, Representative Gibbons, and other distinguished members of the Human Services Committee, my name is Bill Eddy. I am a member of the independent Connecticut Commission on Aging, which advocates for older adults of today and tomorrow and whose Executive Director, Julia Evans Starr, Co-Chairs the Long-Term Care Advisory Council with Representative Villano with the active involvement and interest of many of you.

The Commission and Long-Term Care Advisory Council believe that the present long term care system in Connecticut is out-of-balance and in order to have real choice for older adults and persons with disabilities in Connecticut there needs to be a stronger and more fluid infrastructure of home and community based services and supports. This includes better coordination of information and communication, caregiver support, and simplified program eligibility requirements. These considerations are embodied in these proposed bills.

Senate Bill 247, An Act Concerning a Centralized Call Center for Medicaid Recipients.

~ CoA Supports

Navigating the service delivery system is most challenging. Due to several factors, Medicaid caseworkers are often very difficult to reach in a timely manner causing a variety of negative consequences. Streamlining communication systems for consumers utilizing public programs is a laudable goal that will no doubt lead to more efficient (accountable) government and higher consumer satisfaction.

House Bill 5483, An Act Concerning the Establishment of a Lifespan Respite Coalition.

~ CoA Supports

In December of 2006, the President signed into law, *The Lifespan Respite Care Act of 2006 (HR 3248)* This new federal program will provide competitive grants totaling \$289 million to states over a five year period, to make quality respite available and accessible to family caregivers, regardless of age or disability. Breaking through these age and disability barriers is a primary goal of the Long-Term Care Advisory Council (LTCAC) of which the Commission co-chairs with Rep. Villano and with the involvement of Senators Harris and Kissel and Representative Adinolfi. Another primary goal of the LTCAC is rebalancing the system so that people can stay in their homes and communities (if they so chose). Respite care for family caregivers is a critical service to help realize this goal and is a recommendation in the 2007 State Long Term Care Plan recently submitted to the Human Services Committee and others.

Family caregivers are the very backbone of our long-term care system. Studies have estimated that caregivers provide approximately 80% of long-term care in our country. We know that caregiving is rewarding, but also exhausting and challenging in many ways. Family caregivers often experience physical, emotional and financial consequences. Respite services help alleviate those challenges by giving caregivers a temporary break.

This bill, creating a Lifespan Respite Coalition, better positions Connecticut to be a competitive state in potentially securing these federal funds. This is a remarkable opportunity to lay the ground work so that we can fill this tremendous gap in our long-term care service system infrastructure by utilizing federal funds.

The federal law authorizes funds for:

- *development of state and local lifespan respite programs;*
- *planned or emergency respite care services;*
- *training and recruitment of respite care workers and volunteers; and caregiver training.*

Action Step of the 2007 Long-Term Care Plan: *“In addition to continuing existing respite care efforts, Connecticut should replicate its successful Alzheimer’s Respite Care program to provide respite services for any caregiver of individuals with disabilities of all ages. Respite across the lifespan should be available to provide an easy access to an array of affordable, quality respite services; ensure flexibility to meet diverse needs, and assist with locating training and paying respite providers. As Connecticut begins to increase the amount it spends on home and community-based care while reducing its institutional expenditures, it should allocate resources towards the support of informal caregivers through respite care and caregiver training programs.*

<http://www.archrespite.org/cost.pdf> - see attached document prepared by the National Lifespan Respite Task Force entitled “Family Caregivers Save the Government Billions of Dollars”.

House Bill 5484, An Act Concerning Eligibility of the qualified Medicare Beneficiary and Specified Low-Income Beneficiary Programs. ~ CoA Supports

In researching this issue, we spoke with our colleagues from the Center for Medicare Advocacy, Inc. a private, non-profit organization headquartered in Connecticut with offices in Washington, DC and throughout the nation. You will find their testimony in support of HB 5484 also in your packet.

Our research also found that Representative Schofield, the sponsor of this bill, in February 2006 co-authored with a colleague from the University of Southern Maine, Edmund S. Muskie School of Public Service, Institute of Health Policy, a publication entitled “Pharmacy Coverage Safety Net: Variations in State Responses to Supplement Medicare Part D”.

Representative Schofield is to be congratulated for applying her creativity and knowledge behind this proposal. This bill maximizes prescription drug benefits for older adults and persons with disabilities and at the same time saves state dollars by doing the following:

- More older adults and persons with disabilities with low incomes will get help paying for Medicare’s cost sharing programs as a result of increasing the state’s income disregard levels for the federal Qualified Medicare Beneficiary and Specified Low-income Medicare programs (known as the Medicare Savings Programs).

- More people enrolled in a Medicare Savings Program means more people will qualify for the Low Income Subsidy under the new Medicare Part D program. (Under federal law, if you are enrolled in a Medicare Savings Program you automatically qualify for the Low Income Subsidy). Consequently, these folks will pay less for their prescription drugs and the Medicare program pays more toward their Part D cost-sharing obligations.
- With the Medicare Program paying more toward their Part D cost-sharing obligations, ConnPace expenditures will be reduced.

The Connecticut Commission on aging strongly supports the pursuit of this innovative legislative proposal.

Thank you for this opportunity today. On behalf of the CT Commission on Aging, we wish each and every one of you a rewarding and productive year.