



**Human Services Committee
Public Hearing
March 13, 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 Julia Evans Starr and I'm the Executive Director of the CT Commission on Aging, an independent office within state government which advocates for older adults of today and tomorrow. I also co-chair the Long-Term Care Advisory Council with Representative Villano and most gratefully 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. 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. Among other things, critical to achieving this goal is the provision of adequate financial support for providers, adequate support of core services like home-delivered meals and transportation, education about and access to services across the lifespan, innovation—and sheer will.

Several of the bills before this Committee today support the effort to rebalance Connecticut's long-term care system by breaking through service barriers, supporting Connecticut's Long-Term Care Statement of Principle (PA 05-14) that people have the right for the least restrictive environment), and representing a critical diversion to nursing home placement.

**Raised Bill 1338, An Act Concerning a Cost- of -Living Increase for Private Providers of Health and Human Services
~ CoA Supports**

**SB 1381, An Act Concerning Appropriations to the Departments of Social Services and Agriculture
~ CoA Supports**

SB 1381, continued.

Section 2: Funding for CHOICES

Connecticut's program for Health Insurance Assistance, Outreach, Information & Assistance, Counseling, and Eligibility Screening (CHOICES) is a multi-faceted and collaborative initiative among the five Connecticut Area Agencies on Aging, the Department of Social Services - Aging Services Division, the Center for Medicare Advocacy and numerous community partners, including senior centers, and an expansive team of trained volunteers.

CHOICES:

- connects older adults and their caregivers with unbiased and comprehensive information on a broad range of topics including Medicare, Medicare supplement insurance, Medicaid, Connecticut Partnership for Long Term Care policies, entitlements and community-based services (transportation, housing options).
- empowers older adults to make informed decisions about their finances, health care coverage, health and well-being and living situations;
- ensures that elderly services professionals have a reliable and current source of training and materials to help them optimally serve their clients.
- **experienced a dramatic increase in volume of activity** due to the relatively new Medicare Part D Program, the growing complexity of the service delivery system, and responding to the emerging long-term care needs of younger individuals with disabilities.

In 2006 alone, the Connecticut CHOICES program:

- helped over **60,000** individuals and caregivers to navigate the Medicare Part D benefit; and
- sponsored almost **900** outreach presentations and events.

- **faces financial hardships.** Presently, CHOICES operates with exclusive reliance on federal funds (Older American Act dollars and an expiring grant from CMS). DSS allocated State Pharmacy Assistance Program (SPAP) funds, received from CMS, in support of additional staff, outreach materials, advertising and other costs to help people make meaningful initial enrollment and re-enrollment choices specific to Medicare Part D. This grant has expired, but the demands remain.

Section 3: Funding for Elderly Nutrition Program (i.e. home delivered and congregate meals)

The Commission supports increased funding and enhanced quality for critically important elderly nutrition programs.

The Department of Social Services - Aging Services Division administers the Elderly Nutrition Program which includes 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, the 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 remained 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 fewer meals will be available for delivery to those who are frail and homebound.

Section 4: Funding for senior’s farmers market nutrition program

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.

House Bill 1395, An Act Concerning Independent Transportation Networks ~ ~CoA Supports

The Commission strongly supports the financially self-sustaining community based regional transportation system established by public act 05-280 and enhanced by sections 40 and 41 of Public Act 06-188. These funds are being used to plan and develop community-based networks modeled after the highly successful Independent Transportation Network (ITNAmerica). One of ITN's most unique features is that it uses automobiles – rather than vans or buses – to provide comfortable rides 24 hours a day, seven days a week. This results in less impact to the taxpayer and more control for the consumers. Transportation is a core service of the long-term care continuum. Time and time again, transportation is at the very top of services that are necessary to help people stay in their homes and communities.

HB 1395 seeks to:

- extend the protection against being refused or surcharged for auto liability coverage to volunteer drivers of the Independent Transportation Networks;
- to make additional grants of \$25,000 each to the five original ITN municipalities;
- To make available 5 new grants of \$25,000 to five new municipalities in support of bringing this important transportation option to more of Connecticut's residents.

Background: PA 05-289 authorized \$100,000 for the planning and development of regional transportation networks to be distributed to four municipalities with populations of at least 25,000 or to non-profit organizations in a municipality. Those selected to receive state grants were required to demonstrate that they could secure \$25,000 in private matching funds and work cooperatively with their regional planning agency to develop the transportation system. During the 2006 session, the legislature increased the maximum for regional ITN grants from \$25,000 for each community to \$50,000 (Sections 40-41 of Public Act 06-188.) The Department of Social Services - Aging Services Division sought requests for proposals from municipalities wishing to participate in the program and ultimately selected five organizations representing 30 communities.

They include:

- The Western Connecticut Area Agency on Aging covering the towns of Colebrook, Winchester, Barkhamsted, Torrington, New Hartford, Litchfield, Harwinton, Morris and Thomaston.
- St. Luke's Home, covering the towns of Portland, Middlefield, Middletown and East Hampton.
- The Middlesex Chapter of the American Red Cross covering Bristol, Farmington, Plainville, New Britain, Newington and Berlin.
- The Town of Enfield Department of Social Services covering Bloomfield, Granby, East Granby, Suffield, Enfield, Somers, Windsor Locks, East Windsor, Windsor and South Windsor.
- The Town of West Hartford, which was awarded a \$35,000 grant from the DSS.

HB 7323, An Act Concerning Long-Term Care **~ CoA Strongly Supports**

Section 1: Pilot for people between the ages of 18 and 64 **Helps break through a barrier to service.**

Presently, people 65 years of age and older can be eligible for the CT Home Care Program for Elders (CHCPE). These folks need help with activities of daily living and may have limited family supports and cognitive impairment. The CHCPE provides a range of options including but not limited to adult day care, home health services, homemaker and with a strong case management component.

Clearly, people under the age of 65 often have the same needs, but sadly the same right or access to these services does not exist in Connecticut. Sweeping long-term care policy changes across the nation are emphasizing the need to build a long-term care services and support network across the lifespan for people based on need (and not age or specific disease).

Case assessment and monitoring services are essential for a population which has cognitive or other significant impairments whose needs cannot be met by the self-directed care model.

This proposal will also serve as a diversion for institutional placement of people under the age of 65. Many of these people could live in the community with the services and supports including case management. Presently, that age cohort represents 10% of the help individuals who residing in nursing homes. People with chronic illnesses and disabilities caused by such diseases as Huntington's Disease, Parkinson's Disease, Alzheimer's Disease, Multiple Sclerosis and HIV/AIDS are likely to be helped by this legislation.

Gratefully, Governor Rell's 2008-2009 state budget includes \$720,000 for this project. Unfortunately, it is identified in the budget as a "Medicaid waiver for people with MS". Section one of this bill, HB 7323, better reflects the intention of the MS Society's efforts (as lead organization) as its goal is to help people regardless of type of disability have access to these critical services.

Section 2 – Posting in managed residential community:

We urge your support of this most important outreach requirement. Clearly, understanding your rights as a resident should be standard operating procedure.

In 2004, the services of the Long-Term Care Ombudsman were expanded to include assisted living and managed residential communities, in addition to nursing homes. Three years later, people residing in assisted living and managed residential communities still need to know that they can call upon the Ombudsman for help.

Greater access to information about the Office of the Long-term Care Ombudsman, including contact information, is key. This information needs to be readily available and visible.

The Commission on Aging has received a number of calls from residents, caregivers, and even staff of assisted living facilities dealing with residents' rights, complaints or just general information. We refer these calls to the Office of the Long-Term Care Ombudsman and/or the Department of Public Health.

We therefore ask that you also require posting of information for the Department of Public Health. Perhaps, for the sake of administrative ease lack of posting this information should be classified as a “violation” as part of DPH’s inspection process. In turn this violation would be incorporated in to the “Plan of Correction”.

Section 3: Establish a Pilot for Residents of and Applicants for Residential Care Homes

Residential care homes (RCH) are licensed by the Department of Public Health and provide room, board and personal care services to older adults and persons with disabilities. RCH provide single or double furnished rooms, private or shared bath and toilet, and shared common areas. Residents receive three meals a day in a common dining area and the personal services they receive include medication supervision. The homes also provide transportation, housekeeping, laundry, social and recreational programs, and a 24-hour emergency call system.

For many lower income older adults and persons with disabilities RCHs are a crucial community-based option. Funding is available through the State Supplement Program* for the Aged, Blind or Disabled for those who meet the financial eligibility criteria. Residents on the State Supplement program pay almost all of their income to the residential care home, keeping a modest personal needs allowance each month.

Unfortunately, when people receive Cost-of-Living Adjustments (COLAS) in their social security and/or pensions and exceed the 300% SSI limit, they are no longer eligible for the State Supplement. Without State Supplement and without the financial means to pay privately for RCH, they no longer can live in the RCH. Nursing homes are typically the only alternative.

For the reasons articulated above, we ask that you strike the language of “within available appropriations” and support this bill.

**Eligibility for State Supplement:*

Financial eligibility for State Supplement is based on a person’s gross income and ac countable assets. The federal government sets the income eligibility limit at 300% of the maximum Supplemental Security Income (SSI) benefit, which in 2007 is \$1869.00 per month. Additionally, assets must be less than \$1600. Residents (on State Supplement Program) pay almost all of their income to the residential care home, keeping only a small personal needs allowance every month. In other words, State Supplement benefit pays for the cost of their care. Those eligible for State Supplement are automatically become eligible for Medicaid

If this bill is not passed, many of these people who exceed the SSI cap due to modest cola increase may very well be the same people identified by MFP initiative as prime candidates to transition into the community – only after they have lived in the nursing home for 6 months. This is an unacceptable irony.

The Commission on Aging thanks you very much for the opportunity to appear before you today. Please do not hesitate to contact me if you would like further information on these or any issues affecting Connecticut’s older adults.