



*Advocating for Older Adults of Today and Tomorrow*

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Testimony of

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Legislative Program Review and Investigations Committee  
*Planning for Needs of Aging Individuals with Developmental Disabilities*

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Good afternoon. Thank you for the opportunity to testify today on the Legislative Program Review and Investigations Committee staff briefing report “*Planning for Needs of Aging Individuals with Developmental Disabilities.*” As a non-partisan office of the General Assembly, the Connecticut Commission on Aging is the independent state agency devoted to enhancing the lives of older adults of today and tomorrow. As one of our many community and state-agency partnerships, the Commission serves as a member of the Department of Developmental Services (DDS) Aging Focus Team. The Commission also co-chairs the legislatively mandated Long-Term Care Advisory Council with Representative Peter Villano.

We are grateful for the Committee’s attention to this important matter. We hope this report will bring continued attention to the needs of persons with developmental disabilities and their caregivers as they age. Currently, DDS serves 5,187 clients over the age of 45; 864 of these clients live with family members who serve as informal caregivers, many of whom are over the age of 65 themselves. It is important to note that people with intellectual disabilities can age prematurely and therefore tend to develop age-related health conditions at a much younger age. We are pleased to recognize that DDS bases its services on need/functionality (and not specific age) which is a progressive model of service delivery worthy of emulation statewide.

These informal caregivers are the backbone of our long-term care system for individuals with physical, psychiatric and developmental disabilities. In fact, the 2007 Long-Term Care Needs Assessment, funded by the General Assembly and conducted by the UConn Health Center’s Center on Aging, reported an estimated 17% of survey respondents were caregivers in Connecticut. According to the Needs Assessment, the total estimated economic value of unpaid care across the nation in 2004 was \$306 billion – nearly double the amount of public expenditures spent on nursing home care and home health care.

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As you know, in 2004 the General Assembly and the Governor established a five-year wait-list initiative. Through this initiative services were targeted towards those most in need. Clients with caregivers over the age of 65 were among the prioritized group. Approximately 400 family caregivers received priority support through this funding. In addition, there are close to 200 more clients with caregivers over the age of 65 on the waiting list. Unfortunately, this initiative – its funding - is expected to end this year. **We ask for the commitment by this Committee, the General Assembly and the Governor to continue this specialized funding for the wait-list initiative.** It is one of DDS's most important initiatives and has provided stop-gap services to both clients and their caregivers, allowing many clients the opportunity to remain in their homes and communities instead of institutional placement.

The Commission on Aging has a longstanding priority to enhance choice in how and where people live as they age. In fact, PA 05-14 reinforces a statewide commitment by stating that the state's long-term care policies and plan "shall provide that individuals with long-term care needs have the option to choose and receive long-term care and support in the least restrictive, appropriate setting."

According to the Long-Term Care Needs Assessment, 80% of residents would prefer to receive care in their own homes as opposed to living in an institution. While the preference of Connecticut's residents is clear, Connecticut continues to have an unbalanced system for funding long-term care, spending 68% of its Medicaid long-term care dollars on institutions and only 32% on home and community-based care. Many of you have championed efforts that the Commission has supported to increase opportunities for individuals to remain in their homes whenever possible. Continuing funding for the DDS wait-list initiative would be an extension of the General Assembly's commitment to rebalance the long-term care system and provide choice to where and how Connecticut residents receive their care.

In addition, as the DDS client population ages, so do their caregivers. **Therefore, the Commission strongly recommends enhanced caregiver outreach and training.** This potential LPRIC report recommendation would be most consistent with a recommendation of the Long-Term Care Needs Assessment: "*Caregivers should be a target group for education about long-term care services availability and financing.*" The DDS client population's caregivers are an especially important target group because they are planning for both themselves and their adult children.

Finally, the Commission is grateful for the renewed commitment to aging services at the Department of Developmental Services. DDS revitalized the Aging Focus Team this past year. Additionally, DDS filled an Aging Coordinator position in February of this year. Siobhan Morgan has brought her energy and expertise to both the Department's initiatives as well as across-agency initiatives, e.g., Money Follows the Person, Aging and Disability Resource Centers (ADRCs) and Connect-Ability. She also serves as an active and engaged ex officio member of the CT Commission on Aging.

Again, thank you for the opportunity to comment today and for tackling this important issue. As always, please contact us with any questions about this issue or other aging-related issues. It's our pleasure to serve as an objective, non-partisan resource to you.