

Testimony of

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On

***SB 414: An Act Concerning the State-Funded Home Care Program for the Disabled
and Personal Care Assistance Program for the Disabled***

Human Services Committee

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Good morning and thank you for the opportunity to testify before you today concerning Senate Bill 414, *An Act Concerning the State-Funded Home Care Program for the Disabled and Personal Care Assistance Program for the Disabled*. As you know, the Commission on Aging is the independent state agency solely devoted to enhancing the lives of the present and future generations of our state's older adults. Again, I thank this committee for its leadership in promoting initiatives that enhance the quality of life on behalf of all people in need of long-term care services and supports.

The legislatively mandated Long-Term Care Needs Assessment demonstrates the need for major reform of Connecticut's long-term care system, emphasizing individual choice and an increased focus on more home- and community-based care. Unsurprisingly, 80% of Connecticut residents surveyed stated that they want to remain in their homes and communities.

To create a system that honors the desires of its residents, reflects national trends and best practices, and simply makes sense, the Long-Term Care Needs Assessment based its recommendations on these guiding principles:

- Create parity among age groups, across disabilities, and among programs through allocating funds equitably among people based on their level of need rather than on their age or type of disability; and,
- Break down silos that exist within and among state agencies and programs.



These principles directly relate to SB 414, AAC the State-Funded Home Care Program for the Disabled and Personal Care Assistance Program for the Disabled. The Commission on Aging supports this bill.

Presently, people 65 years of age and older can be eligible for the Connecticut Home Care Program for Elders (CHCPE). Many individuals need help with activities of daily living—but do not need or want 24-hour nursing care—and may have limited family supports and cognitive impairments. The CHCPE provides a range of options including but not limited to adult day care, home health services, homemaker services and a strong case management component.

Clearly, people under the age of 65 often have the same needs, but sadly not the same access to these important services. In response, last year the Governor proposed and the Legislature created a pilot program to begin to meet this need. The pilot was then launched in October 2007 and designed to help people under the age of 65 with degenerative and neurological conditions, such as Multiple Sclerosis and Parkinson's disease. With a budget of \$720,000 this pilot can serve about 40 people, making an enormous difference in the quality of lives for them and their loved ones.

Section 1: expands the pilot to serve 20 additional people, who are at risk for nursing home placement. This proposal will also serve as a diversion for institutional placement of people under the age of 65. Presently, that age cohort represents 10% of the individuals residing in nursing homes.

This section also amends the original legislation so that the allowed asset limits would mirror those of the state-funded portion of the Connecticut Home Care Program for Elders. Currently, asset limits for the pilot program for the disabled are \$20,328 for individuals and \$30,492 for couples; for the CHCPE, asset limits are \$31,320 and \$41,760, respectively.

Section 2: provides \$1M in FY '09 to fund the program's expansion. It is our understanding that this represents an increase in appropriation of \$280,000 (i.e., \$720,000 is currently appropriated for FY '09).

Section 3: provides \$2.5M to add 100 slots to the Personal Care Assistance waiver program. This waiver program is critical to helping people stay in their homes and communities and out of institutions, as well as to the success of rebalancing initiatives. The waiver program has a waiting list and currently serves over 700 individuals, who are managing their own care. Equally concerning is the ABI Waiver program: another waiting list is inevitable and imminent, with the program at capacity and 165 additional applications pending. Waiting lists for both of these programs are problematic and warrant immediate attention.

In closing, in line with the guiding principles of the Long-Term Care Needs Assessment, we would further recommend this committee work toward creating a more seamless and fair system – by making the Connecticut Home Care Program for Elders a program available for people based on need, and not necessarily on existing and somewhat arbitrary age restrictions.

Thank you for your attention to this critical matter.