



## Constituents Face Budget Cut Dangers: Long-Term Care Advisory Council Offers Solutions (August 2009)

The Long-Term Care Advisory Council **opposes** the following proposed cuts and closures, which are a giant step in the wrong direction and will make it more difficult - in some cases, impossible - for individuals who need assistance with activities of daily living to remain in their homes and communities. This will ultimately result in greater costs to the state:

1. **CT Home Care Program for Elders:** The Governor has proposed to cap enrollment in, and/or add significant cost-sharing to, the state-funded CT Home Care Program for Elders. This program is one of Connecticut's most important sources of home care support. Cost-sharing may force some participants off the program and into a nursing home at a much higher public expense.
2. **Reimbursement rates:** The budget proposals do not provide sufficient reimbursement rates to providers across the continuum of long-term care, including an unprecedented 2.4% cut to all nursing homes, threatening all providers' ability to provide needed services.
3. **Copayments for dually-eligible individuals:** The Governor's and Appropriations Committee budgets seek to require low-income older adults and persons with disabilities to make copayments for prescriptions (these "dually-eligible" individuals are eligible for both Medicaid and Medicare). Copayments for Medicaid-eligible individuals do not produce state savings and can restrict access to needed medical care. The Appropriations Committee wisely rejected copayments for other individuals on Medicaid and should extend this rejection to dually-eligibles as well.
4. **Definition of Medical Necessity:** The Governor's and Appropriations Committee budget proposals to change the definition of what is considered to be "medical necessity" under Medicaid has the potential to harm participants by preventing them from accessing care. Restricting access to durable medical equipment (e.g., wheelchairs) and carefully-calibrated prescription drugs may force individuals into more costly institutional care.
5. **State agency funding:** The Governor's proposals eliminate state funding for the **Long-Term Care Ombudsman** and completely eliminate the **Connecticut Commission on Aging**. This would leave the State without a nonpartisan, objective voice for older adults within government; create a void for oversight, transparency and objective research; and jeopardize adequate safeguards for the rights of residents of long-term care institutions. The Appropriations Committee's July proposal contains a 53% cut to the Commission on Aging, hampering the Commission's ability to meet its statutory mandates.
6. In addition, a number of programs were protected by the Appropriations Committee but are still at risk for reduction, including dental coverage, transportation, housing and ConnPACE.

**A sample of programs that have already closed intake and/or reduced services:**

**Respite Care programs:** At the same time that policymakers are making a commitment to expansion of the Alzheimer's respite program (PA 09-75), intake to the program closed on May 11. Cuts have also been made to respite services for caregivers of individuals with developmental disabilities.

**Medicare Part D wrap-around:** This state-funded program fills in gaps left by Medicare Part D for ConnPACE enrollees and individuals who are dually-eligible (i.e., those who are eligible for Medicaid and Medicare - the low-income elderly and people with chronic illness). Beginning on June 1, new prescriptions for non-formulary drugs will not be covered.

**Community-Based Services:** This program provides homemaker-companion services, case management, counseling, adult day care, meals, transportation and other services designed to help individuals aged 18-64 maintain success in the community. DSS closed intake on May 11 and will reduce services to current enrollees on June 15, 2009.

**Solutions on Reverse!**

## **What's the solution?**

**Maximize Federal Funds:** *Untapped federal funds are available to provide additional housing and assisted living, to expedite transitions from nursing homes back into the community under Money Follows the Person (e.g., by hiring additional staff) and to help CT meet its obligations to those with chronic care needs (by revising the MFP protocol).*

**Rebalance the LTC System:** *We must provide easier access to the full range of home and community-based services, as well as nursing home care. Demographic trends will lead all states to spend more money on long-term care in the next two decades. The Long-Term Care Needs Assessment and other national research show that Connecticut can model other states to spend our money more efficiently and offer choice and independence.*

**Uphold Commitment to the Long-Term Care Reinvestment Account:** *Consistent with federal law, PA 08-180 mandates that the state reinvests new federal funds (Medicaid enhanced match under Money Follows the Person) into the home and community-based system.*

**Reinvest Funds Identified in the Recently Released DSS Audit** *to prevent unnecessary cuts / harm to people on Medicaid.*

**Honor and Prioritize the Work of the Commission on Enhancing Agency Outcomes** *to streamline state government and provide better services to consumers... and to reorganize service delivery as necessary due to the retirement of hundreds to thousands of state workers.*

**Elevate and Re-affirm Results-Based Accountability** *to recognize the value of agencies and programs that demonstrate meaningful results.*

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**Who we are:** The Long-Term Care Advisory Council (LTCAC), established under Connecticut General Statutes §17b-338, advises and makes recommendations to the Long-Term Care Planning Committee (LTCPC). The LTCPC is charged in CGS §17b-337 with crafting our state's Long-Term Care Plan, to guide state agencies in developing and modifying programs that serve all persons in need of long-term care.

### **Long-Term Care Advisory Council Member Organizations:**

*A remarkable collaboration of providers, consumers and advocates who possess a wealth of expertise and experience on matters pertaining to older adults and persons with disabilities.*

CT Commission on Aging (co-chair, LTCAC)  
CT Council for Persons with Disabilities  
CT Association of Health Care Facilities  
CT Assisted Living Association  
New England Health Care Employees Union, District 1199  
Consumer/City of New Haven Services for Persons with Disabilities  
Office of the Long-Term Care Ombudsman  
CT Association for Home Care and Hospice, Inc.  
Legal Assistance Resource Center  
CT Community Care, Inc.  
American College of Health Care Administrators  
Consumer

CT Alzheimer's Association  
CT Hospital Association  
AARP Connecticut  
CT Association of Personal Assistants  
CT Association of Area Agencies on Aging  
CT Coalition of Resident Councils  
CANPFA  
Consumer  
Family Caregiver/National Multiple Sclerosis Society, Connecticut Chapter  
CT Association of Adult Day Centers  
CT Association of Residential Care Home

*Long-Term Care is the entire range of assistance, services, or devices provided over an extended period of time to meet medical, personal, and social needs in a variety of settings and locations. ~ Not Just Nursing Homes ~ Not Just Insurance ~ Long-term care knows no age or disability boundary!*

**Individuals should have real choice in how and where they receive long-term care services and supports, including in their homes and communities!**