



**Testimony of Stephen Shapiro, AARP Volunteer  
On H.B. 7279 "An Act Concerning the Administration of the  
Money Follows the Person Program"  
Human Services Committee  
March 8, 2007**

Chairman Harris, Chairman Villano, and members of the Human Services Committee. I am Stephen Shapiro, AARP Connecticut's volunteer leader for Health and Supportive Services issues. I am pleased to be back in front of the Human Services Committee to voice AARP's strong support for H.B. 7279 "An Act Concerning the Administration of the Money Follows the Person Program"

**AARP strongly supports the federal Money Follows the Person demonstration grant that takes effect July 1 under DSS.** The program is designed to move people who have lived in a skilled nursing facility for six months or more to a home- or community-based setting. The grant provides an enhanced Medicaid match to move 700 people in the next five years.

On average, care at home costs Medicaid about half as much as in an institution. **Afer all, the Money Follows the Person Demonstration project was enacted as part of the Federal Deficit Reduction Act of 2005.** So, what people want and need actually will save Connecticut significant dollars in the long run!

H.B. 7279 would expand the Money Follows the Person program so that DSS can take full advantage of the program and serve up to 700 people instead of the 100 people currently allowed by law.

AARP is asking that the legislature to ensure that the state funding requested for Money Follows the Person is sufficient to meet the plan outlined in DSS's application to the Center for Medicare and Medicaid Services (CMS), which promised to:

- Increase the capacity of the Home and Community Based Services (HCBS) waivers to serve all demonstration participants (currently six waivers are in place and others are under development).
- Increase the state rental assistance program to provide state funded housing subsidies to those moving out of nursing homes.
- Amend the state plan to allow a personal care option for everyone needing long-term care.
- Employ one FTE coordinator and five housing coordinators to help people make the transition.
- Phase in 20 new transition coordinators.

- Provide 24 hour live-in care, respite, money to modify homes, and personal and financial management, and other options not currently available under CT's home and community based Medicaid waivers.
- Develop and manage effective quality assurance systems.
- Support transitions after the initial year when CT gets an enhanced Medicaid match.

AARP also believes that we must take the Money Follows the Person concept a step further. The Legislature and the state should put together whatever is necessary – Medicaid waivers, state plan amendments, and other measures - to make it possible for someone *at risk* of going into a nursing home to receive the same services as someone who was in a nursing home but left under the Money Follows the Person program.

**Our ultimate goal is to create one set of services available to everyone qualifying for long-term care regardless of age or disease. Functional limitations should determine the level of support provided. There should be maximum consumer choice and control.** This is the intent of Money Follows the Person for people transitioning from a nursing home. But, the same also should be true for people who need long term care services to enable them to live as independently as possible before having to go into a nursing home.

Please support H.B. 7279 to expand Money Follows the Person to 700 transitions.  
Thank You.



## AARP's Long-Term Care Vision

Reform of our nation's long-term care policies must become a national priority. **Our goal is to enable people to live life to the fullest, not just provide long-term care.** AARP envisions that all Americans with disabilities or other needs for long-term assistance will have the services and supports they need. Those receiving such assistance will live in homes and communities they choose and control decisions about services that enable them to live as independently as possible. To make this vision a reality, AARP will work at the national and state levels to put consumers in control by emphasizing home and community-based services such as assistance with meal preparation, bathing, and dressing as well as assistive technologies and modifications to home and community environments. Achieving AARP's vision will require:

**Maximum Consumer Choice and Control: Options available and services directed by consumers.** We envision an accessible system of supports so that when the need arises, all Americans will be able to choose those services and supports which will help them remain independent, where to receive services, and who provides these services.

**Financing Options: Adequate, stable, and flexible financing options that give all consumers more choice and financial protection.** Services and supports will be financed through an expanded array of public and private sector funding sources. Financing should be affordable to individuals and to society as a whole, with shared responsibility among the government, individuals, and the private sector.

**Support for Family Caregivers: A system of information, financial, training and social supports for caregivers.** Families and friends, who currently provide the vast majority of needed long-term services and supports to persons with disabilities, will receive assistance when they need it, such as: respite services; financial assistance; more flexibility in the workplace; assessment of their own needs; and training in the skills needed to provide care.

**Livable Communities: Homes and communities that enhance independence and social connection.** Americans will have support for remaining active in their homes and communities, including: accessible and affordable housing and public transportation; accessible community buildings and services; and assistive technologies that enhance independence.

**High Quality: A system that respects consumer preferences and focuses on quality outcomes for consumers.** Assisted living facilities and nursing homes will become homelike settings with improved quality of life for residents, and the quality of services will improve in all settings. Care coordination and management of chronic conditions across settings will improve. Information technology with appropriate privacy protections will enhance care, and information on provider quality will be widely available to consumers. Providers that improve quality outcomes will be rewarded; oversight of providers will be strengthened and those that fail to provide acceptable quality services will be penalized or closed down.

**An Improved Workforce: An adequate, stable, and well-trained workforce.** Nursing aides and other direct care staff will be offered: more input into caregiving and more respect for the work that they do; higher wages and improved benefits; necessary training and educational opportunities; and safer work conditions. These changes will benefit consumers by improving the quality and continuity of services.

**Helpful Information: Timely, effective information, legal advice and legal protections.** Americans will have the information and tools they need to plan in advance for their long-term care needs, and in times of crisis, timely advice and counseling. All consumers will be able to readily access clear information and comparison tools, easy one-stop shopping for help in locating services in their communities, and legal advice. Vulnerable older adults will have enforceable legal protections.

## CT Long Term Care: 2005 AARP Member Survey

### Familiarity and Use

- Only one-fifth of AARP members in Connecticut (20%) feel very well informed about local long-term care services. Almost twice as many say they are not well informed (37%) about those services.

### Ability to Afford Long-Term Care

- After reading statements about the current costs for long-term care services, majorities of AARP members are not confident they could afford two years in a nursing home or assisted living facility (66%) or two years of home-based long-term care services (56%). Very few are confident they could pay for a nursing home (12%) or for home-based care (15%) for two years.

Establish Tax Benefits for the  
Average CT Resident  
to buy LTC insurance

# AARP Connecticut Membership Distribution by Age

The age distribution for AARP CT is as follows:

- 27% are 50-59
- 40% are 60-74
- 28% are 75+.

This compares to the CT 50+ population of:

- 40% 50-59,
- 36% 60-74
- 23% 75+

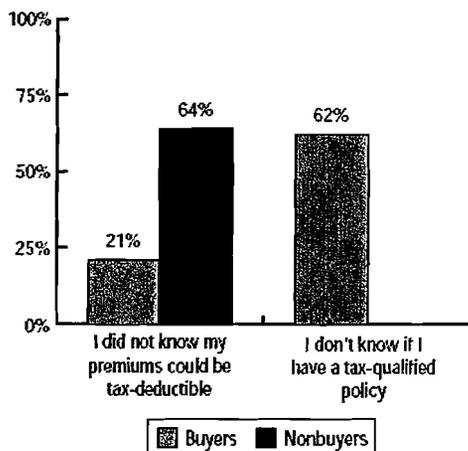
## Who Buys Long Term Care Coverage?

-AARP Study of buyers and non-buyers of Long Term Care Insurance (2000)

### Key Finding

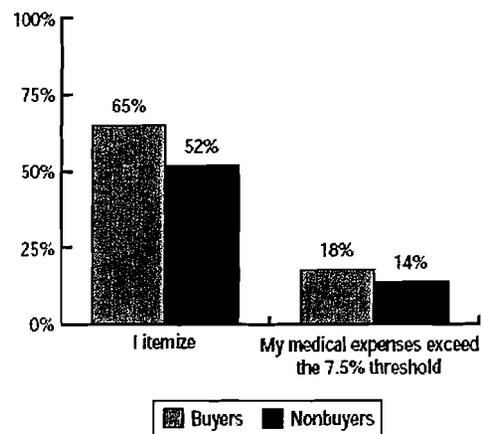
- Non-buyers were three times more likely to be unaware that, under certain conditions, premiums are tax deductible.
- About 45 percent indicated that the tax benefit was an important motivator. However, 34 percent said it was not important, and 21 percent did not even know about the tax change.
- For most buyers (85%) this is their first purchase of Long Term Care. Only 15 percent were either replacing a previous plan or adding to existing coverage.

**Figure 12**  
Knowledge of Individual Long-Term Care Insurance Buyers and Nonbuyers About HIPAA, 2000



Source: LifePlans, Inc., analysis of 2,728 buyers and 638 nonbuyers.

**Figure 13**  
Income Tax Status of Individual Long-Term Care Insurance Buyers and Nonbuyers, 2000



Source: LifePlans, Inc., analysis of 2,728 buyers and 638 nonbuyers.