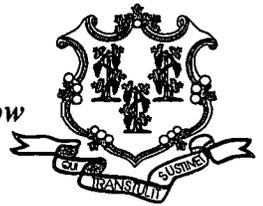


Connecticut

COMMISSION ON AGING

Advocating for Older Adults of Today and Tomorrow



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**Human Services Committee
Public Hearing
February 6, 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 Bill Eddy. I am a member of the independent Connecticut Commission on Aging, which advocates for older adults of today and tomorrow and whose Executive Director, Julia Evans Starr, Co-Chairs the Long-Term Care Advisory Council with Representative Villano 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 and 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. This includes better coordination of information and communication, caregiver support, and simplified program eligibility requirements. These considerations are embodied in these proposed bills.

Senate Bill 247, An Act Concerning a Centralized Call Center for Medicaid Recipients. ~ CoA Supports

Navigating the service delivery system is most challenging. Due to several factors, Medicaid caseworkers are often very difficult to reach in a timely manner causing a variety of negative consequences. Streamlining communication systems for consumers utilizing public programs is a laudable goal that will no doubt lead to more efficient (accountable) government and higher consumer satisfaction.

House Bill 5483, An Act Concerning the Establishment of a Lifespan Respite Coalition. ~ CoA Supports

In December of 2006, the President signed into law, *The Lifespan Respite Care Act of 2006 (HR 3248)* This new federal program will provide competitive grants totaling \$289 million to states over a five year period, to make quality respite available and accessible to family caregivers, regardless of age or disability. Breaking through these age and disability barriers is a primary goal of the Long-Term Care Advisory Council (LTCAC) of which the Commission co-chairs with Rep. Villano and with the involvement of Senators Harris and Kissel and Representative Adinolfi. Another primary goal of the LTCAC is rebalancing the system so that people can stay in their homes and communities (if they so chose). Respite care for family caregivers is a critical service to help realize this goal and is a recommendation in the 2007 State Long Term Care Plan recently submitted to the Human Services Committee and others.

Family caregivers are the very backbone of our long-term care system. Studies have estimated that caregivers provide approximately 80% of long-term care in our country. We know that caregiving is rewarding, but also exhausting and challenging in many ways. Family caregivers often experience physical, emotional and financial consequences. Respite services help alleviate those challenges by giving caregivers a temporary break.

This bill, creating a Lifespan Respite Coalition, better positions Connecticut to be a competitive state in potentially securing these federal funds. This is a remarkable opportunity to lay the ground work so that we can fill this tremendous gap in our long-term care service system infrastructure by utilizing federal funds.

The federal law authorizes funds for:

- *development of state and local lifespan respite programs;*
- *planned or emergency respite care services;*
- *training and recruitment of respite care workers and volunteers; and caregiver training.*

Action Step of the 2007 Long-Term Care Plan: *“In addition to continuing existing respite care efforts, Connecticut should replicate its successful Alzheimer’s Respite Care program to provide respite services for any caregiver of individuals with disabilities of all ages. Respite across the lifespan should be available to provide an easy access to an array of affordable, quality respite services; ensure flexibility to meet diverse needs, and assist with locating training and paying respite providers. As Connecticut begins to increase the amount it spends on home and community-based care while reducing its institutional expenditures, it should allocate resources towards the support of informal caregivers through respite care and caregiver training programs.*

<http://www.archrespite.org/cost.pdf> - see attached document prepared by the National Lifespan Respite Task Force entitled “Family Caregivers Save the Government Billions of Dollars”.

House Bill 5484, An Act Concerning Eligibility of the qualified Medicare Beneficiary and Specified Low-Income Beneficiary Programs. ~ CoA Supports

In researching this issue, we spoke with our colleagues from the Center for Medicare Advocacy, Inc. a private, non-profit organization headquartered in Connecticut with offices in Washington, DC and throughout the nation. You will find their testimony in support of HB 5484 also in your packet.

Our research also found that Representative Schofield, the sponsor of this bill, in February 2006 co-authored with a colleague from the University of Southern Maine, Edmund S. Muskie School of Public Service, Institute of Health Policy, a publication entitled “Pharmacy Coverage Safety Net: Variations in State Responses to Supplement Medicare Part D”.

Representative Schofield is to be congratulated for applying her creativity and knowledge behind this proposal. This bill maximizes prescription drug benefits for older adults and persons with disabilities and at the same time saves state dollars by doing the following:

- More older adults and persons with disabilities with low incomes will get help paying for Medicare’s cost sharing programs as a result of increasing the state’s income disregard levels for the federal Qualified Medicare Beneficiary and Specified Low-income Medicare programs (known as the Medicare Savings Programs).

- More people enrolled in a Medicare Savings Program means more people will qualify for the Low Income Subsidy under the new Medicare Part D program. (Under federal law, if you are enrolled in a Medicare Savings Program you automatically qualify for the Low Income Subsidy). Consequently, these folks will pay less for their prescription drugs and the Medicare program pays more toward their Part D cost-sharing obligations.
- With the Medicare Program paying more toward their Part D cost-sharing obligations, ConnPace expenditures will be reduced.

The Connecticut Commission on aging strongly supports the pursuit of this innovative legislative proposal.

Thank you for this opportunity today. On behalf of the CT Commission on Aging, we wish each and every one of you a rewarding and productive year.

Lifespan Respite National Respite Coalition **Task Force**

Cost-Savings Due to Respite

Family Caregivers Save the Government Billions of Dollars—Respite Saves the Caregivers

- Without attention to their needs, the \$257 billion in unpaid supportive services provided by the more than 25 million family caregivers — an amount comparable to Medicare spending in 2002 and exceeding Medicaid spending in the same year—may well be jeopardized as these same family caregivers suffer from physical, emotional, and financial problems that impede their ability to give care now and support their own care needs in the future. (Arno, P.S. (February 24, 2002). *Economic Value of Informal Caregiving*. Orlando, FL: Annual Meeting of the American Association of Geriatric Psychiatry)
- Respite care is one of the services that Alzheimer's caregivers say they need most. A recent study found that if respite care delays institutionalization of a person with Alzheimer's disease by as little as a month, \$1.12 billion is saved annually (Leon, et al., 1998). A similar study in 1995 found that as respite use increased, the probability of nursing home placement decreased significantly (Kosloski, K. and Montgomery, R.J.V., 1995)
- U.S. businesses also incur high costs in terms of decreased productivity by stressed working caregivers. A study by MetLife estimates the loss to U.S. employers to be between \$11.4 to \$29 billion per year. This includes replacement costs for employees who quit because of overwhelming caregiving responsibilities, absenteeism, and workday interruptions. (Metropolitan Life Insurance Company, 1997)

Preventing Caregiver Health Problems Can Save Dollars in Reduced Hospitalizations, Doctor Visits, Work Absences

- Significant percentages of family caregivers report physical or mental health problems due to caregiving.
 - A recent survey of caregivers of children, adults and the disabled conducted by the National Family Caregivers Association, found that while 70% of the respondents reported finding an inner strength they didn't know they had, 27% reported having more headaches, 24% reported stomach disorders, 41% more back pain, 51% more sleeplessness and 61% reported more depression (National Family Caregivers Association, <http://nfcacares.org/survey.html>, April 30, 2000).
 - Three fifths of family caregivers age 19-64 surveyed recently by the Commonwealth Fund reported fair or poor health, one or more chronic conditions, or a disability, compared with only one-third of non caregivers. Caregivers reported chronic conditions at nearly twice the rate of noncaregivers (45% to 24%).

- A JAMA study found that participants who were providing care for an elderly individual with a disability and experiencing caregiver strain had mortality risks that were 63% higher than noncaregiving controls (Schulz and Beach, December 1999).
- In an Iowa survey of parents of children with disabilities, a significant relationship was demonstrated between the severity of a child's disability and their parents missing more work hours than other employees. They also found that the lack of available respite care appeared to interfere with parents accepting job opportunities. (Ableson, A.G., 1999)

Respite for Younger Family Members with Disabilities Improves Family Stability, Reduces Chances of Out-of-Home Placements

- Respite has been shown to improve family functioning, improve satisfaction with life, enhance the capacity to cope with stress, and improve attitudes toward the family member with a disability (Cohen and Warren, 1985). In a 1989 national survey of families of a child with a disability, 74% reported that respite had made a significant difference in their ability to provide care at home; 35% of the respite users indicated that without respite services they would have considered out-of-home-placement for their family member (Knoll, James, Human Services Research Institute, March, 1989)
- There was a statistically significant reduction in somatic complaints by in a study of primary caregivers of children with chronic illnesses, and a decrease in the number of hospitalization days required by children, as a direct result of respite care (Sherman, B.R., 1995).
- Data from an ongoing research project of the Oklahoma State University on the effects of respite care found that the number of hospitalizations, as well as the number of medical care claims decreased as the number of respite care days increased (FY 1998 Oklahoma Maternal and Child Health Block Grant Annual Report, July 1999). A Massachusetts social services program designed to provide cost-effective family-centered respite care for children with complex medical needs found that for families participating for more than one year, the number of hospitalizations decreased by 75%, physician visits decreased by 64%, and antibiotics use decreased by 71% (Mausner, S., 1995).
- An evaluation of the Iowa Respite Child Care Project for families parenting a child with developmental disabilities found that when respite care is used by the families, there is a statistically significant decrease in foster care placement (Cowen, Perle Slavik, 1996).
- A study of Vermont's 10 year old respite care program for families with children or adolescents with serious emotional disturbance found that participating families experience fewer out-of-home placements than nonusers and were more optimistic about their future capabilities to take care of their children (Bruns, Eric, November, 15, 1999).

Similar Positive Results Found When Caregivers of the Elderly Use Respite

- Respite for the elderly with chronic disabilities in a study group resulted in fewer hospital admissions for acute medical care than for two other control groups who received no respite care (Chang, J.I., Karuza, J., Katz, P.R, et al, Journal of the American Board of Family Practice, 5: 1992).

- Sixty-four percent of caregivers of the elderly receiving 4 hours of respite per week after one year reported improved physical health, 78% improved their emotional health, and 50% cited improvement in the care recipient as well. Forty percent said they were less likely to institutionalize the care recipient because of respite (Theis, S.L., et al, 1994).
- Caregivers of relatives with dementia who use adult day care experience lower levels of caregiving related stress and better psychological well-being than a control group not using this service. These differences are found in both short-term (3 months) and long-term (12 months) users. (Zarit, S.H. et al, 1998)

Respite Provided Across the Lifespan Yields Positive Outcomes

- In a survey conducted by the Oklahoma Respite Resource Network, 88% of caregivers agreed that respite allowed their loved one to remain at home, 98% of caregivers stated that respite made them a better caregiver, 98% of caregivers said respite increased their ability to provide a less stressful environment, and 79.5% of caregivers said respite contributed to the stability of their marriage. (Testimony of Jan Moss, Senate Finance Committee, April 2004)
- In Nebraska, a newly formed statewide lifespan respite program conducted a statewide survey of a broad array of caregivers who had been receiving respite services, and found that one out of four families with children under 21 reported that they were less likely to place their child in out-of-home care once respite services were available. In addition, 79% of the respondents reported decreased stress and 58% reported decreased isolation (Jackson, Barbara, Munroe-Meyer Institute, University of NE Medical Center, January 2001).
- Data from an outcome based evaluation pilot study show that respite may also reduce the likelihood of divorce and help sustain marriages (Wade, C., Kirk, R., Edgar, M., & Baker, L. (2003). *Outcome Evaluation: Phase II Results*. Chapel Hill, NC: ARCH National Resource Center for Respite and Crisis Care).

Prepared by the National Respite Coalition, Updated August 2005. For more information, please contact Jill Kagan at jbkagan@aol.com or 703-256-9578.