



Connecticut Association of Area Agencies on Aging, Inc.

Testimony – Human Services Committee 3/13/07

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Positions

➤ **Senate Bill 1381, An Act Concerning Appropriations to the Departments of Social Services and Agriculture**

C4A **supports** this bill, which contains several important funding provisions:

Section 2 proposes to appropriate \$2 million to the CHOICES program for Medicare Part D outreach, public education and enrollment assistance.

The Critical Message

Medicare Part D activity in Connecticut was in SFY'06 supported by \$2 million in federal State Pharmacy Assistance Program (SPAP) funds, but those funds have expired. Further, funds appropriated by the Legislature in 2006 in support of CHOICES will be spent by June 30, 2006. A renewed commitment of state funds is needed to:

- retain staff to counsel older adults, individuals with disabilities and caregivers with clear, unbiased and comprehensive oral and written resource information on Medicare Part D options, especially the federal Low-Income Subsidy (3 full-time staff per regional Agency on Aging);
- support expert training conducted by the Center for Medicare Advocacy for over 300 CHOICES volunteers and countless service providers; and
- underwrite the costs of producing consumer materials, conducting enrollment events, and promoting the benefit to the public.

The AAA's have been privileged to partner with the DSS ConnPACE and Aging Services Divisions, CMA, municipalities and other local organizations to educate older adults, caregivers and professionals about the Medicare Part D prescription drug benefit. This network is grateful to DSS for allocating State Pharmacy Assistance Program (SPAP) funds received from CMS in support of additional staff, outreach materials, advertising and other costs of this education campaign. Nonetheless, these funds are expiring, and State funding is essential to enable CHOICES to continue to equip consumers with sufficient information to make meaningful initial enrollment and re-enrollment choices. As illustrated below, Part D outreach and enrollment activities have exponentially increased numbers served by CHOICES.

In 2006 alone, the Connecticut CHOICES program:

- helped over **60,000** individuals and caregivers to navigate the Medicare Part D benefit;
- sponsored almost **700** outreach presentations;
- partnered with the DSS and the Social Security Administration on **180** outreach and enrollment events;
- trained, supervised and supported over **300** volunteer counselors; and
- used radio, cable television, billboards, local newspapers and expert materials from the Center for Medicare Advocacy to educate the public.

Section 3 proposes to appropriate \$2 million in supplemental funding to the Elderly Nutrition Program.

The Critical Message

Since 2004, Connecticut's allotment of federal Older Americans Act nutrition funds has increased by less than 1% and NSIP funding has decreased by over 4%. While the Department of Social Services was in SFY'06 able to absorb reduction of federal funds by utilizing underruns in other accounts, in SFY'07, it took an additional State appropriation of \$800,000 over previous State funding levels to do so. Without renewal of this additional financial support from the State, programs faced with hard realities of increased staffing, gas and other operating costs will otherwise be forced to reduce the number of people served.

State Match and State Supplemental funds for home-delivered and congregate meal programs are provided through the "Elderly Services" line item of the Department of Social Services budget. These critical funds are inadequate to meet the growing demand in Connecticut. Home-delivered meals are an essential long term care support for frail, homebound elders. Each meal represents a vital source of balanced nutrition, a social connection with the delivery person, and an essential element of preventative health. Congregate meals have similar nutritional benefits. Research shows that frail, underweight individuals eat larger portions and more varied diets in group settings, and that overweight individuals tend to eat more moderately than they would at home. Most importantly, all attendees experience measurable psycho-social benefits from eating in a group setting.

Last year, 27,000 older adults received 2,479,375 meals through the Connecticut Elderly Nutrition Program. Of these, 1,497,385 were home-delivered meals and 981,990 were congregate meals.

In 2006, Connecticut received \$4,103,847 in Title IIIC-1 (congregate meals) and \$2,250,669 in Title IIIC-2 (home-delivered meals) funding from the Administration on Aging, Older Americans Act. In addition, Connecticut received \$1,081,969 in Nutritional Services Incentive Program (NSIP) dollars to assist in the operation of the Elderly Nutrition Program. The State of Connecticut contributed \$3,051,792 in matching funds to the Nutrition Program. Finally, \$447,936 in Social Services Block Grant funds were used. Total dollars spent on elderly nutrition equaled \$10,936,213.

Section 4 proposes \$500,000 in funding for the Seniors' Farmers Market Nutrition Program.

This coupon program enables older adults to supplement their diets with fresh Connecticut produce. Investment in this program is well justified in that the quality of an older adult's diet plays a key role in preventing or delaying the onset of chronic diseases (Federal Interagency Forum on Aging-Related Statistics, 2000). In a national study conducted by the Interagency Forum and based on the U.S. Department of Agriculture's food guide pyramid and dietary guidelines for Americans, 67% of individuals age 60 and older reported diets that need improvement. The study further revealed that older persons living in poverty (21%) were more likely to report poor diets than were older persons living above the poverty line (11%). Scores for older persons were lower on components of the instrument measuring daily servings of fruit and dairy products. Subsidy of locally available fresh produce is an important element of assuring better quality diets.

➤ **Senate Bill 1338, An Act Concerning a Cost of Living Increase for Private Providers of Health and Human Services**

C4A supports this bill, which seeks to provide COLA increases to private providers of 7% in SFY'08 and 5% in SFY'09. Data from professional groups including the Connecticut Home Care Association and the Connecticut Association for Adult Day Care indicate that Medicaid reimbursement rates to providers of home and community-based services have not kept pace with increased costs of doing business (e.g. staff recruitment and retention, insurance and quality assurance/regulatory compliance efforts). Inadequacy of reimbursement has directly contributed to closure of many home care agencies and adult day care centers over the last five years, just when expansion of the available service array is most needed by both older adults and individuals with disabilities.

➤ **House Bill 7323, An Act Concerning Long-Term Care**

C4A supports this bill, which seeks:

- to create a state-funded pilot program with services based upon the Connecticut Home Care Program for Elders model for individuals age 18-64;
- to require managed residential communities to post information on the Long-Term Care Ombudsman Program; and
- to prevent unnecessary institutionalization by creating a state-funded pilot program for up to 75 individuals whose incomes are greater than 300% of SSI and who either live in or are applying to live in a residential care home.