

**Human Services Committee
Public Hearing ~ March 8, 2007**

**Testimony of Julia Evans Starr, Executive Director
Connecticut Commission on Aging**

Good morning, Senator Harris, Representative Villano, Senator Kissel, Representative Gibbons and other distinguished members of the Committee. My name is Julia Evans Starr, Executive Director of the Connecticut Commission on Aging. I am also Co-chair of the Long-Term Care Advisory Council with Representative Villano. Many of you are actively involved and engaged in our work: to improve the quality of life for present and future generations of older adults. For this and much more we are so very grateful.

**HB 7279 ~ An Act Concerning the Administration of the Money Follows the Person Program
Commission on Aging Strongly Supports**

In January 2007, CMS awarded a grant to Connecticut (and 16 other states) which represents \$24,207,383 in federal funding and 700 people transitioned out of institutional settings over a five-year period. This bill simply and appropriately changes the law to reflect the correct number of individuals who will be transitioned in accordance with Connecticut's Proposal.

Our fervent hope is that MFP will spur bold philosophical, systems, and budgetary change in Connecticut. We are ripe for such change. Mindful of the burgeoning aging population, rising Medicaid budgets and enhancing quality of life, the federal government has been providing a range of grant opportunities to our state which have expanded community living options.

At the same time, state policymakers have also worked to do the same through implementing a broad range of initiatives outlined in the **2007 Long-Term Care Plan** entitled *Balancing the System: Working Toward Real Choice for Long-Term Care in Connecticut*. Every three years, the LTC Planning Committee (comprised of state agencies and legislators) develops a LTC Plan in collaboration with the LTC Advisory Council (comprised of advocates, consumers, and providers). The 2007 Plan addresses Connecticut's Rebalancing efforts for people across the lifespan and across all disabilities. Consumer choice, the least restrictive setting, and community inclusion continue to be the focus.

- **Guiding Policy Statement / Public Act 05-14:** In 2005, the legislature codified into law a broad philosophical statement to guide future policy and budget decisions...that individuals with long-term care needs have the option to choose and receive long-term care and support in the least restrictive, appropriate setting.
- **LTC Needs Assessment/ Public Act 06-188, Section 38:** In 2006, the legislature mandated and funded a comprehensive LTC needs assessment. The UConn Health Center, Center on Aging is on the verge of releasing the results.

- **LTC Website:** Launched in the fall of 2006, this website has already helped thousands of people. (This project is a collaboration of OPM, Commission on Aging, LTC Advisory Council and Infoline). This website would complement the establishment of Aging and Disability Resource Centers for a “One- Stop” approach.
- **Nursing Facilities Transition Grant:** Valuable lessons learned.

The above initiatives have been realized in large part due to the proven commitment of diverse parties (including government, advocates, public and private entities, and consumers) working together toward a common goal.

What is missing, however, is adequate financial support for the home and community based infrastructure. The home and community infrastructure is fragile. Providers across the long-term care service delivery continuum are struggling. For example 25 Residential Care Homes have closed their doors in the past six years primarily due to inadequate reimbursement rates. It would be irresponsible to transition folks out of nursing homes without adequate home and community- based supports. For this initiative and all rebalancing efforts to be successful, we need your help.

If there are indeed savings to be gained from MFP, it is imperative that we leverage the savings, or at least a significant percentage of the savings, to go back into the home and community- based infrastructure. This would be the year to establish this funding protocol as we have learned from past experience that once the money is considered a general fund revenue, the opportunity is lost as it will be soon be spent on competing needs and areas of focus. Connecticut’s LTC expenditures represent approximately 14% of the state budget.

Regardless, we must make a financial commitment to support the range of home and community based services supports. Many of these issues are reflected in bills before your Committee including, but not limited to:

- **Accessible and affordable housing:** In addition to increased utilization of section 8 vouchers, we need to do such things as fund capitol improvements to elderly and disabled housing, and establish more resident service coordinators (right now there is one in every three facilities). In illustration of this problem, in Connecticut in 2004, people paid on average 102.5 percent of their monthly SSI check for one bedroom units at fair market rent according to the Technical Assistance Collaborative, Inc.
- **Transportation:** Expand upon the innovative ITN model – volunteer- based transportation as well as provide permanent funding for the Municipal Matching Grant program (which deliver additional demand response transportation services to older adults and persons with disabilities).
- **Lifespan Respite:** We need to support the very backbone of the long-term system – informal caregivers.
- **Preventative Services such as Falls Prevention:** 35% of persons 65 years of age and older fall each year. Over 60% of the falls that lead to hospitalization occur in

the home. One fall increases risk of nursing home placement three- fold. One fall with injury increases risk of nursing home placement 11 fold. Prevention is key.

Also, we ask that you be mindful of those folks who won't be transferred under this proposal. The reality is that although this grant will help 700 people over time, thousands more will remain in institutions. Presently there are 20,433 people in 2006 on Medicaid in institutional settings.

- **Support culture change in institutions**

We ask that you support initiatives to encourage and enable a culture change in institutions for a person- centered approach to care including innovative models such as the Green House concept.

Additionally, we ask for a broad educational campaign for those still living in the community.

And finally, we respectfully ask you to be exceedingly mindful of the countless people presently living in their homes and communities who have not resided in an institution for six months, but who desperately need the benefits of MFP. As you know, the federal government specifies that only those who have entered into an institution and resided there for 6 months can be eligible for MFP benefits. Our hope is that this MFP initiative will be the spark to ignite change to help people of all ages choose and receive the kind of care they prefer.

In closing, the Commission on Aging would like to express its gratitude for the people of the state who raised public awareness regarding the importance of the Money Follows the Person concept, the State Legislature for passing supportive legislation this last session, and the Department of Social Services for pursuing this opportunity with conviction and zeal.