



**Testimony of Brenda Kelley, State Director, AARP Connecticut
In Support of HB 6893 and SB 138
Human Services Committee
February 20, 2007**

Chairman Harris, Chairman Villano, and members of the Human Services Committee. I am Brenda Kelley, State Director of AARP Connecticut.

With the support of our 38 million AARP members nationwide, including 611,000 in the state, AARP believes that all Americans have the right to affordable health care, including prescription drugs. We also believe that Americans have the right to have choices should they require long term care. We believe that all Americans with disabilities, or other needs for long term assistance, should be able to live in homes and communities they choose and control decisions about services that enable them to live as independently as possible. We also are strong advocates for providing support to Connecticut's more than 39,000 grandparent and relative caregivers.

HB 6893

AARP CT supports the concepts in HB 6893 because we believe it is essential for CT to create and fund a single point of entry system that would provide information on long term care services and supports and facilitate access to services for people with disabilities of all ages and their caregivers. The Center for Medicare and Medicaid Services and the Administration on Aging provided funding to states in 2003, 2004, and 2005 to develop Aging and Disability Resource Centers with the goal of empowering individuals to make informed choices and to streamline access to long term support. Connecticut applied, but did not receive federal funding to establish such centers – we are now one of only 7 states that have not established a single point of entry system.

The great majority of families in CT will continue to pay privately for most of the long term care services that they may need. However, they need assistance in understanding the options available, in learning how to make better use of their own resources, and in preventing or delaying spend-down to Medicaid. And for people needing help in paying for their long term care, Connecticut's current system of multiple waivers, numerous state and federal programs, numerous small pilot programs, and all of these with different eligibility criteria, is very confusing to individuals and families. A single coordinated system of information and access for all persons seeking long term support will minimize confusion, enhance individual choice, and support informed decision making.

Another important reason for establishing such a system is that if the state does not create this type of system, Connecticut will not be eligible for future federal discretionary funds under the Older Americans Act.

With many states before us working to establish such a system, we have the advantage of being able to learn from the work of others. **We recommend that state funding be appropriated for the biennium to establish such a system in CT.**

We also believe it is essential to continue outreach on Medicare Part D, and we suggest that an effective way of doing this is to educate people about the ConnPACE program as anyone enrolling in ConnPACE also must enroll in Medicare Part D and, if eligible, in the Low Income Subsidy. The General Assembly and the Governor should be very proud of the ConnPACE wrap-around program as it is one of the most comprehensive wrap-around programs in the country with no premiums, no deductibles, no coverage gap and very low co-pays. However, enrollment in ConnPACE decreased by 7 percent from July 1, 2005 to June 30, 2006 (from 49,177 to 45,838, a decrease of 3,502). This is a major concern for AARP. Recent AARP outreach efforts uncovered that this is likely due to question # 9 on the ConnPACE application. The question asks for asset information to determine if someone is eligible for the Medicare Part D Low Income Subsidy. However, AARP is finding that applicants mistakenly assume there is an asset limit on ConnPACE, which there is not. **We believe it is critical that DSS modify the confusing part of the ConnPACE application and do further outreach on the program and on Medicare Part D.**

SB 138

Connecticut's has more than 39,000 grandparent and relative caregivers raising children that come from all ethnic, racial and economic backgrounds from every corner of the state. These relatives are providing support to children, even when others may have given up, and they often put their own retirement dreams and financial security at risk to provide this care.

There are basically two ways a grandparent or relative could end up with formal custody of a grandchild or relative. First, if the child is committed to DCF and a Superior Court later transfers guardianship to a relative. Under this scenario, a grandparent can qualify for a subsidized guardianship of \$678 or \$834 per child. Second, a grandparent can get custody directly through the Probate Court. Under this route, grandparents are only eligible for TFA benefits of \$333 or \$404 per month for the first child and only \$110 per month for each additional child.

However, receiving these subsidy payments may make the grandparent ineligible for other programs administered by the Department of Social Services such as food stamps or child care. **We support SB 138 because it would help avoid penalizing children due to the income of the relative caregiver with whom they are living.**

Thank you for considering this important legislation. We look forward to working with you to improve information on long term care services and supports, ConnPACE and Medicare Part D and also to enhance the services available for children being cared for by relative caregivers.