



“Enhancing the effectiveness of disability activism by organizing and empowering individuals, families, groups and organizations”

Connecticut Disability Advocacy Collaborative

Human Services Committee

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My name is Stan Kosloski and I am the Project Director of the Disability Advocacy Collaborative, a statewide cross-disability coalition of activists and advocates. The Collaborative draws from the collective strength and energy of individuals with disabilities and families, as well as the dozens of advocacy organizations that exist in the state, in order to have a meaningful impact on the way services and supports are provided children and adults with disabilities.

I would like to speak in favor of a SB 414 AN ACT CONCERNING THE STATE-FUNDED HOME CARE PROGRAM FOR THE DISABLED AND THE PERSONAL CARE ASSISTANCE PROGRAM FOR THE DISABLED.

First, I want to point out and emphasize that this legislation deals with two different programs within the Department of Social Services, each extremely important to the different populations they serve. The State-funded home care program addresses the support needs of individuals who are between 18-64 years of age, not eligible for Medicaid, and not able to direct their own care. This is a new program, with a capacity of 50, and DSS began taking applications this past October. The proposed legislation will increase the number of individuals who may be served under this program to 70, and bring the asset limitations up to the level of the State-funded home care program for elders.

The Personal Care Assistance program is a Medicaid waiver which, like the State-funded home care programs for elders and younger individuals with disabilities, provides the opportunity for people to either obtain attendant support to live in the community, or to move out of restrictive institutional care, such as in a nursing home, back into their home community. There is currently a

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waiting list of seventy (70) for the PCA waiver, with another 124 individuals pending acceptance. The proposed bill would add 100 slots to the program, enabling otherwise capable people to either remain in their own home, or move back into a home in the community.

The average annual cost of support for individuals on the PCA waiver approximates \$25,000. With the cost of semi-private nursing home care now exceeding \$110,000 per year, home care programs should continue to be supported, and indeed expanded. Both programs addressed in this bill give individuals a choice of where they want to live, and both prevent needless institutionalization.

In closing I would note that as we increase the number of people receiving community supports, and keep them out of institutions, we are being better stewards of precious state and federal dollars. We can and we must do more. Community supports are not only more humane, they are fiscally responsible.

Thank you for this opportunity to speak to you today.

Additional Background Information

To quote from the State's Long Term Care Plan, developed by the Long-Term Care Planning Committee in collaboration with the Long-Term Care Advisory Council:

“Ideally, Connecticut's long-term care system should offer individuals the services and supports of their choice in the least restrictive and most enhancing setting. This means providing real choices to Connecticut residents regarding the types of supports that they need and requires a system that is consumer focused and driven. To reach this goal, Connecticut must first address the fact that the long-term care system is out of balance.”

Connecticut's Long Term Care plan sets the admirable goal of enabling 75% of those receiving long term care support to live in the community by 2025. A comparison of states conducted in 2005 reveals that Connecticut at 37 percent had one of the lowest proportion of Medicaid spending for home and community-based long-term care services in the country. In contrast, Vermont spent 60 percent of Medicaid long-term care dollars on community based care and Maine spent 49 percent. Among the western states, Oregon has achieved a Medicaid spending ratio of 70 percent of long-term care dollars on community-based care and Washington expended 58 percent. Greater ratios of home and community-based care are possible. I would suggest that putting Connecticut's long term care system in balance is both a challenge, and a wonderful opportunity, that you have before you today.

According to the U.S. Census, in 2005 there were approximately 400,400 individuals over the age of five living in Connecticut communities with some type of long-lasting condition or disability. This figure includes 10.1 percent of adults age 21 to 64, and 35.1

percent of elders age 65 and over. Between 2005 and 2025, the total of individuals with disabilities in Connecticut is expected to grow by 25 percent to 501,400.

On September 30, 2005, there were 27,840 individuals residing in Connecticut nursing homes. Ten percent of the residents – roughly 2800 individuals - were under age 65, 42 percent were between age 65 and 84 and 48 percent were age 85 or older. Many residents, especially those under 85, do not need to be in an institution, and would not be there were it not for the lack of community supports.