



*Advocating for Older Adults of Today and Tomorrow*

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Testimony of

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Connecticut Commission on Aging

Human Services Committee

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Good morning and thank you for the opportunity to testify on a number of bills before you today. As you know, the Commission on Aging is the independent state agency solely devoted to enhancing the lives of the present and future generations of our state's older adults. I also co-chair the Long-Term Care Advisory Council (LTCAC) with Representative Villano with the active involvement of many of you. The LTCAC is a remarkable collaboration of consumers, providers, and advocates for older adults and persons with disabilities.

Connecticut faces a looming demand for long-term care services, largely due to demographic trends. With Connecticut's position as one of the "oldest" states in the country, and with nearly a third of our residents Baby Boomers, the Legislature wisely invested in a Long-Term Care Needs Assessment to ensure that data are available to inform long-term care planning in our state. This Needs Assessment—the first in over twenty years—demonstrates the need for major reform of Connecticut's long-term care system, emphasizing individual choice and an increased focus on more home- and community-based care. Unsurprisingly, 80% of Connecticut residents surveyed stated that they want to remain in their homes and communities.

To create a system that honors the desires of its residents, reflects national trends and best practices and simply makes sense, the Long-Term Care Needs Assessment based its recommendations on these guiding principles:

- Create parity among age groups, across disabilities, and among programs through allocating funds equitably among people based on their level of need rather than on their age or type of disability; and,
- Break down silos that exist within and among state agencies and programs.

Many of the bills before you today embody these principles.

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**SB 558, AAC the Availability of Hospice Services Under the Medicaid Program  
~ CoA Supports**

The Long-Term Care Needs Assessment Principles above directly relate to this legislation, which requires the Department of Social Services to amend the state Medicaid plan to include a hospice benefit under Medicaid. Unfortunately, this valuable service is currently not provided to all Medicaid recipients in our state. Although Medicare has offered a hospice benefit since 1982, and hospice became an available state option for Medicaid in 1985, Connecticut is one of only two states that has not elected to provide a Medicaid hospice benefit to its low-income residents under the age of 65. Our current system creates unnecessary and arbitrary age barriers to this important service.

The philosophy of hospice is to emphasize *palliative* rather than *curative* treatment. The dying are comforted, professional medical care is given, and sophisticated symptom relief is provided. Patients and their families receive emotional, spiritual and practical support, based on the patients' wishes and families' needs. Compassionate medical care in one's final days is a small request. Additionally, nearly all of us, at some point in our lives, will experience the dying of a family member or close friend, a time when emotional and practical support is sorely needed.

Moving forward with this worthwhile proposal would allow social workers, bereavement services and durable medical equipment to be part of the service package and reimbursable. This initiative will improve end-of-life care to individuals and families in our state. The Governor has proposed consideration of this benefit in her budget package and the Public Health Committee is considering similar bills. We ask you to join with advocates, families across the state, and legislators on both sides of the aisle in supporting this measure.

**SB 559, AAC a Pilot Program for Small House Nursing Homes  
~ CoA Supports**

In Connecticut, there are approximately 28,000 older adults and persons with disabilities living in nursing homes. The Long-Term Care Needs Assessment demonstrates that Connecticut is institutionally biased and has a profound need to fully develop and support a home and community based infrastructure. To do so honors the wishes of the vast majority of needs assessment respondents.

Nonetheless, with the moderately paced rebalancing goals set forth in Connecticut's Long-Term Care Plan, the need for nursing homes in Connecticut is still slated to grow by approximately 25%. (Many would suggest that CT should embrace more aggressive rebalancing goals.)

With the knowledge that nursing homes will continue to play an important role in long-term care, these facilities, in Connecticut and across the country, are in dire need of culture change. Ground-breaking movements, such as the Green House model, seek to transform the physical structure and culture of care in nursing homes. Presently, nursing

homes are designed as institutions – large hospital-like structures geared to a medical model type of provision of care. There is growing recognition that quality of life can be profoundly enhanced when nursing homes become more person-centered, with a smaller, more home-like construct valuing privacy, community, and personal rights, and infused with warmth brought on by such comforts as plants and pets and family-style dining. Additionally, and notably, staff turnover is dramatically reduced in environments that value individualized care.

The Commission applauds the efforts of the relatively new CT Culture Change Coalition, a voluntary, grass-roots effort comprised primarily of providers to drive positive changes in long term care from institutional models of care to person-centered environments. More information on the Culture Change Coalition is available at [www.connecticutculturechange.com](http://www.connecticutculturechange.com).

Connecticut should further embrace such culture change and provide incentives for the development of small house nursing homes. This quality initiative can help move our state forward in valuing residents, as well as providing a better working environment for staff. This bill is a good beginning toward modernizing nursing home care in our state.

*“I believe that in nursing homes in America, really every year, thousands and thousands of people die of a broken heart. They die not so much because their organs fail, but because their grip on life has failed.”*

*Dr. Bill Thomas, Green House Project Creator*

### **SB 561, AAC the Money Follows the Person Project and Establishment of a Long-Term Care Trust Fund** ~ CoA Supports

The Money Follows the Person Demonstration Grant (MFP), in addition to the legislatively mandated Long-Term Care Needs Assessment, is truly the spark that will ignite major change in Connecticut’s long-term care system. Both the Legislature and Executive branch are highly committed to this exciting initiative.

As you know, Connecticut generally receives a 50% match on Medicaid expenditures from the federal government. However, under the Money Follows the Person demonstration grant, Connecticut will receive an enhanced match for the participants; that is, instead of 50%, we receive 75% from the federal government for these 700 people transitioning out of nursing homes and back into the community.

This enhanced match (the extra 25%) is projected to bring new funds into Connecticut totaling \$7 million over the next 5 years. This is on top of any savings the state achieves by serving individuals in less-expensive community settings, as opposed to institutions. (It is our understanding that per person costs under the MFP program are likely to average less than \$60,000 annually, a savings over nursing home care.)

The Commission and the Long-Term Care Advisory Council strongly support this wise and necessary reinvestment. The federal Maintenance of Effort requirements under the MFP program seem to indicate that the enhanced match must be reinvested into long-

term care. We further recommend that the money be tied directly to the MFP benchmark areas, such as workforce development. This reinvestment is especially critical if the Legislature decides to vastly expand the number of folks in MFP transitioning out of nursing homes. We must ensure a robust and ready supply of direct care workers, homemaker-companions, nutrition assistance, adult day, counseling and more. Utilizing the enhanced match can maximize our federal dollars and enhance Connecticut's long-term care system.

Finally, the Commission supports section 3 of this proposal, which provides \$2 million in funding for FY '09 to move our state towards a Single Point of Entry program.

### **SB 563, AAC Expansion of Assisted Living Services and Adult Care Options ~ CoA Supports**

The Commission on Aging supports this proposal as a critical component of providing affordable, accessible, appropriate housing and services for all individuals with long-term care needs. Assisted living is an attractive option for those who may otherwise inappropriately enter nursing facilities. Allowing assisted living services to be provided under the Connecticut Home Care Program for Elders in assisted living facilities can help Connecticut meet its "rebalancing" goals, as outlined in the state's Long-Term Care Plan.

### **SB 567, AAC the Connecticut Home Care Program for the Elderly ~ CoA Supports**

**Section 1:** expands the Connecticut Home Care Program for Elders to persons over the age of sixty (instead of 65).

Clearly, many people under age 65 often have the same long-term care needs as those over 65, but sadly the same right or access to services does not exist in Connecticut. Specifically, many people do not qualify for the Connecticut Home Care Program for Elders because they are too young. For example, adults with Multiple Sclerosis or early stage Alzheimer's Disease often require assistance with daily activities, but do not need or want institutionalization. In response to these concerns, Connecticut recently created a pilot home care program for persons with disabilities to mirror the Connecticut Home Care Program for Elders. Though well intentioned, these efforts further fragment the already complex system.

We strongly support lowering the age of eligibility, as it is consistent with the Long-Term Care Needs Assessment Guiding Principles (and national trends and best practices). We further recommend working toward serving individuals under the Home Care Program based on need and need alone.

**Section 2:** gives participants in the Connecticut Home Care Program for Elders the opportunity to hire and manage their own personal care attendants (PCAs). This proposal would enhance the ability of individuals to live in the community with dignity and the appropriate consumer-directed services.

In 2000, Connecticut created the Personal Care Assistance Pilot program. This pilot program has demonstrated that many individuals with long-term care needs are able to successfully manage their own care. The Connecticut General Assembly has seen fit to expand this program over the years.

This bill seeks to provide these same services under the Connecticut Home Care Program. In essence, this would eliminate the need for a continuing pilot program. Like other bills this Committee is hearing today, this proposal is directly in line with recommendations from the Long-Term Care Needs Assessment, to foster flexibility in home care delivery and increase consumer choice. Additionally, it may create a more seamless system, providing for easier understanding on the part of consumers.

**Section 3:** We also appreciate efforts, as proposed in this bill, to increase reimbursement to all providers of home care services. We recommend clarifying language to ensure that critical community providers, such as adult day care, are included in any rate increases. Increased reimbursement is a critical component of ensuring that home and community-based services are available now and into the future.

### **HB 5791, AAC a Single Point of Entry for Long-Term Care ~ CoA Supports**

Consumers in Connecticut are understandably confused by the myriad of public and private programs—all well-intentioned—designed to serve specific categories of individuals. The result is a highly fragmented system filled with many pilots, waivers and programs making it nearly impossible for the consumer to navigate and access. Furthermore, people do not know where to turn for a better understanding of public and private services and supports available. Further compounding the situation and most unfortunately, individuals and their families typically do not begin to explore their options until a crisis happens. All of these factors serve as huge barriers to being able to remain in the home and community.

The Needs Assessment demonstrated a profound need for improved access to long-term care information and services and recommends the creation of a statewide single point of entry (SPE) for information and referral across all ages and disabilities. (“Single Point of Entry,” “No Wrong Door,” “One Stop Shops” and “Aging and Disability Resource Centers” or “ADRCs” are all terms used to describe a common concept.)

These integrated points of entry into the long-term care system are designed to address many of the frustrations consumers and their families experience when trying to access needed information, services, and supports. Integrated points of entry strive to create community-wide service systems that reduce consumer confusion and build consumer trust and respect by enhancing individual choice and informed decision-making. This strategy can also help to break down barriers to community-based living by giving consumers information about the complete spectrum of long-term care options. SPE initiatives could involve such efforts as enhanced technology utilizing a universal screening tool and hospital based nursing home diversion initiatives.

The CHOICES program provides health insurance counseling, referral services, benefits screening, more recently long-term care option counseling and more. The Needs Assessment recommends CHOICES as a promising model for a statewide Single Point of Entry program. A statewide program would enhance CHOICES' current functions by establishing a collaboration among other service providers and community organizations, most notably the Centers for Independent Living, to serve all people in need of long-term care information, counseling, benefits, eligibility screening, and the like. In combination with the new long-term care web site, a single point of entry program would help ease understanding for individuals and their families as they plan for long-term care needs.

The Commission on Aging recommends some language changes to the existing legislation and has attached these recommended changes to this testimony. In addition, we ask the Committee to add \$2 million in funding to ensure the success of the Single Point of Entry initiative. We appreciate your consideration of these suggestions and would be happy to work with the Committee to refine this most worthy and necessary piece of legislation.

### **HB 5793, AAC Grants for Respite Care Services for Caretakers of Individuals for Alzheimer's Disease ~ CoA Supports**

Nationally, about 44 million individuals provide informal, unpaid care to their spouses, other family members, neighbors and friends, with a total economic value of this unpaid care estimated at over \$300 billion annually. In Connecticut, 17% of Needs Assessment respondents reported that they provide unpaid care for a relative or friend in the state.

The Needs Assessment recommends providing support to informal caregivers, whom it calls "the backbone of the long-term care system." The Alzheimer's Respite Care program is a critical service that helps caregivers by providing an occasional needed break from their often stressful situations. The Commission supports this bill to provide expanded respite care to program participants, increasing the value of respite care from \$3500 annually to \$7500.

Additionally, the Commission urges the Legislature to consider expanding this program beyond serving those with Alzheimer's and related dementias and their caregivers. Many other caregivers would certainly benefit from this worthy program. The 2007 Long-Term Care Plan for Connecticut states:

*"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."*

## **HB 5796, AAC Eligibility for the Federal Specified Low-Income Medicare Beneficiary Program and the Qualifying Individual Program**

### **~CoA Supports**

This innovative legislation 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 Individual 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, while having no negative impact on ConnPACE recipients.

The Commission supports this initiative, which maximizes federal revenue and participation in providing health care and prescription benefits to older adults and persons with disabilities. This smart investment will save money and at the same time help more people.

General Assembly  
February Session, 2008

**Raised Bill No. 5791**

LCO No. 1696



Referred to Committee on Human Services

Introduced by:

(HS)

**AN ACT CONCERNING A SINGLE POINT OF ENTRY FOR LONG-TERM CARE.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. (NEW) (Effective July 1, 2008) (a) The AGING SERVICES DIVISION/STATE UNIT ON AGING AND THE BUREAU OF REHABILITATION SERVICES OF THE Department of Social Services shall establish a state-wide single point of entry system for individuals seeking long-term care. The goal of the single point of entry system shall be to (1) permit any individual seeking long-term care services in the state to obtain the same information on long-term care services from any one of the entities designated as a single point of entry agency pursuant to subsection (b) of this section, and (2) promote consumer choice of long-term care options.

(b) The department, in consultation with the Long-Term Care Advisory Council and members of the public, shall designate geographical service areas for the establishment of single point of entry agencies. The department shall select entities to serve as such single point of entry agencies through a request for proposal process and shall give priority for the award of a contract to centers for independent living, as defined in section 17b-613 of the general statutes, and area agencies on aging/CHOICES. ~~The department shall not award a contract to an agency that is a direct provider of Medicaid services.~~

(c) Each entity awarded a contract pursuant to subsection (b) of this section and designated a single point of entry agency shall WORK COLLABORATIVELY WITH ALL OTHER DESIGNATED SINGLE POINT OF ENTRY AGENCIES TO:

(1) Provide individuals seeking information on long-term care with information on all the long-term care options and services available in the state, including community and home-based care and nursing home care;

(2) Assess an individual's eligibility for long-term care services and programs in the state, including Medicaid AND OTHER PUBLIC PROGRAMS and services offered by private and nonprofit organizations, through a comprehensive, uniform screening process;

(3) Assist individuals in obtaining a timely determination of eligibility from the Department of Social Services for publicly funded long-term care services and programs; and

(4) Assist individuals in developing a long-term care support plan that is ~~patient~~PERSON-centered throughout the planning process.

(d) Each entity designated as a single point of entry agency shall meet the following criteria:

~~(1) A designated entity shall be free from all legal and financial conflicts of interest with providers of Medicaid services;~~

~~(2)~~(1) A designated entity shall provide UNBIASED information to all individuals seeking information on long-term care, including individuals who pay privately for such care; and

~~(3)~~(2) A designated entity shall implement quality assurance standards and procedures.

(e) In addition to the criteria established in subsection (d) of this section, the Commissioner of Social Services may establish additional criteria and standards for the operation of such agencies. The commissioner shall implement a quality assurance program to measure the performance of an agency designated a single point of entry agency. Any designated entity who fails to meet the criteria required in subsection (d) of this section, any additional criteria established under this subsection or the department's quality assurance measures may be subject to termination as a single point of entry agency.

Sec. 2. Section 17b-367 of the 2008 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2008*):

The Office of Policy and Management, [within existing budgetary resources and] in consultation with the [Select Committee on Aging] select committee of the General Assembly having cognizance of matters relating to aging, the Commission on Aging, personnel designated by the Commissioner of Social Services who administer the CHOICES health insurance assistance program, personnel designated by the Commissioner of Social Services who administer the single point of entry system established in section 1 of this act and the Long-

Term Care Advisory Council, shall develop AND MAINTAIN a single consumer-oriented Internet [website] web site that provides comprehensive information on long-term care options that are available in Connecticut and information on the single point of entry system established pursuant to section 1 of this act. The [website] web site shall also include direct links and referral information regarding long-term care resources, including private and nonprofit organizations offering advice, counseling and legal services. In addition, the Office of Policy and Management shall ~~maintain and~~ publicize a state-wide toll-free telephone number to provide the same information to consumers who do not have access to the Internet.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2008</i>	New section
Sec. 2	<i>July 1, 2008</i>	17b-367

**Statement of Purpose:**

To develop a single point of entry system for persons seeking information on long-term care.

*[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]*