

C4A

Connecticut Association of Area Agencies on Aging, Inc.

Testimony – Human Services Committee 3/11/08

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Positions

- C4A supports Sections 1, 4, 5, 6 and 16 of **Raised Senate Bill 662, An Act Concerning Medicaid Eligibility and Reimbursement**

Among other provisions, Raised Senate Bill 662 seeks to:

- require DSS to implement presumptive eligibility for Medicaid;
- require DSS to increase reimbursement rates to home health agencies annually based on the percentage increase, if any, in the CPI;
- establish reimbursement rates for supplies and administration of flu and pneumonia vaccines;
- increase rates to home health agencies;
- establish a pilot Medicaid telemonitoring program for up to 150 individuals with specified chronic conditions; and
- require DSS to establish a pilot, based on the Money Follows the Person model, to serve up to 50 persons who have not yet entered a nursing facility (e.g. do not meet the minimum six-month residency requirement for MFP) with services including personal care assistants.

Presumptive Eligibility for Medicaid

Implementation of presumptive eligibility for Medicaid would permit individuals in need of services to receive them pending confirmation of eligibility by application and required confirming documentation. Among other populations, this would benefit frail elders residing in the community who are applying for assistance through the Medicaid-funded component of the Connecticut Home Care Program for Elders (CHCPE).

Rate Increases for Home and Community-Based Providers

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. C4A strongly supports measures intended to increase reimbursement rates to its partners in the network.

Pilot Telemonitoring Program

At a time of workforce and cost constraints in the home care network, telemonitoring represents an efficient and effective device through which to provide support and oversight of individuals with chronic conditions. This may forestall the need for frequent, costly nursing visits and provide more regular and comprehensive data on health status and outcomes.

Nursing Home Diversion Pilot

Implementation of a state-funded nursing home diversion pilot premised on the Money Follows the Person will liberalize options for individuals in need of community-based long-term care services who may not meet the financial, functional or diagnostic eligibility guidelines for Medicaid-funded supports including the Connecticut Home Care Program for Elders (CHCPE), the Personal Care Assistant Waiver (PCA Waiver) or the Assisted Brain Injury (ABI) Waiver.