



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

Connecticut Disability Advocacy Collaborative

Human Services Committee

March 11, 2008

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 Section 16 of SB 662 AN ACT CONCERNING MEDICAID ELIGIBILITY AND REIMBURSEMENT. Section 16 would require the Department of Social Services to establish a pilot program, based on the Money Follows the Person (MFP) model, that will serve up to fifty individuals who have not yet entered a nursing facility and need support services, including personal care assistants, to remain in their own home. Individuals to be served in the pilot would not be eligible for services under MFP, which only covers people who have been in a nursing facility for at least six months.

The average annual cost of support for individuals receiving community-based services ranges from one quarter to one half of the cost of nursing facility care, which now exceeds \$110,000 per year. 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.

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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.