

**Testimony of
Maureen Egan, Constituent,
47 Five Fields Rd., Madison, CT 06443
Human Services Committee
March 11, 2008**

Ladies and Gentlemen:

Good morning, and thank you for the opportunity to enter this testimony in support of Raised Bill No. 665 – An Act Concerning Continuing Care Facilities and Continuing Care at Home. I urge you to support this bill.

My name is Maureen Egan, and I'm working on my Masters in Gerontology at St. Joseph College. My class this semester is on social policy, and our final project involves trying to potentially move a bill forward. I found Legislative Analyst, Nicole Dube's OLR Research Report 2008-R-0110 (February 21, 2008) on the cga.ct.gov website. It provides an excellent source of information about Continuing Care at Home Programs and additional links for more information. I decided to make it my final project – introducing a bill to offer Continuing Care at Home (CCAH) Programs in Connecticut.

I learned from Sarah Spellman, a consultant with Third Age Consulting (she also developed the first CCAH program in the country - Cadbury at Home in New Jersey) that such a bill was actually being discussed at today's public hearing! Then I learned from Cara Passaro, Legislative Aide to Representatives Christ, Heinrich & Olson that I could actually e-mail testimony for you to consider!

Thank you Nicole, Sarah, Deborah and Cara for helping me deliver this testimony to this assemblage.

So here is why I believe these programs are important for the senior residents of Connecticut:

From what I can see, they allow a senior to stay at home and have support services and care provided by an organization. The concept is also called continuing care retirement community without walls or virtual continuing care retirement community because it does not require the senior to relocate to a specific community to receive services. It seems to be a viable private pay alternative to long term care insurance.

A CCAH program is similar to a Continuing Care Retirement Community (CCRC) in that enrollees pay a one time enrollment fee and then monthly payments which provide them with a variety of services such as care management, support with routine home maintenance, in-home care support, transportation, meals, social and wellness programs. Assisted living and nursing home care can also be provided. (OLR 2008-R-0110, p.1)

But, in a CCAH, you get to stay home, and you get help in having your home modified so that you can stay there as long as possible. You also get a Care Manager that you can call when something is wrong. They coordinate the services and care that you need. I think of it like having a general contractor. You can do the work yourself (i.e., purchase long

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term care insurance and then figure out how to get the services you need) or you can call your Care Manager, the gc, and have them be the point person for what you need.

These programs now exist in several states including New Jersey, Pennsylvania, Delaware, Ohio, Tennessee and Maryland. Some of the program websites are:

- Cadbury at Home (New Jersey) - <http://cadbury.org/athome/retirement/home>
- Alexian Brothers Live at Home (Tennessee) - <http://www.alexianbrothers.net/www/docs/108/retirement-care-plan-planning-program-chattanooga.html>
- Friends Life Care at Home (Pennsylvania) - <http://flcah.com/index.htm> (OLR 2008-R-0110)

Key appeal factors for these programs for seniors and their families and friends include:

- Enrollees have their own care manager who monitors enrollees' conditions and well-being and arranges services needed.
- Enrollees get to stay in their home and community with the security of knowing their potential health and living issues will be taken care of.
- It provides great relief for family and friends knowing that critical lifetime support is being provided to their loved ones.

Introduction of these programs in Connecticut is supported in the findings in the Connecticut Long-Term Care Needs Assessment Study. The study found:

- People want to stay at home – 80% of Connecticut residents surveyed indicated they want to stay in their home and community. (Testimony of Julia Evans Starr, Executive Director CoA, March 4, 2008, and p. 17 Executive Summary)
- Connecticut residents identify the following as key needs for aging in place: Home maintenance, handyman, lawn and snow care, homemaker services, transportation, home health or personal care. (p. 17 Executive Summary)
- Almost 20% of survey respondents indicate they could spend \$25,000 a year on long term care. (p. 18 Executive Summary)
- Connecticut residents age 75 and older will grow by 54% by 2030. There will be a 28% increase in the need for community based long term care services by that time. (p. 27 Executive Summary)
- Nursing home needs will also increase by 43%. There will be a 67% increase in people age 65-74 needing this care. (p. 27 Executive Summary)

The study states:

- “This considerable increase in demand for institutional services can be reduced if the current Long-Term Care Plan goals for rebalancing institutional and community-based services are met. However, efforts to divert and transition people out of

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institutional settings must be met with a substantial increase in the supply of community-based services.” (p. 27 Executive Summary)

One way to meet this need is to offer more choice through programs like a CCAH.

I also think the CCAH programs can provide new opportunities for existing long term care providers and health care systems in Connecticut who have the care expertise and knowledge of issues facing the elderly.

Thus in summary, I ask you to support Raised Bill No. 665 to provide Continuing Care at Home Programs to the seniors of Connecticut. I believe that these programs:

- Meet a key quality of life goal for seniors in that they get to stay in their home and community and have a coordinated and managed plan of care for the rest of their lives.
- Give help and relief for families and friends who are often unable to support the demands and needs of aging family members, and
- Provide a viable long term care option to residents without further burdening local, state and federal resources.

I thank you for your time and consideration.

Maureen Egan