



*Advocating for Older Adults of Today and Tomorrow*

---

Testimony of

Julia Evans Starr, Executive Director  
Connecticut Commission on Aging

Human Services Committee

March 11, 2008

Good morning and thank you for the opportunity to testify on three of the 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.

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.

State Capitol • 210 Capitol Avenue • Hartford, CT 06106  
Phone: 860.240.5200 • Website [www.cga.ct.gov/coa](http://www.cga.ct.gov/coa)  
LTC website: [www.ct.gov/longtermcare](http://www.ct.gov/longtermcare)



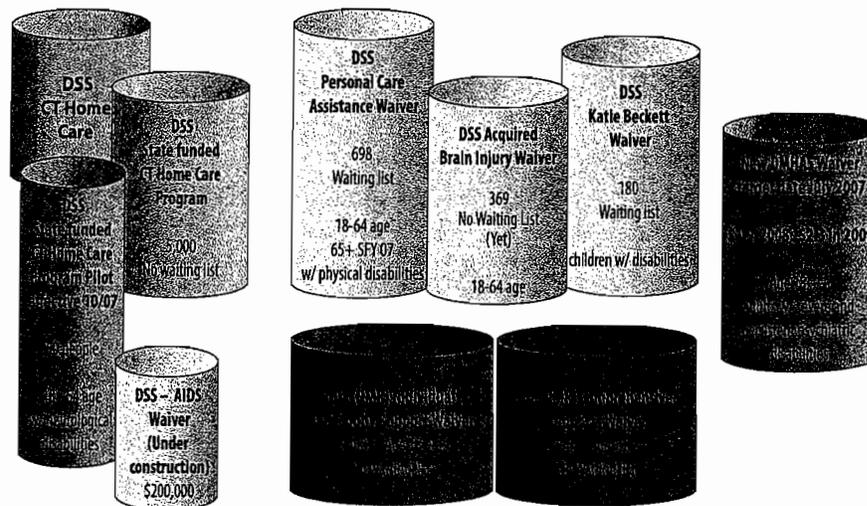
## SB 662, AAC Medicaid Eligibility and Reimbursement ~ CoA Supports Section 16

The Long-Term Care Needs Assessment Principles above directly relate to section 16 of this legislation. This initiative would help people who are eligible for the Money Follows the Person (MFP)—except for the 6 month nursing home stay requirement. The requirement for the 6 month stay was established by the federal government (CMS). However, the state can and should choose to cover these folks as part of the soon to be developed MFP “Universal Waiver.”

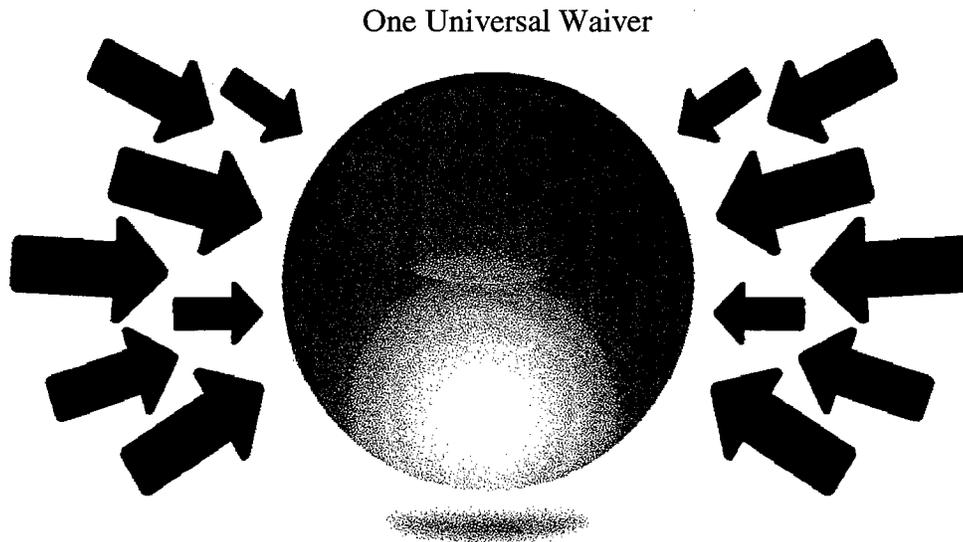
Expanding MFP in this manner makes sense: one should not need to be institutionalized before Medicaid will pay for him or her to receive services in the community. The Commission on Aging supports this initiative as being in line with efforts to provide choice and divert unnecessary institutionalizations.

This initiative is also a precedent setting step toward the ultimate goal of having a universal waiver. The real goal is to simplify the long-term care system, with fewer waivers, and programs based on need, without arbitrary age and other restrictions. Within a few years, with progressive thinking, planning and leadership, Connecticut can achieve a Universal Waiver, to replace our complicated system.

Connecticut’s current waiver structure looks something like this (from the Long-Term Needs Assessment Legislative Briefing):



In the future, we envision our waiver system to include one universal waiver, across all ages and disabilities, leading to consistency, equality, continuity, efficiency, flexibility and choice.



In the meantime, to lead us in the direction of the goal, we ask for your support of this proposal.

**SB 664, AAC Independent Transportation Networks  
~ CoA Supports**

The Commission on Aging supports this, and other, efforts to assist older adults and those with disabilities in remaining in their communities.

The Long-Term Care Needs Assessment received responses from approximately 7000 residents and providers. Unsurprisingly, 80% of Connecticut residents surveyed stated that they want to remain in their homes and communities, instead of moving into institutions. However, the Needs Assessment also found significant barriers for residents with long-term care needs to live in communities; though many services are provided, gaps still remain.

The availability of affordable and accessible transportation was cited as the most important concern by both residents and providers who participated in the Long-Term Care Needs Assessment. Many adults with long-term care needs do not drive their own car, and some are unable to ride in a standard car, due to physical restrictions. However, these individuals need to be able to get to medical appointments, the grocery store, friends' homes, religious services and other activities in order to lead rich, successful lives.

Connecticut does not have a comprehensive, reliable statewide public transportation system. Although some urban areas do have buses, and parts of the state have rail

service, most people in Connecticut cannot meet all of their transportation needs without access to automobiles. Dial-a-Ride does provide a needed service for many adults with disabilities, but that service has geographic and other limitations, leaving considerable gaps in service.

Community-based regional transportation systems use a combination of volunteers and paid drivers to provide unrestricted, on-demand transportation to older adults and some adults with disabilities in passenger automobiles. These self-sustaining systems rely on user fees, charitable donations, partnerships with the business community and volunteers and can help individuals maintain independence and dignity.

The most prominent of these models is ITNAmerica, which began in Portland, Maine. One of ITN's most unique features is that it uses automobiles—rather than vans or buses—to provide comfortable rides 24 hours a day, seven days a week. (Ultimately, we hope that all individuals with disabilities will have flexible, user-friendly transportation options.)

The service really is about neighbors helping neighbors to participate in their communities. The founder of ITNAmerica, Kathy Freund, was recently featured as one of “12 People Who Are Changing Your Retirement” in a *Wall Street Journal* article for developing this innovative, yet simple, initiative.

In 2005, the Legislature saw fit to establish a grant program to provide seed money to municipalities to start these worthy programs (PA 05-280, and later enhanced by PA 06-188). Last session, the Legislature invested again in these networks; however, the original grantees were left out of the legislation. These grantees need additional funding to ensure successful implementation of their programs. It is our understanding that within a few years, the programs expect to be self-sustaining.

The Commission on Aging asks for your support of Senate Bill 664.

### **HB 5910, AAC Legislative Oversight of the Department of Social Services ~ CoA Comments on Section 5**

The mission of the Connecticut Long-Term Care Ombudsman Program is to protect the health, safety and rights of long-term care consumers. The program includes a statewide ombudsman, nine regional ombudsmen and volunteer resident advocates. It serves all residents of long-term care facilities, including skilled nursing facilities, residential care homes, and more recently, assisted living communities.

Like many state agencies, the Long-Term Care Ombudsman Program maximizes its resources. Unfortunately, those resources are not nearly sufficient for the huge, and growing, task at hand: though the Institute of Medicine recommends one full-time ombudsman for every 2,000 long-term care beds in a state, our ratio in Connecticut is about one ombudsman for every 4,000 long-term care residents—about half the national recommendation.

The Commission on Aging strongly supports increased resources for this worthy program. The Long-Term Care Ombudsman Program can be a critical component to a well-functioning long-term care system—but we must make the commitment to enhance its role by adding additional staff.