



**Testimony of Brenda Kelley, State Director, AARP Connecticut
On H.B. 5791 and S.B. 561
Human Services Committee
March 4, 2008**

Chairmen Harris, Villano, Ranking members Kissel and Gibbons and members of the Human Services Committee, I am Brenda Kelley, State Director of AARP Connecticut.

With the support of our 39 million AARP members nationwide, including over 625,000 in Connecticut, AARP comes here today in enthusiastic support of H.B. 5791 "An Act Concerning A Single Point of Entry for Long-Term Care" and S.B. 561 "An Act Concerning the Money Follows the Person Project and Establishment of a Long Term Care Trust Fund." Connecticut must act now to build a long term care infrastructure that is sustainable for our aging demographic and allows people the choice to receive care in the home and community setting.

AARP Supports

H.B. 5791: An Act Concerning a Single Point of Entry for Long-Term Care

AARP believes it is essential for CT to create and fund a single point of entry system for long term care services and supports. This was the first recommendation in CT's 2007 Long Term Care Needs Assessment. States that are leading the way in Long Term Care rebalancing have recognized that a Single Point of Entry is a critical first step in rebalancing. The great majority of families in CT will continue to pay privately for most of the long term care services that they may need. However, they need assistance in understanding the options available, in learning how to make better use of their own resources, and in preventing or delaying spend-down to Medicaid.

And, for people needing help in paying for their long term care, Connecticut's current system of multiple waivers, numerous state and federal programs, numerous small pilot programs, and all of these with different eligibility criteria, is very confusing. Consumers should not have to chase after long-term care information from a bewildering array of sources, which unfortunately is the situation today for Connecticut families.

A recent survey from the University of Connecticut Center on Aging shows that Connecticut residents don't have sufficient knowledge of what is involved in obtaining long-term care. A separate survey conducted for AARP found that a majority of residents "strongly support" the creation of a central place where people needing long-term care services can get information about what services and benefits are available and can get help in applying for them.

A recent statewide AARP survey of members released today shows that:

84 percent support (**65 percent** of respondents "strongly support") the state establishing a central place where people needing long-term care services can get learn what's available and get help applying for benefits and services;

57 percent said it was "extremely important" that they or a family members have a central place to go for information or referrals for all long-term care services, both government and private;

59 percent said it was "extremely important" that there is a central place that helps them determine the long-term care services and benefits for which they are eligible and helps them apply for those services and benefits.

H.B. 5791 would address each of these concerns by establishing a statewide single point of entry to act as a one-stop portal for Connecticut residents and their loved ones to explore all long-term care options available to them. The bill would build on existing structure by giving the Area Agencies on Aging and the Centers for Independent living the first

opportunity to assume the role of single point of entry agencies. This would build on the very successful CHOICES model administered by DSS and the AAAs, which provides Medicare and Medicare Part D counseling. H.B. 5791 would add Long Term Care counseling to the array of services provided by the AAAs and would provide resources to the Centers for Independent Living and AAAs so that both will have the capacity to integrate long term care information, assessment, eligibility determination, and care planning into their activities.

AARP strongly support H.B. 5791 as a necessary prerequisite to any future efforts to reform Long Term Care. Without an adequate centralized place to get long term care information and services, we believe people will not receive the support they need to remain independent in the community resulting in costly nursing facility placements that may otherwise be avoided.

H.B. 5791 is legislation that makes sense and is needed now, and we look forward to working with members of the committee on this important legislation. Attached to our testimony, AARP has also included suggested technical revision to the bill H.B. 5791.

<p style="text-align: center;">AARP Supports S.B. 561: An Act Concerning the Money Follows the Person Project and Establishment of a Long Term Care Trust Fund</p>

In addition to getting consumers connected to services already available, AARP supports efforts to shift Medicaid dollars to care for more people at home and in other residences in their community and to pay for home modifications and support for caregivers, and other things that will enable people to live at home.

That's why AARP strongly supports S.B. 561 An Act Concerning the Money Follows the Person Project and Establishment of a Long Term Care Trust Fund. S.B. 561 would do three important things: 1) it would expand the Money Follows the person slots beyond the original 700 transitions, 2) it would establish a "Long Term Care Trust Fund" so that money designated for the Money follows the Person project, federal money

received for Long Term Care and any cost-savings from serving consumers in the home and community would be used to develop long term care infrastructure in home and community settings and 3) restores and adds money for the CHOICES program that provides a foundation for a single point of entry.

Expanding the Money Follows the Person Slots

To our knowledge, the state of Connecticut has still not submitted the final operating protocol for the original 700 transitions over 5 years for CMS approval. AARP believes that rather than meeting an arbitrary low target of 700 transitions over 5 years; we should support a system that allows people to live in the least restrictive alternative of their choice. This is their right under *Olmstead* and Connecticut law.

The more aggressive expansion of Money Follows the Person program proposed in S.B. 561 is more aligned with this objective and is what's needed if Connecticut is going to address the anticipated future long term care demands of the baby boom generation.

Assuming no progress in rebalancing CT's long term care system, the state's future need for nursing facility care will rise by 43% from now to 2030. **Even if Connecticut achieves the modest goal of rebalancing 1% per year, set out in the state's Long-Term Care Plan, we would still need to have a 25% increase in nursing facility care by 2030.** This is simply unaffordable and unsustainable! Our ability to make other needed reforms to our health and long term care system depend upon us acting quickly to change this trend.

On average, care at home costs Medicaid about half as much as in an institution. Therefore, if we allow people to live in a setting most appropriate to their needs, we would actually save money!

Last year at AARP's Policy Conference entitled "*Long Term Care, You Decide Where*", *International, National, and CT Perspectives*, Patrick Flood (who was then the

Commissioner of the state department of Disabilities, Aging and Independent Living in Vermont) hammered home this point when he explained:

Based on data you sent me...you have 480,000 people of the age of 65 in your state we have approx 80,000 so you have about 6 times as many older people as we do. We have 3000 nursing home beds you have 29,000. Now 6 times 3,000 beds would be 18,000 beds so by my math, and we think the number of beds we have is too many- it's going to go down, but you have 150% as many nursing home beds as we do, you don't need them.

1/3 of those people could be served in home and community based settings.

You're spending \$1.2 billion on nursing home care in Connecticut on nursing homes. So if you accept my premise that 1/3 of that doesn't need to be spent in nursing homes that's \$400 million. And if you accept my premise it's 1/2 as expensive to keep those people at home you could keep all those people in their homes for \$200 million dollars and save yourself \$200 million...

I firmly believe, based on everything I know, that you are sitting on a gold mine. You have the opportunity to change your systems and serve twice as many people at home and as you do that your nursing home utilization will come down, your options will grow on the community based side, and you will have a much more balanced system that everybody will like and will be cheaper. Because we cannot sustain the current system into the future.

If you go down that road, you can save a lot of money, you can serve more people, you can have a better system, you are sitting on a gold mine and you are poised, you should be poised to make that change and in fact with that kind of money in the bank you could lead the nation.

Long Term Care Trust Fund

The Long Term Care trust fund will help ensure that money dedicated to the Money Follows the Person demonstration or other federal funds for Long Term Care, as well as, any cost-savings from serving people in the home and community, will be reinvested in our long term care system. This provision will allow Connecticut to make the necessary improvements and upgrades in our long term care system so that we can properly handle future strain on the system as the boomer generation ages. Without making the investment now, Connecticut will be forced to deal with this under crisis circumstances when the long term care system is overwhelmed, which usually results in wasteful spending and poorly constructed policy. Let's plan ahead to avoid this situation by passing S.B. 561.

CHOICES Funding

AARP supports the provision in S.B. 561 that restores and increases funding for the CHOICES program. Instead of working toward a single point of entry system, the **Governor's proposed budget actually took a step backwards by eliminating \$1 million that was appropriated for the CHOICES program** to provide consumers and caregivers with unbiased, current and comprehensive information on Medicare, Medigap, Medicaid, and long-term care options. The CHOICES money budgeted for the state fiscal year 2009 is an essential building block for a state wide Single Point of Entry system to increase access to needed information services. We are pleased that S.B. 561 would not only restore the \$1 million proposed cut, but also add another \$1 million to move us toward a Long Term Care Single Point of Entry.

General Assembly
February Session, 2008

Raised Bill No. 5791

LCO No. 1696

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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.

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(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.

Deleted: 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:

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(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;

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(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;

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(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 ~~PERSON~~-centered throughout the planning process.

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

(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

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

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(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 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

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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 publicize a state-wide toll-free telephone number to provide the same information to consumers who do not have access to the Internet.

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This act shall take effect as follows and shall amend the following sections:		
Section 1	<u>July 1, 2008</u>	New section
Sec. 2	<u>July 1, 2008</u>	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.]