

LAW OFFICE OF JULIA M. BROWN, LLC

934 Chase Parkway
Waterbury, Connecticut 06708
Telephone: 203 755-6277
Fax: 203 575-0611
info@juliambrown.com

March 4, 2008

Testimony of Attorney Julia M. Brown before the Human Services Committee in support of **SB 561, 562, 563, 567, 558, 559** and **HB 5092**. I also support **HB 5273, 5792, 5794, 5795** and **5796**.

Good morning, Members of the Human Services Committee. My name is Julia Brown and I am an Elder Law attorney admitted to practice in Connecticut for more than 20 years. My office is located in Waterbury, Connecticut and my home is in Southbury, Connecticut. I have been practicing law in the greater Waterbury area since 1991 initially as an Elder Law attorney with Connecticut Legal Services and then in my own practice from 1994 up until the present date.

I am here to testify in support of several bills **SB 561, 562, 563, 567, 558, 559** and **HB 5092**. I also support **HB 5273, 5792, 5794, 5795** and **579**. These bills are primarily to assist elders and others with disabilities or in need of medical care and assistance to receive the care they need in the least restrictive, most preferred and perhaps least costly setting.

In my Elder law practice I work on a daily basis with families in crisis trying to keep their "ill" spouse or parent at home safe & as independent as possible. We assist families when the family member has an acute medical need and must be hospitalized and then discharged to the best nursing facility or rehabilitation placement for them. Once in the nursing facility we assist them in advocating for the best care for their family member and before Medicare days have ended we work on piecing together enough care and assistance to get them back home if possible.

My intent in discussing the following is to describe part of the process an elderly client may go through with the current resources and how the bills I support fit in to help them receive the care they need in a less restrictive and perhaps less costly setting.

Inpatient Nursing Home or Rehabilitation

Typically, the first time people need to address long term care is when a family member is hospitalized and after spending three or more days in the hospital, they are not yet

ready to go home. The hospital discharge planner will meet with the patient and family and discuss options available to them. While the type of assistance needed is one of the factors considered, the ability to pay for care is really the critical determining factor of what will happen next.

If the person has Medicare coverage and they meet the admission criteria, they may be discharged to an acute rehabilitative facility. If they are Medicare eligible but need less than acute rehabilitation in order to recover or their care is complex, they will be discharged to a nursing facility for short-term skilled nursing care.

The Medicare program pays for much of the cost of short-term nursing facility skilled care. Those patients with Medicare A & Medicare B will receive full coverage for the first 20 days and if they continue to need skilled care they can receive an additional 80 skilled nursing days.

When Medicare skilled nursing care days have ended the resident will have been in the nursing facility no more than 100 days. If they still needs assistance with 2 or more Activities of Daily Living (ADLs) ¹or have a need for continuous supervision or stand by assistance they still need nursing facility level of assistance. In order to leave the nursing facility at this point a discharge plan will need to be in place that includes sufficient long-term care services for them to stay safe at home.

For those requiring continuous supervision or stand by assistance (due to some type of Alzheimer's disease or dementia) hands-on care like a 2-person assist or a hooyer lift there isn't a Medicaid program to assist them in returning home.

These people will have no choice but to remain in the nursing facility to get the assistance they need. They will begin to pay the nursing facility private rate of \$8,000.00 - \$14,000.00² per month.

Transitioning home?

There are almost 30,000 residents in Connecticut nursing homes. Limiting the Money follows the Person program to 700 people over 5 years will completely under serve those who can benefit from the transition. **SB 561** increases the persons allowed into the program to 5,000 a much more realistic number at this time.

A further problem with the project is having a requirement of 6 months of institutionalization to be eligible. This requirement renders the **Money follows the**

¹ ADLs: Bathing, dressing, transferring, toileting, eating/feeding, preparing meals and medications.

² Variation depends upon the locale and even by the facility in the locale.

Person option off limits for many elders as well as younger people in the community who do not need a nursing home stay.

For elders, the best chance they will have to return home will be at the end of their rehabilitation or skilled care which will be 100 days into their stay. The attention and therapy a resident receives in the rehabilitation part or skilled nursing part of their stay is not duplicated in the long-term care section of most facilities. This time requirement needs to be changed.

Staying at Home

Medicaid covered long-term care services are currently being provided in places other than a long-term nursing facility here in Connecticut. They are provided in people's own homes, in Assisted living facilities and in adult day centers.

The CHCPE (the Connecticut Home Care Program for Elders), a Medicaid Home and Community Based Waiver Program, is a very successful program. This Medicaid/Title 19 program provides services at home for people 65 and older who need assistance with 1 or more activities of daily living. Without receiving services from the CHCPE program, these people would need to be placed in a nursing facility.

Some of the services currently provided under the CHCPE Waiver Program include: nursing, home health aides, homemakers, companions, adult day care, food services delivery, chore, emergency response system, respite.

There is a cap on the dollar amount of services that will be provided in order to keep someone home under the CHCPE.

While waiting for the Money follows the Person option to unfold the CHCPE (the Connecticut Home Care Program for Elders) program must be fully supported and expanded to assist as many people at home now from entering the nursing facility to begin with and must allow those who can return home after a Medicare nursing facility stay to do so. **SB 567** will work towards accomplishing that.

Personal Care Assistant services are not part of the current CHCPE services. This type of service may be an affordable way to provide the 24-hour supervision that exceeds the current cap. It would also allow elders who have relationships with aides who are not with an agency to keep those aides. **SB 567** includes personal care assistants as a covered service of the CHCPE program. **SB 567** also lowers the age from 65 to 60 years to be eligible for the program. The reduction of age to 60 would bring it back to the age eligibility the predecessor programs to the CHCPE allowed.

Assisted Living allows elders to remain in a community and to continue to participate in their outside community activities. **SB 563** would make the Assisted Living pilot

permanent by covering assisted living services and adult day services under the CHCPE & remove cap on participation.

SB 558 would include hospice as a covered service allowing someone to remain at home or return home after a hospitalization with their family and to have a “good” death in familiar comfortable surroundings. Hospice provides an incredible benefit for the family during the illness and afterwards providing bereavement support for many months after the death of the patient. To not include this as a service in a home and community based program just doesn’t make sense.

And finally **SB 559**, which proposes establishing a pilot program to provide grants-in-aid for the development of small house nursing homes in the state is an important step for Connecticut to be taking. We are far behind other states in changing our mode of delivering services to our elders. This type of change in delivery of services must be embraced and pushed forward if we are not to continue to be ashamed of how we treat our frailest and most vulnerable citizens.

Thank you for your time, attention and consideration.


Julia M. Brown

Elder law Attorney & member of the Public Policy Committee & a Health Care Council
Member of the Waterbury Regional Chamber of Commerce.