

C4A

Connecticut Association of Area Agencies on Aging, Inc.

Testimony – Human Services Committee 3/4/08

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Positions

- C4A supports **Senate Bill 561, An Act Concerning the Money Follows the Person Project and Establishment of a Long-Term Care Trust Fund.**

SB561 seeks to 1) increase participation in the Money Follows the Person project from 700 to 5,000 persons; 2) establish a Long-Term Care Trust Fund into which both federal match and state lapse funds would be deposited; and 3) enumerate priorities for DSS on how these funds should be expended. This will permit expansion of this important re-balancing effort, and ensure that all funds related to the program are expended toward complementary purposes.

Further, SB561 seeks to appropriate \$2 m. for CHOICES from the Tobacco and Health Trust Fund. This will ensure that consumers continue to be provided with unbiased, current and comprehensive information with which to plan for their long-term care needs and to more rationally use public supports.

- C4A supports **Senate Bill 562, An Act Concerning Increased Access to the Medicaid Program for the Medically Needy Elderly and Disabled.**

SB562 seeks to tie eligibility to the income level for Medicaid for the Aged, Blind and Disabled to eligibility standards that are used for the Husky A program by establishing a special income disregard. This will resolve a barrier to accessing the program for individuals who are required to “spend-down” to qualify for the program.

- C4A supports **Senate Bill 563, An Act Concerning Expansion of Assisted Living Services and Adult Care Options.**

SB563 seeks to make the assisted living pilot permanent by covering such services under the CHCPE and removing the cap on participation. This will expand program capacity to accommodate the large waitlist with which the pilot has been associated. The Private Assisted Living Pilot currently assists a limited number of individuals who have spent down resources while living in private managed residential care (MRC's) with payment for assisted living services (this excludes payment for room & board).

➤ C4A supports **Raised Senate Bill 567, An Act Concerning the Connecticut Home Care Program for the Elderly**

SB 567 seeks to 1) change the eligibility age for the program from 65 to 60; 2) include personal care assistants as a covered service of the program; and 3) appropriate funds for rate increases to providers. This will expand the program to serve individuals at an earlier age threshold, recognize the long-standing merit and cost effectiveness of PCA's as a service option, and address the financial constraints that are faced by service providers.

➤ C4A supports **Raised House Bill 5791, An Act Concerning a Single Point of Entry for Long-Term Care**

SB 5791 seeks to require DSS to establish a long-term care single point of entry system. This will fulfill an important recommendation of the Long-Term Care Needs Assessment, and streamline the process by which consumers and caregivers access information. C4A respectfully urges the Committee to consider incorporating reference to the CHOICES program as a model for this initiative.

➤ C4A supports **Raised House Bill 5793, An Act Concerning Grants for Respite Care Services for Caretakers of Individuals with Alzheimer's Disease**

HB 5793 seeks to increase the maximum grant that is available under the program from \$3,500 to \$7,000. Since the program's inception, the maximum grant to families has remained fixed at \$3,500. While this has represented a very meaningful respite benefit for caregivers, the cap has not kept pace with the increasing cost of home and community-based services and is quickly exhausted by families in need. Please see below for the current costs of the three most utilized services under the program [source: DSS 2007 fee schedules]:

adult day care (medical model):	\$63.55 per six-hour day
homemaker:	\$16.32 per hour
companion:	\$14.52 per hour
home health aide:	\$24.40 per hour

Investment in this program has the potential to prevent or forestall the need for public spending, through Medicaid and other sources, for more costly care in a hospital or skilled nursing facility.

- C4A supports **Raised House Bill 5796, An Act Concerning Eligibility for the Federal Specified Low-Income Medicare Beneficiary Program and the Qualifying Individual Program**

HB5796 seeks to 1) expand DSS' authority as authorized representative for ConnPACE applicants and recipients to include facilitation of enrollment in the Medicaid cost-sharing programs; and 2) increase income disregards for the SLMB and QI programs to equalize income eligibility with the levels that are used ConnPACE. This will increase participation in these important benefits, which defray some of the out-of-pocket costs of participating in Medicare that would otherwise be borne by low-income individuals.

Background

Funding for the CHOICES Program

Connecticut's program for Health Insurance Assistance, Outreach, Information & Assistance, Counseling, and Eligibility Screening (CHOICES) is a multi-faceted and collaborative initiative among the five Connecticut Area Agencies on Aging (AAA's), the Department of Social Services Aging, Community and Social Work Division (ACSW), the Center for Medicare Advocacy (CMA) and numerous community partners, including senior centers.

CHOICES provides health insurance counseling and information & assistance to older adults, those with disabilities, and caregivers. This service helps people to understand and plan for their long-term care needs. CHOICES is not just about Medicare!

CHOICES:

- **helps people to make good long-term care choices**

Both the Connecticut Long-Term Care Needs Assessment and the Connecticut Long-Term Care Plan confirm that people need more information to plan for their long-term care needs.

- **helps both older adults and those with disabilities**

CHOICES is the model on which DSS is building Aging and Disability Resource Centers (ADRC's) to serve both older adults and those with disabilities.

- **is an unbiased source**

CHOICES provides older consumers and their caregivers with unbiased, current and comprehensive information.

- **helps thousands of people every year**

In 2007 alone, CHOICES:

- helped over **33,000** individuals and caregivers to navigate the Medicare Part D benefit;
- assisted over **10,000** individuals with questions on financial assistance, benefits, housing, adult day care and services for people with disabilities
- sponsored **330** outreach presentations
- provided **meaningful volunteer opportunities** to **373** trained counselors
- provided **expert training** to social services professionals to help them keep current
- used radio, cable television, billboards, local newspapers and expert materials from the Center for Medicare Advocacy and other sources to educate the public

Ongoing, 1) increasing public knowledge of CHOICES; 2) changes in the health care system; 3) strain on family caregivers; and 4) emerging long-term care needs of younger individuals with disabilities are certain to result in significant growth in demand for the program that can only be accommodated through financial support from the State of Connecticut.

Assisted Living Pilot

The **Private Assisted Living Pilot** assists a limited number of individuals who have spent down resources while living in private managed residential care (MRC's) with payment for assisted living services (this excludes payment for room & board). Initially authorized by Public Act 02-7 for 50 individuals eligible for the Medicaid Waiver, and 25 individuals eligible for the state-funded levels of the CHCPE, Public Act 04-258 made it available to 75 individuals without respect for level of care. There is currently a substantial wait list.

Connecticut has also permitted coverage of assisted living services through the following:

- First authorized through Public Act 98-239, and then expanded to 300 units by Public Act 99-279, the **Moderate and Low-Income ALSA Demonstration Project** has underwritten construction of new, stand-alone Managed Residential Communities (MRC's) through which residents who 1) are age 65 and older; 2) are at risk of nursing home placement; and 3) meet CHCPE financial eligibility criteria receive ALSA services. This project is a partnership involving the Department of Social Services (DSS), the Department of Economic and Community Development (DECD) and the Connecticut Housing Finance Authority (CHFA).
- In 2000, the Legislature extended the CHCPE to residents of state-funded congregate housing.
- Authorized by Public Act 00-2, then expanded in scope by Public Act 01-2, the **State Assisted Living Demonstration in Federally-Funded Elderly Housing** provides assisted living services to residents of certain designated buildings.

Statewide Respite Program

The Connecticut Statewide Respite Program, which is operated through collaboration among the Department of Social Services (DSS), the Connecticut Alzheimer's Association chapters and the Connecticut Area Agencies on Aging, has proved that it is a vital and cost-effective source of support for caregivers of individuals who have a diagnosis of Alzheimer's disease or other dementia.

Need for the program is well substantiated. As families continue to become aware of this program, participation has swelled. Between July 1, 2006 and June 30, 2007, the program served over 700 clients with skilled care management intervention. This includes in-home assessment, assistance in identifying needed supports, and ongoing referral to other sources of assistance including the Connecticut Home Care Program for Elders. During that period, 656 clients also benefited from payment for purchased services including adult day care, home health aide assistance, and companion/homemaker support, among others. Most utilized services included adult day care (used by 41% of clients), companion/homemaker (used by 37% of clients), and home health aide (used by 24% of clients).

These services enabled family caregivers to safeguard their own physical health and mental well being by taking the time to visit the doctor, go shopping, maintain connections with friends and family, and rest and renew for the ongoing challenge of caring for loved ones with dementia. Data from this period is, however, but an initial indicator of overall need for assistance.

The program's cost-effectiveness is also readily proven. This program was targeted to help middle-income families who have not traditionally qualified for state assistance with home care services. The financial assistance that is provided in paying for services is a meaningful investment in making sure that these caregivers can continue to provide care at home, thereby deferring and in some cases entirely obviating the need for state expenditure on nursing facility care.

Medicaid Cost-Sharing Programs

Specified Low-Income Medicare Beneficiary (SLMB): For eligible individuals, SLMB pays the Part B monthly premium.

To qualify in 2008, an individual must have monthly income of \$1,248.20 or less and liquid assets of \$4,000 or less, and a couple must have income of \$1,823.20 or less and liquid assets of \$6,000 or less. The first \$227 of each individual's unearned income is disregarded in determining eligibility. These figures change each April 1.

Additional Low-Income Beneficiaries (ALMB): Based on availability of funds, ALMB pays the Part B monthly premium.

To qualify in 2008, an individual must have monthly income of \$1,375.85, and a couple must have income of \$1,994.35 or less. The first \$227 of each individual's unearned income is disregarded in determining eligibility. These figures change each April 1. There is no asset limit for ALMB.