

Date: March 16, 2009

From: William Eddy, Treasurer, Connecticut Commission on Aging  
Subject: HB 6365 State Budget for Biennium Ending June 30, 2011  
Commission on Aging Biennial Budget  
To: Distinguished Chairs and Members of the GAE Legislative Committee

**My name is Bill Eddy.** I have been an active, non-paid volunteer on issues on behalf of older adults and people with disabilities since my retirement from private industry in 1993. I am the Treasurer, and an unpaid, appointed, volunteer member of the Connecticut Commission on Aging.

I am here to advocate for the Commission on Aging and tell you that we have the independent structure, extensive industry relationships, substantial track record of achievement, and comprehensive current data base accumulation, research and recommendations to help you as policy makers deal with the relentless increase in budget-busting long-term care expenses (Medicaid).

As a retired financial services executive who endured the 1973-1974 recession, the 1981-1982 recession and the aftermath of the 1987 stock market crash, I empathize with today's policymakers and other leaders. I know the pressure to make unpopular decisions is a heavy load.

**Commission on Aging Advocacy Provides Resource and Oversight Responsibility.**

**Eliminating Knowledgeable Internal Critique is Not a Good Idea.**

Our mission is for all present and future older adults to be able to live in the secure and productive environment of their choice.

As an agency within state government, the Connecticut Commission on Aging has a place at the table which is unique among advocates for older adults. **The Commission on Aging not only acts as an independent resource for the older adult community it represents, but also as a non-partisan resource for the legislature, administration, and others.**

**Our advocacy also embraces internal oversight accountability on behalf of the older adult community** through promoting and helping legislative policymakers to create and implement sound public policy, and critiquing and helping to solve issues with government delivery structure for programs and budgets related to aging issues.

**Beware the talk that there is plenty of advocacy out there. Examine carefully what that means. No other advocates have an independent, internal seat at the table within state government. Only the Commission on Aging occupies that seat on behalf of the older adult community.** Nor is the Commission a "nice-to-have" luxury for the legislature. Rather, it is an effective internal oversight function as well as a resource

Spending less than \$500,000 for the Commission on Aging annual budget measured against \$2,400,000,000 in growing state expenditures for annual long term care services and supports, is reasonable and necessary.

Please, keep in mind that the nation is on the brink of financial chaos because there was no effective voice of internal oversight built into the creation and implementation of policy changes at the highest level.

**Commission on Aging Composition and Extensive Network of Relationships - Big Bang for Small Bucks**

It is important to note that the Commission on Aging is citizen-driven. Its 17 appointed, unpaid commission members come from communities throughout the state and possess a variety of applicable skills and backgrounds.

Our oversight for the older community is not just critique on policy affecting their needs and lives. It is collaboration and follow-through on policy implementation. **We also have an extensive network of other formal (statutory) and informal (non-statutory) relationships with whom we meet and communicate regularly.** A glance at attachment A reflects an extraordinary depth of perspective and backgrounds ranging across the very expensive and fragmented long term care system.

The Commission on Aging also has an extensive network of informal (non-statutory) relationships as well.

The small but very effective and professional staff of 4 of the Commission on Aging embraces a high work ethic and provides a knowledgeable resource, creativity, consensus-building, and thoughtful follow-through in all that it does. **The Executive Director, Julia Evans Starr, is a very knowledgeable and skilled consensus builder and a priceless asset.** She supports and manages a diverse Commission on Aging board and co-chairs and manages the diverse membership of the state Long-Term Care Advisory Council. The Advisory Council collaborates with OPM and the Long-Term Care Planning Committee in developing the state Long-Term Care Plan every three years. That process has now begun for the next plan due in January 2010.

**Commission on Aging Independence - Why It is Necessary**

It is prudent for the legislature to consider all options in times of economic calamity, but it is also the time for members to ensure they make intelligent decisions. Quick short-term actions taken under pressure without thought to long-term planning can result in very serious long-term consequences.

An independent structure is required. The Commission tried for 10 years operating under the same leadership alongside management of programs within DSS. It's like mixing oil and water. Mixing focused program thinking with broad advocacy oversight thinking does not work and there is unwarranted

**discrimination with budgets and the independence of priorities.** The proof is in how the Commission on Aging has blossomed with a small staff since its move in July 2005 from the Executive branch (DSS) to the Legislative branch. It still maintains full, even better, communications with DSS. Ex-officios from the state's departments having a stake in long term care and older adult issues attend Commission on Aging board meetings on a regular basis. Also, Commission staff serve on many of their committees.

**Commission on Aging Is An Efficient and Effective Results Base Accountability (RBA) Achiever**

The Commission's small budget, together with its very professional and motivated 4-person staff, delivers a sound and wise investment both today and for Connecticut's future. We believe our stewardship of this investment meets the principles and objectives embodied in RBA (Results Based Accountability). It is also in sync with the "better results for less money" "Budgeting for Outcomes" approach being espoused by consultant, David Osborne, who has spoken to the Legislature.

**Set Forth in Attachment B Are Several Tangible Examples of Commission on Aging Non-Routine Projects.**

Here are some examples of how the Commission on Aging goes about its job and delivers thoughtful results. We focus on high value issues of major importance to the older adult community, establish them as goals, do the analysis, develop an action plan, make resulting recommendations and then follow-through with agreement and implementation.

**Each of these projects represents high value achievements the Commission orchestrated. All four involved collaboration with different arms of state or town government and, most importantly, follow-through on getting the job done.**

The four examples are as follows:

1. Groundbreaking comprehensive data base accumulation and research with recommendations to restructure services and supports delivery  
**Connecticut Long-Term Care Needs Assessment: Needs and Delivery Structure**
2. Data gathering and dissemination: Awareness information for policymakers and providers  
**Property Tax Relief for Older Adults: A Profile of Connecticut's Local Programs**
3. Collaborative research study resulting in proposed cost-saving bill addressing demographic issues and consumer desires and needs  
**Redefining Retirement Years: Workforce Issues**
4. Planning and current need information for CT residents  
**State Long-Term Care Website: Communications Issue**

**These achievements, with the exception of the Long-Term Care Needs Assessment conducted by the UConn Center on Aging, were done in-house**

**without special state funding.** All were accomplished with the dedication and thoughtful perseverance of the small and creative Commission on Aging staff and its partners.

**The UConn Center on Aging Long-Term Care Needs Assessment**

It was authorized by the Legislature, and overseen by the Commission on Aging which was assisted by the Long Term Care Advisory Council which it Co-Chairs and manages, and the Long-Term Care Planning Committee. No similar comprehensive assessment had been conducted for 20 years. The Commission organized the push-through legislatively and worked closely with UConn to make sure the initial \$200,000 with which it was entrusted was spent wisely. There is universal agreement that the final product produced in July 2007 is an outstanding piece of work.

**The study provides a factual and economically cost-effective basis for the continued shifting, known as rebalancing, of the delivery of long-term care services and supports, where practical, to less-expensive home and community-based settings, where most people want to be rather than in institutions.**

**This assessment provides a roadmap for the state for long-term care planning for years to come.**

David Osborne, the consultant, indicates that health care is the 800 lb gorilla on the horizon for every state that can upset sound budgeting plans unless brought under control. He estimates that in 8 years health care expenditures will consume around 50% of state revenues.

**Long-term care and related expenses, a major component of health care, already account for a whopping 14% of the Connecticut budget and are growing.**

**With the Connecticut Long-Term Care Needs Assessment definitive study completed, updated, and pointing the way for our state to reduce the growth in annual expenditures by hundreds of millions of dollars, our state now needs leadership both in the Legislature and the Administration to step forward to focus upon this opportunity.**

**The Commission on Aging Is Part of the Solution**

**Now look around for the resources necessary to help in that effort. The Commission on Aging is one of them:**

- The Commission on Aging provides leadership in promoting structural change and has cultivated strong relationships throughout the long-term care spectrum.
- The Commission on Aging has a fundamental working relationship with one of the state's largest and most difficult-to-manage areas of expenditure.

-The initial roadmap investment has been made.

-The study's recommendations need to be aggressively explored and a timetable for implementation established.

The Commission on Aging, as a low cost, highly efficient and effective independent agency, needs to be preserved to help the state lead its recovery from a number of difficult economic hurdles now unfolding. Curtailing the rate of rapidly increasing and very large Medicaid-related expenditures is one of those very key priority areas to address now and in the future.

Since moving under the Legislative branch for administrative purposes in July a 2005, the Commission has enjoyed a positive and motivating work environment to which its many accomplishments are testimony. By letting our manager manage and having no bureaucracy to contend within its own area of operations, the Commission on Aging has thrived.

**While in its infancy as a planning tool here in the legislature, we are indebted to RBA for giving the Commission a platform on which its achievements can be measured and to identify its strengths and weaknesses.**

One weakness is that many in the legislature still do not understand what we do and that our mission is acting as a responsible, non-partisan, resource and providing independent oversight. The Commission on Aging does not manage programs.

The Commission has seriously addressed the need for a rich, current data bank of information relating to Connecticut residents needs, the effects of demographic pressures on those needs, and the present long term care system structure and capacity to address those needs. This has been achieved with the UConn Long-Term Care Needs Assessment and a policy agenda that has a major focus upon rebalancing, and restructuring the long-term care services and supports system. Its thoughtful recommendations encompassing a more cohesive and less fragmented structure based upon need of the individual rather than being constrained by age or type of disability, to eliminate silos within state government, and to accelerate rebalancing efforts, are waiting for leadership to step forward. Why not now?

**At this juncture we urge you to look upon the Commission on Aging as a necessary part of the solution and not part of the problem. We stand ready to assist policy makers and others in designing a state structure that best coordinates the delivery of programs and services to older adults.**

**We thank you for your thoughtful consideration.**

## **Attachment A - Formal Network of Relationships; Affiliations and Backgrounds**

### **Commission on Aging Members**

- Former Director of Elderly Services Division of Department of Social Services
- Professor at UConn School of Social Work
- Retired Financial Services Senior Executive
- Acting Director for City of New Haven (which he directed prior to retirement)
- Commissioner of State's Former Department on Aging 1983-1991
- Director of the Monroe Senior Center
- Retired Banking Executive Vice President and Counsel
- Director of Services for Elderly in Torrington and Director of Sullivan Senior Center
- Senior Coordinator/Municipal Agent for Town of Lisbon and Chair Board of Directors for Senior Resources Agency on Aging
- Section Chief of Geriatrics at Hospital of Saint Raphael in New Haven. Holds faculty positions at University of Connecticut School of Medicine and Yale University School of Medicine
- Commissioner of Connecticut Department of Labor
- Director of Masonic Community Services at Masonicare in Wallingford
- Member Board of Directors North Central Area Agency on Aging
- Former Business Executive and Former 2 Term Mayor of Meriden
- College Educator, Public Policy Consultant, West Hartford Town Council
- Retired Business Executive and Former State Director and State President AARP - CT
- President of Connecticut Association of Area Agencies on Aging

### **Ex-Officio Commission on Aging Members**

- Department of Social Services
- Department of Public Health
- Department of Transportation
- Department of Labor
- Department of Developmental Services
- Department of Economic and Community Development
- Department of Mental Health and Addiction Services
- Department of Insurance

### **Long-Term Care Advisory Council Members**

- Legislative Member of the Planning Committee - Co-Chair
- Executive Director Commission on Aging - Co Chair and Manager
- CT Association of Residential Care Homes
- CT Association of Area Agencies on Aging
- Ct Council for Persons with Disabilities
- Ct Association of Health Care Facilities
- CT Association of Personal Assistants
- CT Assisted Living Association
- CT Association of Adult Day Care Centers

- **New England Health Care Employees Union, District 1199**
- **Consumer**
- **AARP-CT**
- **CT Association of Home Care, Inc**
- **LTC Ombudsman's Office**
- **Legal Assistance Resource Center**
- **CT Community Care, Inc**
- **CT Alzheimer's Association**
- **CT Association of Not-for-Profit Providers for the Aging**
- **Family Caregiver, c/o National Multiple Sclerosis Society**
- **CT Coalition of Presidents of Residents Councils**
- **American College of Health Care Administrators**
- **Consumer**

## **Attachment B - Examples of Tangible Commission on Aging Accomplishments**

**Goal/Issue: Statewide Long Term Care Needs Assessment Recommended in Long Term Care Plan and Long Term Care Advisory Council Priorities**

**Innovation:** Had not been undertaken in 20 years

**Strategy:** Pursued funded authorization from Legislature to Proceed

Bill passed with strong support. Funding placed in Commission on Aging to oversee

Worked with legislative committee of cognizance to move forward. Identified research institution with credentials - UConn Center on Aging.

Recommendation approved and contract agreed with Legislative Management

**Needs Assessment and Report:** Conducted by UConn Center on Aging.

Overseen by Commission on Aging and its partners - LTCPC and LTCAC

**Communication of Results:** written report disseminated to legislature and executive branches - committees of cognizance and related agencies

Two public legislative presentations by UConn Center on Aging

Ongoing small public presentations to interested groups by UConn and Commission on Aging

**Outcome:** Completion of Needs Assessment which is broadly applauded and recognized as a serious roadmap for Connecticut to follow in the area of long term care supports and services both in programs and delivery structure. Uconn Center on Aging made numerous recommendations waiting to be explored and implemented. The recommendations cover such far reaching aspects as slowing down the increasing Medicaid expenditures through acceleration in rebalancing and enabling more people to access the lower cost home and community based environment, consolidation of related activities, reduction and consolidation of medicaid program waivers, improvement upon coordination and communication among state agencies and their long term care programs and delivery systems, and basing program eligibility upon the need of the individual rather than by specific age or type of disability.

**Cost:** \$200,000 for the initial study and \$100,000 for follow up work - all completed

**Goal/Issue: Property Tax Relief for Older Adults: A Profile of Connecticut's Local Programs**

**Innovation:** No organization had done this; there was a need for information; we did it

**Strategy:** COA surveyed and compiled the data on 169 towns in house utilizing staff and an intern.

**Report:** analysis prepared and disseminated to all town governments, assessors and legislators along with recommendations to consider.

**Communication:** forum was held at LOB with those stakeholders. Attendance filled LOB Rm 2C.

**Outcome:** superior communication exchange on a major current topic of concern. Towns utilized information to better publicize existing programs to their residents, consider new programs, and establish new relationships with other towns.

**Cost:** only cost was postage. Everything else was in-house. The benefit is greater awareness for all parties. The Commission on Aging recommendations may stimulate an expansion of and more uniformity in property tax relief benefits.

**Goal/Issue: Redefining Retirement Years: Growing older population with ongoing needs**

**Innovation:** Initiated further research based upon survey results from Long-Term Care Needs Assessment. Collaborated with Department of Labor and Governor's Economic Development Commission

**Strategy:** running pre and post retiree focus groups from the public and private sectors gathering and compiling data..

**Report** prepared utilizing research methodology and issued. One aspect dealt with workforce issues.

**Communication of Results:** forum hosted by Dept of Labor for older state workers. Our workshop was oversubscribed and two had to be held.

**Outcome:** report and enthusiastic communication exchange led to research overseen by member with a legal intern on statutes of Ct and other states. Research report resulted in recommendations that have been drafted in the form of workforce issue Bill proposing changes in state regulations to permit more flexible work schedules. The Bill is expected to be raised by the GAE Committee this session..

**Cost:** everything was done pro bono or in-house. The potential benefit is savings of \$20 million or more annually for the state.

**Goal/Issue: Long Term Care Website - Greater communication need for citizens about long term care services and supports throughout the state and how to access them identified in CT Long-Term Care Plan. Legislation promoted by COA led to approval for a state long term care website, but without funding**

**Innovation:** Long Term Care website had to be created internally. COA raised some outside funding and coupled with its meager budget did most of the content work in-house.

**Strategy:** Chair of Long-Term Care Advisory Council (COA) collaborated with Chair of Long-Term Care Advisory Council (OPM). OPM provided technical assistance and coordinated with DOIT (state technology dept.)

**Format and content** prepared by COA and intern. Also utilized input from Long Term Care Advisory Council and collaborated with InfoLine.

**Communication of Results:** State Long Term Care Services and Supports Website established and later promoted by Governor.

**Outcome:** In 2008 this website received 80,000 unique visitors and is being utilized as the vehicle for additional state related information

**Cost:** Website technical development was handled by OPM within its regular budget. Content development by COA was partially funded by outside contributions and the rest provided in-house, primarily by a COA staff person assigned to the project as part of her duties.

**Ongoing:** Content continues to be maintained by COA.

