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Advocating for Older Adults of Today and Tomorrow

Testimony of

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Connecticut Commission on Aging

Human Services Committee

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Thank you for this opportunity to comment on a number of bills before you today.

As you know, the Connecticut 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. For fifteen years, the Commission has served as an effective leader in statewide efforts to promote choice, independence and dignity for Connecticut's older adults and persons with disabilities.

In these difficult budget times, research-based initiatives, statewide planning efforts, vision and creative thinking are all needed and provided by the Connecticut Commission on Aging. We pledge to continue to assist our state in finding solutions to our fiscal problems, while keeping its commitments to critical programs and services.

Senate Bill 843: An Act Implementing the Governor's Budget Recommendations Concerning Social Services

~CoA Opposes
The Connecticut Commission on Aging has profound concerns about the following aspects of this bill, which implement the Governor's budget proposals related to Social Services programs:

- **Medicaid:** This legislation proposes dramatic changes in Medicaid's pharmacy programs. Among the many changes to Medicaid are the following:
  - *Part D wrap-around:* Connecticut was a national leader in establishing a wrap-around program that fills in the gaps left by Medicare Part D. This bill obliterates the wrap-around by eliminating coverage for non-formulary drugs (section 66); requiring copayments for "dually-eligible" individuals, who are low-income older adults and persons with disabilities (section 15); and, requiring prior authorization for psychiatric and high-cost drugs (sections 46 and 18, respectively).

  - *Cost-sharing requirements:* In section 19, the proposal requires copayments for prescription drugs, as well as for most other medical services. While the Legislature has twice tried to implement copayments for Medicaid enrollees, prior federal law stated that Medicaid clients could not be denied services or prescriptions for failure to pay a copayment. Therefore, the Legislature's intent was never effectively implemented and was repealed. **Federal law has since changed: a Medicaid enrollee can be denied a drug if he or she does not have even a minimal copayment.** Enrollment in Medicaid is

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restricted to extremely low-income individuals; even a small copayment can make an impact on a monthly budget, particularly for individuals on multiple medications.

- **Reimbursement Rates:** The proposal does not provide sufficient Medicaid reimbursement rates to providers across the continuum of long-term care, threatening the very existence of services across the spectrum. Providers from nursing homes to home care receive no increase at all under this bill (sections 16, 51 and 52).

- **ConnPACE:** Connecticut's hallmark prescription drug program for older adults and persons with disabilities would be dramatically altered by section 17 of this legislation. Among the changes to ConnPACE are the following:
  - *Limited enrollment:* Enrollment in ConnPACE would be limited to a new "open enrollment period" of November 15-December 31 annually, which will unnecessarily complicate program enrollment for those who have a mid-year change in health status.

  - *Asset test:* The proposal institutes an asset test of $12,510 for single applicants and $25,010 for married applicants. The Department of Social Services estimates that 14,000 people will no longer qualify for ConnPACE if this restrictive asset test is implemented. About 33,000 individuals are currently on ConnPACE.

- **Dental Services:** Section 44 limits Medicaid dental services to adults to emergencies only. This "penny-wise, pound-foolish" proposal will lead to more emergency room visits, decrease quality of life, and cause some older adults to have difficulty receiving adequate nutrition.

- **CT Home Care Program for Elders (CHCPE):** Section 54 caps enrollment in the state-funded portion of this program at the June, 2009 level, which will lead to a waitlist for these critical services.
  - CHCPE provides home- and community-based care to approximately 15,000 older adults annually as an alternative to nursing home placement. About 64% of CHCPE participants are enrolled in the Medicaid-funded portion of the program; 36% of participants have incomes too high for Medicaid and are in the state-funded portion.

  - The Department of Social Services estimated that the **CHCPE saved over $91 million** for the State of Connecticut in FY '07 by avoiding nursing home placements. Individuals who want to receive care under this program will not have this choice and could likely end up being institutionalized instead.

- **Money Follows the Person:**
  - *MFP-2 Demonstration:* Sections 55 and 56 delay the implementation of a demonstration project known as "MFP-2". MFP-2 was passed into legislation in 2008 and will serve individuals who have not been institutionalized for six months. Without this program, individuals will need to remain in institutions longer—costing the state money and decreasing their quality of life.

  - *Long-Term Care Reinvestment Account:* Sections 57 and 58 of the proposal delay the establishment of the legislatively-mandated Long-Term Care Reinvestment Account, which was created by PA 08-180 and was to be funded through new federal funds (the Money Follows the Person "enhanced match"). The creation of this account has already

been delayed to July 2009 (PA 09-1, January's deficit mitigation plan). This Reinvestment Account is necessary to ensure that services are available to people who are in their homes and communities. Reinvestment of the enhanced match is also the intent of the federal law that created the Money Follows the Person program.

House Bill 6610: An Act Concerning Medicaid Income Limits for Aged, Blind and Disabled Persons
~CoA Supports

This bill essentially raises the income limits for the Aged, Blind and Disabled piece of Medicaid, also called the "medically needy" category. The current income limits of 60-70% of federal poverty guidelines have been unchanged in almost two decades and leave many of our neediest individuals without access to health care. (In contrast, HUSKY A for parents and relative caregivers has an income limit of 185% of federal poverty). Although Medicaid "spend-down" is available, this complex process is administratively burdensome, both for the applicant who must keep track of all health care spending, and for the Department of Social Services. The current "spend-down" process also leads to interruption of care throughout the year.

Raising the income limits for this program will increase access to health care for some of our state's most vulnerable individuals. Recognizing the current fiscal climate, the Commission on Aging supports this legislation as a long-term goal for our state. We ask for your support.

House Bill 6609: An Act Establishing a Community Provider Rescue Fund Account and Community-Based Services Commission
~CoA Supports

Individuals should have real choice in how and where they receive long-term care services and supports. According to the state's Long-Term Care Needs Assessment, 80% of people in Connecticut want to receive those services in their own homes. In order to make this choice a reality, the existing state programs, waivers and pilots that help older adults and persons with disabilities remain in their homes and communities must be widely available and Connecticut must have a robust network of community providers.

To help meet this goal, the state's Long-Term Care Needs Assessment recommended that "major policy and financing efforts" be undertaken to "develop a broadly integrated infrastructure for community-based services."

The Commission on Aging supports this proposal, which would create a commission to examine and provide needed funding to stabilize our community-based provider system. We would be pleased to work with this new commission and provide our objective analysis to assist in meeting its mission.

Senate Bill 989: An Act Concerning the Alzheimer's Respite Care Program
~CoA Supports

The Connecticut Commission on Aging supports this proposal to modernize the Alzheimer's Respite Care Program.

This proposal does three things: First, it updates the income and asset limits, which have not been changed in eleven years. Second, it allows the use of Personal Care Assistants, to provide flexibility and self-direction in how individuals receive care. Finally, without increasing the program's funding, it allows individuals to receive more than the standard $3500 in care in special circumstances.

More than 800 people in Connecticut accessed this important program last year, and, with our changing demographics, it is estimated that the rate of Alzheimer's disease will increase over the next several years. Informal caregivers in Connecticut provide the majority of care, but they cannot do it alone—providing care can be physically and emotionally challenging, and caregivers are best when they receive occasional breaks. Respite care also allows caregivers to go to work. The Alzheimer's Respite Care Program saves the state money by helping individuals with Alzheimer's disease remain at home (instead of going to institutions), and by helping their caregivers continue to provide their important support.

Senate Bill 991: An Act Concerning Funding for Centers for Independent Living ~CoA Supports

The Connecticut Commission on Aging supports this proposal to provide state funding to the five Centers for Independent Living (CILs) across the state.

As this Committee knows, Governor Rell's budget proposal eliminates all state funding for the CILs, a cut of $666,000 in each year of the biennium. Although federal stimulus package money is expected to replace state funding, this federal money is viewed as a one-time payment.

The Centers for Independent Living are an important component of the movement to provide more home- and community-based care for individuals living with disabilities. In fact, in the South Central area of the state, the CIL has partnered with the Area Agency on Aging (AAA) to provide integrated, coordinated information and referral services through our state's first Aging and Disability Resource Center (ADRC). It is our understanding that a second ADRC—also a collaboration of a CIL and an AAA—will be opening in the Western region of the state this spring.

The Commission asks for your support of the Centers for Independent Living.

Again, thank you for the opportunity to comment today and for tackling these important issues.

As always, please contact us with any questions about this issue or other aging-related issues. It's our pleasure to serve as an objective, nonpartisan resource to you.