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*Advocating for Older Adults of Today and Tomorrow*

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Testimony of

Julia Evans Starr, Executive Director  
Connecticut Commission on Aging

Human Services Committee

February 5, 2009

Good morning and thank you for this opportunity to comment on two 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. I'd like to thank this committee for its ongoing leadership and collaboration in these efforts.

In these difficult budget times, research-based initiatives, statewide planning efforts, vision and creative thinking are all needed to ensure a continued commitment to services and supports for individuals in need. The Connecticut Commission on Aging stands ready to assist our state in finding solutions to our fiscal problems, while keeping commitments to critical programs and services.

**HB 5056: *An Act Concerning Eligibility for Medicare Savings Programs***  
CoA supports

This innovative legislation maximizes federal funds coming into Connecticut and can help almost 40,000 older adults and persons with disabilities in Connecticut with Medicare costs each year, by doing the following:

- The State of Connecticut, with help from the federal government, pays for Medicare Part B premiums, copayments and deductibles for clients in Medicare Savings Programs.
- Increasing the state's income disregard levels for Medicare Savings Programs will effectively increase eligibility limits for these programs. The Office of Fiscal Analysis estimates that almost 40,000 additional older adults and persons with disabilities in Connecticut would be able to access the Medicare Savings Programs each year.

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- Those enrolled in Medicare Savings Programs are also, under federal law, automatically eligible for Low Income Subsidies in the Medicare Part D program.
- Therefore, more individuals would be able to receive prescription drugs through Medicare Part D, shifting the cost to the federal government and away from the state-funded ConnPACE program.

The Commission supports this initiative, which maximizes federal revenue and provides health care and prescription benefits to older adults and persons with disabilities. The Office of Fiscal Analysis in 2008 predicted a total state cost of only \$3 million for this innovative proposal—costing about \$75 annually per new enrollee.

*HB 5057: An Act Concerning A Single Point of Entry for Long-Term Care*  
CoA-supports

The state's Long-Term Care Needs Assessment demonstrated a profound need for improved access to long-term care information. In fact, the need for information is so great that the creation of a single point of entry for information and referral across all ages and disabilities was a top recommendation of that comprehensive report. ("Single Point of Entry," "No Wrong Door," "One Stop Shops" and "Aging and Disability Resource Centers" or "ADRCs" are all terms used to describe a common concept.)

Currently, through a federal funding opportunity, Connecticut has a pilot program of an ADRC/Single Point of Entry designated in the South Central Region of the state (a partnership of the Dept. of Social Services, Agency on Aging of South Central Connecticut and the Center for Disability Rights). This pilot was launched last fall and utilizes the CHOICES Program.

The Connecticut Commission on Aging supports expansion of the ADRC/Single Point of Entry concept statewide. Single Points of Entry also work hand-in-hand with efforts to provide more home and community-based care, such as the Money Follows the Person Demonstration Project.

Consumers in Connecticut are understandably confused by the myriad of public and private programs—all well-intentioned—designed to serve specific categories of individuals. The result is a highly fragmented system filled with many pilots, waivers and programs making it nearly impossible for the consumer to navigate and access. Furthermore, people do not know where to turn for a better understanding of public and private services and supports available. Further compounding the situation and most unfortunately, individuals and their families typically do not begin to explore their options until a crisis happens. All of these factors serve as huge barriers to being able to remain in the home and community.

These integrated points of entry into the long-term care system are designed to address many of the frustrations consumers and their families experience when trying to access needed information, services, and supports. Integrated points of entry strive to create community-wide service systems that reduce consumer confusion and build consumer trust and respect by enhancing individual choice and informed decision-making.

Additionally, Single Points of Entry can also help to break down barriers to community-based living by giving consumers information about the complete spectrum of long-term care options. Single Points of Entry enhance consumer choice in long-term care—and can be critical to state efforts to save significant dollars spent on long-term care. SPE initiatives could involve such efforts as enhanced technology utilizing a universal screening tool and diverting individuals from nursing homes.

In combination with the existing long-term care web site, which is maintained in a partnership between the CT Commission on Aging and the Office of Policy and Management, a single point of entry program would help ease understanding for individuals and their families as they plan for long-term care needs.

Thank you for your support of these initiatives and of the work of the Connecticut Commission on Aging.

