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*Advocating for Older Adults of Today and Tomorrow*

Testimony of

**Deb Polun, Legislative Director**  
Connecticut Commission on Aging

Human Services Committee

February 24, 2009

Thank you for this opportunity to comment on three 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 927: An Act Concerning the Quality of Services for Recipients of Services Under a Medicaid Waiver*

*~CoA Supports*

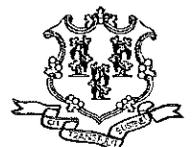
This bill creates a commission to study ways to improve the quality of services received by individuals participating in Medicaid waivers in Connecticut.

As this Committee knows all too well, our current Medicaid waiver system is comprised of a number of different programs that serve very specific clientele. Attached to this testimony is a graphic representation of these waivers as individual "silos," indicating the barriers that exist for entry into the waiver programs. As you will note, many of these programs have waiting lists.

One of the guiding principles of the state's Long-Term Care Needs Assessment was to break down these silos that exist within and among state agencies and programs. Citing the heavy reliance on waivers and grants, the Needs Assessment recommends simplifying Connecticut's Medicaid structure. We ask the Committee to consider these ideas as key components of the commission created by this proposal.

The Commission on Aging supports this bill as an important component of developing a broadly integrated infrastructure for home and community-based services and a long-term care system that favors flexibility over rigidity. We would be pleased to work with this Committee and provide our resources as needed.

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LTC website: [www.ct.gov/longtermcare](http://www.ct.gov/longtermcare)



*Senate Bill 210: An Act Concerning the Establishment of a Streamlined Application for State Health and Human Services*

*~CoA Supports*

The CT Commission on Aging supports this bill as the launching pad for a more integrated, coordinated, streamlined delivery of state government services.

Unfortunately, our current application intake and processing systems for individuals across the age and need spectrum are entirely fragmented. Take, for example, "Rose," a single 67-year-old woman, who earns \$20,000 annually and has liquid assets of \$4000. Rose is having trouble paying for her oil heat and takes Lipitor and Celebrex regularly. Her Medicare Part D coverage still leaves gaps in coverage.

In September, Rose goes to her local community action agency to sign up for energy assistance, where she must give them proof of her age, income and assets. The application is taken and sent to the state Department of Social Services for processing.

In December, Rose applies for ConnPACE for help with prescription drugs. She fills out a ConnPACE application, providing almost the same exact information as for energy assistance. This application is sent to an outside contractor (EDS) who processes it for DSS.

In February, she falls and breaks her hip. After a short hospital stay, Rose is ready to return home and applies to the CT Home Care Program for Elders for assistance. Although DSS has this information from September and has access to the same information from December, she must again locate proof of her income and assets for this application.

This need for duplication of efforts on the part of the consumer—and on the part of government—seems almost absurd with the availability of today's technology. A computerized intake process would allow records to stay on file, streamline current processes, ease consumer headaches—and save the state money. Additionally, state agencies could share information, so that individuals who deal with more than one state agency could benefit fully.

Just as a point of clarification, we believe that the language as written could more clearly identify that the application could also be used for DSS programs and services. The Commission on Aging also recommends discussions with the state Department of Revenue Services, to determine whether financial information could be shared between that agency and those that administer programs and services.

*House Bill 5298: An Act Increasing the Asset Limitations Under the State-Funded Connecticut Home Care Program for the Elderly*

*~CoA Comments*

The Connecticut Commission on Aging is in support of efforts to increase the availability of home and community-based services in our state. These services promote choice, dignity and independence, enhance quality of life, and help individuals avoid institutionalization. The Connecticut Home Care Program for Elders (CHCPE) is a model program that provides these services to individuals aged 65 and over who need long-term care services. More than half of CHCPE participants are over the age of 80.

Approximately 5500 individuals in Connecticut participate in the state-funded portion of this program, at a cost to the state of about \$900/person/month, far less expensive than a nursing home. Another 9500 individuals participate in the Medicaid portion of CHCPE.

The Commission on Aging is concerned about Governor Rell's proposal to cap enrollment in this worthy program and asks this Committee to prioritize the safeguarding of CHCPE. Additionally, we'd like to make the Committee aware that other proposed legislation (specifically, Senate Bill 993) would break CHCPE into two, keeping the Medicaid portion at DSS and moving the state-funded portion to a new State Department on Aging. The Commission opposes the idea of further fragmenting our state's already-confusing long-term care system and asks the Committee to support efforts to keep this program whole.

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.



# Break Down the Silos

## Streamline the Home & Community-Based System

To utilize Medicaid to pay for HCBS, you must fit into one of these narrowly focused waivers

National experts say “CT has too many waivers.”

