



Advocating for Older Adults of Today and Tomorrow

1085  
1087  
1122

Testimony of

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

Human Services Committee

March 16, 2009

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 1085: An Act Concerning Homemaker and Companion Agencies and Audits for Vendor Fraud*

*~CoA Supports*

Section 2 of this proposal would give participants in the Connecticut Home Care Program for Elders the opportunity to hire and manage their own personal care attendants (PCAs). PCA services are an affordable way to provide care; they also allow individuals who have existing working relationships with aides who are not working for an agency to keep those aides while accessing the Connecticut Home Care Program for Elders. This proposal would enhance the ability of individuals to live in the community with dignity and the appropriate consumer-directed services.

In 2000, Connecticut created the Personal Care Assistance Pilot program. This pilot program has demonstrated that many individuals with long-term care needs are able to successfully manage their own care. The Connecticut General Assembly has seen fit to expand this program over the years. This bill seeks to provide these same services under the Connecticut Home Care Program. In essence, this would eliminate the need for a continuing pilot program.

This proposal is directly in line with recommendations from the state's Long-Term Care Needs Assessment, to foster flexibility in home care delivery and increase consumer choice. Additionally, it may create a more seamless system, providing for easier understanding on the part of consumers.

State Capitol • 210 Capitol Avenue • Hartford, CT 06106  
Phone: 860.240.5200 • Website [www.cga.ct.gov/coa](http://www.cga.ct.gov/coa)  
LTC website: [www.ct.gov/longtermcare](http://www.ct.gov/longtermcare)



I also want to take this opportunity to ask for your support of the state-funded portion of the Connecticut Home Care Program for Elders. We ask you to reject the Governor's proposal to cap the enrollment in this program.

*Senate Bill 1087: An Act Concerning ConnPACE Prescription Drug Reviews*

*~CoA Comments*

ConnPACE is Connecticut's hallmark prescription drug program, serving about 34,000 older adults and persons with disabilities.

The Connecticut Commission on Aging appreciates the Committee's support of ConnPACE and its interest in improving the delivery of the program. Specific to this proposal, the Commission supports the general concept of reviewing the prescription drugs used by individuals, to ensure that they are on the most effective prescription drugs for their conditions, that there are no potential drug interactions and to enhance quality. However, we have the following concerns:

- 1) it is unclear how many participants will be included in the pilot program and how they will be chosen;
- 2) the proposal places a burden on participants by requiring them to meet in person with a licensed pharmacist;
- 3) the proposal does not indicate how the pharmacist will be chosen (could it be the participant's own pharmacist?); and,
- 4) the proposal does not specify what the results of the review will be: will the pharmacist or DSS work with individuals' physicians to change their prescriptions? Or is the review a data collection technique only?

Again, we could support the premise of a prescription review for ConnPACE recipients; however, we only do so if the focus is on quality, and not just cost-savings. The Connecticut Commission on Aging would be pleased to work with this Committee on this legislation moving forward.

*Senate Bill 1122: An Act Concerning Changes to the Human Services Statutes*

*~CoA Supports*

The Connecticut Commission on Aging supports sections 1, 2 and 5 of this proposal as critical to supporting the movement to "rebalance" our long-term care system towards more home- and community-based care.

Sections 1 and 2 of this proposal increase rates paid to home health agencies under our Medicaid program. This rate increase is needed to ensure a robust home- and community-based network of services, a critical component of rebalancing efforts, such as the Money Follows the Person program. Individuals with long-term care needs cannot flourish in their communities unless they are able to access the services that they need.

Recognizing the difficult financial climate, we hope this Committee can support this need as a priority for our state.

Section 5 of this proposal expands the sources of funding for the statutory Long-Term Care Reinvestment Account. This Account was established last year (PA 08-180) to capture the enhanced federal match that Connecticut will receive for each person transitioned out of a nursing home and back into the community under the Money Follows the Person (MFP) program. Unfortunately, in January, 2009, PA 09-1 delayed the establishment of this account until July of this year. Therefore, *if permissible under federal law*, any federal money received under MFP prior to July will go into the state's General Fund.

It is noteworthy that Governor Rell's budget also proposes to delay the establishment of this Account for another two years.

The federal government, when establishing MFP, indicated that it expected states to reinvest the enhanced dollars received under the program into the home- and community-based system.

The Connecticut Commission on Aging supports the expansion of this Account—but only with the Legislature's and the Governor's commitment to using the Account as intended moving forward.

Thank you.





## How Should CT Use 9 Million Dollars in New Federal Money?

Uphold the Commitment to Reinvest Money Received Under Money Follows the Person

### **Background:**

In Connecticut, 80% of individuals want to receive long-term care services and supports in their homes and communities - and it is far cheaper for the state to provide that option.

Although a variety of state programs provide services that allow individuals to remain in their homes, our current public policies and funding generally favor institutional care. The new Money Follows the Person program will restructure the delivery of long-term care services, divert individuals from nursing homes and also allow up to 5000 individuals who have been institutionalized to return to their homes and communities.

### **The good news:**

For most Medicaid expenditures, CT receives a 50% match from the federal government (CT spends \$1 and receives 50 cents in return). However, for Money Follows the Person, we receive an “enhanced match” of 75%. **We are projected to receive \$9 million in new federal money through this program over the next 5 years.** In addition, Money Follows the Person will save CT money as we will spend less to care for individuals at home than in institutions.

### **Where's the new federal money supposed to go?**

Public Act 08-180, which had over 100 legislative co-sponsors on both sides of the aisle, created a Long-Term Care Reinvestment Account for the new money. It specified a number of potential uses for the Account, all of which were designed to improve the home and community-based system and ensure its viability.

**But, with the budget deficit, shouldn't we just put the money into the General Fund?** No. This might result in short-term gain, but tremendous long-term loss. Reinvestment of these funds is also federal law (Public Law 109-171, Section 1932).

The recent deficit mitigation bill (HB 5095) delayed the establishment of the Account until July: if permissible under federal law, any enhanced match funds received in FY '09 will be directed to the General Fund. **Additionally, the Governor's Proposed budget for the next biennial delays it once again. The Legislature should keep its commitment to the Reinvestment Account when crafting the budget for the next biennium.**

### **What could happen if CT doesn't reinvest the money into the long-term care system?**

There are real and widespread concerns that, without the reinvestment of this money and a strong commitment to rebalancing, Money Follows the Person is in jeopardy. This reinvestment is essential if CT is to keep its commitment to a better, more workable and less expensive long-term care system.

### **Did you know?**

CT spends more than \$2.2 billion annually on Medicaid long-term care expenditures.

CT serves about 51% of people in their homes and about 49% in nursing homes.

States that have done the most to “rebalance” their long-term care systems serve 85% of individuals in their homes and 15% in institutions.

In 2006, if we had served 85% of individuals in their homes (as Oregon did), we could have saved \$590 million in that year alone.

Long-Term Care is for older adults and persons of all ages with disabilities.

The CT Commission on Aging has served for 15 years as an effective leader in statewide efforts to promote choice, independence and dignity for CT's older adults and persons with disabilities.

