

February 16, 2010

Esteemed members of the Select Committee on Aging:

My name is Marie Allen, I am the Director of the Southwestern CT Agency on Aging, representing the CT Association of Area Agencies on Aging (the C4A), and more importantly the thousands of CT's most frail residents served through the CT Home Care Program for Elders and the CT Statewide Alzheimer's Respite Program.

Thank you for the opportunity to comment on **Raised Bill # 5109, An Act Concerning Notice of Redetermination from the Department of Social Services**. The Agencies on Aging support the notification of a *redetermination of eligibility form* from the Department of Social Services.

This notification will ensure:

1. Clients served through the CT Home care Program for Elders are aware of the mandate to comply with requests for documents regarding eligibility;
2. Clients have the support they may require to gather necessary documents and submit them in a timely manner; and
3. Clients receive the additional counseling required to understand and complete requests for information due to dementia or diminished cognitive ability.

We would ask for your consideration by including our Access Agency counterparts, CCCI, Inc. in the notification requirement so that CCCI is also able to serve CT Home Care Program clients in the most seamless and beneficial manner with advance notice of their clients' redetermination requirements.

Regarding **Raised Bill # 5111, An Act Concerning The Alzheimer's Respite Care Program**, the CT Agencies on Aging strongly support the operation of a program to provide respite care services for caretakers of individuals with Alzheimer's disease. Over 300 family caregivers remain on a waitlist since an executive order required a moratorium on new clients in May 2009. In many cases, the State's Alzheimer's Respite program represents an investment of one day per week of Adult Day Center funding for an Alzheimer's patient at an annual estimated cost of \$3,500. This is exactly the type of help a family needs to continue to provide around the clock care for their loved one in their home. If even one family chooses nursing facility placement resulting in a Medicaid spend down, the annual cost to the State is estimated at \$67,000. Occasionally, this program offers a family in crisis a small amount of community-services while awaiting an eligibility decision for the CT Home Care Program. The absence of this safety net comes at a time when eligibility

decisions are taking longer and the strain on the family is more inclined to result in the decision for institutional care.

Regarding **Raised Bill# 5112, An Act Reducing The Individual Contribution Under The State-Funded Home Care Program For Elderly**, the CT Agencies on Aging respectfully request the Commission consider the elimination of the contribution in its entirety, noting the burden placed on clients with woefully small disposable incomes. If it is not possible to rescind the contribution, then we would support a reduction in the hope that our clients can manage the 5% fee and maintain a safe level of care.

- Over 4,000 state-funded clients are subject to the fee.
- Upon learning of the contribution, over 250 clients choose to discontinue from the program.
- The first bills were mailed to clients last week; another waive of discontinuances may occur once the bills are received.
- Monthly client bills are pulled from the community-based invoices received by the Access Agency including home-delivered meals, nursing services, companions & homemakers, adult day centers, etc. for the billing month. It is important to note that most bills are received 45-90 days after services are rendered. This billing system will lead to major confusion on the part of the client or caregiver as one month's invoice may include charges from several month's of care.
- The requirement places the Access Agency, which at one time held a position of trusted confidant and partner in the individual client's care, in the position of bill collector. This breach of trust and change in role could result in clients withholding information that helps the care manager provide a safe level of care designed to prevent premature institutionalization.
- A study in Volume 49 of *The Gerontologist*, states, "Reductions in resources for home care were associated with increased probability of adverse outcomes. Cutting funds to home care programs can increase utilization of other more costly services, thus offsetting potential health care savings". The study investigated the effect of program resources on individuals enrolled in the Michigan Home- and Community-based Services, waiver program for elderly and disabled adults where decreased resources led to increased hospitalizations, ER visits and Nursing Facility admissions.