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Testimony of

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1915(c) HCBS Waiver Renewal

Appropriations and Human Services Committees

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Thank you for this opportunity to comment today on the proposed 1915(c) Home and Community Based Services Waiver renewal. The Commission on Aging supports the addition of PCA services and assistive technology into this waiver.

As you know, the Connecticut Commission on Aging is a nonpartisan state agency that is part of the legislative branch of government. Through our research and public policy expertise, we are devoted to preparing our state for a burgeoning aging population while promoting policies that enhance the lives of the present and future generations of older adults. For over sixteen 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. The Commission also serves as the co-chair of the statutorily-mandated Long-Term Care Advisory Council (§17b-338).

A major component of the Commission's work is a focus on "rebalancing" our state's delivery of long-term care services and supports. The widespread availability of home- and community-based services under Medicaid, as an alternative to institutional care, is essential in meeting this goal. Having a broad spectrum of services is also critical to fulfill requirements for serving individuals in "the least restrictive, appropriate setting," as set forth by the US Supreme Court's Olmstead decision and state law (§17b-337).

The Connecticut Home Care Program for Elders (CHCPE), a hallmark program in our state, provides services to over 14,000 older adults who would otherwise be institutionalized. The program serves about 9000 individuals through the Medicaid piece (provided through the 1915(c) waiver currently up for renewal) and about 5000 individuals through the state-funded portion. CHCPE helps people remain in their homes with assistance, such as homemaking, adult day care, transportation and home-delivered meals.

Personal Care Assistance Services

This waiver renewal seeks to implement legislative direction (through PA 09-64) to add personal care assistance services to CHCPE. Personal care assistance (PCA) services are among the most cost-effective types of home- and community-based services. Currently, PCA services are provided to adults with disabilities (under the age of 65) through the PCA waiver, as well as to about 200 older adults through a PCA pilot program that utilizes state funds. Adding PCAs to CHCPE will maximize federal funds, as their cost will be reimbursable by Medicaid.

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PCAs help individuals with daily activities such as showering, dressing and transferring to wheelchairs- allowing many individuals with disabilities to actively participate in community life, hold jobs, travel, volunteer and visit family and friends. Many individuals with PCAs are actively involved in state government; you may have seen them testify in this building, helping to set state policy. The PCA job is as individualized as the person being assisted, and activities are based on the consumer's choice and needs. The consumers themselves (or their designees) train their PCAs, based on their unique situations and needs.

PCAs have been so successful that the current PCA pilot program has been expanded multiple times since its inception in 2000. National research by the Robert Wood Johnson Foundation demonstrates enhanced consumer satisfaction, fewer unmet needs and no increased tendency to misuse Medicaid funds.

Assistive Technology

Assistive technology devices facilitate communication, vision, hearing and more and can be a critical component to ensuring independence and dignity for older adults and individuals with disabilities. Assistive technology also includes telemonitoring of health.

Adding these devices and services to CHCPE will benefit consumers, providing them with greater opportunity to participate in community events and maintain social relationships. Additionally, telemonitoring can provide a cost-effective method of ensuring health and safety.

Additional Recommendations

Discharge Planners: The waiver application cites the need for greater coordination with hospital discharge planners. As the committees may be aware, the Money Follows the Person (MFP) demonstration program already has a hospital discharge component. A subcommittee of the MFP Steering Committee works with hospitals across the state to educate discharge planners about community options. The Commission recommends that CHCPE collaborate with these existing efforts to achieve maximum efficiency.

Restructuring and Coordination: Though many options for home- and community-based care exist, the programs are often age- and/or disease-specific, operate in silos and offer no coordination. As one example, PCAs are currently offered to individuals with disabilities through a PCA waiver and, separately, through a PCA pilot program that serves about 200 CHCPE consumers. This waiver is a first-step, as it will eliminate the need for continued PCA pilot programs at DSS.

National health care reform will also provide opportunities for maximization of federal funds and coordination with other programs. The Commission advises that the Legislature and executive branch work together to ensure that Connecticut is taking full advantage of these options.

As recommended by the legislatively-mandated Long-Term Care Needs Assessment and other national research and Best Practices, the Commission continues to advise that Connecticut move toward a more streamlined structure that is easier for consumers to access and achieves economies of scale. While we support the goals of the waiver renewal, a unified system would "break down the silos" of our system and move our state forward. The Long-Term Care Needs Assessment should serve as a guide in all of these efforts.

Streamlined Applications: Finally, we renew our call for an easier application system. The Department of Social Services testified this session that it is working with other state agencies on a streamlined application that would help individuals simultaneously apply for multiple programs. Under our current system, individuals apply for each program separately and are burdened with regenerating similar financial and personal documents throughout the year. During this time of enhanced interest in a streamlined government, improving the DSS application process is an ideal example of how we can work to make our state government more efficient, while improving consumer service.

We would be most pleased to work with the Committees and other stakeholders and policymakers on this plan moving forward. If you have any questions, please do not hesitate to contact the Commission office, at (860) 240-5200. Thank you for your time and for your consideration of this important issue.

