



**Testimony of AARP on
H.B. 5411 AAC Medicaid &
H.B. 5296 AAC the Definition of Medical Necessity
Human Services Committee
March 11, 2010**

AARP is a nonprofit, non-partisan membership organization that serves people 50 and older. We have approximately 40 million members nationwide and nearly 600,000 in Connecticut. On behalf of our members, AARP would like to express our reservations regarding H.B. 5411, which seeks to convert a portion or all of the state-funded Connecticut Home Care Program for Elders into a Medicaid waiver program. Additionally, AARP asks members of the Human Services Committee to consider the definition of medical necessity outlined in H.B. 5296, as an appropriate alternative to adopting the SAGA definition for Medicaid enrollees.

H.B. 5411, An Act Concerning Medicaid

AARP is supportive of the state's efforts to maximize federal dollars to preserve and expand existing state programs; however, we have some reservations about the text of H.B. 5411, Section 6. Specifically, where the bill refers to converting the Connecticut Home Care Program for Elders—partially, or fully, to a Medicaid program—AARP recommends that the language clearly state that the eligibility, coverage and benefits of the program would remain the same as under state law. The legislation should expressly limit the ability of DSS to convert the state-funded Connecticut Home Care Program in a way that would reduce benefits or coverage in order to get FMAP dollars.

Also, AARP supports having any savings deposited in the LTC Reinvestment Account for use in enhancing the Connecticut Home Care Program for Elders. But, we oppose designating those dollars exclusively to provider rate increases or to any other particular function at this time; it is premature, at this point, to know what type of enhancements best would serve older individuals on the Connecticut Home Care Program in the future. AARP believes any potential savings from the conversion to a Medicaid waiver program should go toward expanding home and community based services (HCBS) that increase consumer choice, including: removing caps on current waivers, eliminating the cost-share for individuals that remain on the state-funded Connecticut Home Care Program, expanding long-term care navigator services (i.e. Single Point of Entry), and appropriate provider increases that are necessary to ensure quality and access to HCBS.

H.B. 5296, An Act Concerning the Definition of Medical Necessity

AARP has consistently raised concerns about changes to the definition of “medical necessity” for Medicaid. Last year as part of the State Budget, the General Assembly established the Medical Inefficiency Committee to review the definition of medical necessity and recommend changes that would improve efficiency, while also protecting approximately 450,000 vulnerable Medicaid enrollees. It’s our understanding that H.B. 5296 emerged from the work of that Committee. AARP asks legislators to consider the definition contained in H.B. 5296 as an alternative to the restrictive definition of medical necessity used for the SAGA program. The definition of medical necessity should properly consider the health care needs of our vulnerable residents on Medicaid and not unduly restrict health care access.