

Testimony of

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

Human Services Committee

February 23, 2010

Thank you for this opportunity to comment on a number of bills before your committee today.

The Connecticut Commission on Aging is a nonpartisan state agency that is part of the legislative branch of government. 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.

As part of our statutory mandate set forth in CGS §17b-420, the Connecticut Commission on Aging reviews and comments on proposed state legislation and the budget. Additionally, our statute requires that we gather and maintain data on, and make recommendations for progress on, the following Results-Based Accountability results statements: that all older adults are healthy, safe, economically self-sufficient and free from discrimination and that they achieve educational fulfillment.

**SB 32: An Act Implementing the Governor's Budget Recommendations Concerning Social Services**

Viewed through the lens of Results-Based Accountability mandates, the Commission on Aging has comments on the following sections of Senate Bill 32, which could impede progress on the quality of life result statement "all older adults are healthy:"

- Sections 1-19: these sections amend the existing statute creating a new State Department on Aging (SDA). As you may know, the re-establishment of the SDA is a perennial issue and has received many public comments in recent years. We respectfully ask this Committee to review the informative testimony submitted in years past. We have attached, as an illustration, testimony from national experts, Drs. Robert and Rosalie Kane. Of course, we would be pleased to help you locate additional archived testimony.

The Connecticut Commission on Aging is grateful for the Committee's and the Governor's acknowledgement that aging and long-term care issues warrant greater attention and bold action by the executive branch. Improvements can and must be made to our current system.

Specifically, the Connecticut Commission on Aging supports a state structure that provides easy access for residents and that integrates and coordinates the delivery of social services. To that end, we recommend to this Committee that it ask the Commission on Enhancing Agency Outcomes to examine and recommend improvements to the Department of Social Services and its organizational structure.

Connecticut's Department of Social Services is a large agency—representing 28% of the state budget—with responsibility for a wide range of programs for older adults, persons with disabilities, children, parents, low-income adults and others. A reorganization effort could better streamline services, reduce duplication of efforts, better coordinate funding streams, and create efficiencies.

We offer the following for your consideration:

- With the objective to “turn the curve” on giving people choice in where and how they receive long-term care services and supports, the Commission on Aging looks to national trends and best practices for state structure. The state's Long-Term Care Needs Assessment, based on national research conducted by experts in aging, recommends an all-ages, all-disabilities approach to the delivery of services and supports for those in need;
- AARP's 2009-2010 National Public Policy Book also recommends a consolidated, across-ages approach to state structure as it has proven to provide more choice and independence in how and where one receives long-term care services and supports; and,
- Commissioner Starkowski's March, 2008 memo regarding a study of a new Department on Aging states “Advocating the transplantation of several extremely complicated yet successful direct-service programs from DSS into a new agency could be a prescription for confusion and disorganization over the coming years.”

The Connecticut Commission on Aging stands ready to assist this Committee and/or any policymaker in designing a state structure that best coordinates the delivery of services to older adults and persons with disabilities. We have objective research regarding demographic trends, what's working in other states, and the needs of our state into the future. Again, we believe that the new Commission on Enhancing Agency Outcomes is a most appropriate venue for consideration of any ideas to create, eliminate or consolidate state agencies at this time.

- Section 31: which removes coverage of over-the-counter drugs from medical assistance programs such as Medicaid. This policy would serve to restrict access to health care.
- Section 33: which would impede access to prescription drugs used to treat mental health issues.
- Section 34: which would require cost-sharing for Medicaid enrollees, who generally are the lowest-income residents of our state.
- Section 35: which would increase the maximum-allowed copayments for individuals eligible for both Medicaid and Medicare from \$15 to \$20 monthly.
- Section 36: which would change the definition of “medical necessity” in Medicaid and could restrict access to needed durable medical equipment, as well as other medical services and prescription drugs. It should be noted that the Legislature, only six months ago, established an expert committee to review this definition and make recommendations. It is our understanding that the Medical Inefficiency Committee's report on a recommended amended definition is to be released soon. We ask this Committee to consider that report before proceeding with this policy change.

## **HB 5068: An Act Concerning Amendments to the Medicaid State Plan**

This bill would serve to enhance legislative involvement in the Medicaid State Plan Amendment process.

As you know, existing state law (CGS §17b-8) already requires the Department of Social Services to present Medicaid waiver applications to this and the Appropriations Committee for approval before submitting those applications to the federal government. Additionally, PA 09-5 requires DSS to submit notice to the committees prior to submitting any state plan amendment. As many policy changes are made through the state plan amendment process, this proposal would bring the two processes in line with each other. As an illustration, adding or removing specific services, such as vision coverage, to or from Medicaid do not require a waiver, but instead a State Plan Amendment; the Committees currently do not have the authority to approve or deny DSS's specific language before the agency submits the state plan amendment to the federal government.

Amending this law to include plan amendments could enrich legislative/executive branch cooperation and ensure that legislative branch officials are kept apprised of these important applications. Additionally, this process would allow citizens another opportunity for public input.

## **HB 5145: An Act Concerning an Increase in the Amount of Federal Funds Received by State Agencies**

This bill aims to increase the amount of federal funding received by state agencies by requiring those agencies to submit a plan for obtaining additional funds.

The Commission on Aging applauds all state efforts to increase federal funding opportunities. We recommend that this legislation be broadened: the state and all of its agencies and branches should strive to maximize both state and federal funds, to streamline systems and processes and achieve efficiencies. Not only will streamlining save money for taxpayers, but it will undoubtedly lead to better service and better outcomes for Connecticut residents. Indeed, these goals are the work of the bipartisan Commission on Enhancing Agency Outcomes, and would likely be a main focus of the Governor's proposed "Government for the 21<sup>st</sup> Century Commission."

Taking one step further, agencies could be incentivized to maximize the use of funds and to seek efficiencies. Currently, there is no incentive for the Department of Social Services (or any department) to reduce administrative costs through streamlining processes or to bring in federal money. Even a non-financial-based "contest" could incent state agencies to compete for savings through green initiatives (such as energy conservation and less paper usage) and/or increased usage of workplace flexibility (e.g., through the use of the program established by CGS §5-248c).

In these difficult budget times, research-based initiatives, statewide planning efforts, vision and creative thinking are all needed to ensure a continued commitment to services and supports for individuals in need. The Connecticut Commission on Aging stands ready to assist our state in finding solutions to our fiscal problems, while keeping commitments to critical programs and services.

Thank you again for this opportunity to comment. 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.



Testimony: From Drs. Rosalie and Robert Kane

To: The Select Committee on Aging

Regarding: The Department on Aging

March 3, 2009

Drs. Rosalie and Robert Kane are nationally renowned experts in aging and long term care. Rosalie A. Kane, PhD, is a professor of public health at the University of Minnesota and a faculty member of the Center on Aging. Dr. Kane's research is devoted to aspects of long-term care services, organization, policies and financing. It ranges across all settings, including nursing homes, assisted living, and home care, and also concerns topics such as quality assurance and regulation, and the tensions between safety and protection versus freedom for those using long-term care services. She serves on many national task forces and committees, is a prolific author of journal articles, books, and reports, and is past editor-in-chief of both *The Gerontologist* and *Health and Social Work*. She directs a national study on Measurement, Indicators, and Improvement of Quality of Life in Nursing Homes and a national study on service patterns in assisted living.

Robert Kane, MD, currently holds an endowed chair in Long-term Care and Aging and directs the University of Minnesota Center on Aging and the Minnesota Geriatric Education Center. He was the Dean of the University of Minnesota School of Public Health from 1985-1990. Dr. Kane has conducted numerous research studies on both the outcome of clinical care and the organization of care, with special attention to the care of older persons, especially those needing long-term care. He is the author or editor of more than 30 books and 350 journal articles and book chapters on health services research, geriatrics, and long-term care. He served on the World Health Organization's Expert Committee on Aging. He has received the President's Award from the American Society on Aging and the Polisher Award from the Gerontological Society of America.

The Kanes served as national expert consultants to the 2007 Long Term Care Needs Assessment on the issues of rebalancing long term care systems and state organizational structures for rebalancing. Based on their extensive national and Connecticut-specific knowledge, they make the following statement on proposals to establish a Connecticut Department on Aging:

"Based on our experiences, we recommend that the Connecticut legislature reconsider the establishment of a Connecticut Department on Aging. Our extensive research on the theme of State organization for long-term care and long-term support systems indicates that while there is no single configuration of state agencies to assure more effective rebalancing, the Connecticut proposal goes against clear best practices concerning the optimal structuring of state government. These best practices favor an integrated, centralized approach by:

- Bringing LTC functions together in the same agency;
- Integrating programs across multiple groups of consumers;
- Creating more centralization of long-term care functions across a state

Such an integrated, centralized structure across all ages and disabilities focuses on shared goals, pinpoints accountability for outcomes, and renders budgetary allocations more flexible. It also brings greater cross-sector innovation and greater clarity for legislatures. No evidence exists to suggest that care for seniors is improved by the movement to a separate cabinet-level agency for aging. In fact, states with separate cabinet-level departments for aging tend to have the least cohesive organizational structure.

We strongly recommend that the Connecticut legislature heed the recommendation of the state's 2007 Long Term Care Needs Assessment and reject the establishment of a cabinet-level Department on Aging. In addition to the disruption and costs associated with creating new bureaucratic structures, this would constitute a move backwards at a time when more integration rather than more separation should be considered."

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