

# alzheimer's association®

the compassion to care, the leadership to conquer

## Appropriations Committee Public Hearing Friday, March 4, 2011

Written Testimony of Laurie Julian, Director of Public Policy, Alzheimer's Association, CT Chapter (The Association).

Senator Harp, Representative Walker and distinguished members of the Appropriations Committee, on behalf of the Alzheimer's Association, CT Chapter, thank you for allowing me to testify on several programs that are before you today.

The Alzheimer's Association is a donor supported, non-profit organization serving the needs of families, health care professionals and those individuals who are affected with Alzheimer's disease and related dementias. The Association provides information and resources, support groups, education and training, and a 24 hour, 7 day a week Helpline.

### **The Alzheimer's Statewide Respite Program**

In Connecticut, there are over 70,000 citizens with Alzheimer's or other related dementia and more than 113,000 caregivers. Since its inception, the Statewide Respite Care Program has continued to be a success and provides the resources to a caregiver to establish an effective plan of care for the individual with Alzheimer's Disease and allows the family caregiver much needed periods of respite to care for their loved-ones. In Connecticut, caregivers provide over \$1.6 billion in uncompensated services and endure significant physical and mental stress and truly are the backbone of the long-term care system.

Despite the limitations on the closure of the program for most of FY'10, outcome measures demonstrated a high level of satisfaction from program participants and assisted the client in remaining at home during some portion of the program year or the entire program year. The program was effective in improving the caregiver and client's quality of life and reducing caregiver stress, 91% of the time.<sup>1</sup>

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<sup>1</sup> The following was included in the Department of Social Services' End of Year Report on the **Connecticut Statewide Respite Care Program July 1, 2009-June 30, 2010:**

As you can see from the attached chart, enrollment has steadily increased, with the exception in 2009, when the program closed to new applicants from May 11, 2009 to its re-opening on May 1, 2010.

During the closure, over 380 remained on a waiting list, in need of crucial services. Due to the progressive nature of the disease, several individuals had no other choice but to transition to costly nursing institutionalization. Alzheimer patients are most at risk of nursing home transition. With an average grant of \$2,000 per client, this can save the state Medicaid dollars, when compared to the average cost of nursing institutionalization at an average of \$79,000.00 per year. Furthermore, most individuals prefer to remain in the comfort of their homes where feasible. Seventy percent of individuals with Alzheimer's live at home with their loved-ones.

In light of the above, The Association urges the committee to retain the line-item funding as proposed in the governor's budget.

### **Reducing the Individual Contribution under the State funded Home Care Program for the Elderly**

The Association supports lowering the co-pay amount to give consumers a chance to reside in the community at the most cost-effective option. According to the Home Care Program for Elders 2009 Annual Report, twenty-two percent of the recipients in the program have dementia. The Home Care Program is an essential part of the long-term care safety-net. As the Department of Social Services notes, the Alzheimer's Respite Program is not meant to be a home care program. For many clients, the Home Care Program has allowed them to remain at home with its support services.

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- *Governor Rell's Office ordered a close on intake to new clients effective May 11, 2009. While clients who had received services in the prior year were eligible to receive services, a further restriction was added effective January 26, 2010 that capped service levels at the prior year's amounts unless clients had already received services at that time, or were currently receiving services in a designated, approved care plan. Intake was not reopened until May 1, 2010. As evidenced above, the performance of project partners during this challenging year has been exemplary. Despite the many limitations imposed this year, outcome measures demonstrated a high level of satisfaction from program participants. The affirmative responses were as follows:*
  - *Were the Program services beneficial in assisting the client in remaining at home during some portion of the Program year? 88%*
  - *Was the Care Recipient able to remain home for the entire Program year? 85%*
  - *Was the Program effective in improving the caregiver and client's quality of life and reducing caregiver stress? 91%*

Last year, the co-pay was reduced from 15% to 6%. We understand that when the 15% co-pay was implemented in July 2009, 400 clients could not access the program and 17 transitioned to nursing home care.

Further shifting of the cost-sharing burden to beneficiaries will cause them increased financial hardship. The threat of requiring higher co-pays endangers not just their financial stability, but the health of these vulnerable beneficiaries.

Similarly, studies suggest that rising out-of-pocket expenses lead beneficiaries to make tough choices about their health, including not complying with prescribed drug use due to cost, forgoing necessities, or borrowing money to pay for prescriptions. As a result, higher co-payments backfire and lead to much higher overall costs as beneficiaries put off care and prevention until they need expensive emergency care.

### **Funding for Adult Day Care Centers**

The Association supports an increase in funding for Adult Day Care Centers. The centers provide a crucial service to Alzheimer's patients. The most popular service under the Alzheimer's Respite Program continues to be Adult Day Care. Moreover, the centers not only provide relief for the caregiver, but many studies have shown the health benefits of socialization in preventing depression and isolation in the older adult.

Thank you for the opportunity to submit this testimony in support of retaining the line-item funding as recommended by the governor's proposal in the Alzheimer's Respite program. Please feel free to contact me at [Laurie.julian@alz.org](mailto:Laurie.julian@alz.org), or (860) 828-2828.

# Number of Clients Served



|                 |     |
|-----------------|-----|
| 9/1/98-6/30/99  | 202 |
| 7/1/99-6/30/00  | 422 |
| 7/1/00-6/30/01  | 510 |
| 7/1/01-6/30/02  | 491 |
| 7/1/02-6/30/03  | 490 |
| 7/1/03-6/30/04  | 534 |
| 7/1/04-6/30/05  | 555 |
| 7/1/05-6/30/06  | 558 |
| 7/1/06-6/30/07  | 656 |
| 7/1/07-6/30/08  | 813 |
| 7/1/08-6/30/09  | 924 |
| 7/01/09-6/30/10 | 629 |