



**Testimony of AARP Connecticut
On Raised Bill 1059, sections 302, 308 and 309**

Section 302

AARP strongly supports the requirement in S.B. 1059, section 302 that the Commissioner of Social Services adopts a long-term care strategy, which allows Connecticut to participate in State Balancing Incentive Payments Program (BIPP) established in the Patient Protection and Affordable Care Act.

Connecticut has an opportunity to improve and expand access to non-institutionally-based long-term services and supports, receive a higher federal Medicaid match rate and save money over the long run under the State Balancing Incentive Payments Program (BIPP) Grants, which will be funded beginning Oct. 1, 2011. BIPP provides an enhanced FMAP of 2% if Connecticut makes changes to provide a more balanced mix between Home and Community Based Services (HCBS) and institutional care.

Specifically, there are three main requirements for the grant:

First, states must implement structural changes to their Medicaid program that will expand and diversify non-institutional services. These changes must include the development of a statewide single entry point system (i.e. "No Wrong Door"), conflict-free case management services, and core standardized assessment instruments for eligibility determination. Connecticut currently has pilot programs in three regions of the state providing a Single Point of Entry. Meeting this requirement would only require a modest expansion of Single Point of Entry to the remaining two regions. Additionally, Connecticut already uses conflict-free case management.

Second, states must commit to improve the balance of spending between HCBS and institutional services and meet targeted spending levels by October 1, 2015. States that have spent at least 25 percent but less than 50 percent of their total 2009 Medicaid LTC budget on HCBS must achieve a target of 50 percent by October 1, 2015.

Third, states must use the additional federal funds under this program for new or expanded Medicaid non-institutional services and supports. In addition, states must maintain eligibility standards, procedures, or methodologies that were in place on December 31, 2010.

Connecticut's participation in BIPP would mean fewer state dollars for long-term care to serve more people because of the additional federal funding for the BIPP grant. As states increase support for Home and Community Based Services, they will also be creating a stronger community-based service system for the future. This will help reduce state spending for the more expensive institutional care that accounts for the majority of long-term care spending.

Using a conservative estimate with a status quo rate of growth, Connecticut would save approximately \$37 million for the period Oct. 1, 2011 to Sept. 30, 2015. In addition, other federal grant programs, including Money Follows the Person funding, can be used to invest in critical

infrastructure needs that are required to qualify for the BIPP grants. Moreover, since Governor Malloy has already made a commitment to: (1) move over 5,000 nursing facility residents out of nursing homes and into the community and (2) create an option for a 1915(i) state plan amendment to cover some of the seniors on Level 1 of the Connecticut Home Care program, Connecticut is making significant strides to achieve the rebalancing goals required under BIPP. Given that Connecticut has already made significant investments and commitments to the core BIPP requirements, it makes sense for Connecticut to participate in the program and receive the bonus FMAP payments available.

Section 308

AARP supports the concept of Medicaid waiver consolidation that Section 308 tries to achieve. We have long supported the concept that individuals should receive long-term care services based on functional limitations, not age or diagnostic category.

However, in Connecticut's current Long Term Care system—with no population currently having access to adequate home and community based care options—AARP has concerns with the inequities that could arise for the various populations under a consolidated waiver. No population under a waiver consolidation should be granted more access to services at the expense of another population. Additionally, waiver consolidation should not result in waiting lists for services or caps on the number of people from any population, who are allowed access to services. AARP strongly suggests looking at a 1915(i) state plan amendment to increase access to long-term care instead of 1915(c) waiver.

Section 309

AARP strongly supports the creation of a Single Point of Entry which was the top recommendation in Connecticut's 2007 Long-Term Care Needs Assessment. States that are leading the way in long-term care rebalancing have recognized that a Single Point of Entry is a critical first step in rebalancing. The great majority of families in Connecticut will continue to pay privately for most of the long-term care services they need. However, they need assistance in understanding the options available, in learning how to make better use of their own resources, and in preventing or delaying spend-down to Medicaid.

By establishing a statewide Single Point of Entry, Section 309 creates a one-stop portal for Connecticut residents and their loved ones to explore all long-term care options available. Moreover, a statewide single point of entry is required under BIPP as outlined in section 302.

Also, a single point of entry will save the state Medicaid dollars by connecting families that private pay with information and options to stretch their own resources and avoid or delay spending down to Medicaid. Connecting individuals, who do need public support, with programs that can help them remain as independent can prevent or delay the need for more costly institutional services.

And, for people needing help in paying for their long-term care, Connecticut's current system of multiple waivers, numerous state and federal programs, numerous small pilot programs--all with different eligibility criteria--is very confusing. Consumers should not have to chase after long-term care information from a bewildering array of sources, but unfortunately that is the situation today for Connecticut families not currently served by a Single Point of Entry.