



Written Testimony before the Human Services Committee

March 8, 2011

S.B. No. 1120 (RAISED) AN ACT CONCERNING CONTRIBUTIONS FROM TAX REFUNDS TO BENEFIT THE MEALS ON WHEELS PROGRAM.

This bill would allow taxpayers to contribute a portion of their tax refund to the Meals on Wheels program. Such donations are already possible through several DSS-funded programs, including Safety Net and the Organ Transplant Fund.

In an era of scarce federal and state resources, elderly nutrition programs could certainly benefit from an additional funding source. The department supports this bill.

H.B. No. 6359 AN ACT CONCERNING MEDICAL ASSISTANCE FOR FORMER FOSTER YOUTH.

This legislation seeks to permit former foster youth to remain eligible for Medicaid until the age of twenty-six years. Currently foster children are Medicaid eligible up until their 19th birthday. While the extension of Medicaid benefits to this vulnerable population is laudable, there will be a cost to extending Medical Assistance for an additional seven years, which is untenable in the state's current financial position.

This bill would require a significant amount of state funds for which we would not receive federal financial participation. Therefore, we cannot support this bill in this fiscal climate.

H.B. No. 5436 AN ACT CONCERNING THE USE OF PRESCRIPTION DRUGS RETURNED BY LONG-TERM CARE FACILITIES.

This bill would require the Commissioner of Consumer Protection, in consultation with the Commissioners of Social Services and Public Health, to establish a central pharmaceutical repository for the return of unused prescriptions in long-term care facilities. The bill also would require that these unused prescriptions be redispensed to Medicaid clients or inmates in correctional institutions.

There is currently a program in operation for the return of unused prescriptions in long-term care facilities. These drugs are returned for repackaging and reimbursement to DSS. This program works well, and therefore, we do not support changing the existing process.

If the intent of this bill is to provide the department with a tool to access drugs prescribed to Medicare Part D beneficiaries, we do not believe that this bill achieves that goal. The department is currently in discussions with the Centers for Medicare and Medicaid Services (CMS) to allow the state to receive credit for drugs purchased through the Part D program. This access must be granted by CMS and cannot be established in state statute.

S.B. No. 297 AN ACT CONCERNING AN AMENDMENT TO THE MEDICAID STATE PLAN UNDER SECTION 1915(I) OF THE SOCIAL SECURITY ACT TO PROVIDE HOME CARE SERVICES.

This bill describes a ‘universal’ home and community-based service system. It is consistent the vision for long-term care described in the state’s Long-Term Care Plan. It would require that the department seek a state plan amendment under Section 1915(i) of the Social Security Act to encompass all existing home and community-based services waivers, except for the Home and Community-Based Services Waiver for People with Intellectual Disabilities. It would create a long-term care system that not only funds equal access to home and community-based services and institutions for persons at institutional level of care but also creates an entitlement for persons who are functionally at a lower level of care than currently required for nursing home placement.

While aligned with the vision, the bill creates an entitlement for services under existing waivers that are currently capped, including Acquired Brain Injury, Personal Care Assistant and Katie Beckett. In the current fiscal environment, creating a series of new entitlements would be cost-prohibitive. While states have the option of changing service scope and duration as well as eligibility requirements post-implementation, states cannot change service scope and duration; nor eligibility for the population already granted services; nor can states cap the program.

The expansion of services to persons not yet at institutional level of care would result additional new costs to the system. Currently, the state limits these services to persons over the age of 65 through the state funded Category 1 Connecticut Home Care Program (CHCPE). We are currently investigating a 1915i option for Medicaid recipients on Category of the CHCPE who do not qualify for the waiver because they do not meet nursing home level of care. Our intention is to apply for this population to obtain federal match on current 100% state-funded expenditures for home and community based services for this population. This proposal seeks to serve all persons not yet at institutional level of care who meet the functional and financial criteria, not limited to those over the age of 65.

In addition, the State is investigating the State Balancing Incentive Payment Program (BIPP) grant opportunity that will become available in the fall of 2011. The BIPP RFP is scheduled for distribution in July. We anticipate that the state will need to have a single point of entry for Medicaid, conflict free case management, and standardized level of care mechanisms. Activities directed toward the development of these requirements are

funded within the Money Follows the Person demonstration and are at various stages of completion. Details of the award describing 100% federal funding for administrative activities associated with the grant, requirements for reinvestment of the enhanced match, and accountability for reaching rebalancing benchmarks are not yet known.