



# Connecticut Association of Area Agencies on Aging, Inc.

Testimony – HUMAN SERVICES COMMITTEE, March 15, 2011

## **GOVERNOR’S BILL 1013: AN ACT IMPLEMENTING THE GOVERNOR'S BUDGET RECOMMENDATIONS CONCERNING HUMAN SERVICES.**

Julie Gelgauda, Care Management Director,

Agency on Aging of South Central CT, (203) 785-8533

### **Positions**

C4A supports the expansion of the Money Follows the Person (MFP) Program proposed in the Governor’s budget.

C4A supports maintenance of the Connecticut Home Care Program for Elders (CHCPE) current 6% cost share of services rendered for state-funded participants and continuance of admissions for Level One Connecticut Homecare Program for Elders state-funded participants.

### **Background Statement**

Money Follows the Person Program has successfully transitioned 411 consumers to community living from institutional settings. In December a state commission reported long term spending on roughly 40,100 clients – now \$2.4 billion or 13% of the state budget- will more than double by 2025 if no action is taken. The Money Follows the Person Program is a key piece of the rebalancing effort. The Program has demonstrated success in not only assisting consumers in returning to the community, but, by providing needed supports to the consumer, the program has demonstrated the lowest rate of recidivism in the country.

In addition to rebalancing, we must maintain current community based programs to prevent institutionalization for those needing care and supports. The previously assessed co-pay of 15% caused elders in need of care to discontinue from the CHCPE as they simply could not afford the monthly co-pay. The average total plan of care is \$1,013 so an elder would be mandated to pay \$152 each month. While, at the current 6% level of cost share, some clients still opt to discontinue services, this occurs at a much lower rate and their cost share is \$61.

In 2010, the Connecticut Home Care Program for Elders (CHCPE) has an active client population of over 13,500 individuals, more than 9000 of whom received services through the Medicaid Waiver. In the CHCPE Annual Report to the Legislature for SFY 2008, the Department of Social Services **documented cost savings to the State in that program year of \$101,931,462**. Breaking out this figure, average monthly costs per client in 2008 were as follows: Waiver clients: \$1,643; State funded clients: \$882. In 2008, this compared with an average monthly Medicaid nursing home cost of \$5,338. State support has ensured that eligible individuals can access the CHCPE on a rolling basis and that there is no wait list.

Home and community-based care is often principally described in terms of its cost efficacy. In addition to this analysis, it is also important, however, to reference its human value to older adults and individuals with disabilities. Surveys and anecdotal data show that consumers overwhelmingly prefer to receive needed services at home in the community. Through these services, an individual can 1) preserve the right to live as s/he chooses; 2) assist to the extent of ability in planning the course of his/her care; 3) retain immediate contact with loved ones; and 4) safeguard both health and dignity.

Diverse groups including the State of Connecticut Long-Term Care Planning Committee, the Nursing Home Transitions Work Group, and research institutions have emphasized the many benefits of community-based care. Ongoing efforts to shift both state policy priority and expenditure of Medicaid dollars to care at home reflect these commitments. Investing in low cost home and community-based care plans for elders in need will forestall the need for much more costly and burdensome care in nursing facilities.