



Connecticut Association of Centers for Independent Living  
151 New Park Ave. Suite 106, Hartford, CT 06106  
voice 860-656-0430 fax 860-656-0496  
www.cacil.net

...Working for the full integration, independence, and civil rights of people with disabilities  
through Centers for Independent Living

**Testimony of Gary E Waterhouse, Executive Director  
CT Association of Centers for Independent Living**

**March 8, 2011**

**Human Services Committees Public Hearing Testimony**

Center for Disability Rights  
764A Campbell Ave.  
West Haven, CT 06516  
V 203-934-7077  
TDD 203-934-7079

Disabilities Network of  
Eastern CT  
238 West Town Street  
Norwich, CT 06360  
V/TDD 860-823-1898

Disability Resource Center  
of Fairfield County  
80 Ferry Boulevard  
Suite 210  
Stratford, CT 06497  
V 203-378-6977  
TDD 203-378-3248

Independence Northwest  
1183 New Haven Rd.  
Naugatuck, CT 06770  
V 203-729-3299  
TDD 203-729-1281

Independence Unlimited  
Suite D  
151 New Park Avenue  
Hartford, CT 06106  
V/TDD 860-523-5021

**Support- SB297 AAC AN AMENDMENT TO THE MEDICAID STATE PLAN  
UNDER SECTION 1915(I) OF THE SOCIAL SECURITY ACT TO PROVIDE  
HOME CARE SERVICES.**

The PCA Waiver provides supports and services needed to prevent people from entering nursing facilities. The PCA Waiver is capped at only 748 people. The list changes very little from month to month because people that need the services need them until they enter a nursing facility or pass.

The focus on MFP funding has drawn attention away from a program that already diverts people from nursing facilities. Families and people with disabilities who have been on the PCA waiting list for over a year will recognize that the only route to PCA services is to enter a nursing facility for three (3) months to qualify for MFP services.

***Personal Care Assistance Waiver***

Waiver Type:	1915(c)
Enrollment Capacity:	748
Current Enrollment:	748
Year First Approved:	1996
Waitlist Status:	waitlisted 103

**Eligibility Criteria:**

**Age Range:** 18 and older (2006 legislation removed upper age limit)

**Functional status:** chronic, severe, permanent disability that results in limitations in at least two activities of daily living (bathing, dressing, eating, transferring, management of bowel and bladder); those with mental illness, mental retardation or dementia do not qualify on that basis; DSS either accepts Social Security disability determination or performs analogous review of disability status; must wish to and be able to self-direct care.

**Cost Caps/Cost Effectiveness Standards:** Waiver pays up to a percentage of the average monthly Medicaid nursing facility cost (in 2010, \$5,598), depending on level of ADL impairment: 1) 60% of cost for those with at least 2 ADL impairments; 2) 80% of cost for those with 3 or 4 ADL impairments; 3) 100% of cost for those with impairments in all ADL areas. Average monthly care plan cost per individual in 2005 was \$1,735. Currently cannot hire PCA for more than 25.75 hours per week.