



Testimony of

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Connecticut Commission on Aging

Public Health Committee

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Good morning and thank you for this opportunity to comment on several bills before you today.

As you know, the Connecticut Commission on Aging is the nonpartisan state agency devoted to preparing Connecticut for a significantly changed demographic and enhancing the lives of the present and future generations of older adults. For seventeen years, the Commission has served as an effective leader in statewide efforts to promote choice, independence and dignity for Connecticut's older adults and persons with disabilities.

In these difficult budget times, research-based initiatives, statewide planning efforts, vision and creative thinking are all needed. The Connecticut Commission on Aging stands ready to assist our state in finding solutions to our fiscal problems, while keeping commitments to critical programs and services.

House Bill 6593: An Act Concerning Residential Care Homes

~CoA informs

CoA agrees with the Committee on the need to examine the statutes for residential care homes. As you know, about 3000 Nutmeggers currently reside in about 100 of these homes across the state. While originally intended for older adults looking for an alternative to staying in their own homes or entering a nursing home, residential care homes now have younger residents as well, with a range of care needs.

CoA understands that this proposal is a "work in progress" – specifically, that there was no intent to eliminate residential care homes' responsibilities for discharge planning or to provide the residents' bill of rights. If this bill moves forward, CoA strongly recommends that oversight be fixed.

CoA believes that a broader study needs to be undertaken regarding residential care homes and that such study should include investigation of the elements contained in this proposal: statutory references, medication administration (by whom, with what oversight) and additional medical model services. This study should be led by an independent entity engaging interested parties and experts to analyze residential care homes in Connecticut and to develop a series of recommendations to identify opportunities for improvement and best practices.

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One opportunity for this study is clear in Governor Malloy’s move to “right-size” and modernize nursing homes and the study currently being undertaken for that measure. This study could piggyback on that work to examine residential care homes in the context of the broader movement to rebalance our state’s long-term care system.

We know that affordable and accessible housing is the number one barrier to individuals looking to transition under the Money Follows the Person program (MFP). Taking a comprehensive look at the residential care homes and other housing options for older adults and persons with disabilities is critical to the success of Money Follows the Person and to rebalancing in general.

It is my understanding that residential care homes are not currently considered eligible options under MFP by the federal government as they are dubbed to be institutional settings. Clearly, not all residential care homes are alike in structure, size, quality, and culture. As part of the study, we would recommend consulting with DSS, DPH, and CMS to determine what, if any, provisions could be made (e.g., state statute changes) and qualifications met (e.g., consumer focused, small number of residents, high quality...) in order for **some** residential care homes to accommodate the requirements of being deemed a community setting under MFP.

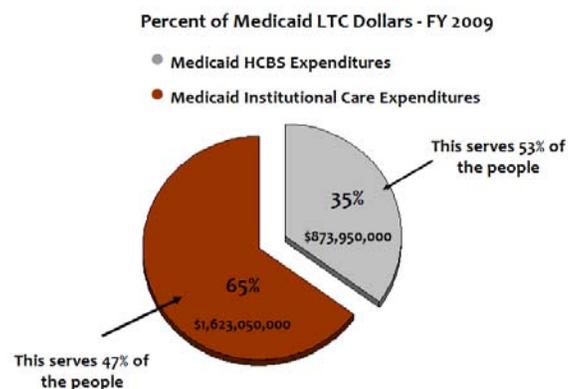
CoA would be most pleased to be part of this study and to work with this Committee and others to identify opportunities to help people remain vibrant participants in their communities as they age.

Senate Bill 1185: An Act Concerning State Payments to Nursing Homes and the Duties of Nursing Home Receivers

~CoA supports

Sections 1 and 2 of this proposal seek to provide a mechanism for nursing homes to “right-size” and diversify their business models. CoA, the Long-Term Care Advisory Council and others have recommended this initiative as a key component to rebalancing our state’s long-term care system, while helping nursing homes maintain and retain financial viability.

As this Committee knows, “rebalancing” our long-term care system means shifting the balance between the amount of people receiving services in institutions versus community settings. Currently, our state spends about 65% of its Medicaid long-term care dollars on institutional care, like nursing homes – about \$1.6 billion annually. Our dollars stretch further when providing home- and community-based care: while only 35% of the dollars goes to community-based care, we serve 53% of the people that way.

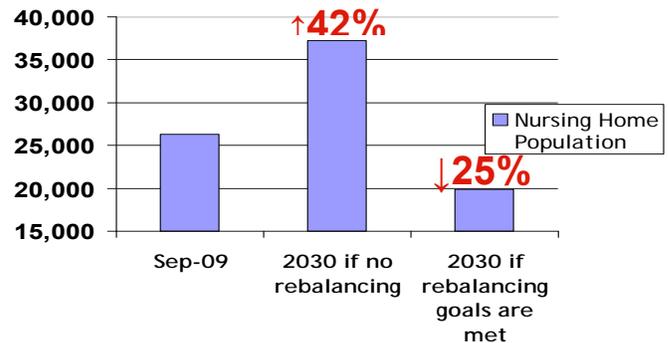


According to Connecticut’s 2010 State Long-Term Care Plan, rebalancing the system will cost our state \$900 million less in 2025 than leaving the balance as-is.

But, rebalancing is not just about dollars and cents. It’s about choice, independence, dignity – and the law. Both the Supreme Court, through its Olmstead decision, and Connecticut state law (CGS §17b-337) indicate that individuals should receive care in the least restrictive, most appropriate setting. In order to be in compliance with the law, Connecticut must improve its home- and

community-based options. And, in order to achieve savings, we should planfully right-size our nursing homes, which have an occupancy rate statewide of about 91%.

Many wonder whether we should be considering downsizing nursing homes at a time when our population of older adults is set to increase. The Long-Term Care Needs Assessment found that we will have a 28% increase in the need for long-term care services between 2006 and 2030. However, the same researchers from the UConn Health Center, Center on Aging indicate that policy decisions made here in Connecticut will have a dramatic impact on how that care is provided. Importantly, the experts indicate that if we achieve the rebalancing goals set in the state's Long-Term Care Plan, **we can actually reduce the number of nursing home beds we need in 2030 by 25%.**



This proposal can help achieve that, in concert with other ongoing efforts, like Money Follows the Person and efforts to transform Medicaid home and community-based services into a 1915(i) State Plan Amendment. Nursing homes are and will be relevant and important in our state, both as places to receive care (for those who need or want that level of care), and as employers. The proposal provides funding for nursing homes to enhance their community-based services and it allows them to reduce their bed counts either permanently or temporarily. New services might include adult day care, short-term rehabilitation or even independent apartments. This proposal is in line with Governor Malloy's and has broad support among experts, advocates and stakeholders.

CoA also supports section 3 of this proposal, which would provide information about a facility's receivership to potential residents and their families.

Senate Bill 1202: An Act Concerning the State's Health Care Workforce **~CoA supports**

CoA supports this proposal to develop an initiative to address Connecticut's looming health care workforce shortage. In the recent past, both nurses and general practitioners have received attention as upcoming shortage areas for our state.

Experts project a need for 9000 new direct care workers in Connecticut over the next four years. While these will include registered nurses and physical therapists, it also includes home health aides and personal care assistants. For example, the Long-Term Care Needs Assessment indicates we will need 25% more home health aides between 2006 and 2030.

CoA respectfully suggests broadening this proposal to include long-term care workers. CoA chairs the workforce subcommittee of the Money Follows the Person Steering Committee and has already done some preliminary work on this issue. We would be pleased to work with this Committee to share our information, to reduce duplication and enhance efficiency.

House Bill 6617: An Act Concerning Continuity of Care in Nursing Homes
~CoA supports

This proposal seeks to ensure that all residents of nursing homes are provided with the residents' bill of rights in language that is easily understood. Recognizing the possibility of a nursing home strike, it specifies that the rights should be provided whenever there is a lockout or work stoppage. CoA supports providing this information to residents and their families.

Thank you for this opportunity to comment. CoA remains available to continue to work on this legislation as necessary throughout the process.