



Testimony before the Aging Committee

February 28, 2012

Good Morning Senator Prague, Representative Serra and distinguished members of the Aging Committee. My name is Pam Giannini and I serve as the Director of Aging, Community and Social Work Services as well as Director of the State Unit on Aging at the Department of Social Services. I am here today to testify on a number of bills that impact the department.

S.B. No. 138 AN ACT ESTABLISHING A TASK FORCE TO STUDY "AGING IN PLACE"

This bill proposes to establish a task force that appears to duplicate the mission of the current Long-Term Care Planning Committee (LTCP), established in 1998 by the legislature. The LTCP Committee is composed of executive agency representatives as well as chairs and ranking members of several legislative committees. Furthermore, the legislature established the Long Term Care Advisory Council to advise the Planning Committee, which is composed of a mix of two independent state agencies (the Commission on Aging and the Long-Term Care Ombudsman's Office), and various long-term care industry, labor, and elderly stakeholder groups. Over the years, both entities have added members, so that the Planning Committee currently has 23 members and the Advisory Council has 27.

The Planning Committee's original charge was to create a long-term care plan for the elderly and to study a variety of elderly-related issues, which was later expanded to include all persons with disabilities. The Committee has produced a number of plans to address at least three of the components of the long-term care system: home and community-based services, supportive housing, and nursing facilities. In addition, the Planning Committee oversaw the development of an extensive and comprehensive study of these issues. Therefore, if the legislature believes there are additional issues with regard to long-term-care planning that need to be addressed, they would be more appropriately addressed by the Long-Term Care Planning Committee.

A similar bill was proposed last year, but this year's version substitutes the Commission on Aging to perform the Task Force's administrative functions, rather than the staff of the Aging Committee. The Commission on Aging, as the chair of the Long Term Care Advisory Council, has already begun working with the Planning Committee to draft the next 3 year plan which must be submitted in January 2013 to the General Assembly. Similarly, the State Unit on Aging located within the Department of Social Services will

also be preparing for a September, 2013 release date of its next 3 year State Plan on Aging, another highly involved process which covers many of the issue areas identified in the bill. Therefore, much of the work identified in the bill is duplicative of existing efforts. Moreover, the time constraints in the proposed legislation are not reasonable given the department's experience with the amount of time, effort and resources required to produce such a study.

S.B. No. 142 AN ACT INCREASING ELIGIBILITY FOR THE CONNECTICUT HOME-CARE PROGRAM FOR THE ELDERLY

This proposed bill would increase the asset limit for an individual applying for the Home Care Program by forty-seven percent and would increase the asset limit for couples by seventy-one percent. This change would also set a fixed asset limit in statute where currently the statute ties the asset limit to the community spouse protected amount, determined by the federal government, so that each year the amount changes accordingly.

Raising the asset limit will open the program to a much larger pool of applicants. We would caution that if the demand were to exceed the state appropriation, it may result in a waiting list or possibly a reduction of services to those currently being served. Furthermore, raising the eligibility criteria could reduce the amount of funds available to applicants with more limited resources.

Any expansion of the eligibility pool would have to be closely monitored to ensure that appropriations are not exceeded and services to those most in need are not compromised.

S.B. No. 143 AN ACT INCREASING ELIGIBILITY AND FUNDING FOR THE ALZHEIMER RESPITE CARE PROGRAM

This bill proposes to increase the annual eligibility requirement for an individual with Alzheimer's disease from \$41,000 to \$50,000.

At this point, the bill does not propose to increase overall funding for the program to account for greater demand that would accompany the increase in the income limit. Therefore, raising the income limit would likely reduce the amount of funds available to lower income clients, who, with limited resources, are the greatest users of this program and most in need of respite services.

It should also be noted that, under PA 09-75, the annual eligibility requirement for an individual with Alzheimer's disease was already increased significantly from \$30,000 to \$41,000 effective July 1, 2009. The Commissioner was also given the authority to increase the income and asset eligibility criteria to reflect the annual cost of living adjustment in Social Security income, if any, without having to go through the legislature. An additional increase at this time of limited resources is not recommended.

H.B. No. 5179 AN ACT INCREASING TEMPORARY FAMILY ASSISTANCE BENEFITS FOR GRANDPARENTS AND OTHER NONPARENT CARETAKER RELATIVES

This bill would increase the payment standard for child only assistance units in the Temporary Family Assistance (TFA) program to the foster care rate paid by the Department of Children and Families.

While the department appreciates the goal of achieving equity in these benefits, we have estimated the cost of such a change to be approximately \$33 million. Therefore we must oppose the bill due to the significant costs associated with providing such a benefit increase.

H.B. No. 5215 AN ACT INCREASING THE PERSONAL NEEDS ALLOWANCE

This proposal would increase the monthly personal needs allowance (PNA) for Medicaid clients residing in nursing facilities from \$60 to \$65. Current federal Medicaid law requires that a state provide a minimum PNA of \$30. States, on average, range from \$30 to \$70, putting Connecticut at the higher end of the scale.

The department is sensitive to the needs of this population and appreciates the difference that even five dollars can make in their lives. However, increasing the amount that these individuals can keep each month for their personal needs by just five dollars will result, in aggregate, in approximately \$1,056,780 in additional Medicaid payments for nursing facilities annually. This funding is not included in the Governor's budget and therefore the department cannot support this increase.

