



**Testimony of Brenda Kelley, AARP Connecticut State Director  
on the Department of Social Services' Budget  
Appropriations Committee  
February 17, 2012**

Good evening members of the Appropriations Committee. My name is Brenda Kelley and I am the State Director for AARP Connecticut. On behalf of nearly 600,000 members in Connecticut, AARP commends the Governor's plans for expanding home and community based care and supporting a consumer's choice to live in the most appropriate, least restrictive setting. Nowhere is the Governor's call for bold leadership more desperately needed than in our long-term care system. Governor Malloy's proposals provide a step forward, but AARP believes more must be done in the areas of consumer choice, affordability and caregiver supports if we are to fully respect consumer preference.

AARP Supports Governor Malloy's Proposals to Expand  
Consumer Choice of Provider and Setting. AARP Believes that Long-Term Services and Supports  
Should be Guaranteed to All Who Need Them, Regardless of Age.

AARP supports the Governor's proposed expansion of private assisted living and congregate housing (with options for assisted living) and the governor's proposed investment in senior housing. We also applaud Governor Malloy's continued commitment to Money Follows the Person. This vital program helps residents move back into the community after living in a nursing home. The Governor also suggests needed policy changes in medication administration and nursing home discharge planning that will prevent inappropriate nursing home placement in the first place. Overall, these changes will support the overwhelming desire of Americans to live in their own home as long as possible.

The proposed expansion of the private pay assisted living pilot<sup>1</sup> will provide 50 additional seniors with access to community based supports. Under the program, individuals who have spent down resources while living in private managed residential care facilities can receive support for assisted living services (excluding payment for room and board). Unfortunately, even after this sizable expansion, the program will still have a waiting list, which means many seniors are left without access to home and community based services. AARP believes this program should be available without a waiting list to people who are functionally and financially eligible. People needing assisted living services are at high risk of entering a nursing facility if they cannot afford to access services where they live. This is not good fiscal policy and it also violates consumer choice principles.

Similarly, the Governor's recommendation to move people on the PCA waiver program into the Connecticut Home Care Program for Elders once they turn 65 will expand slots for additional community based services for people under age 65 with physical disabilities. Once an individual on the PCA waiver program turns 65, they become eligible for the Connecticut Home Care Program

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<sup>1</sup> Enacted by C.G.S. 17b-365 & 17b-366.

for Elders. By moving the individual from a capped waiver service to the Connecticut Home Care Program for Elders, which operates without a cap, Connecticut will increase the total number of PCA slots. This change, while good policy, underscores the unfortunate bias in our system that allows someone to qualify for costly nursing home care more easily than community based alternatives.

That's because the rules are much simpler for nursing home care—if you need the care and are financially eligible, you are entitled to nursing home care. No such entitlement exists, however, for home and community based services. Instead, individuals under the age of 65, who want to receive care at home, must first qualify for a slot or get on a waitlist and hope a slot opens up. Only then can the individual access home and community based services. This is not fair to the person and it is not cost effective for the state.

AARP believes that a comprehensive range of long-term services and supports should be guaranteed to all who need them, regardless of age or income. These services and supports should be based on a person's physical and cognitive or other mental functioning and on the types of assistance a person needs. Uniform assessments should determine whether a person meets the eligibility criteria for a program and what type and level of services a person requires. Furthermore, financial and functional eligibility should be determined in a timely manner. These enhancements could be partially funded through federal funds under the Affordable Care Act.

AARP hopes that the legislature and the Governor will build on the important proposals in this budget to dramatically reshape our long-term care system.

#### Connecticut Must Ensure Affordability & Access to Services Available Under the Connecticut Home Care Program for Elders

AARP Connecticut also urges the Appropriations Committee to reduce the co-pay for seniors on the Connecticut Home Care Program for Elders. The additional co-pay, which increased from 6% to 7% this year, adds a significant barrier to home and community based supports. AARP is concerned by Governor Malloy's proposed \$17.7 million reduction in overall funding for the Connecticut Home Care Program for Elders. This significant drop in spending far surpasses the anticipated savings from increasing the co-pay and suggests that the co-pay creates a bigger barrier to services than originally expected. Some of these savings might be associated with counseling individuals, who are close to Medicaid eligibility, onto Medicaid or creating more efficiency in the program, which we support. However, AARP is concerned that the co-pay and subsequent increase has chilled enrollment in the program, caused seniors to drop needed services or leave the program altogether. As a result, seniors are at increased risk of nursing home placement. This is simply unacceptable.

The Connecticut Home Care Program for Elders remains one of the most effective nursing home diversion programs in the state. It provides care to seniors at risk of nursing home placement without requiring them to first go into a nursing home, as is the case with Money Follows the Person. AARP urges you to cut the co-pay so home care services are once again affordable for all seniors who qualify. This will strengthen an important safety net program for Connecticut seniors. We also ask that you consider expanding the program to younger adults that meet the functional and financial criteria.

Connecticut Must Support Family Caregivers. AARP Supports Governor Malloy's Proposed Medication Administration Reform & Urges Return to Spousal Impoverishment Protections and Restoration of Funds for Respite Services.

AARP in conjunction with the Commonwealth Fund and the SCAN Foundation released the first multidimensional *Scorecard* for state level long-term services and supports in 2011. Connecticut ranked #11 overall, but the *Scorecard* rated Connecticut as only mediocre in two key caregiving categories: (1) the number of health maintenance tasks able to be delegated by LTSS workers. And (2) legal and system supports for caregivers. We are pleased that Governor Malloy's budget begins to address the first issue with a medication administration reform proposal.

AARP supports the concept of permitting nurses to delegate administration of medication to home health aides and allowing agency-based PCAs to administer medication. These advancements are critical to support family caregivers. Currently, the state allows family members to be trained to perform various health maintenance tasks, but restricts paid direct care workers from doing so. As a result, a family caregiver may have to rush home from work during a break or lunchtime to administer a medication. Alternatively, the caregiver can hire a nurse for this routine procedure. But, since medication administration is typically performed several times each day, it's not feasible, affordable, or practical to hire a nurse to administer each dose. AARP believes medication administration reforms are needed to ease the burden on family caregivers.

Aside from medication administration, however, the budget falls short in other caregiver categories. For example, the budget maintains a more restrictive calculation for Community Spouse Protected Assets that will make it harder for a community spouse to keep the assets they need to remain independent and care for themselves.

Effective July 1, 2011, a couple applying for Medicaid coverage for long-term care in Connecticut needs to prove out, or substantiate, to DSS the need for more than the minimum Community Spouse Protected Asset.<sup>2</sup> This rule reverses a law that was in place for a one-year period between July 1, 2010 and June 30, 2011, which required DSS to permit the community spouse to receive the maximum Community Spouse Protected Asset.

AARP urges this Committee to reinstate the Community Spouse Protected Asset law in place between July 2010 and June 2011. Under that law a community spouse received the maximum Community Spouse Protected Asset amount without substantiation. That law provided a community spouse with more adequate resources to remain independent. It also has the added benefit of simplifying the Medicaid application process, thereby reducing the current back log in Medicaid applications.

The Appropriations Committee should also restore the Governor's proposed \$229,000 cut for Alzheimer's respite care. Cutting respite services adds strain for family caregivers. Family caregivers provide the majority of long-term care supports for their loved ones, but doing so can

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<sup>2</sup> P.A. 11-44, Section 178 (2011).

also mean health, emotional, and financial challenges for the caregivers themselves. Respite services provide a temporary reprieve from caregiving responsibility, allowing the caregiver to keep their own life in order and stay healthy enough to continue supporting their loved one.

Unpaid family caregiving remains the backbone of our long term care system. A 2011 report by AARP's Public Policy Institute found the total economic value of caring for an adult family member, partner, or friend who suffered with chronic conditions or disabilities reached an estimated \$450 billion in 2009. In Connecticut, an estimated 711,000 family caregivers provided 465 million hours of care to an adult with limitation in daily activities during 2009. The estimated economic value of this unpaid contribution was approximately \$5.8 billion.

If Connecticut is serious about bending the cost curve in Medicaid LTC spending we must adequately invest and support family caregivers. That includes adopting the medication administration reforms recommended by the Governor, setting the highest "community spouse resource allowance" and "spousal maintenance needs allowance" possible under federal law (as we had done previously) to provide community spouses with the greatest financial protections, and restoring full funding for the Alzheimer's Respite Care Program.

#### AARP Supports Governor Malloy's Proposals to Strengthen Rebalancing Efforts Under Money Follows the Person.

AARP supports initiatives by the Governor to strengthen rebalancing efforts under Money Follows the Person including: (1), grants to nursing facilities to support right-sizing; (2) various long-term care workforce enhancements; (3) creating a standardized level of care process across long-term services and supports; (4) creating an automated web-based system to transition from hospitals to long-term services and supports; and (5) adding an independent support broker to the menu of services available under the PCA waiver.

#### Conclusion

AARP commends the Governor's continued focus on long-term care rebalancing. We support his expansion of the private pay assisted living pilot, the recommended investment in new affordable senior housing and congregate housing, his proposal to expand Personal Care Assistance Services that will reduce the wait time for the program, his efforts to reform medication administration, and his proposal to strengthen rebalancing efforts under Money Follows the Person. These policy changes will help expand access to home and community based services and provided an immediate impact for some individuals currently waiting for services. But, unfortunately, these changes continue to operate in an overall long-term care system that tilts in favor of costly institutional care and limits true consumer choice.

So we also ask that Connecticut be a bit bolder and offer a comprehensive range of long-term services and supports that would be guaranteed to all who need them, regardless of age or income. These services and supports should be based on a person's physical and cognitive or other mental functioning and on the types of assistance a person needs. Uniform assessments would determine whether a person meets the eligibility criteria for a program and what type and level of services a person requires. Furthermore, financial and functional eligibility should be determined in a timely manner. Moreover, we ask that Connecticut reduce barriers to care such as the co-pay on the CT

Homecare Program for Elders. And, Connecticut should ensure that caregivers do not have to become poor themselves when they care for their loved ones. We should set the highest “community spouse resource allowance” and “spousal maintenance needs allowance” possible under federal law (as we had done previously) to provide community spouses with the greatest financial protections. Finally, Connecticut should restore full funding for the Alzheimer's Respite Care Program.

AARP Connecticut is prepared to answer the Governor's call for bold leadership and work with elected officials to fundamentally overhaul the long-term care system. AARP research estimates that a highly functioning long-term care system in Connecticut would mean:

- 4,180 more new users of Medicaid Long Term Services and Supports (LTSS) would first receive services in home and community based settings instead of nursing homes;
- 3,907 nursing home residents with low care needs would instead be able to receive LTSS in the community; and
- 2,058 unnecessary hospitalizations of people in nursing homes would be avoided.<sup>3</sup>

Long-term care rebalancing is about personal dignity and choice and it is fiscally expedient. We have found that if you ask a person what they want and truly need, their answer will generally cost less than any system we might design for them. We need a public long-term care system that respects true consumer choice and responds to consumer preferences, while also ensuring cost effectiveness. Thank you.

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<sup>3</sup> Susan C. Reinhard, et al., Raising Expectations: A State Scorecard on Long-Term Services. Connecticut's scorecard results can be found at: <http://longtermscorecard.org/DataByState/State.aspx?state=CT>