Testimony of

Julia Evans Starr, Executive Director
Connecticut Commission on Aging

Human Services Committee
March 1, 2012

Thank you for this opportunity to comment on a number of 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 almost twenty 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. I'd like to thank this committee for its ongoing leadership and collaboration in these efforts.

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.

The CoA applauds the CGA's and the Governor's efforts to "rebalance" the long-term care system and to uphold the US Supreme Court's *Olmstead* decision and Connecticut state law (CGS §17b-337). In short, Olmstead and state law require that individuals with long-term care needs have the option to choose and receive long-term care and support in the least restrictive, appropriate setting. At the same time, we know that individual preference and desire is undeniably to live in one's home and community with services and supports (research substantiates this).

The CoA hopes that the Legislature and the Governor will continue to support these initiatives, as long-term care is a highly complex, multi-faceted system requiring much more work. To that end, respectfully, the CoA has put forward a comprehensive, dynamic and innovative Long-Term Care Strategies Report (which we update on a quarterly basis). Our recommendations – informed by data and national trends and best practices – can continue to help inform critical policy, regulatory and implementation decisions moving forward. All reform efforts should strive to create parity and allow true consumer choice for people regardless of age, streamline systems and maximize state and federal dollars.

Many of the proposals before this committee are consistent with those advanced by our office over the years.

SB 230: An Act Concerning Community Choices for Long-Term Care and Disability Services ~ CoA Supports

This bill memorializes in statute DSS's development and oversight of Aging and Disability Resource Centers also known as Community Choices. Community Choices is operating in three of the five regions of the state as this time. The other two regions are under development.

The state's Long-Term Care Needs Assessment demonstrated a profound need for improved access to long-term care information. In fact, the need for information is so great that the creation of a single point of entry for information and referral across all ages and disabilities was a top recommendation of that comprehensive report. ("Single Point of Entry," "One Stop Shops," "No Wrong Door" and "Aging and Disability Resource Centers" or "ADRCs" are all terms used to describe a common concept.) The development of a statewide single point of entry is also a key recommendation of the state's Long-Term Care Plan. Additionally, the federal government is increasingly requiring that the state has a fully operational statewide aging and disability resource center in order to qualify for some federal grant opportunities.

Consumers in Connecticut are understandably confused by the myriad of public and private programs—all well-intentioned—designed to serve specific categories of individuals. The result is a highly fragmented system filled with many pilots, waivers and programs making it nearly impossible for the consumer to navigate and access. Furthermore, people do not know where to turn for a better understanding of public and private services and supports available. Further compounding the situation and most unfortunately, individuals and their families typically do not begin to explore their options until a crisis happens. All of these factors serve as huge barriers to being able to remain in the home and community.

These integrated points of entry into the long-term care system are designed to address many of the frustrations consumers and their families experience when trying to access needed information, services, and supports. Integrated points of entry strive to create community-wide service systems that reduce consumer confusion and build consumer trust and respect by enhancing individual choice and informed decision-making.

Additionally, ADRC's can also help to break down barriers to community-based living by giving consumers information about the complete spectrum of long-term care options. ADRC's enhance consumer choice in long-term care—and can be critical to state efforts to save significant dollars spent on long-term care.

SB 231: An Act Modifying the Katie Beckett Home Care Waiver Program ~ CoA Informs

This bill makes technical modifications to the Katie Beckett waiver to improve access to home and community based services.

As a leader in efforts to transform how and where people of all ages receive long-term care services and supports, the CoA recommends and strongly encourages a major initiative to

expand access to Medicaid home and community-based services (and not only for those transitioning out of nursing homes under the Money Follows the Person program).

Attached you will find a graphical depiction of our current long-term care system. You will note that there are multiple waiver programs, serving individuals based on specific disease or age criteria. Most of these programs have a limited number of slots and many have prolonged waitlists, including the Katie Beckett Waiver, the subject of this bill.

There are several options available to streamline CT's system. One of the options identified by the CoA is the 1915(i) State Plan Amendment as an ideal vehicle for restructuring. This option, which has been modified by the Affordable Care Act, would allow Connecticut to design a system that serves people based on need. We encourage this Committee to support a complete redesign of the Medicaid home and community-based system. ***In the meantime, we respectfully ask you to address the immediate need of people of all ages who are unable to access much needed services and supports offered by the various waivers.***

SB 232: An Act Extending a Moratorium on Nursing Home Beds
~ CoA Informs

The State is engaged in aggressive plans to "right-size" the long-term services and supports system. Specific to modernizing and right-sizing nursing homes, the CoA and key stakeholders (including representatives of nursing homes) have been involved in a series of planning meetings, to review data and best practices and develop goals and strategies. Consequently, we anticipate the release of the Governor's "Right-Sizing Strategic Plan" in the very near future.

While nursing facilities are a critical component of the long-term service and supports continuum, the extension of the bed moratorium is aligned with the state's commitment to right-size the long-term services and supports system.

However, the CoA encourages this committee to support nursing facilities' ability to redefine their business models and allow for new models of service delivery. The moratorium, as well as other nursing facility regulations, may need critical review as nursing facilities adjust to the ever changing landscape.

HB 5282: An Act Adjusting Income Eligibility for Medicare Savings Programs
As you are aware, this bill is no longer necessary as it has been addressed in the Emergency Certified House Bill 5301, An Act Adjusting Income Eligibility Guidelines for Medicare Savings Program. The bill just passed the House and Senate and is now awaiting Governor Malloy's signature. Our gratitude to you and the CGA for addressing this issue with the expediency the issue warranted.

SB 30: An Act Implementing Provisions of the Budget Concerning Human Services
Elements of this bill seek to advance long-term care rebalancing by starting to break down key barriers to living in the community, address gaps in home and community services, and streamline processes. We support these aspects of the bill before you:

- **moving people on the PCA waiver program onto CHCPE once they turn 65 to open "slots" for people on the PCA waiver (which is presently closed and with a waiting list).** This creative

initiative would open up needed slots for individuals under age 65 who need long-term services and supports. Currently, the Connecticut Home Care Program for Elders (CHCPE) serves about 14,600 individuals over the age of 65 – and is an entitlement program (i.e., those who meet eligibility criteria are enrolled, without regard to the number of total enrollees or state appropriation). Personal Care Attendants (PCAs) are covered as a service under CHCPE. The state also has a PCA Waiver program for individuals under the age of 65 with similar needs to those on CHCPE. That program is capped at 748 individuals and there is a significant waiting list of 103 individuals. Moving PCA Waiver clients to CHCPE once they turn 65 would free up the PCA Waiver for individuals on the wait list, without reducing services to current clients.

- **changing the way medication is administered, which includes assistive technology.** The Money Follows the Person program has identified that the cost of medication administration can be a significant obstacle to individuals transitioning to the community from institutions. This proposal seeks to provide more flexibility for medication administration, including allowing certain home care workers to provide medication for certain individuals, if approved by a medical professional. Medication administration is also is a challenge for family caregivers. Many times, family caregivers have to leave their places of work or use their lunch breaks to administer medications to their loved ones, even though a home heath aide is working in the home. Additionally, assistive technology – such as automated pill dispensers – can be a cost-saver for individuals who need assistance simply with proper dosage and timing, as opposed to with the actual taking of a medication. Though cost-savings is important, we need to move forward putting quality of day-to-day life and positive health outcomes in the forefront of these discussions and efforts.

- **expand the number of slots on the Assisted Living Pilot Program.** This program allows individuals who cannot afford the cost of private assisted living to remain in their communities as their long-term care needs increase, instead of having to move to institutions. Expanding the program shows a commitment to rebalancing our system.

SB 233: An Act Concerning Advance Payments to Nursing Facilities for Uncompensated Care ~ CoA Supports

As you know, Medicaid eligibility determination wait times have been increased significantly over the last several years as the number of eligibility workers has decreased. It is not unusual for a person to wait 6 months for their eligibility to be determined. Unlike most other providers, nursing facilities are in the difficult position of providing costly supports to consumers as they wait for eligibility determination while not receiving any payment from the state. This has put a significant hardship on nursing facilities.

The goal of the state should be to reduce eligibility determination wait times, but nursing facilities need relief from this undue hardship now.

Thank you for this opportunity to comment. We look forward to our continued work with you.