Testimony of

Julia Evans Starr, Executive Director
Connecticut Commission on Aging

Human Services Committee
March 13, 2012

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.

HB 5482 (RAISED) AN ACT EXPANDING THE CONGREGATE MEALS PROGRAM FOR THE ELDERLY. ~ CoA Supports Expanded Funding

Helping people stay in their homes and communities as they age is at the center of our work at the CoA. The Legislature and the Governor have shown their commitment to the same. The Elderly Nutrition Program (ENP) is a core program in supporting older adults in the community. It provides adequate nutrition critical to health, quality of life and overall functioning to older adults via congregate and home delivered meals statewide. Another important aspect of the home delivered meal is that it provides a daily visit to the older adult who is homebound to offer a little socialization, a personal touch, and a visual check on their general well-being.

The ENP is primarily funded by federal and state dollars and partially funded by suggested contributions from participants and private donations. For the past several years, overall funding has been tenuous. While federal and state funds have remained flat, individual voluntary donations for each meal and private donations have decreased as a result of this prolonged troubled economy. Unfortunately, flat funding translates into a decrease as the costs associated with this program keep rising markedly (eg. food, fuel, maintenance of vehicles).

As a direct result, elderly nutrition providers are now forced to utilize a variety of approaches in response such as –putting caps on the number of meals served at sites, closing sites one or two days a week and not offering home delivered meals on weekends. It is important to note that unfortunately, it is a difficult cycle (a conundrum) – when fewer meals are served statewide, less money comes in from the federal government (as the federal government reimburses the state based on the number of meals served).

Clearly, the demand for the ENP will increase in concert with the soaring population of older adults and the major movement to keep people in their homes and communities... and at the same time aging baby boomers will have different preferences.

Several years of level funding of the Elderly Nutrition Program have stressed the system so it can no longer meet the needs of the communities – and certainly not in the same way it historically has.

In light of these changing times and to maximize state and federal resources, the CoA strongly and respectfully recommends that the state assess all the food security programs in CT and implement a modernization plan. This will be no easy task as the U.S. government administers food-related programs by various agencies with different funding streams and requirements. Consequently, coordination is limited and states are challenged to address broad goals.

Clearly, the State Unit on Aging (the administrator of ENP program) at the CT Department of Social Services would be a key contributor among a multi-disciplinary group of stakeholders. The CoA offers its partnership with this most worthwhile endeavor – to bridge gaps and identify ways to address interconnected issues and improve the foods system – and to secure the future of the Elderly Nutrition Program.

HB 5480 (RAISED) AN ACT CONCERNING INCREASING HOME AND COMMUNITY-BASED CARE FOR ELDERLY MEDICAID RECIPIENTS. ~ CoA Informs

It's good news that the Department of Social Services has pursued the 1915(i) state plan amendment for a subset of people on the state-funded portion of the CT Home Care Program for Elders. Doing so frees those individuals from the CHCPE cost-share and will result in additional federal dollars as we shift these folks from a state-funded program to Medicaid. However, CoA would be remiss not to use this opportunity to recommend a far more comprehensive approach to Medicaid home and community-based services and supports for **people of all ages.** Connecticut's Medicaid HCBS Waiver system remains highly fragmented and nearly impossible to access for many.

DSS is also aggressively pursuing the Balancing Incentive Payment Program (BIP), a $3 billion dollar rebalancing grant provided by the Centers for Medicare & Medicaid Services via the Affordable Care Act. Our fellow New England state, New Hampshire, recently was the first state to receive the BIP grant and was awarded $26.5 million over three years. The money awarded to the states is mandated to be dedicated to actual services (and not structure). Therefore, the CoA recommends that once Connecticut is awarded the grant it utilizes the money for Medicaid HCBS services for people of all ages.

HB 5475 (RAISED) AN ACT CONCERNING NURSING HOMES. ~ CoA Informs

The Department of Social Services, as part of its "rebalancing or rightsizing," initiative has engaged stakeholders and enlisted the services of a consultant firm to analyze data regarding nursing home utilization (eg: by town, bed capacity, bed count, open beds) population projections (density) and some elements of quality. Based on preliminary reports, the consultants are recommending that the inventory of Medicaid nursing home beds be reduced by 7,000 to 9,000 beds (out of roughly 21,000). Their work will soon be officially released by Governor Malloy as featured in his "rebalancing" plan. CoA has been among a group of strategists to help inform this process.

SB 395 (RAISED) AN ACT INCREASING THE PERSONAL NEEDS ALLOWANCE FOR CERTAIN LONG-TERM CARE FACILITY RESIDENTS. ~ CoA Supports

Last year's state budget reduced nursing home residents' personal needs allowance (PNA) from $69/month to $60/month. As this Committee knows, the PNA is used for grooming, clothing, TV/phone service and other items that help to increase the quality of life for nursing home residents. CoA supports this initiative to re-establish the PNA to $69/month and the cost of living adjustment.

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