



## Legislative Commission on Aging

*A nonpartisan research and public policy office of the Connecticut General Assembly*

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### Testimony of

**Deborah Migneault, Legislative and Community Liaison  
Commission on Aging**

**before the Aging Committee  
February 26, 2013**

Good morning Senator Ayala, Representative Serra and esteemed members of the Aging Committee. My name is Deb Migneault and I'm the Legislative and Community Liaison for the Commission on Aging. On behalf of the Commission, I thank you for this opportunity to comment on a number of bills before you today.

As you know, the Legislative Commission on Aging is the non-partisan, public policy office of the Connecticut General Assembly devoted to preparing our state for a significantly changed demographic and enhancing the lives of the present and future generations of older adults. For 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 Legislative Commission on Aging is devoted to assisting you in finding solutions to our fiscal problems, while keeping our state's commitments to critical programs and services.

#### **SB 837: An Act Concerning the Department on Aging**

~ CoA Informs

We offer this testimony as **background** on the establishment of a State Department on Aging.

The State Department on Aging was established on January 1, 2013 after eight years of delays by the Legislature and the Governor.

The new department moves **existing** "State Unit on Aging" funding, programs and staff (28 people) out of the Department of Social Services and into a separate stand-alone department. Additional funding was provided in the FY 2013 budget for a Commissioner and Executive Assistant for the Commissioner. The Commissioner has yet to be named.

The Executive branch Department on Aging (DoA) will continue to primarily operate the federal Administration on Aging (AoA) programs including the Long-Term Care Ombudsman Program, Elderly Nutrition, CHOICES/ADRC (now requiring an MOU with the DSS Medicaid unit), and few other relatively small-state funded and grants projects.

There are no new programs and services associated with this establishment of this Executive Branch Department. Further, as an Executive Branch State Agency, the Governor and OPM make all final decisions with regards to the DoA's requested budget and programmatic priorities.

The Department of Social Services will continue to have oversight of long-term care services and supports (LTSS). The majority of LTSS that support older adults are related to Medicaid (representing close to 3 billion dollars and roughly 13% of the state budget). The major aging related programs **not** included in the DoA are the CT Home Care Program for Elders (\$248 million), Money Follow the Person Rebalancing Demonstration (\$200+ million), the Balancing Incentive Program (\$72.8 million), Nursing home rightsizing, Medicare and Medicaid Enrollee Demonstration (millions), SNAP, etc. All of these Medicaid programs will remain at DSS.

CT is now one of only 14 states with a stand-alone Department on Aging (down from 16 in 2005). **The national trend and best practice has been away from states having stand-alone aging departments.** The research supports that model state structure integrates a strong and visible State Unit on Aging with Medicaid as it is most advantageous for LTSS rebalancing, maximizing funds and program navigation and access for consumers.

**It is important to clarify the distinction between an Executive Branch State Agency which administers programs and services and a public policy office of the CGA:** Despite the Governor's justification for the recent proposal, there is zero duplication between the new state dept. and the legislative commission. The State Unit on Aging—now the DoA—administers programs and services (e.g. the Elderly Nutrition Program) off of the Executive Branch. The CoA is an objective, nonpartisan office off of the Legislative Branch. For the past 20 years we have co-existed—each with its own, distinct role.

The work of the Legislative CoA would continue to cut across several Executive Branch agencies that have aging-related programs. Major aging-related programs will remain at the DSS. Again, Executive Branch agencies (such as DPH, DMHAS, DSS, DCF) administer programs and services, report to the Governor and carry a Governor's agenda! The Legislative Commissions, namely the CoA, work directly with the Legislature to provide the necessary checks and balances within state government.

To illustrate the perimeters of Executive Branch agencies: Countless colleagues from various state agencies (including the new Dept. on Aging, DSS, DMHAS, DPH) would like to publicly express their support for the Legislative Commission on Aging. They recognize our important role within state government. However, they are unable to do so as Executive Branch employees. It would be counter to the Governor's direction.

## **SB 883: An Act Concerning a Community Spouses Allowable Assets**

~ CoA Supports

The CoA's long held principle is to create a system ~ through a series of policies, programmatic and funding reforms ~ that allows people to receive services and support in the environment of their choice. We know that the predominate choice for older adults and persons with disabilities is the community. At the same time, we know that people may choose or require nursing home care at some point in their lives. When this happens, often couples will be divided as one partner may need the type of services that an institution provides while the other one remains in the community. Clearly, we have an equal responsibility to the spouse living in the community. SB 883 would help ease their financial challenges of the "Community Spouse".

Although Connecticut's cost of living is one of the highest in the country, the state utilizes the most restrictive option for states, and only permits the Community Spouse (of a person on Medicaid in the nursing home) the lesser of one half of the couples assets or \$115,920, but no less than \$23,184.

CT is making significant strides to help people age in their homes and communities. We should follow the example set by other states, including Massachusetts, Vermont, Maine, CA, CO, Arkansas, Hawaii, Illinois, Louisiana and Mississippi to provide the maximum community spouse protection amount.

Additionally, we are reminded of the finding of CoA's research on economic security, performed in partnership with the Permanent Commission on the Status of Women. Our 2009 report "Elders Living on the Edge: Toward Economic Security for Connecticut's Older Adults", illustrates the high reliance of Connecticut's older adults on Social Security who often fall short of economic security. Support of this bill would demonstrate the state's commitment of community living.

## **SB 884: An Act Increasing Eligibility for Home and Community-Based Care for Elderly Persons and those with Alzheimer's Disease**

~ CoA Informs

This bill seeks to raise the income and asset limits on two important community based services and supports programs, the state-funded portion of the CT Home Care Program for Elders and the Alzheimer's Respite Care Program. The CoA strongly supports enhancing the long-term services and supports community-based infrastructure. Through research and data we know that providing supports to people in the community is the one of the wisest investments we can make in Connecticut.

CoA appreciates this Committee's commitment to the Connecticut Home Care Program for Elders (CHCPE), our state's hallmark program supporting home and community-based services. It is a key component to the success of various "rebalancing" initiatives.

As you know, over the last several years, this program has been modified a number of times: first, in January, 2010, when a 15% copayment was added to the state-funded

portion of the program; six months later, in July, 2010, the legislature saw fit to reduce the copayment to 6%; in July 2011 the copayment was raised to 7%. Since the imposition of the 7% copayment, enrollment in the state-funded portion of CHCPE has dropped by about 10%.

CoA appreciates all efforts to enhance CHCPE. **Prioritizing maintenance of current funding and reducing co-payments** may be the wisest investment at this point in time. Additionally, a priority of the CoA is to streamline the waiver system for parity and easier access for all individuals with similar needs, regardless of age and specific disease.

CoA also appreciates this committee's commitment to the Alzheimer's Respite Care Program. Approximately 70,000 Connecticut residents have Alzheimer's disease. This important program provides a needed break for caregivers of individuals with Alzheimer's disease and related dementia who remain in their homes and communities. Some estimate that those caregivers in Connecticut provide over \$1 billion of unpaid care annually – and importantly, a higher quality of life to their spouses, neighbors, parents and friends.

A recommendation of the Long-Term Care Needs Assessment, the 2013 Long-Term Services and Supports Plan, as well as the Governor's recently released Rebalancing Plan, is to provide support for informal caregivers. Research clearly indicates that supporting informal caregivers with programs such as the Alzheimer's Respite Care Program is critical to keeping individuals out of nursing homes; it keeps caregivers healthy, and allows families to utilize various options in respite allowing for more cost effective solutions.

It is important to note, as the Committee knows, the Alzheimer's Respite Care Program is not an entitlement; it is limited by its specific line item appropriation. Increasing the income and asset limits, therefore, might simply have the effect of allowing a bigger pool to compete for the same money.

### **SB 886: An Act Concerning Aging in Place**

~ CoA Supports

Last session, through the leadership of this committee, a bill was passed to have a task force study several areas related to Aging in Place. The CoA served as both a member of, an administrative staff to, the Aging in Place Task Force (SA 12-6).

After several months of work and hearing from a dozen or more experts in the different areas of study, the Task Force submitted its final report to this committee on January 1, 2013. At the direction of its co-chairs, Representative Serra and Senator Prague, the Task Force in its deliberations and while trying to put forward meaningful recommendations, was especially mindful of Connecticut's current fiscal year deficit along with the even greater projected deficit for 2013-2015. While increased funding for many initiatives was discussed, it was determined that putting forward high-cost proposals was not strategic at this time. Instead, the Task Force's recommendations are generally low cost ideas that could improve the ability of Connecticut residents to age in place without needing a budget appropriation.

SB 886 addresses several of the recommendations outlined in the Task Force's report. The bill puts forward changes related to food security, transportation, zoning, mandated reporting of elder abuse, long-term care planning, fraud and abuse data tracking and reporting, bank reporting related to financial exploitation and raising consumer awareness about aggressive marketing tactics.

The CoA is supportive of the various components of this bill. We look forward to working with this committee, our stakeholders and the CT General Assembly as this bill moves through this legislative process and beyond.

### **SB 936: An Act Concerning Streamlining Approval for Nursing Homes to Shelter Displaces Residents**

~ CoA Informs

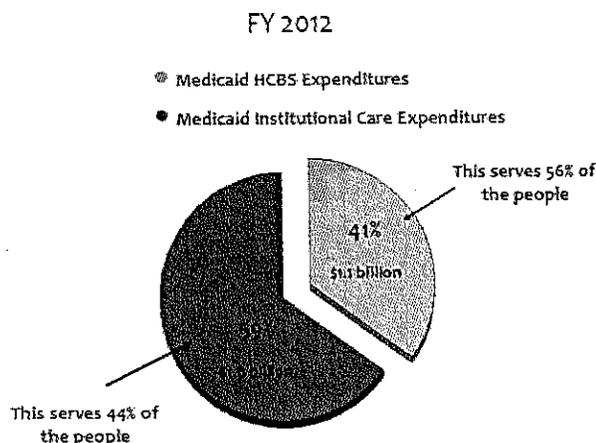
The CoA believes this issue is worthy of further study as the state continues to improve emergency response systems after several natural disasters in recent years. Regulations and liability around sheltering of displaced residents during an emergency is highly complex. Additionally, as more people remain in the community as they age, nursing facilities will be looking to diversify their services. Acting as emergency back-up to various providers during times of crisis is an important role they may be able to play in communities.

### **SB 937: An Act Concerning Care of Elderly Persons in a Home Setting Rather Than a Nursing Home Facility**

~ CoA Informs

We applaud this Committee's commitment to "rebalancing" the Long-Term Services and Supports system with this proposal. The CoA is equally as committed to "rebalancing" and providing choice as to where people receive their services and supports as they age. Connecticut is indeed achieving cost savings with its "rebalancing" initiatives. In illustration recent data show that the costs of LTSS for people transitioned from nursing homes under Money Follows the Person and into the community is less than 1/3 the cost of institutional care. At the same time Medicaid nursing home beds are being taken off line at a rapid pace, primarily due to nursing home closures. The Governor, on January 29, 2013,

released a Rebalancing Plan that sets the goal of reducing the number of Medicaid nursing home beds by over 7,000. Additionally, CT is receiving enhanced federal funds known as FMAP (close to \$200 million) through various rebalancing initiatives including MFP.



While the Commission on Aging fully respects and appreciates the intent of this bill, this area has been seen a lot of study in the last several

years. In 2006, the CoA, in consultation with the UConn Center on Aging, conducted a comprehensive long-term care needs assessment. The needs assessment identifies gaps and opportunities related to long-term care rebalancing. Results of this needs assessment has helped to guide several plans that set rebalancing goals and recommendations for the state. The 2013 Long-Term Services and Supports Plan was released on January 1, 2013 and sets the state goal of 75% of people receiving services in the community by 2025. The Plan sets forth recommendations to achieve this goal. And most recently, the Governor released a Rebalancing Plan that sets several goals and objectives for the state in this area, as well as specific timelines and tactics to meet the goals. The governor's budget appropriates funding to support the goals of this plan.

And finally, the CoA has put forward a comprehensive, dynamic and innovative Long-Term Services and Supports Strategies Report (which we update on a quarterly basis). Our recommendations – informed by data and national trends and best practices – continue to help inform critical policy, regulatory and implementation decisions. 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.

We are happy to share any and all of these various plans and reports with you.

### **HB 6396: An Act Concerning Livable Communities**

~ CoA Supports

The CoA is most willing and eager to continue the work of the Aging in Place Task Force (SA 12-6) to establish a long-range initiative focused on livable communities and aging in place. This bill seeks to establish a mechanism to formerly report the work of the initiative to the CGA and maintain a formal connection on the subject matter between the CGA and livable community stakeholders.

The CoA volunteer citizen board members initiated this project last Spring. Then, while serving as a member and staff to Aging in Place Task Force we further advanced this work. It was clear there was a desire and need from municipalities to have a coordinated dialogue about making communities “livable” and allowing residents to age in place. In early January, the CoA brought together several key partners, including CT Conference of Municipalities, the CT Chapter of the American Planners Associations, AARP and the CT Council for Philanthropy to present to municipal and state leaders, members of the philanthropy community, town and city planners, and municipal human service professionals to begin to discuss best practices across the state and nation. There were over 150 people present and 80 municipalities represented at the forum.

We know that there is much interest to continue this dialogue. We strongly support this Committee's desire to direct the CoA to fully implement this initiative and to memorialize in statute the importance of this work. We look forward to working with you well into the future on this important initiative.

## **HB 6461: An Act Concerning Presumptive Medicaid Eligibility for the Connecticut Home-Care Program for the Elderly**

~ CoA Supports

The CoA supports this proposal and applauds this committee for attempting to fill a major gap in our community-based services structure by raising this bill. As you know, the timeline for processing of long-term care Medicaid applications is egregiously long. Commissioner Bremby is working to upgrade DSS computer systems and change workflow to meet the needs. We've met with the Commissioner several times to address this matter. However, timelines remain far too long, far longer than the federally mandated standard of promptness of 45 days. Some applicants wait 6 months or more for their eligibility determination.

For people that apply to the CT Home Care Program for Elders, the state's largest nursing facility diversion program, often times applicants are determined functionally eligible for the program (nursing home level of need) but must wait MONTHS for services that will support them in the community while they wait for DSS to determine them financially eligible. During this long wait, their health may deteriorate as they attempt to continue to reside in the community without adequate supports. Often times the applicant ends up needing critical care in either a hospital or nursing facility.

Presumptive eligibility allows older adults who have filed a Medicaid application, have met basic financial screening criteria and have been deemed functionally eligible for the CT Home Care Program to begin receiving community-based long-term services and supports immediately. Clients would begin to receive nursing, home health care, adult day services, meals and medical transportation through the CHCPE without having to wait for the Medicaid application to fully process. Presumptive eligibility supports the legislature's and the administration's commitment to rebalance the Medicaid long-term services and supports system.

The CT Association of Area Agencies on Aging has calculated the budget impact of this proposal. Connecticut could save \$6,033 per month for every client presumptively determined eligible rather than paying for institutional care. If the legislation prevents premature institutionalization for just one month for 25% of 2,157 CHCPE yearly applicants, CT would save over \$3 million dollars.

More important than the cost savings associated with this proposal is the quality of life for CT residents. Deeming a person functionally eligible and then letting them wither in the community without supports is irresponsible and possibly inhumane. Furthermore, it is important to note that presumptive eligibility is allowed for nursing facility residents. These same people applying for CHCPE can move into a nursing facility without the finalization of their Medicaid applications. The CoA has continually advised that CT residents should have TRUE CONSUMER CHOICE regarding where they receive their services and supports. This proposal supports choice and saves the state money.

We do suggest a technical change on the bill. The CHCPE is operated, and will continue to be operated, by the Department of Social Services. We suggest eliminating in Section 1 (e) and

(f) “in consultation with the Commissioner of Aging”. The Department on Aging administers Older American Act funded programs and does not have any oversight over Medicaid, including the CHCPE.

## **HB 6462: An Act Concerning a Pilot Program to Expand the Duties of the State Long-Term Care Ombudsman**

### **~ CoA Supports**

The CoA supports efforts to begin to study and pilot an expanded role of the LTC Ombudsman in community-based settings. Expanding the role of the Ombudsman aligns with long-term services and supports Medicaid rebalancing efforts and would provide ombudsman services to consumers receiving long-term services and supports regardless of setting.

The CoA is happy to see a deliberate and thoughtful process when proposing substantial changes to this extremely important and effective program. We remind the committee that the LTC Ombudsman is going through changes internally as they transition from being a part of the Department of Social Services to the Department on Aging. The newly established Department on Aging continues to be without a commissioner. Therefore, we are grateful that the bill gives the Ombudsman time to study the feasibility of the expansion and recommendations for implementation.

***Thank you again for this opportunity to comment. As always, please contact us with any questions. It's our pleasure to serve as an objective, nonpartisan resource to you.***