



*Connecticut Association of Area Agencies on  
Aging Representing:  
Agency on Aging of South Central CT  
North Central Area Agency on Aging  
Western CT Area Agency on Aging  
Senior Resources - Agency on Aging Eastern CT  
Southwestern CT Agency on Aging*

**Legislative Testimony, Aging Committee, February 26, 2013**

The five regional Area Agencies on Aging (AAA) represent older adults, individuals with disabilities, their families and caregivers throughout Connecticut. CT Area Agencies on Aging were established in 1974 to provide leadership and resources to assist the rapidly growing population of older adults. AAA's perform comprehensive needs assessment resulting in regional three-year plans (Area Plans) to determine service and program gaps. AAA's provide stewardship for Older Americans' Act funds, which support many programs and services in communities throughout Connecticut. All Area Agencies on Aging work closely with the State Department on Aging to maintain a network of community-based services which allow older adults to forego more costly institutional care. AAA's are integral to the State's Aging and Disability Resource Center initiative designed to provide a single point of entry for CT residents struggling with the challenges of aging and disability.

**An Act Concerning Presumptive Medicaid Eligibility for the Connecticut Home Care Program for the Elderly – Raised Bill 6461**

Presumptive Medicaid Eligibility is designed to help CT meet the federal "standard of promptness" required for determining eligibility for Medicaid-supported, long term care services and supports. If designed properly, the program will save Connecticut money by providing less expensive home-based care rather than institutional care. Presumptive Medicaid Eligibility supports the Governor's rebalancing efforts by providing the care when needed to divert an elder from institutional care, rather than encouraging the utilization of costly institutional care before supporting the individual in returning to the community via programs such as "Money Follows the Person. Presumptive Eligibility supports the premise of the Olmstead decision, where an individual may receive community supports to live in the least restrictive environment.

### **What is presumptive eligibility?**

- Allows older adults who meet basic screening criteria and have completed an application for Medicaid to get immediate access to Community-based Long Term Care Services.
- Clients would receive services including nursing, home health care, adult day, meals and medical transportation through the CT Home Care Program Medicaid Waiver without having to wait for their application to be fully processed.
- Presumptive Eligibility would provide an incentive to expedite applications from individuals seeking long term care services by prioritizing community-based Long Term Care.
- Presumptive Eligibility would hold true the promise of medical and long term care assistance to older residents meeting the financial and functional criteria established in State regulation 17b-342-1-5.

### **Who would be affected by Presumptive Eligibility?**

- Adults age 65 and older applying to the CT Home Care Program for Elders, a diversion program that helps older adults remain in the community and forego more expensive nursing facility care.
- Older adults with individual income below \$2,022 and less than \$1,600 in assets.
- DSS eligibility staff may reorganize workflow to prioritize Long Term Care applications.

### **Why is it important?**

- Many Long Term Care applications are filed when a person is in crisis or leaving a hospital. The time spent waiting for an eligibility decision is a dangerous time in terms of the client's health condition and the need for additional supports. If community-based services are not available due to eligibility delays, the client often re-enters critical care in either a hospital or nursing facility.
- Presumptive Eligibility supports the Administration's goal to rebalance Medicaid expenditures from institutional based care to community-based care.
- Social Service workers contracted by the State complete an assessment for the client indicating the client's level of risk without support services. The client is then left in the community at a high level of risk without supports.

- The State does not meet the federally mandated Standard of Promptness (45 days for a Medicaid eligibility decision).
- The medical and social assistance provided to clients support the efforts of the family caregivers so that the State's efforts are supplemented rather than supplanted.

#### **How will the legislation impact the budget?**

- The CT Home Care Program explores eligibility for approximately 2,157<sup>1</sup> clients annually.
- The State of Connecticut could save \$6,033<sup>2</sup> per month for every client presumptively determined eligible rather than paying for institutional care. **(If we prevent premature institutional care for even one month for 25% of the 2,157 applicants, Connecticut would save \$3,251,787)**
- Kaiser Foundation reports a less than 2% error rate in eligibility decisions for States implementing Presumptive Eligibility.
- A two percent margin of error would cost the State \$193,500 (43 clients x \$1,500/month x 3 months) in un-reimbursable expense for a net gain of **\$3,058,287.**

<sup>1</sup> & <sup>2</sup> - Monthly Report – Alternate Care Unit, December 20, 2012 report provides year to date July 1, 2011 – June 30, 2012.  
[http://www.ct.gov/dss/lib/dss/pdfs/reports/chcpe\\_2011.pdf](http://www.ct.gov/dss/lib/dss/pdfs/reports/chcpe_2011.pdf)

#### **An Act Concerning a Community Spouse's Allowable Assets - Raised Bill 883**

The Community Spouse's Protected Asset is the amount of asset which the community spouse may retain when the institutionalized spouse is eligible for Medicaid. A community-dwelling spousal share is determined by adding the counted assets of both spouses together and dividing the amount in half. Under current law, the Community Spouse is entitled to half of all of a couple's assets up to a maximum of \$115,920. Currently, if the couple's total assets are \$100,000, the community spouse would only be eligible to keep \$50,000 (half of the total assets). This bill seeks to allow the community spouse to keep the maximum amount (if available) rather than half (if less than the maximum). In the example above of a couple's \$100,000 total asset, the community spouse would keep the entire \$100,000 (because it is less than \$115,920). The additional assets left with the community spouse are critical to support the long term care needs of the community spouse so that he/she can forego premature institutional care. Allowing the community spouse to hold assets up to the

maximum provides the safety net if the community spouse need major household repairs, vehicle or have excessive medical fees.

**An Act Increasing Eligibility for Home and Community-Based Care for Elderly Persons and Those with Alzheimer's Disease – Raised Bill 884**

C4A supports the increase in the eligibility for home and community-based services for elderly persons but notes that increased eligibility without increased program funding results in waiting periods and service limits for clients and caregivers. This system provides a false sense of security for residents who think services are available. The CT Agencies on Aging have less than \$2 million statewide to provide Alzheimer's Respite services to nearly 1,000 residents. This program typically has waiting lists further exacerbated by long delays in Medicaid eligibility processing.

**An Act Concerning Care for Elderly Persons in a Home Setting Rather Than a Nursing Facility – Raised Bill 937**

The CT Association of Agencies on Aging support the concept of rebalancing as demonstrated by an increase to seventy-five percent of elderly persons who require long-term care services receiving such care in a home rather than a nursing home facility. The Association plays a key role as the regional contractors, along with the Centers for Independent Living and CCCI, Inc., in helping older adults and persons with disabilities make the challenging transition from nursing facility to community-based living. We do believe that the foundation for the study commissioned through this proposed legislation already exists in the pilot, Money Follows the Person. The Money Follows the Person demonstration is designed to identify the number of people eligible for long term care services and supports, present solutions to the barriers that prevent some individuals from transitioning to community care, increase to 75% the percentage of individuals opting for community-based rather than institutional-based care and present solutions designed to mitigate the impact on the workforce and institutional facilities. The Money Follows the Person Program contracts with University of Connecticut to provide research, analysis and unbiased evaluation under the leadership of Dr. Julie Robison. Much of the research and analysis is completed with federal funds making this a cost-effective vehicle for Connecticut. It appears duplicative to begin a new study.

### **An Act Concerning the Livable Communities Raised Bill 6396**

### **An Act Concerning Aging in Place – Raised Bill 886**

The CT Association of Agencies on Aging supports the legislation described in Raised Bills, 886 and 6396. Both bills offer additional support designed to help older adults maintain their independence in the community. Both *Aging in Place and Livable Communities* refer to the coordination and integration of services including nutrition and transportation to support aging in place. Enhancing local planning to include changes in zoning regulations promotes a multi-generational approach to accessible housing that can help reduce the State's financial assistance burdens as more family caregivers are available to support aging family members. The anticipated growth in Connecticut's 60+ population makes a convincing argument that each municipality will need to do more to promote aging in place for its senior citizens that have, and will continue to be a tax payers, volunteers, civic leaders and valued community members. The provisions in *An Act Concerning Aging in Place* broaden the mandatory reporting requirements to better protect issues of neglect and abuse from harming older adults who choose community-based rather than institutional-based care. This provision is so important give the more complex situations presenting in community settings due to the State's rebalancing efforts.

### **An Act Concerning the Purchase of Medicare Supplement Policies by Qualified Medicare Beneficiaries - Raised Bill 938**

Federal law, US Code Title 42, 1395ss (B)(l) makes it illegal to sell a Medicare Supplement Policy (Medigap) policy to a dually eligible person, a person with Medicare and full Medicaid. Someone on QMB however, is not a fully dual eligible. They only have partial Medicaid eligibility, as they do not receive the full spectrum of benefits afforded to those who are eligible for full Medicaid.

The Qualified Medicare Beneficiary Program (QMB) pays the Medicare Part B premium for Medicare beneficiaries. In addition to this, it also helps cover the 20% co-insurance and the deductibles under Medicare Parts A & B. QMB theoretically acts as a substitute for Medigap Insurance by paying the deductibles and 20% co-insurance at a cost to the state of CT. However, the QMB program will only pay the 20% co-insurance and deductibles to CT

Medicaid contracted providers. This poses a huge problem for QMB beneficiaries across the state and especially in Southwestern CT. In Fairfield County there are fewer and fewer Doctors participating in the Medicaid program. The inability of QMB's to buy a Medigap policy leaves many beneficiaries with very limited access to quality healthcare providers because of the difficulty in finding both primary and specialty healthcare care providers in CT who are also Medicaid providers.

Since the state is the payer of last resort, allowing QMB beneficiaries to purchase a Medigap policy, ensures that any deductibles and co-insurance would be paid by the Medigap plan as opposed to the QMB program. This is a win - win situation for the Medicare beneficiary as well as for the state of CT.

For further information on programs and services offered through the Connecticut Association of Area Agencies on Aging:

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