



Legislative Commission on Aging

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

**Testimony of
Deb Migneault, Legislative and Community Liaison
Commission on Aging**

**before the Human Services Committee
March 5, 2013**

Good morning Senator Slossberg, Representative Abercrombie and esteemed members of the Human Services Committee. My name is Deb Migneault and I'm the Legislative and Community Liaison for the Legislative 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.

HB 5919: An Act Concerning Presumptive Medicaid Eligibility for Home Care

~ 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. The Department of Social Services' Commissioner Bremby is working to upgrade the agency's computer systems and change workflow to meet the needs. We've met with the Commissioner several times to address this matter and are grateful for his engagement. 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.

This bill seeks to help people 65 years of age and older who are applying for the Connecticut Home Care Program for Elders (a HCBS Medicaid waiver-who apply). Older adults who apply for CHCPE are often 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 DSS works 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 CHCPE, 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 CoA's, 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.

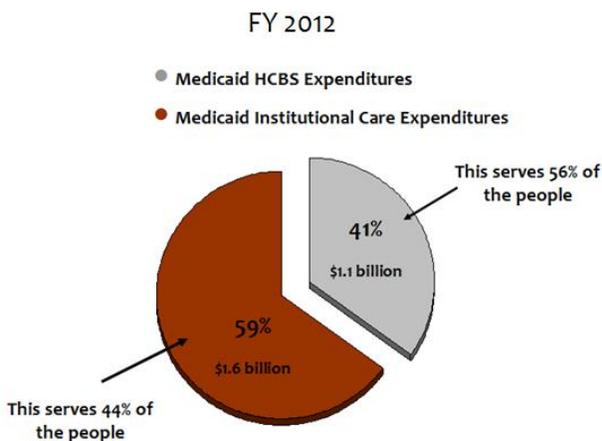
SB 1022: An Act Concerning Providing Incentives to Meet Long-Term Care Goals

~ CoA Informs

We applaud this Committee's commitment to "rebalancing" the Long-Term Services and Supports system. The CoA is equally as committed to "rebalancing" and providing **choice** as to where people receive their services and supports as they age. A full continuum of supports is needed to be able to allow for Connecticut residents to have consumer choice.

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.



Last session, the legislature approved one of the Governor’s rebalancing strategies (and a strategy recommended for several years by the Legislative Commission on Aging) by appropriating approximately \$13 million for FY ‘13 and has requested \$15 million each year for FY ‘14 and ‘15 to the nursing facility industry in an effort to encourage them to diversify their business models. As an additional enhancement, SB 1022 would grant a rate increase to nursing facilities that voluntarily reduce their nursing home beds.

The Commission has long put forward strategies aimed at rebalancing the Long-Term Services and Supports system. We are very grateful to this committee, the legislature, and the Governor for embracing many of these recommendations and strategies we have put forward. In addition to recommending incentives to nursing facilities to diversify their business models we have also urged the legislature to direct the enhanced federal funds from MFP (close to \$200 million) to the community-based infrastructure. There are many areas in need of attention including, but not limited to, addressing long-waiting lists and caps for home and community-based waivers, investing in the direct care workforce, providing enhanced supports to unpaid family caregivers, investing in affordable and accessible housing and transportation, and supporting community-based providers. Without making a strong commitment and investment in the full continuum of services and supports rebalancing will not be successful and consumer choice will be limited.

The Commission on Aging is happy to provide you with our 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.

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.