



Connecticut's Legislative Commission on Aging  
*A nonpartisan research and public policy office of the Connecticut General Assembly*

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Testimony of

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Aging Committee

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Senators Ayala and Kelly, Representatives Serra and Adinolfi, and esteemed members of the Aging Committee, my name is Deb Migneault and I am the Senior Policy Analyst for Connecticut's Legislative Commission on Aging. I thank you for this opportunity to comment on several bills before your today.

As you know, Connecticut's Legislative Commission on Aging is the non-partisan, public policy office of the General Assembly devoted to preparing Connecticut for a significantly changed demographic and enhancing the lives of the present and future generations of older adults. For over twenty years, the Legislative Commission on Aging has served as an effective leader in statewide efforts to promote choice, independence and dignity for Connecticut's older adults and persons with disabilities.

**SB 173: An Act Concerning Income Tax Deduction for Long-Term Care Insurance Premiums**

*~ Support by CT's Legislative Commission on Aging*

This bill will provide a state income tax deduction for premiums paid for long-term care insurance policies. It is in the state's best interest to encourage and incent residents to plan for their long-term services and supports (LTSS) needs. Data show that 1/3 of CT residents have NO PLAN on how they will pay for their long-term services and supports as they age. Over 50% of people over the age of 60 erroneously believe that Medicare will pay for the LTSS needs. The lack of Medicare and private health insurance coverage for long-term services has created a LTSS system that is overly reliant on Medicaid.

Long-term care insurance policies are an effective and important way for some people to plan for their future needs. These policies allow people to receive services and supports in the environment of their choice and protect them for spending all of their

assets in order to qualify for Medicaid. (Medicaid represents approximately 25% of the state budget.) Providing various tax incentives for the purchase of long-term care insurance is a recommendation of three major reports – CT's 2013 Long-Term Services and Supports Plan, the Aging in Place Task Force (SA 12-6) and the Task Force on Alzheimer's Disease and Dementia (SA 13-11).

The state should make every effort to balance the ratio of public and private resources on long term services and supports. Creating tax incentives like the one proposed in this bill may help to do this.

### **SB 174: An Act Concerning Fairness in Medicaid Eligibility Determinations for Home-Care Clients**

*~ CT's Legislative Commission on Aging Informs*

While we are sure the committee has very good intentions in providing equitable Medicaid eligibility functions to both institutionalized applicants and home care applicants we are unclear of the intent of the language in this bill.

We do, however, understand there is a need to immediately address the increasing delays in Medicaid eligibility determination. The crisis of pending Medicaid eligibility is affecting people who are struggling to get access to critical services and supports and providers of long term services and supports who are bearing the burden of providing increasing amounts of uncompensated care.

We understand that DSS is attempting to find solutions to the issues, but the problem is so overwhelming that it continues to be a major problem.

Older adults and persons with disabilities who should be eligible for home and community based services through the Connecticut Home Care Program for Elders Waiver Program are not receiving services due to the significant delays in processing their Medicaid applications. These are individuals who are at risk of nursing home placement, but who apply to receive the waiver services in their home and community. Currently these individuals are assessed by the access agencies and deemed eligible to receive services, but their financial eligibility needs to be processed. The delay in processing the applications – it can take up to 6 months - is causing harmful delays in their receiving needed services. Redeterminations are not being processed in a timely manner causing unnecessary cut off in benefits – with excessive delays in reinstatement. The consequences can be devastating and include: preventable institutionalization, caregiver burn-out/family strife, avoidable hospitalization. It is also important to note that these delays are problematic in other home and community based waivers as well. Additionally, during the delayed Medicaid eligibility determination processes, nursing home providers do provide the care but are not being compensated by the state. They incur millions in dollars of costs that are putting these providers in a precarious cash flow position.

**We recommend the following proposals to help with access to home and community based services for older adults and persons with disabilities.**

- Create a system of providing presumptive eligibility in the Connecticut Home Care Program for Elders so that needed services can be provided without harmful delay.
- Create a centralized unit within DSS to determine cross-waiver eligibility expeditiously.
- In concert with establishing presumptive eligibility and a centralized unit, create a system of providing advanced payments to both nursing facility and community based providers who are caring for people with excessive pending Medicaid applications (until such time as the long term Medicaid eligibility process is improved).

**SB 177: An Act Concerning a Community Spouse's Allowable Assets**

*~ Support by CT's Legislative Commission on Aging*

CT's Legislative Commission on Aging'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 177 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 CT's Legislative Commission on Aging'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 179: An Act Concerning Alzheimer's Disease and Dementia Task Force's Recommendations on Training**

*~ Support by CT's Legislative Commission on Aging*

We are pleased to offer our support for this training bill. CT's Legislative Commission on Aging was proud to serve as the administrative staff for the Task Force on Alzheimer's Disease and Dementia (SA 12-11). The task force studied the care and services provided to persons diagnosed with Alzheimer's disease and dementia in the state. The recommendations put forward in the Task Force report focus on strategies to increase public awareness, encourage and promote early detection and diagnosis of the disease and address gaps in quality of care. A key recommendation to address quality of care is work to build a capable and prepared workforce through dementia specific training.

This bill before you is a cornerstone recommendation of the task force. In other words it is a culmination of many months of work by a diverse group of dedicated individuals. The task force members consisted of legislators, representatives for profit and non for profit nursing facilities, providers of home and community based services, experts on dementia and Alzheimer's, physicians, the probate court administration, and several state agencies and was led by Representative Serra and State Department on Aging Commissioner Prague. Throughout the task force deliberation we heard over and over from task force members about the need for more comprehensive dementia training for skilled nursing facility staff, home health agencies, homemakers and companions, physicians, emergency responders, protective service workers, probate court judges, paid conservators, etc.

There are few Alzheimer's and dementia care training requirements for health care professionals and facilities serving individuals with Alzheimer's disease or dementia in Connecticut. It is estimated that sixty eight percent of nursing home residents in Connecticut have some form of dementia. Yet, Connecticut only requires Alzheimer's special care units or programs to provide dementia-specific training to their staff.

Of course, individuals with Alzheimer's or other dementias are served throughout the health care system and community. Many health care professionals and others are not trained to deal with the unique needs of individuals with Alzheimer's or related dementias. Enhanced specialist training is needed to prepare the direct care workforce for the unique challenges faced by people with Alzheimer's disease. Dementia specific capabilities need to be expanded and enhanced to ensure a dementia competent workforce with the skills to provide high quality care.

Currently, there are no dementia specific training requirements for home and community-based providers. Yet, Connecticut's aging population and re-balancing initiatives toward home and community-based services will increase demand for direct

care workers employed in community-based settings, such as home health aides, homemakers and companions and personal care assistants. Seventy percent of individuals with Alzheimer's or related dementias reside in the community, and this is likely to increase the demand for home care services and supports.

Additionally, emergency responders often lack knowledge or training on how to respond to situations that involve a person with dementia. For example, when an individual with Alzheimer's disease has gone missing or is in a difficult situation, it is often a first responder's job to diffuse the situation and provide protective services. Therefore, the Task Force recommends the inclusion of training on dementia and Alzheimer's in the annual missing persons police training as well as dementia specific training for Emergency Medical Technicians.

CT's Legislative Commission on Aging 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.

### **HB 5001: An Act Providing Rental Cost Relief to Eligible Seniors and Persons with Disabilities**

~ Support by CT's Legislative Commission on Aging

CT's Legislative Commission on Aging supports the restoration of the Renters' Rebate Program.

As you know, the Governor put forward (and the legislature passed) the FY '14 – '15 budget which closed this program to new applicants and specifically excluded from eligibility any renter who do not receive a grant under this program for calendar year 2011. The reduction in the program for FY '14 is by \$2,208,781 and for FY '15 is by \$3,843,774. The Governor in his mid-term budget adjustments recommended restoration of the Renters' Rebate program and additional funds to expand the program.

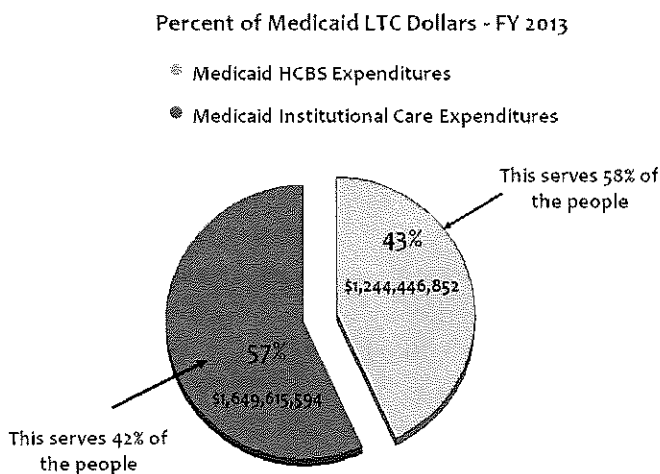
The Renters' Rebate program, originally intended as a companion program to the Circuit Breaker program for low-income homeowners, has historically provided a partial reimbursement of rent and utility bills to older adults and persons with disabilities who meet specific low-income guidelines. In FY 2013, the program served over 48,000 low-income renters. Rebate amounts can range from \$50 to \$900. The average married couple eligible for the program received a rebate of between \$400 and \$500 and the average rebate for unmarried applicants was between \$600 and \$700.

The CT Elder Economic Security Initiative – a partnership between CT's Legislative Commission on Aging, the Permanent Commission on the Status of Women and Wider Opportunities for Women, Inc. – has studied many of the compounding factors that lead to economic insecurity of older adults in Connecticut. The Elder Economic Security

Index measures how much income an older adults needs to adequately meet their basic needs – without public or private assistance. Given today's cost of living and premium of living in a high-cost state such as Connecticut, a range of stable programs is needed. Findings show housing costs (rent, mortgage, taxes and insurance) can eat up more than 1/2 of living expenses for older adults. Public supports, like the Renters' Rebate program, can help older adults fill the gap between what they earn and what is needed to be economically secure.

## HB 5222: An Act Concerning a Study of Funding and Support for Home and Community-Based Care for Elderly Persons and Persons with Alzheimer's Disease

~ CT's Legislative Commission on Aging Informs



We appreciate this Committee's commitment to "rebalancing" the long-term services and supports system with this proposal. CT's Legislative Commission on Aging 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 related 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, in January 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 Legislative 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 conducted by research centers, our Commission, paid consultants, the business community, etc. These studies include but are not limited to:

- **Long Term Care Needs Assessment** (2006): Per legislative mandate, the Legislative Commission on Aging, 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.

- **Long-Term Services and Supports Plan** (2013): Legislatively mandated plan, conducted every three years, sets the state goal of 75% of people receiving services in the community by 2025. The plan sets forth recommendations to achieve this goal.
- **Rebalancing Plan** (2013): The Governor released a Rebalancing Plan that established 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 appropriated funding to support the goals of this plan.
- **Aging in Place Task Force Report** (2012): Legislatively mandated task force studied many of components outlined in this bill and offered recommendations.
- **Alzheimer's Task Force Report** (2013): Legislatively mandated Task Force which studied forward several recommendations related to components of this bill.

Please know that we are happy to share any and all these various plans and reports with you. Our recommendations put forward in many of our publications – 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 and specific diagnosis or disease, streamline systems and maximize state and federal dollars.*

### **HB 5223: An Act Increased Funding for Elderly Nutrition**

~ Support by the CT's Legislative Commission on Aging

The Elderly Nutrition Program (ENP) is an important 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 meals and home-delivered meals statewide. In Federal FY 2011 almost 833,000 congregate meals were given to over 18,000 adults across 188 congregate meal sites. In the same FFY, 1.2 million meals were home-delivered to over 6,000 CT adults.

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 (e.g. 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 the homes and communities. The ENP has not received a rate increase through the CT Home Care Program for Elders in more than 6 years. According to the CT Association of Nutrition Agency Service Providers, the program operated with a loss of more than \$600,000 statewide in FY '12.

In addition to providing a much needed rate increase to the nutrition program and in light of changing times and to maximize state and federal resources, the Legislative Commission on Aging strongly and respectfully **recommends that the state assess all the food security programs in Connecticut 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

The State Department on Aging (the administrator of the ENP) now also would be a key contributor among a multi-disciplinary group of stakeholders. The Legislative Commission on Aging offers its partnership with this most worthwhile endeavor ~ to bridge gaps and identify ways to address interconnected issues and improve the food security system ~ and to secure the future of the ENP.

### **HB 5226: An Act Increasing the Personal Needs Allowance for Certain Long-Term Care Facility Residents**

~ Support by CT's Legislative Commission on Aging

The FY 12-13 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. Through the Coalition for Presidents of Resident Councils and the annual Voices Forum, the Legislative Commission on Aging has heard from residents themselves about this hardship and its impact on quality of life. We support this initiative to increase the PNA from \$60 to \$72/month. This increase would reinstate the PNA back to the \$69 plus a portion of the cost-of-living increase that social security recipients received (but nursing home residents do not get to keep).

### **HHB 5228: An Act Expanding Eligibility for the Alzheimer's Disease Respite Program**

~ *CT's Legislative Commission on Aging Supports*



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.

It is a recommendation of the Long-Term Care Needs Assessment (conducted in 2006), the 2013 Long-Term Services and Supports Plan, the Governor's 2013 Rebalancing Plan and the Task Force on Alzheimer's Disease and Dementia to provide much needed 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.

As the Committee knows, the Respite Program is not an entitlement; it is limited by its specific line item appropriation. Increasing the income limits, therefore, might simply have the effect of allowing a bigger pool to compete for the same money. It is important that along with expanded income criteria, the line-item appropriation for the program needs to be increased.

The Alzheimer's Respite Care Program saves the state money by helping individuals with Alzheimer's disease remain at home instead of going to institutions and by helping their caregivers continue to provide their important support. The Connecticut Commission on Aging supports all efforts to fund the program, thus allowing individuals to receive the much needed respite that they require.

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