



*Connecticut Association of Area Agencies on  
Aging Representing:  
Agency on Aging of South Central CT  
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## **Presumptive Eligibility – S.B. 254**

To support the Governor Malloy's policy initiative to move from institutional care to community-based care, the Connecticut Association of Area Agencies on Aging (C4A) recommends that "Presumptive Eligibility" be used by Connecticut Access Agencies (AA) when assessing potential clients for the Medicaid Elder Waiver program.

### **Background**

The term "Presumptive Eligibility" means that an elderly applicant is temporarily accepted for Medicaid and can receive services through the Waiver program following an initial screening by the appropriate AA. If the applicant meets the basic functional and financial eligibility criteria, the applicant can immediately begin receiving in-home services, case management and other benefits through Medicaid Waiver. AAs would determine presumptive eligibility through statements from the applicant and a functional assessment.

The applicant must still be approved by the Department of Social Services, but the application process would not delay the applicant receiving services. This change would increase the number of diversions and the federal dollars coming into Connecticut. The formal Medicaid application process can begin immediately following the Presumptive Eligibility action, but waiting on Medicaid approval would not delay the diversion process. It is the responsibility of the AA to monitor the application process and set a deadline for the submission of all associated documentation. Failure to submit the required application documents would result in immediate termination of services and the applicant would be held responsible for the expenditures to date. If the applicant is not approved at this point, past expenditures may be paid through State funds or, in the case of false statements, from the applicant.

Connecticut has established Presumptive Eligibility for pregnant women in low-income families. The policy grants immediate, temporary health coverage through Medicaid to women meeting the basic eligibility guidelines. The goal was to quickly start prenatal care and reduce infant mortality by funding services during the waiting period for final approval.

## **Advantages**

In this situation, applicants are frail elderly adults who face the risk of nursing home placement because they are not able to provide self-care. If institutionalized, they are at risk of losing their homes in the community and face increased impairment with longer recovery times.

Presumptive eligibility has been used for a number of years in other states, such as Ohio, Pennsylvania, Washington, and Iowa.

### **The advantages are:**

- More Federal money is pulled into the state through Medicaid.
- The case is expedited with the client receiving services more quickly.
- There is less risk of premature nursing home placement due to faster provision of in-home services.
- Applications are done more thoroughly with low error rates (less than 2% in other states).
- Fewer State Alzheimer's Respite funds and Older Americans Act funds would be used to support the clients pending eligibility resulting in a greater number of non-waiver qualifying clients served.

## **Issues**

There is the possibility that an applicant could be determined to be eligible by the initial assessment and later found to be ineligible by the state because of client misrepresentation or other errors in the initial assessment. Funds expended during the time between the initial assessment and the state's approval process would need to be paid through Medicaid Waiver Administration funds. While this is a concern, historically there is a very low error rate (fewer than 2%) for the initial screening and there would not be a large amount of Administrative funds required.

## **Current Action Needed**

C4A believes that Presumptive Eligibility should become accepted procedure within the Medicaid Elder Waiver application process immediately. This process has been supported for pregnant low-income women and has been used successfully in several states in the past five years. C4A asks the legislators to consider this important legislation in keeping with the critical needs of constituents and Connecticut's desire to rebalance Medicaid expenditures.

## **H.B. No. 5325 - AN ACT ELIMINATING THE HOME-CARE COST CAP**

The Connecticut Area Agencies on Aging strongly support the elimination of the homecare cost cap and applauds the Department's effort to provide flexible coverage for older adults at risk of nursing home level of care. The social service cost cap is currently set at 60% of the cost of institutional care. Juggling expenditures between skilled care and community-based services adds an unnecessary level of complexity to care planning and sometimes forces the care planner to use more expensive skilled care when developing a plan to keep the elder in the community. New service offerings such as Personal Care Assistants further necessitate eliminating the community-based services cap. Overall expenditures would remain no more than sixty per cent of the weighted average cost of care in skilled nursing facilities. The Connecticut Home Care Program is the State's most effective nursing home diversion program. The removal of the community-based services cap is another prime example of building the flexibility into systems that support consumer choice and independence. This legislation is in line with the Governor's initiative to rebalance Medicaid expenditures and save Connecticut residents money while providing a safety net for the State's aging population.

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

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