



## Connecticut's Legislative Commission on Aging

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

---

Testimony of

**Deb Migneault**

Senior Policy Analyst

Connecticut's Legislative Commission on Aging

### **Human Services Committee**

March 11, 2014

Senator Slossberg, Representative Abercrombie and esteemed members of the Human Services 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 SB 326, SB 327, SB 329 and HB 5445.

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 326 An Act Concerning Federal Medicaid Waivers ~ CT's Legislative Commission on Aging Supports**

Tremendous emphasis is presently being placed on transitioning individuals out of nursing homes and back into the community. The incentive for this particular aspect of "rebalancing" is predicated on cost savings, enhanced federal dollars, choice/improved quality of life and human rights issues. The Money Follows the Person (MFP) program has provided Connecticut--and actually now every state in the nation--the incentive and opportunity to restructure long term services and supports (LTSS) via a federal enhanced match for Medicaid for every person (regardless of age) transitioned out of a nursing home under MFP. (Connecticut has already transitioned out over 2,000 people.) When people are transitioned out of nursing homes under MFP and into the community they eventually are provided services thru Medicaid home and community based (HCBS) waivers.

Unfortunately, "diversion" efforts have received less attention. In truth, the Medicaid HCBS Waivers which help individuals stay in the community (before going into a nursing home) are less accessible to those presently in the community (vs. a nursing

home). Further, occasionally waiver slots are opened for people on MFP but not for those in the community. Clearly, this is a perverse incentive. Thus, Medicaid HCBS Waivers are ripe for study, integration/coordination, parity and action. I draw your attention again to the attached waiver silo chart prepared by the CoA to illustrate the barriers such as fragmentation, difficult to navigate, and lack of access.

The Affordable Care Act contained several, new rebalancing opportunities including the Balancing Incentive Program known as BIP and the Community First Choice option. CT was awarded approximately \$73 million for BIP by the federal government and the Governor has stated in his budget address that DSS will be pursuing the Community First Choice option which will allow for an additional 6% FMAP and allow for more access to Personal Care Attendant services.

CT's Legislative Commission on Aging works closely on these issues as co-chair of the Money Follows the Person Steering Committee, comprised of diverse stakeholders including actual participants. As co-chair of the Long-Term Care Advisory Council, we have also brought significant attention to the need to restructure Medicaid HCBS Waivers to have better access and to create parity for people regardless of age. We offer ourselves as a resource to you on this specific matter as well.

**SB 327 An Act Concerning Nursing Homes  
and  
SB 329 An Act Concerning Long-Term Care  
~ CT's Legislative Commission on Aging Informs**

CT's Legislative Commission on Aging appreciates this committee's support and commitment to rebalance the Medicaid long-term services and supports (LTSS) system. For several years now, CT's Legislative Commission on Aging has put forth recommendations and provided oversight with the implementation of rebalancing efforts which give people choice in where and how they receive long-term care services and support. These efforts involve highly complex and multifaceted policy, programmatic, regulatory and funding issues. We have worked with this committee on legislation that supports this initiative and we are truly grateful for your continued commitment on this work.

In recent years, DSS contracted with Mercer Consulting to analyze the long-term services and supports system both historically as well as projecting the needs of the future. Actuaries and analysts have produced pages and pages (roughly 730 pages) of town- by- town specific data that tell us much of what the state needs to know about 1) the number of needed institutional beds and nursing facilities, 2) the need for community- based service providers, and 3) the demand for direct care workers. In January 2013, the Governor released a "Rebalancing Plan" which contained the findings of Mercer's work and provided strategies aimed at rebalancing the LTSS system. The data is featured on the DSS website. This plan, with significant amounts

of data, is in addition to a data collected as part of the 2006 Long-Term Care Needs Assessment conducted by the UCONN Center on Aging with oversight by the Legislative Commission on Aging, and the Long-Term Services and Supports "Balancing Plan" (released in January 2013) by the Long-Term Care Planning Committee (written by OPM and in consultation with the LTCAC of which CoA chairs).

***In lieu of these bills or as a complement to our Commission would be willing and grateful for the opportunity to provide you with an overview of these plans, reports and data pieces to support you in your work.***

### **HB 5445: An Act Concerning Medicaid Coverage of Telemonitoring Services ~ CT's Legislative Commission on Aging Supports**

This bill will allow for Medicaid coverage of home telemonitoring. Telemonitoring can be used to deliver care to people regardless of their physical location or ability and therefore can increase access and improve efficiency of home health care. There has been a considerable amount of peer-reviewed research that has been done to evaluate the cost effectiveness, quality of care and patient satisfaction with telemedicine and telemonitoring. Most peer reviewed research shows that telemonitoring saves the patients, providers and payers money, compared with traditional approaches of providing care, improves quality of care and has high patient satisfaction. **13 other states have already chosen to allow coverage of home telemonitoring in their under their Medicaid programs.**

As you know, the population in Connecticut, across the country and around the globe is aging dramatically. Connecticut is the 7<sup>th</sup> oldest state in the nation and home to more than 1 million baby boomers. Between 2006 and 2030 our 65+ population will increase by 64% while our population age 21 to 64 years of age actually decreases. Baby boomers are an introduction of what will be a permanent state representing a remarkable shift. We must use new and innovative ways to provide support and care at home for this booming demographic.

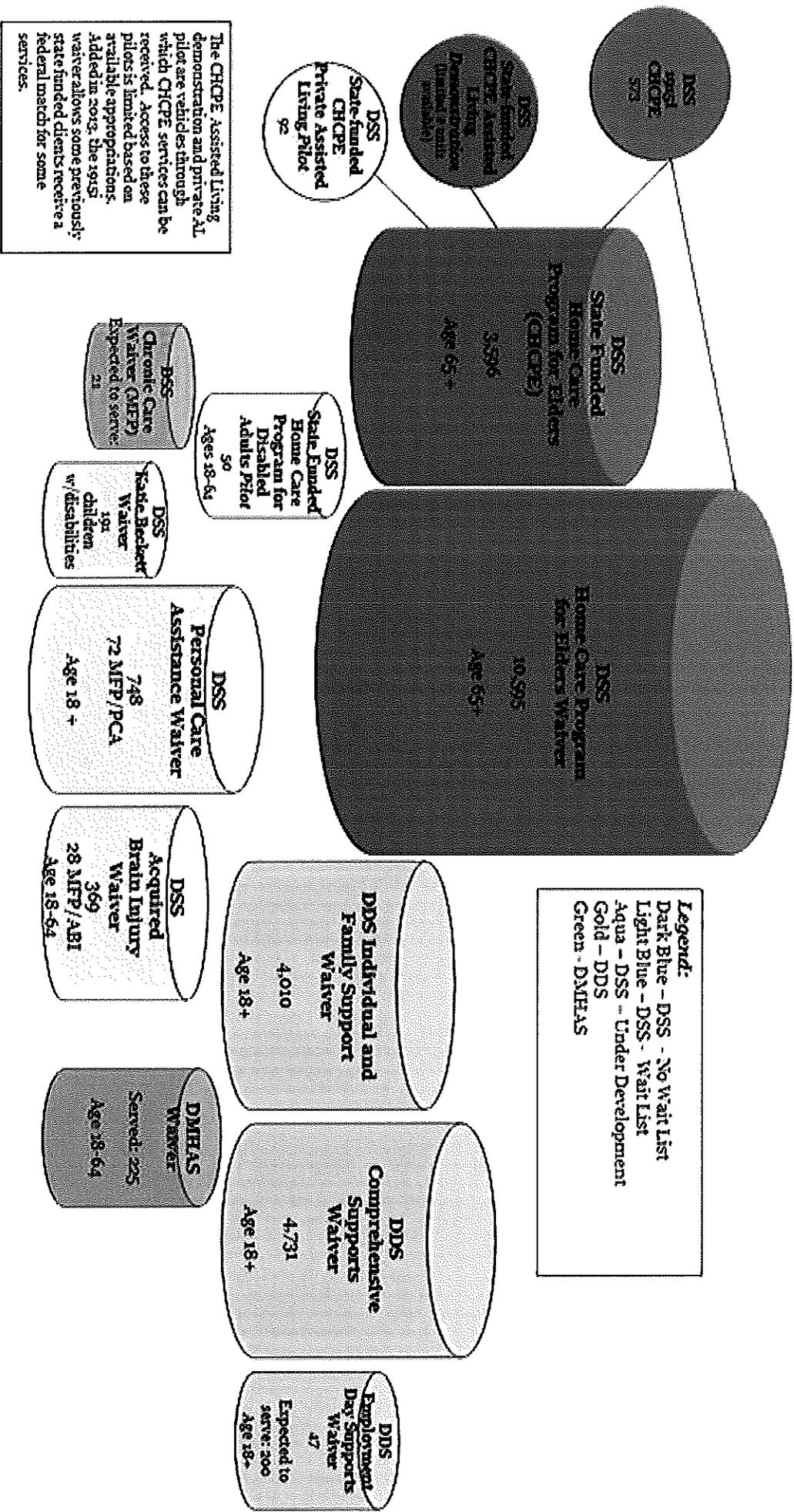
Allowing for Medicaid coverage of home telemonitoring is important to help Connecticut meet Medicaid rebalancing goals set in the 2013 Long Term Services and Supports Plan the Governor's Strategic Rebalancing Plan. Allowing for the use of home telemonitoring was also a recommendation of the Aging in Place Task Force and the Alzheimer's Disease and Dementia Task Force.

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



# Break Down the Silos Streamline the Home & Community-Based System

To utilize Medicaid to pay for HCBS, you must fit into one of these narrowly defined waivers (or related state-funded pilots)



The CHCPE Assisted Living demonstration and private AL pilot are vehicles through which CHCPE services can be received. Access to these pilots is limited based on available appropriations. Added in 2012, the 1915i waiver allows some previously state-funded clients receive a federal match for some services.