Commission on Aging

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

Testimony of

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Human Services Committee

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Senator Slossberg, Representative Abercrombie and esteemed members of the Human Services Committee, my name is Julia Evans Starr and I am the Executive Director for Connecticut's Legislative Commission on Aging. I thank you for this opportunity to comment on HB 5325, SB 253 and SB 254 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.

HB 5325: An Act Eliminating the Home-Care Cost Cap

~ CT's Legislative Commission on Aging Supports

This bill proposes to eliminate the 60% cap on waiver services under the CT Home Care Program for Elders. CT's Legislative Commission on Aging supports this bill as the current structure disallows some individuals from being able to receive services in the community. It is important to note that, even after this change, care plans still must remain below the cost of nursing facility care.

For example: this bill would allow for a fuller utilization of a new service option of the CT Home Care Program for Elders (and the PCA Waiver) – the Adult Family Living service. Adult Family Living could not be provided 7 days of week if the 60% cost cap remains in effect. However, even when this cost cap is lifted it would still be thousands of dollars cheaper than providing care in a nursing home.

SB 253 An Act Concerning Temporary Nursing Home Bed Reductions

~ CT's Legislative Commission on Aging Informs

This bill provides incentives to nursing facilities to voluntarily and temporarily reduce their bed capacity. It is important to note that temporarily taking beds offline is not the same, however, as decreasing the number of beds in the state.

In 2012, the Department of Social Services contracted with Mercer Consulting to conduct a thorough examination of the long-term services and supports supply and demand needs in Connecticut. Using census and demographic data Mercer was able to project the needs on a town-by-town basis. Results of this study can be found in the 2013 Strategic Rebalancing Plan, released by the Governor in January 2013.

The Plan puts forward several strategies and tactics to address the unprecedented demand for Medicaid funded long-term care through 2025. As part of the report, Mercer calculated the future demand for nursing facility beds and the plan sets a goal of taking 7,000 beds out of the system by 2025. Within the national context, this is logical since Connecticut is ranked in the top 3 states for number of nursing home beds as a percentage of the population.

Additionally, the Department of Social Services has engaged the nursing facility industry in an RFP process to allocate approximately 20 million dollars to nursing facilities to diversify their business models to meet the coming trends. Providing rate increases to nursing facilities to temporarily reduce their bed capacity is not consistent with the intent of DSS to help facilities diversity their services but instead sustains the existing business model.

SB 254 An Act Concerning Presumptive Medicaid Eligibility for the Connecticut Home-Care Program for the Elderly

~ CT's Legislative Commission on Aging Supports

CT's Legislative Commission on Aging supports this proposal and applauds this committee's efforts to address this issue. As you know, processing long-term care Medicaid applications is a long, complex and at-times disjointed process. We acknowledge that the Department of Social Services' Commissioner is working diligently to address significant challenges with the agency's new system and to make workflow changes. The Commissioner has met with us several times to address this matter and we are grateful for his engagement. However, timeframes for waiting still 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 (CHCPE) get access to services at a much quicker rate. 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. These long waits can result in unfortunate and often unavoidable consequences such as: deterioration of health, admission into a hospital or nursing facility and almost always struggle and grief for families.

Presumptive eligibility allows older adults who have filed a Medicaid application, met basic financial screening criteria and 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 and getting access to key services expeditiously. This is performed successfully in other states and the error rates are extremely low.

We are now gathering and analyzing data which might inform the financial aspects of this proposal. More important than any potential cost expenditure or 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 unacceptable. We can do better!

And we do actually - for people who are seeking nursing home care. Presumptive eligibility is allowed for those folks. These same people applying for CHCPE can move into a nursing facility without the finalization of their Medicaid applications. CT's Legislative Commission on Aging has continually advised that CT residents should have true consumer choice regarding where they receive their services and supports. This proposal supports choice and supports our Commission's, this legislature's and the Administration's commitment to rebalance the Medicaid long-term services and supports system.

Relatedly, your committee raised and CT's Legislative Commission on Aging supported SB 104 "An Act Providing Financial Relief to Nursing Homes for Uncompensated Care". SB 104 aims at providing relief to nursing facilities who are providing months of uncompensated care to residents of their facilities as they await Medicaid eligibility determination. **We recommend that payment system be developed for both nursing homes and community based providers (if SB 254 moves forward)** that alleviates the financial strain of providing care to individuals during the prolonged determination process.

We also recommend a centralized cross-waiver processing unit, to expedite the eligibility (and redetermination) process and minimize undue burden to the individuals (and their families) and providers alike.

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.*