Real Possibilities

Testimony of AARP Connecticut
H.B. 5325: AN ACT ELIMINATING THE HOME-CARE COST CAP
S.B. 254: AN ACT CONCERNING PRESUMPTIVE MEDICAID ELIGIBILITY FOR THE CONNECTICUT HOME-CARE PROGRAM FOR THE ELDERLY
H.B. 5324: AN ACT CONCERNING MEDICAID APPLICATIONS BY MARRIED PERSONS
March 4, 2014
Human Services Committee

AARP is a membership organization of people 50 and older with 603,000 members in Connecticut. We believe that one's possibilities should never be limited by their age and that, in fact, age and experience can expand your possibilities, whether they be personal or professional. We support H.B. 5324, H.B. 5325, and S.B. 254, which are designed to promote consumer independence, choice and autonomy.

AARP SUPPORTS H.B. 5324, AAC MEDICAID APPLICATIONS BY MARRIED PERSONS

AARP supports the data collection process outlined in H.B. 5324, An Act Concerning Medicaid Applications by Married Persons. This information is critical to determining the actual cost and potential savings associated with changing the Community Spouse Protected Amount for Medicaid.

Medicaid requires states to allow the spouses of nursing facility residents to protect income and assets to prevent spousal impoverishment. The federal government sets a minimum and maximum asset range, but states have discretion to set their own minimum, which may be higher than the federal minimum. Between July 2010 and June 2011, Connecticut passed legislation allowing a community spouse, the healthy spouse living in the community, to keep the maximum Community Spouse Protected Amount (CSPA) allowed under federal law. As a result, the healthy spouse was able to keep more of the couple's assets and use those resources to pay for supportive services to live independently in the community.

Unfortunately, Connecticut later rescinded this policy and returned to the federal minimum claiming a budgetary cost. That cost, however, is based solely on budget assumptions and not hard data. Advocates believe that those assumptions fail to consider the long-term cost associated with accelerating Medicaid eligibility for the healthy spouse, as well as, other potential off-sets and avoided costs. H.B. 5324 provides a process to get the necessary data to make an accurate long-term fiscal analysis for increasing the CSPA in Connecticut.

AARP believes Connecticut should set the highest CSPA possible under federal law to provide community spouses with the greatest financial protection. H.B. 5324 establishes the process to

evaluate potential savings and costs associated with reinstating the policy Connecticut had in place in SFY 2011.

AARP SUPPORTS H.B. 5325, AA ELIMINATING THE HOME-CARE COST CAP

H.B. 5325, An Act Eliminating the Home-Care Cost Cap, will help ensure that those who need long-term supports to live independently in their own home have access to the most appropriate services of their choosing. The current 60% cap is arbitrary and inconsistent with the other waiver programs. It also has the impact of forcing individuals to supplement with state plan services, which might be less appropriate and less desirable to the individual. For some, especially those that might want to choose 24/7 services through the Adult Family Living option, the 60% cap is cost prohibitive and might result in unnecessary institutionalization. AARP supports the technical change contained in H.B. 5325 to promote flexibility and respond to consumer wishes regarding the type of services they receive in the community. AARP urges your support.

AARP SUPPORTS S.B. 254, AAC PRESUMPTIVE MEDICAID ELIGIBILITY FOR THE CONNECTICUT HOME-CARE PROGRAM FOR THE ELDERLY

In 2010, AARP in partnership with The Scan Foundation and The Commonwealth Fund released a multidimensional *Scorecard* to measure state-level performance of long-term services and supports for older adults and people with disabilities.[1] Connecticut ranked 11 overall, but our state received only mediocre scores in consumer choice. States that lead the way in consumer choice share common characteristics, including timely eligibility determinations for home care services.

Hospitals account for nearly half of all nursing home admissions. When decisions must be made quickly at a time of crisis, state programs must be able to arrange for HCBS in a timely manner. Failure to determine timely eligibility for HCBS often results in unnecessary nursing home placement.

S.B. 254, An Act Concerning Presumptive Medicaid Eligibility for the Connecticut Home-Care Program for the Elderly would help ensure prompt coordination of home and community based services under the Connecticut Home Care Program for Elders. We ask for your support of S.B. 254 and other policy changes that can ensure prompt delivery of services at home.

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[1] *Raising Expectations: A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers*, available at: http://www.longtermscorecard.org/