



# State of Connecticut

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In Support of S.B. No. 254 AN ACT CONCERNING PRESUMPTIVE MEDICAID ELIGIBILITY FOR THE CONNECTICUT HOME-CARE PROGRAM FOR THE ELDERLY.

Human Services Committee

March 4, 2014

Senator Slossberg, Representative Abercrombie, Senator Markley, Representative Wood and members of the Human Services Committee. Thank you for the opportunity to testify in support of *S.B. No. 254 An Act Concerning Presumptive Medicaid Eligibility for the Connecticut Home-Care Program for the Elderly*.

Operating the Home-Care Program without presumptive eligibility exemplifies cultural and structural impediments to aging in place. As we age, we all deserve the right and resources to remain in our own homes. We deserve the safety and security of aging in familiar communities surrounded by friends, neighbors, and everyday comforts.

Unfortunately, the majority of legislation across the country does not embrace the principles of aging in place. I believe that Connecticut can set the agenda for this issue nationwide. But we have to start by changing how we operate in our state. Our approach to long-term care must be adjusted to create environments where people have the tools they need to stay healthy and happy, independent of institutionalized care.

The Connecticut Home-Care Program is an important step in the right direction, but without presumptive eligibility, we are missing the mark. This long-term care alternative to nursing homes helps seniors live comfortably in their own homes without relying on expensive institutional care. However, there is a significant flaw in the program - an extremely long wait period before receiving in-home care. When we talk about aging and long-term care, assistance delayed is assistance denied.

Let us look at an example. A woman applies for the Connecticut Home-Care Program because she is within program limits, but she cannot begin receiving in-home care until her application for financial assistance is processed. So she is forced to wait. The waiting period has a federally mandated standard of 45 days, but many applicants have seen that period grow much longer. While waiting, she continues to suffer from the ailments that qualified her for the Home-Care Program in the first place. But, without Home-Care Program services in place yet, she does not have the daily support she needs.

During that time, the woman could seek long-term care services elsewhere, but she would pay significantly more. Or, she could choose to not seek any interim care. Unfortunately, if she chooses to forgo care, she increases her risk of placement in a hospital or nursing home due to deteriorating health. Either way, during this period she will exhaust dwindling resources to pay for care. Whether the woman pays for expensive care up front, or pays later to treat the consequences of not getting proper care, she is stuck in a downward spiral of deteriorating health and budget. Eventually, she could deplete all assets while waiting, making institutional placement more likely because Medicaid covers all housing costs in the nursing home at great cost to the taxpayer, but it does not cover those same costs in the community.

Forcing people to wait for home care places seniors at risk and increases costs.

If home care were provided immediately, we would reduce people's anguish and lessen the financial burdens on the state. By establishing presumptive Medicaid eligibility, seniors would not have to wait long periods for the state to process their application. Instead, as soon as they qualify for care, they would receive in-home services.

According to AARP, the cost of serving a Medicaid client in the community is approximately one third the average cost of serving that person in an institution. The Office of Fiscal Analysis has reported that the average Home-Care Program client costs, on average, \$58 per day. The Medicaid cost per day for a nursing home stay is \$205. So, for a 90 day episode of care, receiving Medicaid services in the Home-Care Program rather than in a nursing home would result in a savings of \$13,230 per person. This research is also supported by the CT Association of Area Agencies on Aging, which has established that presumptive eligibility could save \$6,033 per month for every client it diverts to community in-home care and away from institutionalized care.

Clearly, concerns that care under presumptive eligibility will cost the state too much are illogical. Presumptive eligibility will reduce spending, and ease individuals in need of home-based care immediately.

It is imperative that we expedite services to improve care and provide people most in need with immediate help and support. These individuals are already on the road to Medicaid, the only question left unanswered is where the care will be delivered - at home or in an institution?

We know which option is the better choice for people. We know which option is the better choice for the state budget. We need to do everything we can to support in-home care and make sure that people receive this care before it is too late.

Thank you for raising this bill and for the opportunity to testify today.