



Written Testimony before the Aging Committee

February 10, 2015

The Department of Social Services offers the following written testimony on several bills that impact the agency and its programs.

Proposed S.B. No. 286 AN ACT EXPANDING AGING IN PLACE INITIATIVES

This bill requests funds for the purpose of expanding programs that provide or facilitate community and home-based care for persons who are elderly or who have Alzheimer's disease.

The Department supports Aging in Place Initiatives. The Department also acknowledges the growing demographic of persons with Alzheimer's disease as well as the recommendations included in the December 2013 Report of the Task Force on Alzheimer's disease and dementia.

Aligned with the Governor's Rebalancing agenda, key programs that serve elders and persons with dementia within the Department have a no-waiting list policy. Those programs include the Money Follows the Person demonstration and the Connecticut Home Care Program for Elders. The Connecticut Home Care Program for Elders has both a Medicaid and state-funded component that provides an extensive service array to persons with Alzheimer's disease. For persons under 65, the Home Care Program for Adults with Disabilities is available.

Additionally, the Department is demonstrating new informal caregiver's support under Money Follows the Person, developing new options of Adult Family Living and implementing the Community First Choice state plan option on April 1, 2015.

Success of new initiatives and expansions must be evaluated over the next year to determine effectiveness. For this reason, the Department does not support this bill beyond what is already planned.

Proposed H.B. No. 5541 AN ACT CONCERNING A PILOT PROGRAM FOR INTERIM CARE FACILITIES

This bill proposes a pilot program to provide Medicaid reimbursement to interim care facilities for Medicaid-eligible persons who do not require twenty-four-hour care.

The State of Connecticut currently has 421 Medicaid rest homes with nursing supervision (RHNS) beds. This licensure level falls between the skilled nursing facility (SNF) licensure and

the level of care received at a residential care home. Both RHNS and SNFs are considered “nursing home level of care.” As of January 2014, there were 62 open beds which equates to 86% occupancy. This occupancy level is below the state-wide nursing home occupancy level of 88%.

The bill requests funding for a new type of facility, presumably for persons who are not at nursing home level of care. The current priority under the Governor’s rebalancing plan is to develop community settings. Facilities are, by definition, not community settings under Medicaid. Community settings under Medicaid must meet the definition under the home and community-based setting requirements. The state currently has a range of community settings for people at or below nursing home level of care, including assisted living settings, congregate settings, supported apartments, and individual homes. Medicaid does not fund facilities for persons who do not meet nursing home level of care since there is a presumption that these people should be in a community setting. Medicaid services in community settings are allocated to the person, not to the facility.

Additionally, it should be noted that the federal Medicaid program does not allow for federal reimbursement of “pilot programs.”

For these reasons, the Department is unable to support this bill.