



CONNECTICUT COMMUNITY CARE, INC.

*Caring From
Every Perspective*

*43 Enterprise Drive
Bristol, CT 06010-7472
Telephone: 860-589-6226
Facsimile: 860-585-0858*

DIVISIONS:

Care Management Associates

Case Management Institute

CyberCAM

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Good Evening Chairs and Members of the Appropriations Committee,

My name is Molly Rees Gavin. I am the President of Connecticut Community Care, Inc. (CCCI). CCCI administers the Home Care Program in 118 towns and cities in the Eastern, North Central and Northwest regions of Connecticut.

I am here this evening to recommend that the Appropriations Committee eliminate the proposed increase in the Connecticut Home Care Program Cost Share recommended in the Governor's Bill No. 6846.

The 15% co-pay will affect approximately 1703 individuals and their family caregivers (if they have any) who live in the above noted towns and cities. Their average age is 80+; their average monthly income is below \$2,000. On average; they are taking eight to twelve medications which may also require co-payment. These are poor, sick, older adults.

I will stake my 38 years of professional experience on the fact that some of these elders will enter nursing homes because they will not be able to meet the co-pay expectation. They are on fixed incomes; but the co-pay amount may change every single month depending on changes in their plan of care. Any effort to help these individuals return to the community will prove exceptionally challenging. They will lose their apartments (most are not homeowners), their community physicians and informal support networks.

CT has spent the last several years trying to rebalance the long term care system; to support efforts for people to remain at home instead of sending people to nursing homes. CT boasts the recent success of the Money Follows the Person (MFP) program in discharging people from nursing homes and getting them back into the community. The average savings of these elders suggest that they will have enough money for a one month stay in a nursing home and will then become Medicaid eligible.

Five years ago, CT enacted a 15% cost share which was subsequently reduced to 7%. At that time, CCCI was able to identify 194 individuals terminated due to "refusal to pay fee" or "not compliant with fee." These termination reasons were selected as indicators of terminated due to the newly implemented 15% cost share. An interviewer called 72 individuals. Not all calls yielded an interview. Two people asked not to be called again and some were not available for a phone interview. Data was obtained from 40 individuals or their supporters.

Among the 40 respondents, it was found that 18% experienced a health status change since termination. Furthermore, 10% reported a fall; 10% reported a hospitalization. Twenty percent reported depression and 17% reported income difficulties including inability to afford food, medication or to cover utility bills.

This short-sighted increase has long term financial implications for CT elders, their families and taxpayers. Please take a second look. Thank you.