



# Connecticut's Legislative Commission on Aging

A Nonpartisan Public Policy and Research Office of the Connecticut General Assembly

## Human Services Committee

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### Testimony

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*With 21 volunteer  
board members from  
across the state*

Senator Moore, Representative Abercrombie and esteemed members of the Human Services Committee, my name is Julia Evans Starr and I am the Executive Director of Connecticut's Legislative Commission on Aging. I thank you for this opportunity to comment on SB 271, An Act Concerning Medicaid Reform to Promote Aging in Place.

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.

Connecticut is the 7<sup>th</sup> oldest state in the nation with the 3<sup>rd</sup> longest-lived constituency, and between 2010 and 2040, Connecticut's population of people age 65 and older is expected to grow by 57%.

For over twenty years, our Commission has served as an effective leader in statewide efforts to promote choice, independence and dignity for Connecticut's older adults and persons with disabilities. We're grateful that several of the bills on the agenda today will help realize these efforts.

### **SB 271: An Act Concerning Medicaid Reform to Promote Aging in Place ~ CT's Legislative Commission on Aging Supports**

We are supportive of SB 271 which represents a highly thoughtful piece of legislation and requires DSS to establish a presumptive eligibility pilot program for 50 participants who require a nursing home level of care. The bill requires the development of a screening tool for presumptive eligibility and sets standards for which both DSS and the applicant needs to comply. Within 5 days of prescreening, the individual will be prescreened for the CT Home Care Program for Elders and within 5 days, if they meet prescreening requirements, they will be determined presumed eligible for the Program and can begin receiving services. Providers will be paid for services rendered for up to 90 days. The individual has 5 days to



complete the Medicaid application and the Department has 90 days to determine final eligibility. Finally, the bill requires that DSS report back findings to this Committee on the pilot program that includes a cost/savings analysis and recommendations for expansion of the program state-wide.

We are supportive of proposals that create parity between home and community services and supports and institutional care. Currently, if a person goes into a nursing home, they receive nursing home care while their application for Medicaid is pending. Once they are deemed eligible for Medicaid, the nursing facility is retroactively paid for services from the date of application. However, if the person is living in the community and applies for Medicaid, the person is unable to receive any services until they are deemed financial eligible.

In other words, older adults who should be eligible for the Connecticut Home Care Program for Elders Program (a Medicaid waiver) can go for a period of not receiving services due to the processing of their Medicaid applications. These are individuals who are at risk of nursing home placement, but wish to receive services in their home and community. Currently these individuals are assessed by the access agencies and deemed eligible to receive services, but their financial eligibility needs to be processed. The consequences of these delays can be devastating and may include: preventable institutionalization, caregiver burn-out/family strife, avoidable hospitalization.

We would like to acknowledge the streamlining efforts made by the Department of Social Services which has yielded noticeable improvement in this area. This bill is similar to another related effort by the Department of Social Services in which presumptive eligibility is being tested (without the provision of services) under the Money Follows the Person Program.

Presumptive eligibility is aligned with the state's major policy commitment to prioritize choice in where in how people receive long term services and supports. It is also already established in Connecticut for children, pregnant women and more recently to any individual who has a condition or illness that, if left untreated, places the individual at serious or imminent risk of severe harm or permanent disability.

Below is information on a national study on this matter and a report on pilot in Kansas that is similar to pilot proposed in this bill. We hope you will find this information useful in your deliberations.

- **Expediting Medicaid Financial Eligibility by Susan Reinhard, PhD, and Robert Mollica.**  
[http://nashp.org/sites/default/files/presumptive\\_eligibility.pdf?q=Files/presumptive\\_eligibility.pdf](http://nashp.org/sites/default/files/presumptive_eligibility.pdf?q=Files/presumptive_eligibility.pdf)

***Highlights:***

- **Washington (WA) PE program helped shrink the average wait time required to determine Medicaid financial eligibility by 66% (from 37 days to 17 days).** WA officials determined that PE clients saved Medicaid an average of \$1,964 a month by authorizing HCBS for people who would have entered an institution if services were delayed.
- **Ohio's PASSPORT, administered by AAAs, is a Medicaid waiver program which has PE for home care.**  
OH data indicates the error rate in assessments is about 1% of applications.
- ***Expedited Service Delivery Pilot Evaluation Final Report*<sup>1</sup> performed by researchers at the University of Kansas (KU) found KS's PE pilot would have only needed to divert 5 people (2.5% of 200) away from institutional care in order for it to be cost effective. In the end, the PE pilot successfully diverted 11% of participants (22 of 200) away from nursing homes and into HCBS. The KU study documented a less than 1% error rate in determinations. In a 2015 phone interview, Rosemary Chapin, the study's author, stated they feared the pilot would incur significant costs, so state lawmakers created a large "safety fund" just in case. The program was so cost effective the safety fund went untouched.**

***We thank you for your commitment to aging-in-place initiatives like this one and encourage your support of this bill.***

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<sup>1</sup> Rosemary Chapin, et al. *Expedited Service Delivery Pilot Evaluation Final Report*. University of Kansas School of Social Welfare Office of Aging and Long Term Care. (1999), pp. 12, 43. Rosemary Chapin made this assertion in a phone conversation with Caitlin Maloney of Alston & Bird, LLC on Tuesday, January 13, 2015. Ms. Chapin can be reached at (785) 864-8941 or by email at [rchapin@ku.edu](mailto:rchapin@ku.edu). Ms. Maloney can be reached at [caitlin.maloney@alston.com](mailto:caitlin.maloney@alston.com).