Connecticut's Legislative
Commission on Aging
A nonpartisan public policy and research office of the Connecticut General Assembly

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Testimony
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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 852, HB 6149, HB 6674, HB 6690 today.

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 7th oldest state in the nation with the 3rd 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 852 An Act Concerning Presumptive Medicaid Eligibility for Home Care.
~ Connecticut's Legislative Commission on Aging supports

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 either doesn't receive any services while waiting, or if they do receive services they are not retroactively paid for the expenses incurred while they waiting for eligibility determination.

The underlying issue is the length of time that a person waits for LTSS Medicaid eligibility determination. While reports are that there has been noticeable

improvement in this area due to various strategies employed by the Department of Social Services (the state agency which administers Medicaid, including the CT Home Care Program for Elders) applicants still wait two to six months and beyond for Medicaid eligibility determination.

In other words, older adults who should be eligible for the Connecticut Home Care Program for Elders Program (a Medicaid waiver) can go for an extended 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.

With the passage of this bill, an older adult who chooses home care and meets the basic functional and financial eligibility criteria, would be "presumed eligible" and receive immediate and temporary access to home health services through Medicaid.

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.

Finally, it our collective efforts to establish parity across ages and various disability, it is important to note that these delays are problematic across Medicaid and in other Medicaid HCBS.

HB 6149 An Act Concerning Medicaid Coverage of Telemonitoring Services
~ Connecticut's Legislative Commission on Aging Supports

As you know, HB 6149 would allow home health care agencies to collect reimbursement from Medicaid for home telemonitoring services provided to certain patients. Currently, at least 18 other states already provide Medicaid coverage for home telemonitoring services.[1]

The health care needs of the burgeoning population of older adults, combined with the needs of the newly insured population, will rapidly outpace the ability of traditional models of health care delivery to adequately meet those needs.

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[1] American Telemedicine Association. State Telemedicine Gaps Analysis: Coverage and Reimbursement. September 2014.

Telemonitoring, one category of telehealth services:

- **Improves health outcomes** as measured by improved medication adherence, reduced hospital readmissions, and a variety of other indicators. Its recordable nature also improves documentation and verification.
- **Saves patients, providers and payers money**, compared with traditional approaches of providing care.
- **Offers a patient-centered approach** as it empowers consumer choice, allows care to be provided where a patient is located, and provides flexibility.

- **Compliments and enhances the face-to-face care that home health provides.**

Recommended through various state plans and studies: Providing Medicaid coverage for telemonitoring can help Connecticut meet Medicaid rebalancing goals set in the 2013 Long-Term Services and Support Plan and the Governor's Strategic Rebalancing Plan. Providing Medicaid coverage for teleleath/telemonitoring was also a recommendation of the Aging in Place Task Force (SA 12-6), Alzheimer's Disease and Dementia Task Force (13-11), and the Home Care Study (SA 14-6).

Several national thought leaders on telehealth policy have thoroughly discussed the importance of provisions that seek to optimize the profound potential of any telehealth legislation, including the American Medical Association, the Federation of State Medical Boards, and the Center for Connected Health Policy. Based on our research, among other considerations, we further recommend: That Medicaid coverage go beyond simply "telemonitoring" and be broadened to include other telemedicine services, such as for interactive services and store-and-forward. Interactive (real-time) telemedicine provides face-to-face interaction between patient and provider through real-time audio and video technology. Store-and-forward (asynchronous) telemedicine involves transmitting medical data, in forms such as digital images, narrative messages or documents and pre-recorded videos, from an originating providers to a professional colleague for consultation or a medical specialist for assessment.

HB 6674: An Act Providing Financing Relief to Nursing Homes for Uncompensated Care.
~ Connecticut's Legislative Commission on Aging supports

This bill is intended to provide relief to nursing homes who are experiencing extended periods of non-payment from the state due to prolonged Medicaid eligibility processing delays.

As you are well aware, long-term care Medicaid eligibility applications can take up to 6 months and even a year to process. During that delay, nursing home providers can incur significant costs (even millions of dollars) that are going unpaid by the state and putting nursing home providers in a precarious cash flow position. Again, we are very much

aware and thankful for DSS Commissioner Bremby and his team for ongoing efforts to resolve the processing delays. Still, delays remain a highly problematic for older adults and persons with disabilities and providers alike.

The commission supports this established practice of presumptive eligibility for older adults and persons with disabilities on Medicaid and needing nursing home care. As you previously heard we are also supportive of allowing presumptive eligibility for people on Medicaid needing the Home Care Program for Elders (and other Medicaid HCBS waivers as well). The system of care we are striving for is about options and choice for older adults and persons with disabilities.
At the same time, we acknowledge that payments must be made to the nursing home providers during the eligibility determination process. Further, once we establish presumptive eligibility for the CHCPE & other Medicaid HCBS waivers, home and community based providers should also be compensated in the interim period.

HB 6690 An Act Concerning Nursing Home facility Minimum Staffing levels:
~ Connecticut's Legislative Commission on Aging supports

Connecticut has the second lowest staffing levels in the country. Our state mandates 1.9 hours of nursing staff care per resident per day. This was established decades ago. The composition of people in nursing homes has vastly changed since then. Nursing home residents are frailer (with multiple co-morbidities), sicker and much older. This status of a more vulnerable nursing home population will continue as a result of people live longer, hospitals releasing patients more quickly and due to a variety of rebalancing efforts underway such as Money Follows the Person.

It is widely recommended that the staffing levels equal 4.1 hours of nursing staff care per resident. This legislation would raise Connecticut from its present 1.9 ratio minimum to 2.3. The Centers for Medicare and Medicaid Services (CMS) website named nursing home compare maintain a survey which demonstrates that Connecticut nursing homes exceed 2.7 hours of care. (Other researchers question the validity of the methodology used and went so far to suggest that these reports across the country were grossly inaccurate and high). The Affordable Care Act included a provision to require nursing homes to provide data based on actual payroll though these efforts have been stalled.

The research is overwhelming in consistent findings – that staffing levels is directly tied to quality of care. Understaffing harms nursing home residents and can lead to pressure ulcers, infections, malnutrition, dehydration and serious falls.

If in fact nursing homes staffing levels in Connecticut exceed 2.7 hours, then passage of this bill should draw no opposition, only recommendations to make it more specific and effective and questions to gage any fiscal impact.