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Testimony to the Appropriations Committee and Human Services Committee

Elizabeth B. Ritter, Commissioner

March 31, 2015

Good Morning Senator Bye, Senator Moore, Representative Walker, Representative Abercrombie, and Ranking members Senator Kane, Senator Markley, Representative Ziobron and Representative Wood. I am pleased to offer testimony in support of the Department of Social Services, Notice of Intent to Renew the Home Care Program for Elders Medicaid Waiver, specifically the addition of the *Live Well* Chronic Disease Self-Management as a waiver service.

The State Department on Aging fully supports the proposed inclusion of the **Live Well,** Chronic Disease Self-Management Program (CDSMP) as a new waiver service under the Department of Social Services, Home Care Program for Elders Medicaid Waiver. Since 2008, the SDA has offered CDSMP workshops, considered to be the "gold standard" of self-management programs, utilizing a statewide education network based out of the states five Area Agencies on Aging and a Medicaid Access Agency. The SDA is fully committed to providing the needed resources to ensure that Live Well workshops are available to the state's home care clients if this proposed new service is approved.

With nearly 92% of older adults experiencing at least one chronic disease and 77% experiencing at least two, the inclusion of this service will not only benefit older adults receiving services through the Home Care Program, but will benefit the state's Medicaid Program as well. The cost of treating chronic disease is expensive, with over 75% of our nation's health care dollars being spent on their treatment and mitigation. We know that many of our state's elder Medicaid clients experience multiple chronic conditions, and having them engage in activities that will promote and protect their health through self-management, will result in consumers who are self-motivated, better informed and enjoying a better quality of life. The 2012 National CDSMP Study demonstrated a successful translation of research into the community setting. Significant and measureable improvements in health and quality of life were made in people experiencing chronic conditions and CDSMP appeared to save enough money through reductions in health care spending that the program paid for itself within the first year.

Finally, this partnership will not only provide home care clients with the skills and self-efficacy to actively manage their chronic conditions, but will also provide a mechanism for reimbursement and program sustainability, as well as providing the Medicaid Program with a means to achieve the Center for Medicare and Medicaid Services' triple aim of 1) promoting better health, 2) providing better care, and 3) lowering costs.

Elizabeth B Ritter