



Real Possibilities in

Connecticut

Human Services Committee

February 23, 2016

Testimony in Support of Raised Senate Bill #114

AAC Presumptive Medicaid Eligibility for Home Care

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AARP is a nonprofit, nonpartisan organization, with a membership of almost 38 million, over 600,000 of whom live right here in Connecticut, which helps people age 50 and up turn their goals and dreams into real possibilities, strengthens communities and fights for the issues that matter most to families such as healthcare, caregiving, consumer protections, affordable utilities, employment security and retirement planning.

AARP believes that Connecticut should create the capacity for prompt financial and functional Medicaid eligibility determinations for applicants who need and want HCBS and for using presumptive eligibility for people seeking them. We support the proposal offered in S.B. 114, *AAC Presumptive Medicaid Eligibility for Home Care*, to achieve this goal.

States have long had the option to allow qualified entities to enroll eligible children or pregnant women presumptively. As of January 1, 2013, two-thirds of the states (33), including Connecticut, have used presumptive eligibility for pregnant women, children, or both. The policy is widely viewed as an effective way to move the enrollment process into the community where trusted organizations can identify and enroll eligible people.

Under a presumptive access policy, applicants for Medicaid HCBS are temporarily assumed to be eligible and may begin receiving services immediately, when the need arises, rather than waiting for the often-lengthy Medicaid eligibility verification processes to be finalized. This is especially critical for people who are in crisis or undergoing hospital discharge, as failure to connect these individuals with HCBS in a timely manner can result in unnecessary hospitalizations and nursing facility admissions.

Thought leaders in long-term care have endorsed presumptive eligibility as a compassionate, commonsense approach to connecting vulnerable individuals with Medicaid-funded HCBS in a timely manner. For example, the 2011 version of the "*State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers*" by AARP, SCAN, and the Commonwealth

Foundation, researchers wrote that “[f]ailing to serve new beneficiaries in HCBS settings can have negative impacts for an extended duration”, and they endorsed state adoption of presumptive eligibility policies to “...quickly establish that a person will be able to qualify for public support for HCBS, thereby preventing unnecessary nursing home admissions”.

Section 10202 of the Affordable Care Act (ACA) provided increased flexibility to support states’ growing interest in presumptive eligibility as a cost-effective way to provide Medicaid long-term care services.

On February 24, 2014, Senator Kevin Kelly (R-21) introduced Senate Bill 254, *An Act Concerning Presumptive Medicaid Eligibility for the Connecticut Home-Care Program for the Elderly*. Under this proposal, presumptive eligibility would be available to applicants for the Connecticut Home Care Program for Elderly who have been pre-screened to meet functional eligibility and deemed likely to meet Medicaid’s financially eligibility criteria.

The Connecticut Association of Area Agencies on Aging (AAA) offered legislative testimony on the measure when it was introduced in February 2013 as Raised Bill 6461. In their testimony, the Association reports that the state could save \$6,033.00 per month for every client presumptively determined eligible. If Connecticut prevents premature institutional care for one month for 25% of the Connecticut Home Care Program applicants, the Association testified, Connecticut would save \$3,251,787. The testimony also cites data from the Kaiser Family Foundation indicating that the general error rate for presumptive eligibility is less than two percent.

In Ohio, a recent analysis by the Ohio Department of Aging found that less than one-quarter of one percent (0.17%) of presumptive eligibility cases resulted in no final Medicaid eligibility determination in State Fiscal Year 2014.

In Washington, state officials estimate that it costs less than \$100,000 per year to provide services to people who are ultimately found to be ineligible for Medicaid, but that cost is “far exceeded by savings generated by diverting clients from institutional care.”

A [2004 study](#) entitled, “Community Living Exchange Collaborative: A National Technical Assistance Program”, looked at the number of states who have put into place presumptive eligibility for HCBS. This study reported that Washington officials determined that “fast track” clients save Medicaid an average of \$1964 a month by authorizing community services for people who would have entered an institution if services were delayed.

S.B. 114 would allow Connecticut to expedite access to home- and community- based services and respect consumer preferences to age with dignity in their own home.