



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

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Senator Moore, Representative Abercrombie and esteemed members of the Human Services Committee, my name is Deb Migneault, and I am the senior policy analyst for Connecticut's Legislative Commission on Aging. As you know, Connecticut's Legislative Commission on Aging is the non-partisan, public policy and research 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 for this Committee's commitment to help realize these efforts.

HB 5250 An Act Concerning Contributions from Spouses of Institutionalized Medicaid Recipients. ~ CoA opposes

CT's Legislative Commission on Aging's long held principle is to create a system ~ through a series of policies, programmatic and funding reforms ~ that allows people to receive services and support in the environment of their choice. We know that the predominate choice for older adults and persons with disabilities is to live the community. At the same time, we know that people may choose or require nursing home care at some point in their lives. When this happens, often couples will be divided as one partner may need the type of services that an institution provides while the other remains in the community. Clearly, we have an equal responsibility to the spouse living in the community.

HB 5250 potentially creates financial challenges of the "Community Spouse". It does so by requiring that any nontaxable income received from an annuity by the community spouse be added to spouse's taxable income when determining the

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amount such spouse owes as a contribution. In other words, this proposal would result in less money for the community spouse to retain in order to support their own needs.

Although Connecticut's cost of living is one of the highest in the country, the state already utilizes the most restrictive option for states to determine how much money the community spouse keeps (Connecticut only permits the Community Spouse the lesser of one half of the couples assets or \$119,220 but no less than \$23,844). In many cases the annuity is the only source of income that the community spouse has outside of social security. Further, this proposal would disproportionately affect women who statistically outlive their spouses.

SB 114, An Act Concerning Presumptive Eligibility for Home Care.

~ CoA supports

Connecticut's Legislative Commission on Aging is supportive of SB 114 which represents a highly thoughtful piece of legislation and requires the Department of Social Services (DSS) to establish presumptive eligibility for the Connecticut Home Care Program for Elders. 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 expanded program that includes a cost/savings analysis.

The Legislative Commission is 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 (unless they qualify for a modified, less robust, presumptive eligibility system implemented by CHCPE last year, called FastTrack).

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 initiatives being implemented by DSS including Fast Track (for CHCPE) and another related testing (data collection) effort at DSS under Money Follows the Person. We hope that full implementation of presumptive eligibility will build on the data collected through this two initiatives.

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.

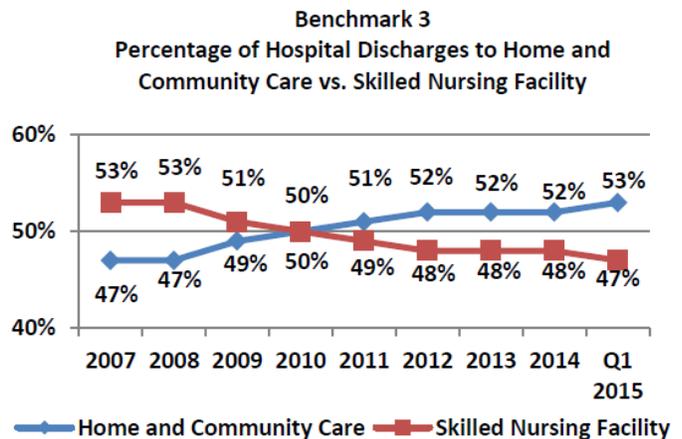
Finally, we can look to national studies and experts to replicate various presumptive eligibility efforts in other states with positive results.

SB 115, An Act Concerning Medicaid Coverage of Telemonitoring Services.

~ CoA Supports

As you know, SB 115 would allow home health care agencies to collect reimbursement from Medicaid for home telemonitoring services provided to certain older adults and persons with disabilities through the Money Follows the Person program administered by the Department of Social Services. Currently, at least 18 other states already provide Medicaid coverage for home telemonitoring services.¹

Money Follows the Person is a federal demonstration project (DSS) with 5 benchmarks. The first benchmark is to transition people out of nursing homes into the community. Presently over 3,100 people have made this transition. Another benchmark is to increase the percentage of hospital discharges to home and community vs. skilled facility. As the trend data featured in the chart to the right illustrates, MFP has been successful on that score as



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

well. With these trends, telemonitoring emerges as a key strategy to support people in their homes and for the continued success of MFP and its outcomes.²

Telemonitoring:

- **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 individuals, providers and payers money**, compared with traditional approaches of providing care.
- **Offers a person-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.**

This legislation puts certain parameters on the instances where reimbursement for telemonitoring by a home care agency is allowed, as follows: (1) serious or chronic medical conditions that may result in frequent or recurrent hospitalizations and emergency room admissions, (2) a documented history of poor adherence to ordered medication regimes, (3) a documented history of falls in the six-month period prior to evaluation of the need for home telemonitoring services, (4) limited or absent informal support systems, (5) a documented history of challenges with access to care, or (6) a history of living alone or being home alone for extended periods of time.

Further, the proposed evaluation component required in this bill will inform future policymaking and programmatic structure.

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). In other words, it's an effective strategy, with proven outcome and cost effectiveness data, whose time has come.

² UConn Center on Aging. Money Follows the Person 2016 Quarter 4 Report.