



**Testimony of Gustave Keach-Longo
Vice President of Senior Services, Community Renewal Team**

**Human Services Subcommittee of Appropriations Committee
Potential of Decreasing Funding for
Assisted Living Demonstrations' Care-Related Subsidies through the
CT Home Care Program for Elders
February 11, 2016**

Members of the Human Services Subcommittee:

My name is Gus Keach-Longo and I am Vice President of Senior Services for the Community Renewal Team. I joined CRT eleven years ago to open and operate The Retreat Assisted Living, one of the State Assisted Living Demonstration Pilots. These were designed to make assisted living affordable for low-income seniors and save State Medicaid funds that would otherwise be spent on nursing homes. I am pleased to offer testimony concerning potential changes to the funding for the care-related component of the model through the Department of Social Services' CT Home Care Program for Elders (CHCPE).

If state agencies' budgets are consolidated as proposed by the Governor, there is significant concern that the financial support for the Assisted Living Demonstration Pilots may be affected by competing funding priorities within the Department of Social Services (DSS). We are concerned that the funds to support the care-related services (e.g. assistance with showers, laundry and medication management) within the Assisted Living Demonstrations would compete with other programs for shrinking resources.

This money is already extremely tight. The last increase to CHCPE community-based services was 1% in January 2015, and the prior increase was in 2007. With reimbursements lagging behind inflation for eight years, operating budgets to support our seniors in the community (and more specifically within the Assisted Living Demonstration Pilots) have become increasingly difficult to manage.

We are aware of the pressure on state agencies to reduce overall expenses – pressure which could lead DSS to consider reducing the funding for the Assisted Living Demonstrations. The Assisted Living Demonstration providers would like the legislature to be aware that the lack of inflationary increases has already strained our operations. Any potential reductions could impact the Demonstration's ability to fulfill the model's purpose.

As I mentioned, The Retreat was developed as one of four assisted living communities with the goal of saving State Medicaid funds previously spent on nursing homes. This was over a decade ago, prior to the current Rebalancing efforts undertaken by the State to reduce the projected Medicaid costs increases. As of December 31, 2015, CRT's The Retreat alone has saved CT taxpayers approximately \$3.2M per year (or \$35.5M to date).

The population we serve at The Retreat is different from the people who move to traditional (and other Demonstration) assisted living residences. Our seniors look like this:



- They are 82 years old, on average, and receive over 17 of hours of care per week.
- As many as 83% of our seniors are without family contact and support. They are the last of their family, may be estranged from their families, or their relatives cannot function as a family unit.
- 74% have some type of mental health concern and 61% receive mental health-related counseling and/or medication management.
- This population is in need of on-site psycho-social support (e.g. day-to-day redirecting) to be successful.
- Over 10% came through Protective Services for Elderly and/or providers like the Institute of Living.
- More than 12 seniors have experienced periods of homelessness because they were not stable living independently with just scheduled care services through CHCPE.
- 38% men (compared to 26% in traditional assisted livings) *
- 25% African American (compared to 4% in traditional AL) *
- 11% Latino (compared to 1% in traditional assisted living) *

Prior to the Assisted Living Demonstration, the low income population served by The Retreat often found themselves in crisis. As they aged the coping skills needed to manage their day-to-day responsibilities waned. This is frequently due to life-long mental health concerns (often undiagnosed). Many were able to live on their own when younger, but then struggled as their skills decreased. Some were connected to helpful family until relationships deteriorated or relatives either moved away or passed on.

Often, our seniors are not taking medications properly, not following medical treatments and suffering from moderate self-neglect. Many need onsite supports to help them cope with their challenges, something offered in an assisted living. Over time, The Retreat has evolved to fill the gaps in the elder care system for these individuals, who don't need 24-hour nursing associated with a nursing home setting.

The Medicaid Elder Waiver and the State Funded portion of the CHCPE enable these seniors to live in their own apartments at The Retreat and maintain their privacy and dignity while receiving support when needed. If they were in traditional low-income senior housing with scheduled services through the CHCPE, they would be on their own for most of every day, struggle when caregivers aren't around (evenings and weekends) and become at risk again. These individuals do not need a skilled nursing facility and they do not need 24 hour live in caregivers. They need the supports offered by an assisted living, allowing them to remain in the least restrictive environment.

In closing, the care-related funding through the CHCPE component of the Assisted Living Demonstration Pilot model is vital to caring for seniors of all backgrounds and functioning levels in the community versus placing them in far more costly institutional settings. If DSS must adjust this funding, providers will struggle to find options outside of nursing homes for their clients. That is why CRT, the CT Assisted Living Association and LeadingAge CT are requesting that the Assisted Living Demonstration Pilots' funding remain fully preserved.

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* Source: 2010 CDC National Survey of Residential Care Facilities Survey (Resident Responses)