



*Connecticut Association
of Area Agencies on Aging
North Central
Western CT
Senior Resources -
Southwestern
www.ctag*

Written Testimony to the Aging Committee for Bills SB 804, 805, 832, and HB 7072

Testimony is submitted on behalf of the five regional Connecticut Area Agencies on Aging (C4A), a membership organization dedicated to improving the quality of life and independence for older persons and persons with disabilities. The Agencies on Aging represent individuals in every Connecticut City and Town and are the “point of entry” for older adults and caregivers in need of assistance to navigate and enroll in local, State and Federal support services.

S.B. 804, AN ACT REQUIRING THE STATE OMBUDSMAN TO INVESTIGATE COMPLAINTS CONCERNING RECIPIENTS OF HOME AND COMMUNITY-BASED SERVICES. C4A is not in support of S.B. 804. C4A is concerned that HB 804 will create confusion in the community as the Department of Public Health has cognizance and responds to complaints waged against nursing, skilled therapies and home health services. The Department of Consumer Protection and, in the case of CT Home Care Programs, Allied Community Resources, have the responsibility to respond to complaints against non-skilled, homemaker/companion agencies and investigate as necessary. Further, complaints related to abuse, neglect or theft with an elderly victim are under the purview of the Department of Social Services, Protective Services for the Elderly. Consumers may become more confused as to where and how they can learn about offenses committed by home & community-based service providers.

S.B. 815, AN ACT ESTABLISHING A REVOLVING LOAN FUND TO ASSIST ELDERLY HOMEOWNERS. C4A finds HB 815 aligned to the overriding goal of successful aging in the community. Given the high cost of living in Connecticut, some older homeowners find their savings and income does not keep pace with growing

property tax liability and homeowner costs. This fund provides an alternative for older homeowners whereby they can meet their housing expenses without foregoing other important expenses such as healthcare and nutrition. The recoupment process ensures repayment to the State upon the sale of the property.

S.B. 827, AN ACT CONCERNING ALZHEIMER'S DISEASE AND DEMENTIA

TRAINING AND BEST PRACTICES. C4A agrees with the concept of specialized Alzheimer's and Dementia training in concert with best practices. The S.B. 827 targets training for skilled providers (nursing, home health and therapies) and leaves out the important non-medical providers including personal care attendants, homemakers and companions. Non-medical staff spend far more hours with patients with dementia and receive minimal training and skills designed to support their role as caregivers and improve the quality of care for patients. C4A would support this initiative with inclusion of all providers.

H.B. 7072, AN ACT INCREASING FUNDING FOR ELDERLY NUTRITION

PROGRAM. C4A works in partnership with the members of the Connecticut Association on of Nutrition and Aging Services Providers (CANASP) to provide over 1,352,400 home delivered meals each year. We strongly support HB 7072. To support older Connecticut residents, home delivered meal funds come from a mixture of Federal Older Americans Act funds, which support eligible adults who are not yet enrolled or eligible for the CT Home Care Program and Medicaid waiver funds, which support Medicaid eligible adults through the CT Home Care Program. The distinction between the two programs is important. Although foods are prepared in the same kitchens, using the same raw products, packaged and delivered in the same trucks and often to the same neighborhoods, **the reimbursement for the two programs has not remained equal.** The Federal Older Americans Act reimbursement for meals has increased at a rate close to CPI whereas the meals served in the CT Home Care Program have increased only 3% over the past twelve years. Food experienced an average inflation rate of 1.97% per year from 2007 - 2019. **This should have resulted in a 23.64% not 3% increase.** In other words, food costing \$20 in the year 2007 would cost \$25.27 in 2019 for an equivalent purchase. Compared to the overall inflation rate of 1.63% during this same period, inflation for food was higher.

Research indicates that participation in home-delivered meals programs may contribute to the health and independence of older adults living in the community, especially those who are food insecure or those who are making transitions from acute, subacute, and chronic care settings to the home. Regular delivery of meals to the home may result in the only contact an elder has with the community in a given day.

This double standard for reimbursement has put significant pressure on the nutrition providers resulting in waiting lists for non-Medicaid (Federal Title III) meals. It is important to look at these two critical meal delivery programs and the aggregate effect the programs have on preventing malnutrition for Connecticut's elders. Failure to properly fund and support Medicaid waiver meals decreases the Nutrition Provider and Area Agency's ability to provide meals through the Federal Older Americans Program. Delays and waiting lists for meals may accelerate the poor health outcomes for elders in the community and may accelerate the need for more costly interventions such as Medicaid funded home & community services and institutional care. There are a number of research studies that found that meal programs reduce the use of costly health care services. A 2018 *Health Affairs* study conducted by S.A. Berkowitz states, *"We sought to determine whether home delivery of either medically tailored meals or nontailored food reduces the use of selected health care services and medical spending in a sample of adults dually eligible for Medicare and Medicaid. Compared with matched nonparticipants, participants had fewer emergency department visits in both the medically tailored meal program and the nontailored food program."*

Food insecurity disproportionately effects older adults and frail persons as economics and limited physical access pose tremendous barriers to procure, cook and consume food. Please consider this important correction to the home delivered meal reimbursement rate.

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