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Testimony Submitted by Linnea J. Levine, Esq.
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Before the Committee on Aging in Support of Raised Bill No. 813

AN ACT CONCERNING RETROACTIVE MEDICAID ELIGIBILITY FOR HOME CARE SERVICES

I testify before you today as an Elder Law Attorney who, for the past 29 years, has assisted Clients with filling their Medicaid applications in Connecticut. I also am speaking to you today as a Past President and current Member of the Legislative Policy Committee of the Connecticut Chapter of the National Academy of Elder Law Attorneys.

Almost all my elderly clients want to receive care at home. Home care has become essential to the health and safety of the elderly due to the high number of COVID 19 nursing home resident deaths. As they age in place, some elderly may need 4 hours of home care which seems affordable, but soon they require 8 hours then 16 hours of care per day. At \$25.00 per hour, the cost of a private pay home health care aid in Fairfield County costs \$292,000 for 16 hours per day for 2 years of care.

The average person requiring home health care services, even with a retirement account and average life time savings, eventually has no choice, but to apply for the Medicaid Waiver Home Care Program. A person requiring 16 hours of home care assistance with activities of daily living which include supervision or hands on assistance with bathing, dressing, eating, food preparation, toileting, transfer from bed to chair, walking, taking medications on time and in the correct amounts cannot go without home care assistance for a day. Nor would any one of us in this room want a frail elderly person to suffer injury or even death due to a gap in home health care services.

Yet this gap in home health care services is happening to seriously ill elders every hour of every day in Connecticut, because in this state there is no retroactive Medicaid eligibility even though Federal Medicaid regulation 42 CFR 435.915 mandates that all Medicaid Plans, including Waiver Medicaid Plans, provide Medicaid services to eligible persons up to three months before the date of application.

The sole purpose of Raised Bill No. 813 is to make sure that there is no gap in care from the date a person runs out of money to pay privately for home care and the date the home health care aid is paid by Medicaid.

There is no predictable time as to when the home care application will be approved as the applicant is to a great extent at the mercy of disinterested third parties to provide clear and

convincing evidence of assets and income such as the cash value of a life insurance policy or the gross amount of a pension. No one can plan to a specific date when private pay will run out, the applicant will have only \$1,600.00 (the Medicaid asset limit), and Medicaid payment will start. So much is out of control of the applicant who is most always severely physically and/or mentally impaired.

How do I and my fellow elder law attorneys protect our clients from injury or death due to the gap in home health care services? We counsel them to be admitted to a nursing home for three months at which time they will qualify for home care under the federal demonstration program, "Money Follows the Person" known as "MFP". MFP requires the applicant to stay in the nursing home for three months, before they qualify for Medicaid care in their home. MFP is a federal demonstration program with no guarantee of renewal, so MFP is not a solution. Nor is MFP economical. Medicaid home care is much less expensive, about half the cost of Medicaid nursing home care. Most important MFP exposes the Medicaid applicant to COVID 19. Saving lives and complying with 42 C.F.R. 435.915 clearly outweighs any questionable budgetary constraints.

This legislature cannot ignore the dangers to life and health caused by lack of coverage between the time an individual has spent down assets to \$1,600.00 and months later when the Medicaid home care application is finally approved.


The solution, which is beneficial to the individual, to the Connecticut budget, and to the taxpayers is to pass Raised Bill No. 813 which will guarantee up to three months of Medicaid home care coverage to applicants who have not gifted their money to others but have spent down their savings to pay for their own care.

1. Raised Bill No. 816 does not include retroactive Medicaid payment for any period during which a valid transfer penalty is in force.
2. When the plan of care is filed up to three months before the Medicaid application submission, the Department has sufficient time to put together the plan of services and providers as required by the Connecticut Medicaid home care waiver.
3. The Department does not pay the retroactive Medicaid until the Medicaid applicant's financial eligibility and budget is determined by clear and convincing evidence

In conclusion, passage of Raised Bill No. 816 will achieve the following:

1. Assure that the impoverished, elderly population can receive care in their home without a dangerous gap in the provision of essential home health care services.
2. Assist Connecticut Department of Social Services in moving forward with its rebalancing efforts to provide quality care at home for more elders at a lower cost to Connecticut than Connecticut's cost for similar services in a nursing home.

Respectfully submitted:


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