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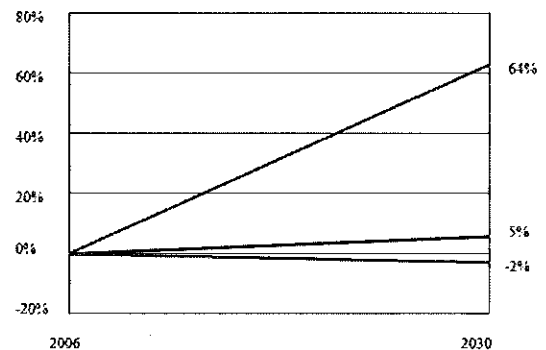
Testimony of
Julia Evans Starr, Executive Director
Connecticut Commission on Aging

Before the
Commission on Enhancing Agency Outcomes

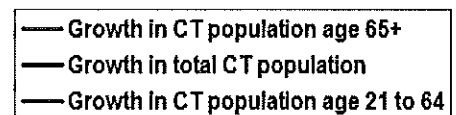
Public Hearing
December 14, 2009

Good morning and thank you for the opportunity to share our ideas with you today. We applaud your work to streamline state government and are encouraged by your efforts to work in partnership with the public and a variety of experts to create more efficient, effective government systems.

As you know, the Connecticut Commission on Aging is an independent, nonpartisan state agency that is part of the legislative branch of government. We are devoted to preparing our state for a burgeoning aging population while promoting policies that enhance the lives of the present and future generations of older adults. For over sixteen years, the 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.



In the current budget year, the Commission on Aging received a budget cut of 53%, more than almost any other state agency or program. Despite this cut, we remain committed to our work of helping to craft good public policy for older adults and for our state.



Dedicated, objective focus on aging-related issues is key to our state's successful future. Connecticut is one of the nation's oldest states and demographics indicate that our population of older adults is set to explode in the next twenty years. According to the Long-Term Care Needs Assessment commissioned by the Legislature and overseen by the CoA, our state's population of individuals aged 65 and up will increase by 64% by the year 2030. As our older population grows and experiences unprecedented longevity, resources will be stretched to serve this population.

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Unless the state acts with vision and creativity, this challenge threatens to overwhelm our state budget. The Commission on Aging has a number of ideas for your consideration:

1. **Implement ideas contained in the Long-Term Care Needs Assessment to rebalance the long-term care system, for a potential savings of \$600 million annually.**

In a variety of ways, the CoA provides critical leadership in the area of long-term care services and supports, which represent over \$2 billion, or approximately 14%, of the state budget. Using research and recommendations from the state's Long-Term Care Needs Assessment, CoA has developed policy proposals that could save Connecticut taxpayers \$600 million each year. These proposals also increase choice in how and where people receive care, thereby increasing quality of life. We'd like to work with you!

- **Home and Community Based Services:** Connecticut must keep its commitment to home and community based services and supports (e.g., CT Home Care Program for Elders) in order to save money and improve quality of life for hundreds of thousands of older adults, persons with disabilities and their families. Acknowledging and supporting caregivers and the home and community-based provider networks is key. Unfortunately, recent policy and budgetary decisions and proposals contained in the Governor's Deficit Mitigation Plan lead Connecticut in the wrong direction in this area. Further erosion of the home and community based network will lead to institutionalization for many individuals who could otherwise contribute to their communities. In light of national trends and this state's commitment to the Money Follows the Person program, specifically, we must continue to ensure a robust home and community based provider network.

In illustration of the cost savings achieved when the state supports policies and programs which help people stay in their homes and communities, it costs the state Medicaid program \$18,000 annually to provide long-term care services for a person living at home versus \$80,000 for someone in a nursing home.

- **Rebalancing Goals:** Shifting more resources away from institutionalization and into home and community-based services is referred to as "rebalancing" the long-term care system. Currently, in Connecticut, 48% of people are served in institutions and 52% in the home and community. Our state's Long-Term Care Plan calls for rebalancing of 1% per year. The legislature should adopt more aggressive rebalancing goals, to save money, provide choice and ensure our state is ready for demographic changes.
- **Streamline the Medicaid Home & Community Based Waiver Systems:** Currently, in our state's Medicaid program, if one needs long-term care, it is easier to enter an institution than to qualify for a program that allows one to remain in the community. Our community-based programs are comprised of a number of "waiver" programs, with varying eligibility requirements and service packages (please see attached "silo chart"). The waiver programs leave a number of places for a person to "fall through the cracks" of the system, leaving institutionalization as the only—and much more expensive—option. A more streamlined system would make it easier for individuals to remain at home.

- **Support the Money Follows the Person Initiative:** Moving individuals from nursing homes back into the community is only one aspect of the Money Follows the Person initiative. The program also encompasses efforts to divert individuals from nursing homes and to ensure that the workforce is available to care for individuals. The Commission on Aging is intimately involved in both of these initiatives and would be pleased to share our work with this body. Commitment to all aspects of Money Follows the Person is essential for our state.
- **Develop a single application:** A single application for most social services programs would reduce duplication, paperwork, the need for paper and would enhance efficiency of workers at Department of Social Services, as well as many community-based agencies.
- **Restructure DSS:** Currently, DSS--the agency in charge of most social service programs in our state--is structured in such a way as to ensure duplication and reduce efficiency. We have a proposal which supports national trends and best practices specific to the vast long-term care services scattered throughout the Dept..

Because DSS does not work as effectively as many would like, some have proposed removing pieces of the agency, such as the Aging Services division. However, national best practices show that rebalancing is best served by state agencies that serve all populations in need, not just those of a certain age. The Commission on Aging would like to work with this body to restructure this most important of all state agencies.

2. **Endorse the Legislative Program Review and Investigations recommendation to conduct a comprehensive cost-analysis for Southbury Training School (STS) - the last state-operated institution for persons with intellectual disabilities – as it is “critical and overdue” (LPRIC Study, *Planning for the Needs of Aging Individuals with Developmental Disabilities*).** This unresolved and controversial issue begs for leadership, political will and creative problem solving involving all the stakeholders (STS employees, residents, parents, advocates and others). The study should be performed by an independent consultant selected by the General Assembly.

Generating a plan and considering transitioning people into the community would be consistent with the Long-Term Care Needs Assessment’s Guiding Principles, the US Olmstead Decision, state law, and national trends.

Background: STS was built close to 70 years ago as a fully functioning intentionally segregated town with 150 buildings on approximately 2,000 acres of land. (LPRIC found the land to be a significant asset for the state.) Although 2,000 people with intellectual disabilities once lived there, today there are only 486 people living at STS—and they live in only 34 of the 150 buildings on the campus. Still it has its own power plant, water treatment facility, sewage plant, homeland security office, and fire department. 1,670 state employees remain at Southbury, of which 475 have job classifications dealing with the overall operation of STS.

3. **Fully implement the two present Drug Recycling Programs and consider expansion to other facilities:** Connecticut is one of 38 states with such programs according to the National Conference of State Legislatures (NCSL). Connecticut law specifically requires nursing homes and correctional facilities to return certain unused medications to vendor pharmacies (CGS § 17b-363a). This program saved the state over \$1.2 million in FY '09, but approximately one-third (70) of the state's nursing homes are not participating (according to DSS Commissioner Starkowski's October '09 presentation). It is estimated that, if all nursing homes participated, the state could save another \$600,000 annually. The Corrections (CGS § 18-81q) Drug Return Program as reported by University Health Center, Correctional Managed Health Care has recently made adjustments to expand recycling efforts.
 - Another option is to expand this program to all Connecticut residents, including provisions to ensure purity, freshness and safety. Allowing Connecticut residents to return unused prescriptions, as long as they are individually packaged, and reusing those prescriptions, could save the state money in programs such as Medicaid, HUSKY, SAGA, ConnPACE and state employee prescription costs. *HB 6201 introduced in the 2009 would have passed this expansion into law.*
4. **Support and Enhance Fall Prevention Programs and imbed Evidence Based Practice into public policy:** Researchers at the Yale University School of Medicine (recently invited to present at the Centers for Disease Control Conference in Canada) estimate that a falls prevention intervention in the Hartford region decreased the rate of falls by 11%, translating into savings of \$21 million for Medicare in two years and decreased nursing home use (saving millions in Medicaid dollars as well) in Connecticut. Over one-half of those hospitalized for a fall will be discharged into a nursing home, costing the state an average \$80,000. Not only is falls prevention cost-effective—it is also the right thing to do as it can alleviate human suffering.

The legislature wisely appropriated \$500,000 for each of the next two years for this evidence-based program. However, Secretary Genuario has indicated that funding for this program is at-risk and may not be released.

Medicaid in Connecticut spends \$119 million a year to provide long-term care services to older adults who have lost the ability to function as a result of fall-related injuries. Imagine what that number will look like as the baby boomers age.

Facts from the CFCP:

- Each year 30% of the Medicare population living in the community experiences a fall.
 - Each year 50% of those aged 80 and over fall.
 - 20% of 911 calls are due to someone (usually an older adult) falling.
 - Falls precipitate 10% of emergency room visits by the Medicare population.
 - Falling triples the likelihood of needing long-term nursing home placement.
5. **Maximize federal funds:** The Commission on Aging has identified over \$11 million in federal funds in the past few months alone that will now flow into the state because of our work. Additionally, we worked in partnership with both the executive branch and the legislature to remove an obstacle in state law that restricted federal funds for the conversion of low-income senior housing into assisted living facilities. This small change in state law will not only bring in new federal funds, but will also increase housing options for individuals at risk of institutional care, or who are hoping to leave nursing homes through the Money Follows the Person program.

The Commission on Aging is ready to serve as a resource to you throughout this budget crisis and into the future. Thank you for your hard work on behalf of the people of Connecticut.

Break Down the Silos

Streamline the Home & Community-Based System

To utilize Medicaid to pay for HCBs, you must fit into one of these narrowly defined waivers (or related state-funded pilots)

National experts say “CT has too many waivers.”

