



Connecticut's five Agencies on Aging (AAA) provide leadership and resources to meet the needs of the rapidly growing elderly population. The Agencies assess community needs, allocate funds and build community capacity to help adults age with dignity and independence. The CT Association of Area Agencies on Aging (C4A) is a professional affiliation of all five AAAs.

### POSITION STATEMENT



## **ENHANCE ACCESS TO HOME AND COMMUNITY-BASED SERVICES AND SUPPORT WORKFORCE NEEDS!**

*Existing Connecticut home and community-based care options for older individuals and those with disabilities yield substantial cost savings in Medicaid expenditures on long-term care. Such supports also meaningfully fulfill consumers' preference to remain independent and to avoid premature institutionalization. Meeting these needs is, however, becoming increasingly challenging. Current reimbursement levels do not adequately compensate home and community-based providers. Further, providers do not have adequate workforce to meet care needs.*

### WHAT CAN LEGISLATORS DO?

#### SUPPORT

- Continued funding for the **Connecticut Home Care Program for Elders**
- Renewal of funding for the **Connecticut Home Care Program for Disabled Adults** Pilot for individuals age 18-64
- An **increase in the income eligibility standards for the community Medicaid** program to 185% of the Federal Poverty Level

#### SUPPORT

- **Workforce initiatives** designed to train and support additional direct care staff
- An **increase in the providers' rates**

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## **HOME AND COMMUNITY-BASED SERVICES**

### ***Background***

Home and community-based care is often principally described in terms of its cost efficacy. Missing from this analysis, however important, is reference to its human value to older adults and individuals with disabilities. Surveys and anecdotal data show that consumers overwhelmingly prefer to receive needed services at home in the community. Through these services, an individual can 1) preserve the right to live as s/he chooses; 2) assist to the extent of ability in planning the course of his/her care; 3) retain immediate contact with loved ones; and 4) safeguard both health and dignity.

Diverse groups including the State of Connecticut Long-Term Care Planning Committee, the Nursing Home Transitions Work Group, and research institutions have emphasized the many benefits of community-based care. Ongoing efforts to shift both state policy priority and expenditure of Medicaid dollars to care at home reflect these commitments. Ironically however, promotion of these services to meet growing levels of need has put the capacity of the home care industry in Connecticut into sharp relief.

### **Enhanced Access to Services**

- **Connecticut Home Care Program for Elders:** In 2006, the Connecticut Home Care Program for Elders (CHCPE) had an active client population of over 15,000 individuals, more than 10,000 of whom received services through the Waiver. In the CHCPE Annual Report to the Legislature for SFY 2004 (the latest available report), the Department of Social Services documented cost savings to the State in that program year of \$74,360,883. Breaking out this figure, average monthly costs per client in 2004 were as follows: Waiver clients: \$1,242; State-funded clients: \$587. In 2004, this compared with an average monthly nursing home cost of \$7,665. State support has ensured that eligible individuals can access the CHCPE on a rolling basis and that there is no wait list.
- **Connecticut Home Care Program for Disabled Adults:** The Connecticut Home Care Program for Disabled (CHCPDA), a state-funded pilot program, provides services based upon the Connecticut Home Care Program model to up to 50 individuals, age 18-64, who have been diagnosed with a neurodegenerative disease. This is currently the only initiative in Connecticut that provides such services to individuals under the age of 65, and is a significant factor in

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preventing unnecessary institutionalization. Without renewal of funding, this program will not be able to continue.

- **Medicaid Income Eligibility:** Income eligibility standards for community Medicaid in Connecticut should be increased to permit greater access to covered services and to enhance the state's ability to gain federal match dollars.

## **Workforce Initiatives**

The Connecticut Long-Term Care Needs Assessment illustrates that Connecticut is facing serious challenges staffing long-term care. Providing care in the community is physically demanding, poorly compensated and presents few opportunities for advancement. Turnover rates among agencies are extremely high, compromising ability to maintain consistency in provision of care. Furthermore, few direct care workers receive fringe benefits such as health care coverage or paid sick and vacation leave. Finally, inadequate reimbursement rates have made it extremely difficult for agencies to maintain effective training and oversight programs in support of direct care staff. A global approach that takes into account the educational, training, wage, benefits and support needs of nurses, home health aides, homemakers and personal care assistants is needed.

## **Increased Reimbursement Rates**

Data from professional groups including the Connecticut Home Care Association and the Connecticut Association for Adult Day Care indicate that Medicaid reimbursement rates to providers of home and community-based services have not kept pace with increased costs of doing business (e.g. staff recruitment and retention, insurance and quality assurance/ regulatory compliance efforts). Inadequacy of reimbursement has directly contributed to closure of many home care agencies and adult day care centers over the last five years, just when expansion of the available service array is most needed by both older adults and individuals with disabilities. Further, reimbursement rates for self-directed options including personal care assistants do not adequately compensate for physically taxing, critically-needed work.



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**POSITION STATEMENT**



**SUPPORT STATE FUNDING FOR INFORMATION & REFERRAL FOR OLDER ADULTS AND INDIVIDUALS WITH DISABILITIES!**

*Older adults and individuals with disabilities need information to help them make informed choices about long-term care. Without assistance, many find the system to be complex and confusing. Connecticut's Program for Health Insurance Assistance, Outreach, Information & Assistance, Counseling & Eligibility Screening (CHOICES), a partnership among DSS, the Connecticut Agencies on Aging, the Center for Medicare Advocacy, and diverse community partners, is a highly recognized focal point for information & referral. The Agencies on Aging have developed partnerships with the Connecticut Centers for Independent Living to build on CHOICES and to lay plans for implementing Aging and Disability Resource Centers (ADRC's) in all regions of the state.*

**WHAT CAN LEGISLATORS DO?**

**RENEW** the \$1 m. in state funding to **support CHOICES** that was budgeted in SFY'09

**SUPPORT** funding for **Aging and Disability Resource Centers (ADRC's)** in all regions

**THE RESULTS:** ***increased access to needed information & services and health care savings***

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## WHY FUND INFORMATION & REFERRAL?

- **It saves money for the State of Connecticut!** If consumers understand how to make more rational long-term care choices, they will:
  - access all available federally-funded benefits including the Medicare D Low-Income Subsidy and the Medicaid Savings Programs (QMB, SLMB, QI)
  - use their own funds more rationally
  - be less likely to need Medicaid-funded care in an institution
- **CHOICES provides a sound platform from which to expand services.** Already in place in Connecticut, and serving important information & referral and counseling functions, is the **CHOICES** program.

**CHOICES** provides unbiased, current and comprehensive information on health insurance, financial assistance, benefits, housing and community-based care to older adults, those with disabilities, and caregivers. This service helps people to understand and plan for their long-term care needs.

### ***In 2008 alone, CHOICES:***

- made 36,886 contacts with individuals and caregivers to provide information and referral on Medicare, Medicaid, financial assistance, benefits, housing, adult day care and services for people with disabilities
- staffed 18 enrollment events at which countless people were screened for and connected with the Medicare Low-Income Subsidy benefit
- counseled over 5,500 individuals on the federal Medicaid Savings Programs (QMB, SLMB, QI)
- sponsored 364 outreach presentations
- provided meaningful volunteer opportunities to 371 trained counselors
- provided expert training to social services professionals to help them keep current
- used radio, cable television, billboards, local newspapers and expert materials from the Center for Medicare Advocacy and other sources to educate the public
- **It's vital to Connecticut's efforts to "re-balance" long-term care spending.** Education of consumers regarding financial planning, the limited scope of public benefits, and available home and community-based options will be a key component of Connecticut's efforts to rationalize and rebalance its long-term care spending.

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- **Consumers need streamlined access to information.** The recently released Connecticut Long-Term Care Needs Assessment endorsed creation of a statewide Single-Point of Entry (SPE) or No Wrong Door (NWD) Long-term Care Information and Referral program in Connecticut that would serve individuals across all ages and disabilities.
- **Aging and Disability Resource Centers (ADRC's) are a federal priority.** In 2008, federal funding for a new pilot project entitled Choices at Home that was awarded to DSS has permitted DSS, the Agency on Aging of South Central Connecticut and the Center for Disability Rights (West Haven) to collaborate in developing the first Aging and Disability Resource Center (ADRC) in Connecticut, which is serving the south central region. This effort reflects a larger scale initiative among Agencies on Aging (AAA's) and Centers for Independent Living (CIL's) to use the regional emphasis and subject matter expertise of both networks to accomplish the goal of implementing ADRC's in all regions of the state.