

SA13-22

HB6610

House	6602-6609	8
Human Services	1056, 1061-1063, 1079, 1082-1085, 1118, 1121- 1123, 1125, 1127-1129, 1135-1137, 1139	21
Senate	5344, 5400-5401	3
		32

H – 1169

**CONNECTICUT
GENERAL ASSEMBLY
HOUSE**

**PROCEEDINGS
2013**

**VOL.56
PART 20
6540 – 6911**

cjd/lgg/cd
HOUSE OF REPRESENTATIVES

63
May 28, 2013

THE CLERK:

Substitute Senate Bill 1019, not in concurrence
with the Senate, as amended by Senate "A" and "B"

Total Number Voting	142
Necessary for Passage	72
Those voting Yea	142
Those voting Nay	0
Those absent and not voting	8

DEPUTY SPEAKER BERGER:

The Senate Bill 1019, as amended, passes.

Would the Clerk please announce House Calendar
Number 346.

THE CLERK:

On page 12, House Calendar 346, favorable report
of the joint standing committee on Human Services,
Substitute House Bill 6610, AN ACT CONCERNING FEDERAL
MEDICARE WAIVER.

DEPUTY SPEAKER BERGER:

Representative Abercrombie.

REP. ABERCROMBIE (83rd):

Thank you, Mr. Speaker, good morning.

DEPUTY SPEAKER BERGER:

Good morning, ma'am.

REP. ABERCROMBIE (83rd):

cjd/lgg/cd
HOUSE OF REPRESENTATIVES

64
May 28, 2013

Mr. Speaker, I move for the acceptance of the joint committee's favorable report and passage of the bill.

DEPUTY SPEAKER BERGER:

The motion before the Chamber is acceptance of the joint committee's favorable report and passage of the bill.

Will you comment further, madam?

REP. ABERCROMBIE (83rd):

Thank you, Mr. Speaker.

Mr. Speaker, the Clerk has an amendment, LCO 7861, I would ask the clerk to please call the amendment; that I be granted leave of the Chamber to summarize.

DEPUTY SPEAKER BERGER:

Will the Clerk please call LCO Number 7861, designated House Amendment Schedule "A," sir.

THE CLERK:

House Amendment Schedule "A," LCO 7861, as introduced by Representatives Abercrombie, et al.

DEPUTY SPEAKER BERGER:

Thank you, sir.

The good representative seeks leave of the Chamber to summarize the amendment.

cjd/lgg/cd
HOUSE OF REPRESENTATIVES

65
May 28, 2013

Is there objection to summarization? Is there objection?

Seeing none, please proceed, Representative.

REP. ABERCROMBIE (83rd):

Thank you, Mr. Speaker.

Mr. Speaker, what this does is it requires DSS to conduct a cost benefit analysis with homecare versus institutionalized care. Currently, we have a Katie Beckett Waiver with about 472 on the wait list. We'd like to know how many of those individuals are institutionalized at this point. We know it's beneficial for them to be in the home and we heard compelling testimony around this issue.

I'd like to give a special thank you to Representative Molgano and Representative Wood for their leadership on this bill.

I'd also like to send out a special wish for Representative Molgano to have a speedy recovery -- with that I move adoption.

DEPUTY SPEAKER BERGER:

The motion before the chamber is adoption of House Amendment Schedule "A."

Will you comment further? Will you comment further on Schedule "A"?

cjd/lgg/cd
HOUSE OF REPRESENTATIVES

66
May 28, 2013

Representative Wood of the 141st.

REP. WOOD (141st):

Thank you, Mr. Speaker.

I also stand in support of this amendment. We had some testimony and it was very compelling on this -- on the underlying bill which there are a number of families who have children who need private duty nursing and they can't afford it. And one of them in his particularly compelling testimony, they were talking about one of them quitting their jobs so they could qualify for one of the state-supported services, and we can't have people talk about leaving their jobs to qualify for benefits that makes absolutely no sense at all so we need to figure out how to make this work.

If I may be granted the indulgence to read a few sentiments from Mike Molgano, who, again, this bill is in support of something he feels very strongly about.

Thank you.

DEPUTY SPEAKER BERGER:

Please proceed, ma'am.

REP. WOOD (141st):

He said that oftentimes you will see -- people will see a child severely disabled child in a wheel chair and wonder what they're doing and how the

cjd/lgg/cd
HOUSE OF REPRESENTATIVES

67
May 28, 2013

parents are taking care of these children and I think this is something we're all here to do. This is a safety net and this is why I think many of us feel very strongly about this bill.

The purpose is to figure out how many of these children are confined to hospitals and nursing facilities because the family's healthcare coverage doesn't -- makes it impossible for them to stay at home and we need to mandate DSS to find every waiver possible to help these families.

Also, the General Assembly must structure a budget that permits these families to stay together -- and again these are Representative Molgano's sentiments.

I cannot expect each of you to know or understand the critical -- and I do not use this word sparingly -- critical importance I doing everything within our power to increase Medicaid waivers and the funds that support them. These children are just that, precious loving innocent children whose only request of the rest of us is to keep them at home with their moms, dads, sisters, brothers and families.

I'm asking, begging you, do not let them down. From my extensive experience with institutional care,

cjd/lgg/cd
HOUSE OF REPRESENTATIVES

68
May 28, 2013

I can assure you there's no place like home.

So I support my Representative Molgano's sentiments in this and also would like to extend a heartfelt thanks to Representative Abercrombie for her willingness and support and belief in this and, well, and also the support from DSS in helping come up with this amendment.

Thank you, Mr. Speaker.

DEPUTY SPEAKER BERGER:

Thank you, Representative, and thank you very much for representing Representative Molgano's words in this Chamber and, certainly, we wish him a speedy recovery.

Thank you, Representative.

Will you comment further on House Amendment Schedule "A"? Will you comment further on House Amendment Schedule "A"?

If not, I will try your minds. All those in favor for Schedule "A," signify by saying aye.

REPRESENTATIVES:

Aye.

DEPUTY SPEAKER BERGER:

Opposed?

The ayes have it. The amendment is adopted.

cjd/lgg/cd
HOUSE OF REPRESENTATIVES

69
May 28, 2013

Will you comment further on the bill as amended?

Will you comment further on the bill as amended?

If not, will staff and guests please come to the well of the House? Will members please take their seats. The machine will be open.

THE CLERK:

The House of Representatives is voting by roll.

The House of Representatives is voting by roll. Will members please return to the chamber immediately?

DEPUTY SPEAKER BERGER:

Have all the members voted? Have all the members voted?

Representative Riley.

Have all the members voted? Will the members please check the board to see if your vote is properly cast?

If all of the members have voted, the machine will be locked and the Clerk will take the tally.

Will the Clerk please announce the tally.

THE CLERK:

Substitute House Bill 6610, as amended by House
"A"

Total Number Voting 142

Necessary for Passage 72

cjd/lgg/cd
HOUSE OF REPRESENTATIVES

70
May 28, 2013

Those voting Yea	142
Those voting Nay	0
Those absent and not voting	8

DEPUTY SPEAKER BERGER:

The bill, as amended, passes.

Will the Clerk please call House Calendar Number
311?

THE CLERK:

On page 46, House Calendar 311, favorable report
by the joint standing committee on Planning and
Development, Substitute House Bill 6653, AN ACT
CONCERNING DEPARTMENT OF ENERGY AND ENVIRONMENTAL
PROTECTION REGULATORY STREAMLINING TO ASSIST
MUNICIPALITIES.

DEPUTY SPEAKER BERGER:

Representative Albis of the 99th.

REP. ALBIS (99th):

Thank you, Mr. Speaker. Good afternoon.

DEPUTY SPEAKER BERGER:

Good afternoon, sir.

REP. ALBIS (99th):

Mr. Speaker, I move for acceptance of the
committee's joint favorable report and passage of the
bill in concurrence with the Senate.

**JOINT
STANDING
COMMITTEE
HEARINGS**

**HUMAN
SERVICES
PART 4
871 – 1165**

2013

CHAIRMAN: Senator Slossberg,
Representative Abercrombie

MEMBERS PRESENT:
SENATORS:

Coleman

REPRESENTATIVES:

Bowles, Case, Cook, McGee,
Miller, Morris, Ritter,
Rutigliano, Stallworth,
Wood, Santiago, Zupkus

SENATOR SLOSSBERG: Good afternoon. We are
delighted to welcome our Commissioner of Social
Services. Commissioner, so nice to see you,
thank you for being here, we appreciate it and
we look forward to hearing your testimony this
afternoon.

COMMISSIONER RODERICK L. BREMBY: Thank you, thank
you very much. Good afternoon Senator
Slossberg, Representative Abercrombie,
distinguished members of the committee. We'll
do everything in our power to make sure that we
don't consume the full hour.

I'm Rod Bremby, I'm the Commissioner of the
Department of Social Services and I'm here to
testify before you this afternoon on some bills
that will impact the Department of Social
Services.

We're going to start with Senate Bill 1083: AN
ACT CONCERNING THE DEPARTMENT OF SOCIAL
SERVICES. The state's federally funded
Connecticut Energy Assistance Program provides
heating assistance to some 110,000 of the
state's most vulnerable households. The
program is operated through the state's
Community Action Agencies.

SB1084
SB1087
HB6609
SB852
HB6607
HB6610
SB1086

our proposal. We are attempting to address concerns of various stakeholders while balancing the needs of the department and our view of the public interest.

With the long term care industry in the midst of a significant rebalancing effort consistent with the recently released Strategic Plan to Rebalance Long Term Services and Supports, the department is working with other interested parties to improve the reporting requirements for nursing homes. This effort is intended to assist the state in its current rebalancing efforts and to enhance the state's ability to measure quality, acuity and economy of the long term care system.

Although financial information is not necessarily a meaningful tool to evaluate the sustainable -- sustainability of the industry or health of any one facility, the department is interested in developing measures that focus on the entire long term care system and skilled nursing facilities' role in that continuum.

And lastly, House Bill 6607, House Bill 6610 and Senate Bill 1086. The Department of Social Services commends the Committee for its attention to the need for strategic planning for Medicaid long term care services. This is a critical need given strong preferences of older adults and individuals with disabilities to live in home and community based settings, the State's interest in controlling escalated costs, and support for town level tailoring strategies to meet local needs. DSS respectfully suggests to the Committee, however, that the studies that are being proposed by House Bill 6607, Senate Bill 1086, and House Bill 6610 are not needed. In keeping with the legislation enacted by the General Assembly, Governor Malloy, Office of Policy and

Management and DSS recently released the Strategic Plan to Rebalance Long Term Services and Supports which already captures the data and planning strategies that are contemplated by these bills.

The State of Connecticut is committed to creating a more efficient and effective long term care services and support system aligned with the principles of choice, autonomy and dignity. Our plan is guided by the vision of choice, autonomy and dignity for the people whom we serve and it aims to achieve a rebalanced system by one removing barriers that prevent choice and where people receive LTSS at a state level -- state policy and systems level. Two, partnering with nursing homes, communities and existing community providers to implement change at the local level.

Going to move down two -- two paragraphs. 42 percent of the cost associated with Long Term Care Services and Supports in Connecticut are paid by the Medicaid program. It is essential that Medicaid Long Term Services and Support's Cost structures be modified with the aim of not only assuring choice, but also controlling costs. In State Fiscal Year 2009, Connecticut spent 65 percent of its Medicaid Long Term Services and Support dollars on institutional care for individuals who are aging and individuals with disabilities. A 2011 analysis of adults age 31 and over using Medicaid Long Term Care Services and Supports shows that Connecticut has the highest or second highest nursing home rate per 1,000 population in each of the following categories in both 2000 and 2008 that is in the total state nursing home rate of use and the rate of use for ages 31 to 64 and the rate of use for age 65 and older. So looking nationally, we have the highest rate or second highest in those three categories.

The average cost of serving a Medicaid participant in the community is approximately one third of the average cost of serving someone in an institution. Serving people in the community when it is preferred, safe and on average more cost-effective will result in more people served for each Long Term Care Service and Support dollar spent.

The plan all ready captures town level data concerning projection of need for nursing facility level care and associated needs for home and community based services. DSS recommends the Plan to the committee as an existing source of the data that it seeks and therefore we cannot support House Bill 6607, Senate Bill 1086 and House Bill 6610 as they are unnecessary and duplicative.

The Plan can be accessed at www.ct.gov/dss/rebal. The study looks something like this and it is very comprehensive. The individual town level reports are also accessible online at this very same link so I want to thank you for the opportunity to testify this day -- today and welcome any questions you might have.

SENATOR SLOSSBERG: Thank you, Commissioner. And thank you for your testimony and for -- you know -- being willing to work with us on so many of these things.

I just wanted to ask about -- you know -- about Senate Bill 1084 and your -- your testimony in regard to -- that's -- that's AN ACT CONCERNING DELAYS IN MEDICAID APPLICATION PROCESSING. Obviously we recognize that this is the subject of two lawsuits and you know we've heard so much, as have you in terms of issues with regard to the delay and the applications and also recognize that we're expecting that to be

comments about 6609, which are more expansive than the requests that we had under 852 and the concern I had heard was that Senate Bill 852, that we proposed was somewhat burdensome and that perhaps we had adequate information already.

So, what we're trying to do is walk back and be clear about what we're getting to insure that it provides what we need and then take into consideration what is being requested under 6609 and see if we can't achieve balance.

REP. MORRIS: Thank you Commissioner, thank you Madam Chair.

SENATOR SLOSSBERG: Thank you, are there any further questions for the commissioner? Okay, thank you so much Commissioner, we appreciate it and you made it in before the hour.

COMMISSIONER RODERICK L. BREMBY: All right, well thank you very much.

SENATOR SLOSSBERG: Okay our next speaker is Deb -- Deb Migneault.

DEB MIGNEAULT: I slipped in (inaudible)

SENATOR SLOSSBERG: Yes -- Deb -- Deb can you put your microphone on, I don't think it's on.

DEB MIGNEAULT: Sorry.

SENATOR SLOSSBERG: There you go.

DEB MIGNEAULT: Sorry. So I'm going to start with Senate Bill 1084: AN ACT CONCERNING DELAYS IN MEDICAID APPLICATION PROCESSING. The Commission on Aging testified last week House Bill 5919 which was about presumptive eligibility for the home care program. Section

SB1086
HB6607
HB6610

Office of Policy Management and in consultation with the Commission on Aging and the Long Term Care Advisory Council.

So there's several sources of data on this and we just don't want to see any duplication so we do respectfully request that this would not be mandated of the department and we are obviously very willing to help sort through all of that data and provide any information that you would like on that.

We do, however, respectfully disagree with the Department of Social Service on whether or not the Medicaid wavers has been adequately addressed in the rebalancing plan. So moving on I'd like to speak about House Bill 6610: AN ACT CONCERNING FEDERAL MEDICAID WAVERS. Over the last several years through Money Follows A Person and rebalancing efforts there's been a lot of -- of focused attention on moving people out of nursing facilities into the community.

Over 14,000 people have transitioned out of nursing facilities into the community and we -- we've been part of that process as a Chair of the Money Follows A Person steering committee and are very supportive of that.

Unfortunately, the commission on aging feels that diversion efforts have received less attention and when I talk about diversion efforts I'm talking about the Long Term Services and Supports Medicaid wavers that support people in the community before they move into a nursing facility.

These -- these community based programs are less successful to people presently to people that are in -- in the community and actually those Medicaid wavers are actually more accessible to people living in a nursing

facility to people right now than they are to people that are living in the community. The reason for that is through Money Follows A Person, when somebody is transitioned out of a nursing facility into the community, they actually utilize the community based waiver structure in order to do that and for people that are living in the community there are caps on these programs and there are waiting lists on them.

Aside from the -- the Connecticut Homecare Program for the elders, all the other ones have caps and waiting lists but through Money Follows A Person, a person can transition out of a nursing facility into the community and reserve -- slots are reserved on these waivers for them.

So they can transition out and -- and in a kind of perverse incentive, it's become -- there's been some talk about having people actually move into a nursing facility for the three months that MSP -- it takes for you to qualify for MSP and then transition back out under one of the waivers that you couldn't get on in the first place when you're out in the community. So there -- there very complex and these -- and we have talked -- The Commission on Aging -- for several years has talked about how we can better structure these waivers to meet the needs of people in the community and to divert people from nursing facilities. And, it is a part of rebalancing.

It's not about transitioning people out, it's about diverting them from going into a nursing facility into the first place. And I direct your attention to an attachment I put on the -- on the -- our testimony which has come to be known as the Silo Chart. I know, it's an overused term, silos but really this is a

picture worth a thousand words. This is our Medicaid waiver, our system as of now. We have several community based waivers and you will see that we tried to make them representative of the size.

Some of them are very small, some are very few -- small amount of people, some of them are larger, some have -- most have waiting lists and many are in different departments. And today is MS Action Day at the capital and I think it's -- it's fitting that we're talking about the waivers because unfortunately for people to have MS they're -- they're a very good example of how this system really fails them because what happens if -- is if you're a younger person under the age of 65 and you have for example, MS and you have a physical disability and perhaps a -- a cognitive impairment you -- there are no waivers, there are no community based supports that you fit into. You fall into the cracks, you fall into the gaps.

There are some pilots but the waiting lists on those pilots are larger than the amount of people that they're serving.

So, this is certainly an area that needs a lot of attention, a lot of study, and we -- we -- we fully support looking at that further. And I'd just like to say that we understand that it costs money right? You know we know that to open up these waivers that it would cost money but I would say that the money is there, it's come through.

Money Follows A Person has brought in over \$200 million into this state, the state of Connecticut, the Department of Social Services has recently pursued the Balancing Incentive Program, BIP. BIP is bringing 73. -- \$73

million from the government. That money just has to be invested into the community based infrastructure. So, with that, that's my testimony and I'm happy to answer any questions that you may have.

SENATOR SLOSSBERG: Thank you so much for your testimony, Deb and for the good work that you guys are doing.

I think you've provided us with a lot of interesting, you know, good information and -- and we appreciate that. In particular, I'm a big fan of your silo chart. I know I've been looking at this for many years unfortunately I tend to think of it as more like an ocean with those silos in it and it's more likely that you fall into the ocean than you actually fall into a silo so I, you know, I think you've given at least for me a lot of food for thought. I don't have any questions for you.

Are there other committee members who have questions at this time? No, no. Okay well thank you very much. Our first hour is over so we're now going to start alternating between the public portion and our officials lists so I apologize Nancy, sorry about that so we'll get you in a moment. Our first speaker would then be Lucy Porter.

LUCY POTTER: Actually Lucy Potter, like Harry.

SENATOR SLOSSBERG: Oh I'm sorry Lucy.

LUCY POTTER: Good afternoon Senator Slossberg, members of the committee. I'm Lucy Potter, I'm at Greater Hartford Legal Aid and I'm one of the attorneys in Briggs vs. Bremby which is the lawsuit against DSS that challenges their delays in processing food stamp cases. As you're -- I's sure familiar, Sheldon Toubman

SB1084



TI
page 1



Testimony before the Human Services Committee

Roderick L. Bremby, Commissioner

March 12, 2013

Good morning, Senator Slossberg, Representative Abercrombie and distinguished members of the Human Services Committee. My name is Roderick Bremby and I am the Commissioner of Social Services. I appear before you today to testify on several bills that impact the Department of Social Services (DSS).

S.B. No. 1083 AN ACT CONCERNING THE DEPARTMENT OF SOCIAL SERVICES.

As you are aware, the state's federally-funded Connecticut Energy Assistance Program provides heating assistance to some 110,000 of the state's most vulnerable households. The program is operated through the state's Community Action Agencies. In addition, a network of more than 130 volunteer intake sites has been maintained. This network includes municipalities, senior centers and other social services providers.

In addition to the extensive intake network, the department has maintained long-standing partnerships with numerous stakeholders, including the Community Action Agencies, utility companies, fuel vendors, 211 Infoline, Operation Fuel, Connecticut Legal Services, Connecticut Association for Community Action and the Low-Income Energy Advisory Board. These groups provide the department with recommendations concerning program development, benefit structure, implementation and improvement.

While the department and the network consistently strive to maximize program effectiveness, we do not believe that imposing further studies and reporting requirements, in addition to what has already been statutorily mandated under CGS 16a-41a, is necessary. Furthermore, the department is not the appropriate agency to undertake a study of adequacy of power sources to housing complexes as we do not possess the expertise to engage in this type of analysis. Housing matters also now fall under the purview of the new Department of Housing.

For these reasons, the department cannot support this proposed bill.

SB1084
SB1087
HB6609
HB6607
SB1086
HB6610

rebalancing efforts and to enhance the state's ability to measure quality, acuity and economy of the long-term care system.

Additional financial information is not necessarily a meaningful tool to evaluate the sustainability of the industry or health of any one facility. The department is interested in developing measures that focus on the entire long-term care system and skilled nursing facilities' role in that continuum.

H.B. No. 6607 AN ACT CONCERNING NURSING HOMES;
H.B. No. 6610 AN ACT CONCERNING FEDERAL MEDICAID WAIVERS;
S.B. No. 1086 AN ACT CONCERNING LONG-TERM CARE.

The Department of Social Services commends the Committee for its attention to the need for strategic planning for Medicaid long-term care services. This is a critical need given strong preferences of older adults and individuals with disabilities to live in home and community-based settings, the State's interest in controlling escalating costs, and support for town-level tailoring of strategies to meet local needs. DSS respectfully suggests to the Committee, however, that the studies that are being proposed by HB 6607, SB 1086 and HB 6610 are not needed. In keeping with the legislation enacted by the General Assembly, Governor Malloy, Office of Policy and Management and DSS recently released the Strategic Plan to Rebalance Long-Term Services and Supports, which already captures the data and planning strategies that are contemplated by these bills.

The State of Connecticut is committed to creating a more efficient and effective long-term services and supports (LTSS) system aligned with the principles of choice, autonomy and dignity. The envisioned system will allow Medicaid recipients who need LTSS to choose whether they want to receive these services in a nursing facility (NF) or in a community setting. In order to attain the vision of enhanced quality of life and increased choice for individuals across all disabilities to live, work and age within their own communities, the concept of a town-based LTSS compendium was developed. A town-based approach to LTSS will provide choices ranging from various types of supportive housing options to care provided in a nursing facility; these options will reflect the preferences of the persons they are designed to serve and support a seamless transition from hospital to short-term rehabilitation and back into the community.

Through a multi-month process of deliberate stakeholder briefings, engagement, data and system analysis, culminating in the November 2011 Right-sizing Strategic Planning Retreat, Connecticut sought the input and expertise of those interested in building a sustainable LTSS system within the state. Stakeholders participating in the strategic planning process included family members, advocates, ombudsmen, State staff, providers (community and institutional), Money Follows the Person Steering Committee members, academics and others. Recommendations from the Right-sizing retreat provided a foundation on which the Strategic Rebalancing Plan was developed. With an unprecedented level of partnership and collective work toward the common goals, stakeholders will continue to play a key role in the implementation and evaluation of

LTSS strategic initiatives

The plan, guided by the vision of choice, autonomy and dignity for the people whom we serve, aims to achieve a rebalanced system by: 1) removing barriers that prevent choice in where people receive LTSS at a state policy and systems level; and 2) partnering with nursing homes, communities, and existing community providers to implement change at a local level.

The urgency for design and implementation of a strategic plan was imperative given that over the next several years the number of people estimated to need LTSS will increase dramatically due to the aging population. According to the U.S. Administration on Aging's Profile of Older Americans, the number of people age 65 and older is expected to grow to 19.3% of the population by 2030, marking a significant growth in the portion of this population nationally. This trend is evident in Connecticut, where projections indicate a 40% growth in individuals age 65 and older between 2010 and 2025. Notably, in the November 2011 report entitled *90+ in the United States: 2006-2008*, Connecticut ranked second among states with the highest percentage of the population in both the 'Aged 90 and Over' and 'Aged 65 and Over' categories. The report also notes that age is positively associated with the presence of physical difficulty, and the oldest have the highest levels of physical and cognitive disability. By 2025, demand for Medicaid LTSS alone is expected for more than 64,000 individuals in Connecticut – an increase of more than 24,000 individuals over current levels. Estimating future demand, building sufficient supply with quality assurances, and eliminating policy and procedural barriers that prevent choice are all key to the State's Strategic Rebalancing Plan.

The projected increase in the aging population is especially relevant to the design of benefit and eligibility in the State's Medicaid program. Since 42% of the costs associated with LTSS in Connecticut are paid by the Medicaid program, it is essential that the Medicaid LTSS cost structures be modified with the aim of not only assuring choice, but also controlling costs. In SFY 2009, Connecticut spent 65% of its Medicaid LTSS dollars on institutional care for individuals who are aging and individuals with disabilities. A 2011 analysis of adults age 31 and over using Medicaid LTSS shows that Connecticut has the highest or the second highest nursing home rate per 1,000 population in each of the following categories in both 2000 and 2008: total state nursing home rate of use, rate of use for ages 31-64 and rate of use for age 65 and older. The state's high utilization of nursing homes for persons receiving LTSS is a statistic that stands in contrast to surveys completed by LTSS users where 75% indicate their preference for services in the community. In addition, the average cost of serving a Medicaid participant in the community is approximately one third of the average cost of serving someone in an institution. Serving people in the community when it is preferred, safe and on average more cost-effective will result in more people served for each LTSS dollar spent.

The Plan already captures town-level data concerning projections of need for nursing facility level care, and associated needs for home and community-based services. Related, the Plan commits to evaluating supply and demand trends and

projections every six months. The current model detailed in the Plan projects a surplus of 5,000 institutional beds assuming barriers that prevent choice are removed. As demand for institutional care decreases, the plan details a proactive approach to reducing unneeded beds and building community capacity. Key strategies focus on partnerships with institutional providers who are interested in diversifying their business models to provide identified community LTSS as identified in town level supply and demand data maps. In support of this, the plan includes competitive procurements targeted to institutional providers for the purpose of building community LTSS which reflect the needs and preferences of the town. Additionally, the Plan explicitly contemplates a range of initiatives with respect to Medicaid waivers and State Plan amendments that will support evolving need for long-term care. Finally, the Plan flags and proposes strategies in support of addressing various procedural, capacity and/or policy barriers, including lack of sufficient service, supply, and information about home and community-based services; insufficient practices supporting self-direction and person-centered planning, and lack of housing and transportation. The Plan also addresses the need for a streamlined process for discharges to the community, accessing Medicaid as a payer, and promoting a sufficient workforce.

DSS recommends the Plan to the Committee as an existing source of the data that it seeks and therefore we do not support HB 6607, SB 1086 and HB 6610 as they are unnecessary and duplicative. The Plan can be accessed at www.ct.gov/dss/rebal.

Thank you for the opportunity to testify before you today. I welcome any questions you may have


Legislative Commission on Aging
A nonpartisan research and public policy office of the Connecticut General Assembly

 T2
 page 2

Testimony of
Deb Migneault, Legislative and Community Liaison
Commission on Aging

before the Human Services Committee
March 12, 2013

Good morning Senator Slossberg, Representative Abercrombie and esteemed members of the Human Services Committee. My name is Deb Migneault and I'm the Legislative and Community Liaison for the Legislative Commission on Aging. On behalf of the Commission, I thank you for this opportunity to comment on a number of bills before you today.

As you know, the Legislative Commission on Aging is the non-partisan, public policy office of the Connecticut General Assembly devoted to preparing our state for a significantly changed demographic and enhancing the lives of the present and future generations of older adults. For twenty 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. I'd like to thank this committee for its ongoing leadership and collaboration in these efforts.

In these difficult budget times, research-based initiatives, statewide planning efforts, vision and creative thinking are all needed. The Legislative Commission on Aging is devoted to assisting you in finding solutions to our fiscal problems, while keeping our state's commitments to critical programs and services.

SB1086
HB 6607
HB 6610

SB 1084: An Act Concerning Delays in Medicaid Application Processing
Section 2 ~ CoA Supports

The CoA supports this proposal and applauds this committee for attempting to fill a major gap in our community-based services structure by raising this bill. As you know, the timeline for processing of long-term care Medicaid applications is egregiously long. The Department of Social Services' Commissioner Bremby is working to upgrade the agency's computer systems and change workflow to meet the needs. We've met with the Commissioner several times to address this matter and are grateful for his engagement. However, timelines remain far too long, far longer than the federally mandated standard of promptness of 45 days. Some applicants wait 6 months or more for their eligibility determination.

Section 2 of this bill attempts to address a major issue with Medicaid application processing as it affects persons applying for community-based long-term services and

SB 1086: An Act Concerning Long-Term Care
SB 6607: An Act Concerning Nursing Homes

~ CoA Opposes

The CoA appreciates this committee's support and commitment to rebalance the Medicaid long-term services and supports (LTSS) system. For several years now, the Commission on Aging has put forth recommendations and provided oversight with the implementation of rebalancing efforts which give people choice in where and how they receive long-term care services and support. These efforts involve highly complex and multifaceted policy, programmatic, regulatory and funding issues. We have worked with this committee on legislation that supports this initiative and we are truly grateful for your continued commitment on this work.

While we fully support the concept of studying and tracking these issues, we respectfully urge that you do not mandate DSS to conduct either of these studies as extensive study has already been conducted in the areas outlined. In other words, it would be a duplicative mandate. In recent years, DSS contracted with Mercer Consulting to analyze the long-term services and supports system both historically as well as projecting the needs of the future. Actuaries and analysts have produced pages and pages (roughly 730 pages) of town-by-town specific data that tell us much of what the state needs to know about 1) the number of needed institutional beds and nursing facilities, 2) the need for community-based service providers, and 3) the demand for direct care workers. In January 2013, the Governor released a "Rebalancing Plan" which contained the findings of Mercer's work and provided strategies aimed at rebalancing the LTSS system. The data is featured on the DSS website at <http://www.ct.gov/dss/cwp/view.asp?Q=517822&A=4125> and will be updated periodically. This plan, with significant amounts of data, is in addition to a data collected as part of the 2006 Long-Term Care Needs Assessment conducted by the UCONN Center on Aging with oversight by the Legislative Commission on Aging, and the Long-Term Services and Supports "Balancing Plan" (released in January 2013) by the Long-Term Care Planning Committee (written by OPM and in consultation with the LTCAC of which CoA chairs).

The CoA would be willing and grateful for the opportunity to provide you with an overview of these plans, reports and data pieces to support you in your work.

HB 6610: An Act Concerning Federal Medicaid Waivers

~ CoA Supports

Tremendous emphasis is presently being placed on transitioning individuals out of nursing homes and back into the community. The incentive for this particular aspect of "rebalancing" is predicated on cost savings, enhanced federal dollars, choice/improved quality of life and human rights issues. The Money Follows the Person (MFP) program has provided Connecticut--and actually now every state in the nation--the incentive and opportunity to restructure LTSS via a federal enhanced match for Medicaid for every

person (regardless of age) transitioned out of a nursing home under MFP. (Connecticut has already transitioned out approximately 1,400 people.) When people are transitioned out of nursing homes under MFP and into the community they eventually are provided services thru Medicaid HCBS waivers.

Unfortunately, "diversion" efforts have received less attention. In truth, the Medicaid HCBS Waivers which help individuals stay in the community (before going into a nursing home) are less accessible to those presently in the community (vs. a nursing home). Further, occasionally waiver slots are often opened for people on MFP but not for those in the community. Clearly, this is a perverse incentive. Thus, Medicaid HCBS Waivers are ripe for study, integration/coordination, parity and action. I draw your attention to the attached waiver silo chart prepared by the CoA to illustrate the barriers such as fragmentation, difficult to navigate, and lack of access.

The Affordable Care Act contained several, new rebalancing opportunities including the Balancing Incentive Program known as BIP. CT was recently awarded approximately \$73 million for BIP by the federal government. The CoA strongly urges as is mandated by BIP that those dollars be utilized for actual community services and in a transparent way.

The CoA works closely on these issues as co-chair of the Money Follows the Person Steering Committee, comprised of diverse stakeholders including actual participants. As co-chair of the Long-Term Care Advisory Council, we have also brought significant attention to the need to restructure Medicaid HCBS Waivers to have better access and to create parity for people regardless of age. We offer ourselves as a resource to you on this specific matter as well.

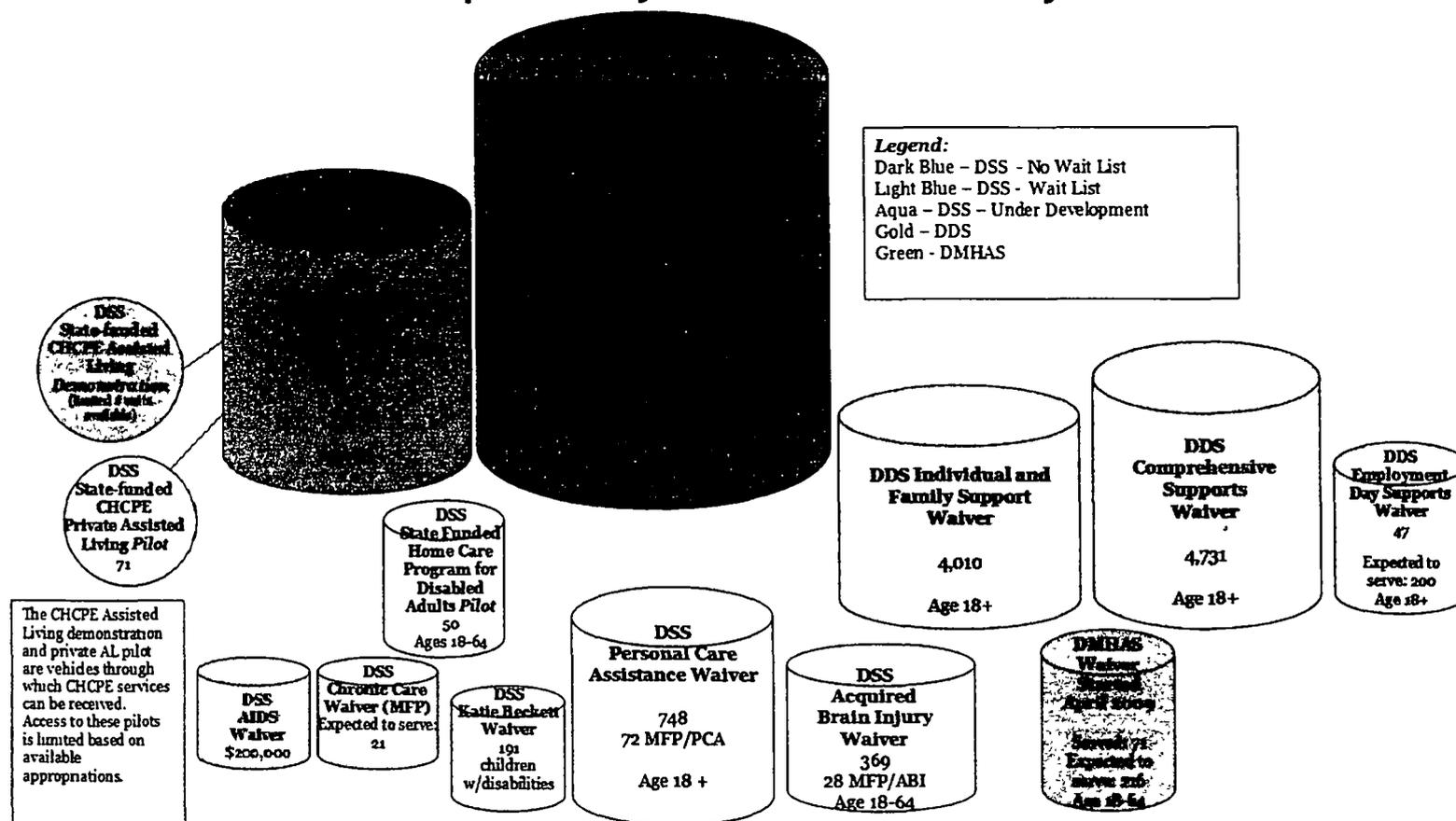
///

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."





AARP Connecticut
21 Oak Street
Suite 104
Hartford, CT 06106

T 1-866-295-7279
F 860-249-7707
TTY 1-877-434-7598

www.aarp.org/ct

Human Services Committee

March 12, 2013

Testimony in Support of S.B. 1084,

An Act Concerning Delays in Medicaid Application Processing;

S.B. 1086, An Act Concerning Long Term Care; H.B. 6610, An Act Concerning Federal Medicaid &

S.B. 1083, An Act Concerning the Department of Social Services

AARP is a nonprofit, nonpartisan organization, with a membership of more than 37 million, nearly 600,000 of whom live right here in Connecticut, which helps people age 50 and up turn their goals and dreams into real possibilities, strengthens communities and fights for the issues that matter most to families such as healthcare, employment security and retirement planning.

On behalf of our members, AARP is pleased to offer testimony in support of S.B. 1084, An Act Concerning Delays in Medicaid Application Processing, S.B. 1086, An Act Concerning Long Term Care, and H.B. 6610, An Act Concerning Federal Medicaid Waivers. These proposals complement the Governor's call for "a more efficient and effective long-term services and supports (LTSS) system aligned with the principles of choice, autonomy and dignity" made in the *Strategic Rebalancing Plan: A Plan to Rebalance Long Term Services and Supports (2013-2015)*.¹ We also support S.B. 1083, An Act Concerning the Department of Social Services.

S.B. 1084, AN ACT CONCERNING DELAYS IN MEDICAID APPLICATION PROCESSING

AARP strongly supports efforts to ensure prompt access to safety-net health and long-term care programs through technology upgrades and a streamlined determination process as required under S.B. 1084, An Act Concerning Delays in Medicaid Application Processing. Specifically, S.B. 1084 requires DSS to comply with Medicaid timelines for processing Medicaid applications and provides "presumptive eligibility" for applicants receiving or requesting home and community-based services (HCBS) after 90 days. Determining financial eligibility for Medicaid applicants for community based services in 2011 took an average of 134 days—far exceeding the Standard of Promptness set by the Centers for Medicare and Medicaid Services. Without timely decisions these applicants' health and well-being could be at risk and the long delay may determine whether they remain in a community setting or enter a nursing facility.

States that lead the way in consumer choice share common characteristics, including timely eligibility determinations for home care services.² When decisions must be made quickly at a time of crisis, state Medicaid programs must be able to arrange for HCBS in a timely manner. Failure to determine timely eligibility for Medicaid HCBS often results in unnecessary nursing home placement and the financial consequences for the state are steep. On average, the cost of serving a Medicaid

¹ *Strategic Rebalancing Plan: A Plan to Rebalance Long Term Services and Supports (2013-2015)* available at [http://www.ct.gov/dss/lib/dss/pdfs/frontpage/strategic_rebalancing_plan_1_29_13_final2_\(2\).pdf](http://www.ct.gov/dss/lib/dss/pdfs/frontpage/strategic_rebalancing_plan_1_29_13_final2_(2).pdf)

² *Raising Expectations: A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers*, available at <http://www.longtermscorecard.org/>

Page 2 of 2

client in the community is approximately one third the average cost of serving that individual in an institution.

S.B. 1084 recognizing the need to improve access to Medicaid services through timely eligibility determinations and improved screening processes. While AARP prefers the more expansive approach for presumptive eligibility outlined in H.B. 5919, we support S.B. 1084 as a significant improvement on the current system. Expedited eligibility determinations will improve access to services in the setting the consumer chooses. Additionally, the proposal would stretch limited public resources by serving individuals in cost-effective community based settings, when institutional care is neither desired nor needed.

Please support S.B. 1084 to address the processing delays faced by seniors and vulnerable populations waiting to access critical health services

**S.B. 1086, AN ACT CONCERNING LONG TERM CARE &
H.B. 6610, AN ACT CONCERNING FEDERAL MEDICAID**

AARP supports the state reviewing options and identifying service gaps in the Medicaid waiver system to expand consumer options and meet future needs. In addition, AARP urges the Committee to expand the scope of S.B. 1086, An Act Concerning Long Term Care, and H.B. 6610, An Act Concerning Federal Medicaid Waivers, to also evaluate implementation of Community First Choice in Connecticut. Community First Choice (CFC) is an option established in the Affordable Care Act (ACA) to help states with rebalancing efforts. CFC creates a new Medicaid State Plan option to provide home and community-based personal care attendant services. States exercising this option will receive a six percentage point (6%) increase in their state's federal Medicaid matching rate for those services. In January, Governor Malloy called for an analysis of CFC implementation in Connecticut.³ It makes sense for the state to undertake that analysis while it considers other waiver and service gap issues.

AARP would strongly support Connecticut's decision to pursue CFC. We have hired an independent consulting firm to provide an initial review and cost analysis of CFC option in Connecticut. Preliminary results suggest that Connecticut has the potential to save an estimated **\$4.6 million** annually and serve over **1,100 additional individuals** currently on HCBS waiting lists.

S.B. 1083, AN ACT CONCERNING THE DEPARTMENT OF SOCIAL SERVICES

AARP supports the objective outlined in S.B. 1083 to review existing energy assistance programs and plan for power outages in facilities that serve DSS clients. The proposal will help identify gaps in energy assistance programs, inform policy to make energy assistance programs more responsive to client needs, and improve safety for DSS clients during potential power outages.

Find AARP Connecticut Online at: www.aarp.org/ct



FB.com/AARPCT

@AARPCT



Youtube.com/AARPCT

³ *Strategic Rebalancing Plan - A Plan to Rebalance Long Term Services and Supports (2013-2015)*, p 10



Testimony to the Human Services Committee

Presented by Mag Morelli, President, LeadingAge Connecticut

March 12, 2013

Regarding

Senate Bill 1084, An Act Concerning Delays in Medicaid Application Processing

Senate Bill 1086, An Act Concerning Long-term Care

House Bill 6607, An Act Concerning Nursing Homes

House Bill 6609, An Act Concerning Nursing Home Transparency

House Bill 6610, An Act Concerning Federal Medicaid Waivers

LeadingAge Connecticut is a membership organization representing over one hundred and thirty mission-driven and not-for-profit provider organizations serving older adults throughout the continuum of long term care. Our members are sponsored by religious, fraternal, community, and municipal organizations that are committed to providing quality care and services to their residents and clients. Our member organizations, many of which have served their communities for generations, are dedicated to expanding the world of possibilities for aging.

On behalf of LeadingAge Connecticut, I would like to submit the following testimony on several of the bills before you today.

Senate Bill 1084, An Act Concerning Delays in Medicaid Application Processing

The state's current Medicaid eligibility system is not able to qualify long term care applications in a timely manner and as a consequence, consumers are unable to access services in the community and nursing home providers are incurring millions of dollars in bills owed by the state. DSS has instituted a modernization plan which we believe will help the situation, but the full implementation of modernization is at least a year away. This crisis simply cannot wait and requires immediate action.

The bill before you today would at the very least place some level of guarantee that the modernized eligibility system will be operational within a year and that long term care eligibility determinations, including presumptive eligibility for community based applicants, will be done in a timely manner. LeadingAge Connecticut is appreciative of this proposal, but encourages the Committee to consider also implementing the presumptive eligibility and nursing home advanced payment programs now so as to provide immediate relief to applicants and providers of Medicaid long term care services that are experiencing excessive delays in the Medicaid eligibility process.

House Bill 6609, An Act Concerning Nursing Home Transparency

The Department of Social Services currently reimburses nursing homes through the Medicaid system using cost-based per diem rates. These rates are facility specific and are calculated by the state based on the costs of caring for residents. These documented costs are submitted annually to the state by every nursing home in an extensive thirty-seven page cost report. This annual cost report includes information regarding payments made to related parties. The following is a link to information regarding the currently required cost reports: <http://cjl.com/cost-report-info/>. *It should be noted that the actual rates paid to nursing homes are significantly lower than the calculated rates.*

House Bill 6610, An Act Concerning Federal Medicaid Waivers

LeadingAge Connecticut has long supported the idea of commencing a comprehensive review of our various Medicaid waiver pilot programs, such as the assisted living pilot program, to evaluate their success and determine whether they should become a permanent part of the state Medicaid plan. We would encourage this review be done in collaboration with the overall Medicaid systems change initiatives.

Thank you for this opportunity to submit this testimony.

**Mag Morelli, LeadingAge Connecticut, 1340 Worthington Ridge, Berlin, CT 06037
(860)828-2903 mmorelli@leadingagect.org**

**CONNECTICUT
GENERAL ASSEMBLY
SENATE**

**PROCEEDINGS
2013**

**VETO
SESSION**

**VOL. 56
PART 17
5161 - 5482**

SENATOR LOONEY:

Thank you, Mr. President.

And then Calendar page 12, Calendar 669, House Bill Number 6610, move to place that item on the Consent Calendar.

THE CHAIR:

Without objection.

SENATOR LOONEY:

Thank you, Mr. president.

Mr. President, if we would now return to an item that was passed temporarily earlier, and that is, Mr. President, Calendar page 19, Calendar 243, Senate Bill 1043.

Thank you, Mr. President.

THE CHAIR:

Thank you, Senator Looney.

SENATOR LOONEY:

I would also -- Mr. President, before moving to the bill, I believe the Clerk is now in possession of Senate Agenda Number 1 for today's session.

THE CHAIR:

Mr. Clerk.

THE CLERK:

The Clerk is in possession of Senate Agenda Number 1, dated Wednesday, June 5, 2013. Copies have been made and are distributed on the Senators' desks.

THE CHAIR:

Senator Looney.

THE CLERK:

-- House Bill 6685.

On page 4, Calendar 467, House Bill 6514.

On page 7, Calendar 57, House Bill 6515.

And on page 12, Calendar 669, House Bill 6610.

On page 13, Calendar 679, House Bill 5423.

On page 14, Calendar 688, House Bill 6477.

On page 15, Calendar 698, House Bill 6518; Calendar
699, House Bill 6389.

And on page 21, Calendar 630, House Joint Resolution
Number 45.

THE CHAIR:

Okay. Mr. Clerk, will you please call for roll call
vote. The machine will be open for Consent Calendar
1.

THE CLERK:

Immediate roll call has been ordered in the Senate.
Senators return to the chamber please. Immediate roll
call on Consent Calendar Number 1 has been ordered in
the Senate.

THE CHAIR:

All members have voted? All members have voted, the
machine will be closed.

Mr. Clerk, will you call the tally.

THE CLERK:

On Consent Calendar Number 1

Total Number Voting	35
Those voting Yea	35

Those voting Nay 0

Those absent and not voting 1

THE CHAIR:

The consent Calendar is passed.

Senator Looney.

SENATOR LOONEY:

Thank you, Madam President.

Madam President, some additional items to mark go at this time.

THE CHAIR:

Please proceed, sir.

SENATOR LOONEY:

Thank you, Madam President.

On Calendar page 4, Calendar 464, House Bill 5601 should be marked go.

Also Calendar page 4, Calendar 465, House Bill Number 6630 should be marked go.

Calendar page 10, Calendar 644, House Bill Number 6363 should be marked go.

Also, Madam President, Calendar page 8, Calendar 601, House Bill Number 6490 should be marked go.

And, Madam President, Calendar page 18, Calendar 239, Senate Bill Number 190 should be marked go at this time.

Thank you, Madam President.

THE CHAIR:

Thank you.