

Legislative History for Connecticut Act

PA 14-142

HB5325

House	1749-1752	4
Senate	3455, 3474, 3480-3481	4
Human Services	340-341, 422-423, 642, <u>646, 647-651</u>	11
		19

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**CONNECTICUT
GENERAL ASSEMBLY
HOUSE**

**PROCEEDINGS
2014**

**VOL.57
PART 6
1681 – 2023**

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HOUSE OF REPRESENTATIVES

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this bill temporarily. Moving on with our calendar.

Mr. Clerk, will you please call Calendar 377.

THE CLERK:

Yes, Mr. Speaker. On page 28, Calendar 377, favorable report of the joint standing committee on appropriations, House Bill 5325, AN ACT ELIMINATING THE HOME-CARE COST CAP.

SPEAKER SHARKEY:

Representative Brandon McGee, you have the floor, Sir.

REP. MCGEE (5th):

Well good afternoon, Mr. Speaker.

SPEAKER SHARKEY:

Good afternoon, Sir.

REP. MCGEE (5th):

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

SPEAKER SHARKEY:

the question is on acceptance of the joint committee's favorable report and passage of the bill. Will you remark, Sir.

REP. MCGEE (5th):

Yes, Sir. Simply this bill seeks to expand home-care for eligible elderly residents by removing the

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program funding cap and it simply removes the statutory 60 percent cost cap on waiver services in the Connecticut Home-care Program for Elders. Because both State plan services and waiver services qualify equally for the 50 percent match there is no need for distinction between the two and there's no fiscal impact. Mr. Speaker, I move adoption.

SPEAKER SHARKEY:

The question before the Chamber is adoption. Will you remark? Representative Wood.

REP. WOOD (141st):

Thank you, Mr. Speaker. I also stand in support of this bill with my colleague, Representative McGee. It is to remove the cap for the Home-care Program for Elders and it also brings it -- the current 60 percent cost cap is arbitrary and inconsistent with other waiver programs and this keeps frail elders in their communities and in their homes and out of nursing homes and we want them in their communities. So I stand in strong support of that and I urge our colleagues to vote in support of this. Thank you, Mr. Speaker.

SPEAKER SHARKEY:

Thank you, Madam. Would you care to remark?

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Would you care to remark further on the bill before us? If not, staff and guests to the well of the House. Members take your seats. The machine will be opened.

THE CLERK:

The House of Representatives is voting by roll.

The House of Representatives is voting by roll. Will members please take your seats immediately.

(Deputy Speaker Orange in the Chair.)

DEPUTY SPEAKER ORANGE:

Have all members voted? Have all members voted? Please check the board to determine if your vote has been properly cast. If so, the machine will be locked and the Clerk will take a tally. Will the Clerk please announce the tally.

THE CLERK:

House Bill 5325.

Total Number Voting	144
Necessary for Passage	73
Those voting Yea	144
Those voting Nay	0
Those absent and not voting	6

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DEPUTY SPEAKER ORANGE:

The bill passes. Are there any announcements or introductions? Representative Morin.

REP. MORIN (28th):

Thank you, Madam Speaker. Good afternoon.

DEPUTY SPEAKER ORANGE:

Good afternoon, Sir.

REP. MORING (28th):

Madam Speaker, in the well of the House today I have two very important people, guests of mine from the great Town of Wethersfield. Two retired Wethersfield public school teachers, educators that devoted their working careers to helping young people grow. With me I have my father in law, William Potter and his good friend and our family friend, Len Skinger. And I wish we'd give them a warm welcome.

DEPUTY SPEAKER ORANGE:

Welcome gentlemen and thank you for your service to our children. Are there any other announcements or introductions? Announcements or introductions? If not, we'll return to the call of the Calendar. And will the Clerk please call Calendar Number 136.

THE CLERK:

On page 40, House Calendar 136, favorable report

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CONNECTICUT
GENERAL ASSEMBLY
SENATE**

**PROCEEDINGS
2014**

**VETO
SESSION**

**VOL. 57
PART 11
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pat/gbr
SENATE

270
May 7, 2014

SENATOR LOONEY:

Calendar 448, House Bill 5145, move to place on the
Consent Calendar.

THE CHAIR:

So ordered, sir.

SENATOR LOONEY:

Calendar 446, House Bill 5150, move to place on the
Consent Calendar.

THE CHAIR:

So ordered, sir.

SENATOR LOONEY:

And Calendar 452, House Bill 5531, move to place on
the Consent Calendar.

THE CHAIR:

So ordered, sir.

SENATOR LOONEY:

Thank you, Madam President. Moving to Calendar Page
14 where there are also five items. The first,
Calendar 457, House Bill 5516, move to place on the
Consent Calendar.

THE CHAIR:

So ordered, sir.

SENATOR LOONEY:

Calendar 455, House Bill 5325, move to place on the
Consent Calendar.

THE CHAIR:

So ordered, sir.

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SENATE

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May 7, 2014

Calendar 334, House Bill 5339.

Calendar 336, House Bill 5056.

On Page 7, Calendar 345, House Bill 5443.

On Page 9, Calendar 417, House Bill 5410.

On Page 10, Calendar 420, House Bill 5258.

Calendar 421, House Bill 5263.

Calendar 424, House Bill 5439.

On Page 11, Calendar 429, House Bill 5581.

On Page 12, Calendar 445, House Bill 5418.

Calendar 438, House Bill 5336.

On Page 13, Calendar 453, House Bill 5133.

Calendar 446, House Bill 5150.

Calendar 452, House Bill 5531.

On Page 14, Calendar 457, House Bill 5516.

Calendar 455, House Bill 5325.

Calendar 456, House Bill 5440.

Calendar 459, House Bill 5321.

Calendar 461, House Bill 5140.

On Page 15, Calendar 468, House Bill 5450.

Calendar 465, House Bill 5341.

On Page 16, Calendar 474, House Bill 5337.

Calendar 469, 5538.

Calendar 473, House Bill 5328.

On Page 17, Calendar 496, House Bill 5115.

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SENATE

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May 7, 2014

SENATOR LOONEY:

If we might pause for just a moment to verify a couple of additional items.

Madam President, to verify an additional item, I believe it was placed on the Consent Calendar and Calendar Page 30, on Calendar Page 30, Calendar 592, Substitute for House Bill 5476.

THE CHAIR:

It is, sir.

SENATOR LOONEY:

It is on? Okay. Thank you. Thank you, Madam President. If the Clerk would now, finally, Agenda Number 4, Madam President, Agenda Number 4 one additional item ask for suspension to place up on Agenda Number 4 and that is, ask for suspension to place on the Consent Calendar an item from Agenda Number 4.

THE CHAIR:

Seeing no objection, so ordered, sir.

SENATOR LOONEY:

Thank you, Madam President, and that item is Substitute House Bill Number 5566 from Senate Agenda Number 4.

Thank you, Madam President. If the Clerk would now, if we might call for a vote on the Consent Calendar.

THE CHAIR:

Mr. Clerk. Will you please call for a Roll Call Vote on the Consent Calendar. The machine will be opened.

THE CLERK:

An immediate Roll Call has been ordered in the Senate.

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SENATE

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May 7, 2014

An immediate Roll Call on Consent Calendar Number 2 has been ordered in the Senate.

THE CHAIR:

If all members have voted, all members have voted, the machine will be closed. Mr. Clerk will you please call the tally.

THE CLERK:

Consent Calendar Number 2.

Total number voting	36
Necessary for adoption	19
Those voting Yea	36
Those voting Nay	0
Those absent and not voting	0

THE CHAIR:

The Consent Calendar passes. Senator Looney.

SENATOR LOONEY:

Thank you, Madam President. Two additional items to take up before the, our final vote on the implementer. If we might stand for just, for just a moment.

The first item to mark Go is, Calendar, to remove from the Consent Calendar, Calendar Page 22, Calendar 536, House Bill 5546. If that item might be marked Go.

And one additional item, Madam President, and that was from Calendar, or rather from Agenda Number 4, ask for suspension to take it up for purposes of marking it Go, that is House Bill, Substitute for House Bill 5417. Thank you, Madam President.

THE CHAIR:

Seeing no objection, so ordered, sir.

SENATOR LOONEY:

**JOINT
STANDING
COMMITTEE
HEARINGS**

**HUMAN
SERVICES
PART 1
1 – 504**

**2014
INDEX**

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 hc/gbr HUMAN SERVICES COMMITTEE

March 4, 2014
 11:00 A.M.

CHAIRMAN: Senator Slossberg
 Representative Abercrombie

MEMBERS PRESENT:

SENATORS: Markley, Slossberg

REPRESENTATIVES:

Abercrombie, Ackert,
 Bowles, Butter, Case,
 Cook, McGee, Miller,
 Morris, Ritter,
 Rutigliano, Santiago,
 Wood, Zupkus

SENATOR SLOSSBERG: We're going to get our hearing started. If people can either close the door or come on in and, excuse me, we'd be convening the Human Services Committee public hearing agenda.

Today's Tuesday, March 4, and our first hour is reserved for public officials and so we would ask that -- I know staff is working hard to get us all our testimony and organized and I believe that we'll get started then with Commissioner Bremby is here this morning.

Good morning Commissioner. Thank you for being here. We appreciate it.

COMMISSIONER RODERICK BREMBY: Morning Senator Slossberg, Representative Abercrombie, distinguished members of the Committee. I'm Rod Bremby. I'm the Commissioner of the Connecticut Department of Social Services.

Delighted to be here this morning to testify before you on two bills raised on behalf of the department and in addition we've submitted extensive written materials which are on today's agenda which impact the department.

HB 5325

HB 5442

SB 325 (SB 253)

SB 251 SB 250

SB 254 HB 5324

SB 177

Beginning with House Bill 5325, AN ACT ELIMINATING THE HOME CARE COST CAP, this proposal would remove the 60 percent cost cap on waiver services in the Connecticut Home Care Program for Elders. The current 100 percent cost cap on the overall service plan, both state plan and waiver, would remain in effect, as costs cannot exceed 100 percent of the net cost of institutional care.

The department proposes this change because experiences show us that the cost cap sometimes result in utilizing higher cost state plan services to supplement the waiver service array.

Having the cost cap on waiver service limits care managers' ability to develop cost-effective, person-centered care plans. Furthermore, no other Medicaid waiver administered by DSS has such a limit on waiver services.

There is no reason for the distinction between waiver and state plan services, since both qualify equally for the 50 percent federal match. This bill brings the waiver in line with the remaining 1915(c) waiver programs, but still maintains cost neutrality at or by CMS.

This waiver consistently demonstrates cost neutrality and savings to the state, as the average cost of a waiver, state plan services averages \$18,500.00 compared to 60,000 for nursing facility care.

We ask for your support for this proposal.

House Bill 5442, AN ACT CONCERNING THE STATE ADMINISTERED GENERAL ASSISTANCE PROGRAM is a technical bill. This proposal makes minor and

JULIA EVANS STARR: Hi. Good afternoon

Representative Abercrombie, Senator Slossberg, Representative Wood and esteemed members of the Human Services Committee. My name is Julie Evans Starr. I'm the Executive Director of Connecticut's Legislative Commission on Aging. I want to thank you for the opportunity to come before you today.

SB 253

SB 254

SB 104

HB 5322

As you know, the Commission on Aging is a nonpartisan public policy office devoted to preparing our state for a significantly changed demographic and improving the quality of life of older adults of today and tomorrow.

I want to talk about three, maybe four, bills very quickly because I know there's a lot of people who are waiting.

But I wanted to start with House Bill 5325, AN ACT ELIMINATING THE HOME CARE COST CAP. I don't think there will be any controversy with this bill. I'm so glad you've introduced it. It eliminates the 60 percent cost cap on waiver services under the Connecticut Home Care Program. We support this bill. It has served as a barrier -- that 60 percent -- for some people needing specific services. An example of that is the Adult Family Living service, which is new to the Connecticut Home Care Program as a service. And so, because it provides seven days of care, which is new and exciting and really going to help people, but people would exceed that 60 percent cost cap. They don't anticipate that it's going to increase the dollar amount spent because they really reserve the 60 percent cost cap so that you can get another set of services with the extra 40 percent. So, now that the services are more robust in the first category, that's the purpose of this bill. And the cap is unnecessary. It's only specific and limiting to

the Connecticut Home Care Program for Elders and the Department itself said there is no fiscal impact for it. So, that's really positive.

So, we'll move on to Senate Bill 253, AN ACT CONCERNING TEMPORARY NURSING HOME BED REDUCTIONS. We simply want to give you some background information on this. The bill incentivizes nursing facilities to voluntarily and temporarily reduce their bed capacity. It's -- Senator Markley made an important distinction that it's different from taking beds temporarily off line versus reducing the number of state beds. So, our lens is -- I have the honor and privilege of co-chairing the Money Follows the Person steering committee and have for several years and so I know a lot of the work that's been done in this area through the Department of Social Services. They've contracted, perhaps you know, with Mercer Consulting and they've done a lot of analysis in this area and they looked at long term service and support, the supply and demand on a town by town basis and the results of that were shown in the Governor's Rebalancing Plan in 2013, in January 2013. If you'd like to see that report, if you haven't already, we'd be happy to provide it. It put forward many strategies and tactics to rebalance the long term care system and the perhaps the most notable or -- yeah I would say notable-- is the reduction of-- the proposal to reduce nursing home beds by 7,000 by the year 2025. I think it was surprising. But within the national context, if you look, Connecticut ranks in the top three for the number of nursing home beds as percentage of the population. We also have a vacancy rate, at least in 2012, of 9.3 percent and that had grown from 2011 from 7.8 percent. So, that's kind of the initiative coming out of the Department of Social

**JOINT
STANDING
COMMITTEE
HEARINGS**

**HUMAN
SERVICES
PART 2
505 – 933**

2014

H.B. No. 5325 - AN ACT ELIMINATING THE HOME-CARE COST CAP

The Connecticut Area Agencies on Aging strongly support the elimination of the homecare cost cap and applauds the Department's effort to provide flexible coverage for older adults at risk of nursing home level of care. The social service cost cap is currently set at 60% of the cost of institutional care. Juggling expenditures between skilled care and community-based services adds an unnecessary level of complexity to care planning and sometimes forces the care planner to use more expensive skilled care when developing a plan to keep the elder in the community. New service offerings such as Personal Care Assistants further necessitate eliminating the community-based services cap. Overall expenditures would remain no more than sixty per cent of the weighted average cost of care in skilled nursing facilities. The Connecticut Home Care Program is the State's most effective nursing-home diversion program. The removal of the community-based services cap is another prime example of building the flexibility into systems that support consumer choice and independence. This legislation is in line with the Governor's initiative to rebalance Medicaid expenditures and save Connecticut residents money while providing a safety net for the State's aging population.

For further information on programs and services offered through the Connecticut Association of Area Agencies on Aging:

Contact: Marie Allen, Executive Director
Telephone: 203-333-9288
Email: mallen@swcaa.org
Web site: www.ctagenciesonaging.org



CONNECTICUT ASSOCIATION FOR
HEALTHCARE AT HOME

TESTIMONY

Delivered by Deborah R. Hoyt, President and CEO
The Connecticut Association for Healthcare at Home
Before the Human Services Committee
March 4, 2014

SUPPORT: HOUSE BILL 5325, AN ACT ELIMINATING THE HOME-CARE COST CAP
SUPPORT: SENATE BILL 254, AN ACT CONCERNING PRESUMPTIVE MEDICAID ELIGIBILITY FOR THE CONNECTICUT HOME-CARE PROGRAM FOR THE ELDERLY
SUPPORT: SENATE BILL 325, AN ACT CONCERNING MEDICAID RECIPIENTS WITH COMPLEX MEDICAL NEEDS
SUPPORT: SENATE BILL 250, AN ACT CONCERNING FAIR HEARINGS

Good morning Senator Slossberg, Representative Abercrombie and honorable members of the Human Services Committee. My name is Deborah Hoyt, and I am the President and CEO of the Connecticut Association for Healthcare at Home. The Association represents 60 Connecticut DPH licensed/Medicare certified home health and hospice agencies that foster cost-effective, person-centered healthcare in the setting people prefer most – their own home. Collectively, our agency providers deliver care to more CT residents each day than those housed in CT hospitals and nursing homes combined. As a major employer with a growing workforce, our on-the-ground army of 17,000 home health care workers is providing high-tech and tele-health interventions for children, adults and seniors.

House Bill 5325 is a narrowly drafted bill that would have a significant and positive impact on the elderly population we serve. By eliminating the statutory cap for community-based services, currently set at sixty per cent of the weighted average cost of care in skilled nursing facilities and intermediate care facilities, more seniors will be eligible to receive quality, cost-effective home-based care. We urge the committee to support and favorably report House Bill 5325.

Senate Bill 254 is a critically important bill for seniors who receive home-based health care. Among other things, this bill would require the Commissioner of Social Services to establish a system to pay for services under the Connecticut home-care program for the elderly for a period of up to ninety days for applicants who require a skilled level of nursing care and who are determined to be presumptively eligible for Medicaid coverage. The bill further would require that the system include:

- the development of a preliminary screening tool to determine whether an applicant is functionally able to live at home or in a community setting and is likely to be financially eligible for Medicaid
- authorization by the commissioner for access agency representatives to initiate home-care services not later than five days after such functional eligibility determination for applicants deemed likely to be eligible for Medicaid
- a presumptive financial Medicaid eligibility determination for such applicants by the department not later than four days after the functional eligibility determination



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By providing an expedited system for screening a senior's ability to live at home, initiating home-care services, and establishing Medicaid eligibility to pay for such services, the bill would help more seniors obtain the necessary level of care in their homes and avoid more costly institutional care. We urge the committee to favorably report SB 254.

Senate Bill 325 recognizes and defines an individual as "complex needs patient" as one with significant physical or functional impairment resulting from a medical condition or disease." The bill requires the Commission of Social Services to establish specific reimbursement and billing for individually configured complex rehabilitation technology products and services used by complex needs patients, and to ensure that Medicaid payments for such products and services provides adequate access by complex needs patients and takes into account the significant resources, infrastructure, and staff needed to meet their needs. If passed, this bill will enhance ensure greater and improved health care for complex needs patients.

Senate Bill 250 makes changes to the current Department of Social Services administrative hearing process by establishing an Office of Administrative Appeals within the agency, which office shall be independent from DSS's legal counsel and which shall conduct all appeals from decisions by the Commissioner. We support the bill, which will provide greater impartiality and fairness in the appeals process.

With respect to HB 5325, SB 254 and SB 325, it is critical to note that the agencies that provide home health care have reached a dire juncture in terms of business survival. The "perfect storm" experienced by home health care agencies includes the combined impact of:

- Flat Medicaid reimbursement to home health providers since 2005 – no cost of living adjustment and, at the same time, this period was a time of increased regulatory burden and audit scrutiny. (See Attachment)
- Current 2005 reimbursement rate doesn't come close to covering the cost that home care agencies expend to provide care in 2014 and beyond under the Medicaid program. In fact, agencies report that it only covers 58 to 61 cents on the dollar of care delivered.
- Mission-driven non-profit home health care agencies accept every patient despite their ability to pay. Each Medicaid client, from a financial perspective, adds to the uncompensated losses for that agency. The additional volume of CT Medicaid clients requiring home care in 2014 and beyond as a result of the Affordable Care Act will only add to this situation.
- Significant industry consolidation is occurring. Four non-profit agencies have closed their doors in the past two years as a result of inadequate reimbursement. Eleven home care agencies have been acquired or had a change in ownership in 2012-2013.
- Home care providers have been able to cope with Medicaid underfunding due to margins earned on caring for Medicare clients. However, the Centers for Medicare and Medicaid Services (CMS) issued a new rule that calls for a cut of 3.5% each year from 2014 to 2017. This additional 14% cut (rebased) to home health care Medicare rates, on top of recent cuts of 6.5%, will result in an overall Medicare margin for CT home care providers of 0.3% by the year 2017. This slim margin is not adequate to offset the current underfunding by DSS for Medicaid clients.



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Home health care agencies need to have appropriate and sustainable Medicaid rates that cover the cost of care to remain viable and invest in the technology and resources to meet the emerging healthcare delivery models in Connecticut. We ask that the legislature invest in the future of the home health care provider sector in 2014 by establishing a Medicaid rate structure that covers the cost of care provided and adjusts appropriately in future years so that the goals of HB 5325, SB 254 and SB 325 - greater access to home and community-based health care - will be achieved.

Thank you.



Real Possibilities

Testimony of AARP Connecticut

H.B. 5325: AN ACT ELIMINATING THE HOME-CARE COST CAP

S.B. 254: AN ACT CONCERNING PRESUMPTIVE MEDICAID ELIGIBILITY FOR THE CONNECTICUT HOME-CARE PROGRAM FOR THE ELDERLY

H.B. 5324: AN ACT CONCERNING MEDICAID APPLICATIONS BY MARRIED PERSONS

March 4, 2014

Human Services Committee

AARP is a membership organization of people 50 and older with 603,000 members in Connecticut. We believe that one's possibilities should never be limited by their age and that, in fact, age and experience can expand your possibilities, whether they be personal or professional. We support H.B. 5324, H.B. 5325, and S.B. 254, which are designed to promote consumer independence, choice and autonomy.

AARP SUPPORTS H.B. 5324, AAC MEDICAID APPLICATIONS BY MARRIED PERSONS

AARP supports the data collection process outlined in H.B. 5324, An Act Concerning Medicaid Applications by Married Persons. This information is critical to determining the actual cost and potential savings associated with changing the Community Spouse Protected Amount for Medicaid.

Medicaid requires states to allow the spouses of nursing facility residents to protect income and assets to prevent spousal impoverishment. The federal government sets a minimum and maximum asset range, but states have discretion to set their own minimum, which may be higher than the federal minimum. Between July 2010 and June 2011, Connecticut passed legislation allowing a community spouse, the healthy spouse living in the community, to keep the maximum Community Spouse Protected Amount (CSPA) allowed under federal law. As a result, the healthy spouse was able to keep more of the couple's assets and use those resources to pay for supportive services to live independently in the community.

Unfortunately, Connecticut later rescinded this policy and returned to the federal minimum claiming a budgetary cost. That cost, however, is based solely on budget assumptions and not hard data. Advocates believe that those assumptions fail to consider the long-term cost associated with accelerating Medicaid eligibility for the healthy spouse, as well as, other potential off-sets and avoided costs. H.B. 5324 provides a process to get the necessary data to make an accurate long-term fiscal analysis for increasing the CSPA in Connecticut.

AARP believes Connecticut should set the highest CSPA possible under federal law to provide community spouses with the greatest financial protection. H.B. 5324 establishes the process to

evaluate potential savings and costs associated with reinstating the policy Connecticut had in place in SFY 2011.

AARP SUPPORTS H.B. 5325, AA ELIMINATING THE HOME-CARE COST CAP

H.B. 5325, An Act Eliminating the Home-Care Cost Cap, will help ensure that those who need long-term supports to live independently in their own home have access to the most appropriate services of their choosing. The current 60% cap is arbitrary and inconsistent with the other waiver programs. It also has the impact of forcing individuals to supplement with state plan services, which might be less appropriate and less desirable to the individual. For some, especially those that might want to choose 24/7 services through the Adult Family Living option, the 60% cap is cost prohibitive and might result in unnecessary institutionalization. AARP supports the technical change contained in H.B. 5325 to promote flexibility and respond to consumer wishes regarding the type of services they receive in the community. AARP urges your support.

AARP SUPPORTS S.B. 254, AAC PRESUMPTIVE MEDICAID ELIGIBILITY FOR THE CONNECTICUT HOME-CARE PROGRAM FOR THE ELDERLY

In 2010, AARP in partnership with The Scan Foundation and The Commonwealth Fund released a multidimensional *Scorecard* to measure state-level performance of long-term services and supports for older adults and people with disabilities.¹ Connecticut ranked 11 overall, but our state received only mediocre scores in consumer choice. States that lead the way in consumer choice share common characteristics, including timely eligibility determinations for home care services.

Hospitals account for nearly half of all nursing home admissions. When decisions must be made quickly at a time of crisis, state programs must be able to arrange for HCBS in a timely manner. Failure to determine timely eligibility for HCBS often results in unnecessary nursing home placement.

S.B. 254, An Act Concerning Presumptive Medicaid Eligibility for the Connecticut Home-Care Program for the Elderly would help ensure prompt coordination of home and community based services under the Connecticut Home Care Program for Elders. We ask for your support of S.B. 254 and other policy changes that can ensure prompt delivery of services at home.

¹ *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.longtermsscorecard.org/>



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SB251 SB250
SB254 HB5324
SB177

Testimony before the Human Services Committee
Roderick L. Bremby, Commissioner
March 4, 2014

Good morning, Senator Slossberg and Representative Abercrombie and distinguished members of the Human Services Committee. My name is Roderick Bremby and I am the Commissioner of the Department of Social Services. I am pleased to be before you today to testify on two bills raised on behalf of the department. In addition, I offer written remarks on several other bills on today's agenda that impact the department.

Bills Raised on Behalf of DSS:

H.B. No. 5325 (RAISED) AN ACT ELIMINATING THE HOME-CARE COST CAP.

This proposal would remove the statutory 60% cost cap on waiver services in the Connecticut Home Care Program for Elders. The current 100% cost cap on the overall service plan, both state plan and waiver, would remain in place as costs cannot exceed 100% of the net cost of institutional care.

The department proposed this change because experience has shown us that the cap on waiver services sometimes results in utilizing higher cost state plan services to supplement the waiver service array. Having the cap on waiver services limits care managers' ability to develop cost-effective, person-centered care plans. Furthermore, no other Medicaid waiver administered by DSS has such a limit on waiver services. There is no reason for the distinction between waiver and state plan services since both qualify equally for the 50% federal match.

This bill brings the waiver in line with the remainder of the 1915(c) Medicaid waiver programs but still maintains cost neutrality as required by CMS. This waiver consistently demonstrates cost neutrality and savings to the state as the average cost of waiver and state plan services averages \$18,500 per year compared to \$60,000 for nursing facility care.

We ask for your support of this proposal.

H.B. No. 5442 (RAISED) AN ACT CONCERNING THE STATE-ADMINISTERED GENERAL ASSISTANCE PROGRAM.

This proposal makes minor and technical changes to remove obsolete provisions concerning statutes governing the State Administered General Assistance (SAGA) program. In addition, this proposal resolves ambiguity in the statute with regard to determining how married recipients are treated. While the statute currently addresses the treatment of unemployable and transitional