



*Written Testimony before the Aging Committee
Submitted by the Department of Social Services
February 14, 2017*

S.B. No. 756 (RAISED) - AN ACT CONCERNING NURSING HOME SERVICES & H.B. No. 6990 (RAISED) - AN ACT CONCERNING LONG-TERM CARE NEEDS

The Department of Social Services commends the Aging Committee for its attention to the need for strategic planning for Medicaid long-term care services. This is a critical need given the 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. However, DSS respectfully states that this legislation is not needed.

In keeping with the legislation enacted by the General Assembly, Governor Malloy, the Office of Policy and Management, and DSS released the Strategic Plan to Rebalance Long-Term Services and Supports. The strategic plan captures the data and planning strategies that are contemplated by this bill. Also, Connecticut General Statutes section 17b-337 requires the Connecticut Long-Term Care Planning Committee to prepare a long-term care plan every three years based on the fundamental principle that individuals with long-term care needs have the option to choose and receive long-term care and support in the least restrictive, appropriate setting. The most recent plan, entitled Balancing the System: Working Toward Real Choice for Long-Term Services and Supports in Connecticut, was released in 2016.

S.B. No. 758 (RAISED) - AN ACT CONCERNING A STUDY OF MEDICAID FUNDED PROGRAMS

This bill requires the Commissioner of DSS to conduct a study of Medicaid programs to assess factors pertinent to quality of care, gaps in care, and necessary actions to comply with the Affordable Care Act (ACA).

The DSS Division of Health Services is already charged with these functions on a standing basis, regularly reporting to the Commissioner on quality of care (through such means as annual reports on HEDIS measures, measures of the effectiveness of Intensive Care Management, and consumer and provider satisfaction), access (through such means as geo-access analysis and mystery shopper surveys) and necessary actions to comply with the ACA. The Department

maintained an ACA compliance tracking tool and has fulfilled 100% of ACA provisions mandated to date.

The Department also provides detailed monthly reports (see this link for our posted materials <https://www.cga.ct.gov/med/mh-meetings.asp?sYear=2017>) to the Medical Assistance Program Oversight Council (MAPOC), which is charged under statute with a broad range of oversight activities that encompass the goals of SB 758.

Consistent with 2013 legislation, MAPOC convened an ad hoc Medicaid Network Access Committee that ultimately produced a detailed report, incorporating DSS material, on access to care as well as other factors relevant to provider participation (ACA Ordering, Prescribing and Referring requirement) - see this link for the posted report: http://www.cga.ct.gov/med/council/2014/0314/20140312ATTACH_Network%20Adequacy%20Report.pdf.

2014 legislation (Public Act 14-206) also expanded MAPOC membership and created a new standing committee to focus on "evidence-based best practices concerning Medicaid cost savings."

While the Department does not oppose the general concept of this bill, we respectfully suggest that the legislation is duplicative and unnecessary and would divert resources the Department needs to focus on the provision of services.

S.B. No. 770 (RAISED) - AN ACT INCREASING THE PERSONAL NEEDS ALLOWANCE FOR LONG-TERM CARE FACILITY RESIDENTS

This bill proposes to increase the personal needs allowance of residents of long-term care facilities from \$60 to \$72.75.

A state Medicaid agency is required to reduce its cost using available beneficiary income for coverage of institutional services provided. Residents of nursing facilities pay their Social Security and other unearned income towards their cost of care with the exception of a monthly personal needs allowance (PNA).

In 1998, Connecticut increased the PNA from the federal minimum of \$30 to \$50 per month and provided for July 1 annual updates equal to the inflation adjustment in Social Security. As a result of the indexing to Social Security increases, the state's PNA was \$69 per month in FY 10. PA 11-44 reduced this amount to \$60 and eliminated the indexing.

The Governor's proposed budget recommendations reduce the PNA from \$60 to \$50 per month, which is in line with the average for other Northeast states and \$20 above the federal minimum.

The Department opposes increasing the PNA due to the negative fiscal impact it will have on the budget.

S.B. No. 771 (RAISED) - AN ACT REDUCING PARTICIPANT COSTS AND EXPANDING ELIGIBILITY FOR THE CONNECTICUT HOME-CARE PROGRAM FOR THE ELDERLY

This bill proposes to increase the assets limits for the State funded portion of the Connecticut Home Care Program For Elders from \$35,766.00 for individuals and \$47,688.00 for couples to \$40,000.00 for individuals and \$60,000.00 for couples.

This would increase eligibility to the program, require an increased appropriation to serve the expanded caseload and result in a significant fiscal impact to the state. This program is completely state funded and receives no federal match on expenditures. Today, we cannot support these increases in the asset limit for the State funded portion of the Connecticut Home Care Program For Elders.

H.B. No. 7020 (RAISED) - AN ACT REQUIRING THE IMPLEMENTATION OF THE RECOMMENDATIONS OF THE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE CONCERNING LONG-TERM CARE

This bill would require the Department to establish a data collection system that would guide the development of the strategic plan for long-term care. The development of this system would include: a process to identify and report on the participants in the Money Follows the Person (MFP) demonstration project that signed an informed consent agreement to participate, the ability for agencies identifying candidates for the MFP demonstration project to have access to information regarding plans to transition persons from institutional to community living along with options for persons not eligible for the demonstration project, a method to ensure that the MFP demonstration project participants are counted only once for reporting purposes even if they have been referred to the demonstration project multiple times, establishing a maximum length of time that Money Follows the Person demonstration project participants may hold a status of "transition in process" before they are placed in a home in the community and identify steps to reduce the post-transition outcome of death for participants with chronic diseases or health conditions.

The Department appreciates the recommendations of the Program Review and Investigations Committee's study. The MFP demonstration project is a grant funded through the Centers for Medicare and Medicaid Services. The grant is prescriptive to how the Department must collect and report data.

The Department already has an extensive data collection system to support decision making for both the MFP program and the strategic plan. This database is managed by DSS and utilized by the UCONN Center on Aging for data collection purposes. Records on MFP participants including documentation on informed consent are stored in the database. Specifically, the process and reporting on informed consent is defined by the federal grant.

The methodology for reporting the number of those who transition from institutions is also defined by the grant. Since the MFP grant is also implemented in 43 other states, common methodology across states is key so that state performance can be compared.

The MFP database also collects critical incident reports (including but not limited to un-timely deaths) for every MFP participant. The Department analyzes each report to determine gaps in the system and identify steps toward resolution.

The Department appreciates the committee's attention to MFP and process improvement. The Department shares the common goal of assuring Connecticut resident have access to long-term care options that includes community living. However, the Department believes this bill is unnecessary as many of the recommendations are already implemented. In addition, the Department must follow the federal guidelines outlined in the MFP demonstration grant. The Department is unable to support to this bill.