

Connecticut Commission on
Women, Children *and* Seniors



Testimony before the Aging Committee of the General Assembly
Christy Kovel, Senior Policy Analyst-Aging
Commission on Women, Children and Seniors
February 7, 2017

Re: #SB 760
#HB 6984
SB 759

Senator Flexer and Senator Kelly, Representative Serra and esteemed members of the Aging Committee, my name is Christy Kovel I am the Senior Policy Analyst for Aging for the Commission on Women, Children and Seniors. We are the non-partisan arm of the Connecticut General Assembly. As staff to the legislature, the CWCS researches best practices, coordinates stakeholders, and promotes public policies that are in the best interest of Connecticut's underserved and underrepresented women, children and older adults.

Thank you for the opportunity to provide testimony on several raised bills.

SB 760-An Act Expanding the Eligibility for The Alzheimer's Disease Respite Care Program

~ CWCS Informs

The Respite Care Program provides a needed respite and support for caregivers of individuals with Alzheimer's disease and related dementias who remain in their homes and communities. Some estimate that those caregivers in Connecticut provide over \$5.9 billion of unpaid care annually – and importantly, a higher quality of life to their spouses, neighbors, parents and friends. As our state continues to age and we can anticipate the number of people diagnosed with dementia to grow (an anticipated 23% increase in CT from 2016-2025ⁱ) 38% percent of all family caregivers of care recipients living in the community have provided care for 6 or more years. ⁱⁱ On average, Alzheimer's disease typically progress over two to 20 years, and individuals live on average for eight to 10 years from diagnosis. ⁱⁱⁱ The role of the family caregiver is critical in maintaining the health and well-being of the individual impacted by dementia.

The Long-Term Care Needs Assessment (conducted in 2006), the 2016 Long-Term Services and Supports Plan, The Program Review and Investigations (PRI) 2016 Report Factors Influencing Receipt of Long-Term Care Services and Supports in Home and Community Setting, the Governor's 2013 Strategic Rebalancing Plan and the Task Force on Alzheimer's Disease and Dementia (SA 13-11) all recommend providing enhanced supports to caregivers. Research clearly indicates that supporting caregivers with programs such as the CT Statewide Respite Care Program is critical to keeping individuals out of nursing homes. It also helps to maintain the health of the caregiver.

The bill before you broadens eligibility standards without commiserate funding. The impact of this could be that you reach more slightly higher income people, but with fewer dollars available overall per person.

Of further import, as you are aware, the Respite Care Program is not an entitlement; it is limited by its specific line item appropriation. The program continues to sustain significant funding reductions, resulting in fewer program dollars available to clients. This is particularly problematic when the level and degree of need of applicants has intensified and will continue to grow. We encourage your support of maintaining the full appropriation for this program.

HB 6894-An Act Requiring the State Ombudsman to Investigate Complaints Concerning Recipients of Home and Community Based Services

~ CWCS Informs

Mandated by the federal Older Americans Act, the LTCOP safeguards the rights and quality of life for residents of skilled nursing facilities, residential care homes and assisted living. This proposal would significantly expand the role and work of the LTCOP to also safeguard the rights of those living in their homes and communities. In the 2013 CGA session, PA 13-234 established a pilot in Hartford to have the LTCOP available in the community and appropriated funding. Some initial work had begun. However, the funds were not released due to the hiring freeze. The Fiscal Year 2016 and 2017 State Biennium Budget eliminated the funding for this effort (\$28,015) and the enabling statutory language. It is important to note that the LTC Ombudsman does not have the capacity to staff a pilot or this new mandate without additional funds. Existing federal funds for the LTCOP are restricted and are not allowed to be used for community-based ombudsman services.

SB 759-An Act Concerning A Community Spouse's Allowable Assets

~ CWCS Supports

The Commission on Women, Children and Seniors long held principle is to create a system ~ through a series of policies, programmatic and funding reforms ~ that allows people to receive services and support in the environment of their choice. We know that the predominate choice for older adults and persons with disabilities is to remain in the community. At the same time, we know that people may choose or require nursing home care at some point in their lives. The decision to place a loved one in a long term care facility can be a painful and difficult one under any circumstances, but the decision is further complicated when facing the financial hardship that often accompanies institutional care. In many cases, the individual has no choice but to apply for Medicaid to cover the exorbitant costs of such care. In situations where the individual applying for Medicaid is married, the spouse who remains at home in the community – the “Community Spouse” – often suffers financially in order for the institutionalized spouse to qualify for long-term care Medicaid. Clearly, we have an equal responsibility to the spouse living in the community. SB 759 would help ease their financial challenges of the Community Spouse.

Although Connecticut's cost of living is one of the highest in the country, the state utilizes the most restrictive option for states, and only permits the Community Spouse (of a person on Medicaid in the nursing home) the lesser of one half of the couples assets up to \$120,900 but no less than \$24,180. Forcing a spend-down to the minimum amount of \$24,180 is in direct contradiction to the state and federal government's goals of helping keeping people in their homes as they age. This bill would set the protected amount to the maximum allowed under

federal law \$120,900 and would ease the burden of the community spouse who is trying to maintain independence at home with limited resources available to them.

Past proposals on this matter have generated fiscal notes with varying estimates. CWCS fully supports a full analysis of the true cost of raising the minimum protected amount. In 2010, legislation was passed allowing the community spouse to keep the maximum protected amount. However, claiming budgetary issues, the legislation was later rescinded and returned to the federal minimum. Unfortunately, hard data is not available to ensure accuracy of the budgetary estimates and many believe that the budgetary assumptions did not take into account the longer-term costs of the community spouse spending down assets more quickly and potentially needing Medicaid assistance earlier.

Impact on Connecticut Women

The issue of community spouses allowable assets is particularly important to Connecticut women. Elderly women represent 58% of the Connecticut's elderly population and 68% of the elderly population over the age of 85.^{iv} Because women have longer life expectancies than men, more than half (57%) of those covered by the Medicaid program are women.^v By the time women are 85 and older, they account for nearly three-quarters of all Medicaid beneficiaries.^{vi}

Economic security for elderly women is critical. Social Security is the only source of income for one out of five older adults in Connecticut and virtually the only source of income for 40% of older women in Connecticut. According to the Social Security Administration, the average monthly Social Security check received by women is \$774 per month versus \$1,006 for men; an elderly couple receives an average monthly Social Security income of \$1780.^{vii}

According to the Connecticut Elder Economic Security Standard Index (ESSI),^{viii} Social Security income falls short of what is needed for seniors to meet basic expenses (housing, healthcare, transportation and food), which is \$1,700 to \$2,600 a month for a single elder, and \$2,600 to \$3,500 for an elderly couple.

If couples have managed to build and retain assets, they should be allowed to utilize those assets so that the spouse who remains in the community can maintain his or her own household and live independently. Support of this bill would demonstrate the state's commitment to "aging-in-place" and community living and would help ensure the economic stability of the state's older adults.

ⁱ Alzheimer's Association 2016 Alzheimer's Disease Facts and Figures Report

ⁱⁱ Alzheimer's Association 2016 Alzheimer's Disease Facts and Figures Report

ⁱⁱⁱ Alzheimer's Foundation of America (2016) Retrieved from

<http://www.alzfdn.org/AboutAlzheimers/lifeexpectancy.html>

^{iv} U.S. Census Bureau. American Fact Finder, 2010 Profiles of General Population and Housing Characteristics.

^v National Women's Law Center. Women and Medicaid, Connecticut, 2010.

^{vi} Ibid.

^{vii} U.S. Department of Labor: Women and Retirement Savings, 2008.

^{viii} The Gerontology Institute, University of Massachusetts Boston, and Wider Opportunities for Women. The Elder Security Initiative Program: The Elder Economic Security Standard Index for Connecticut, 2009. Prepared for the Permanent Commission on the Status of Women and the Connecticut Commission on Aging.