



AgingCT

Five Agencies, One Vision.

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Testimony to the Aging Committee's Public Hearing on February 21, 2023.

Good afternoon, Senator Hochadel, Representative Garibay, Senator Miller, Representative Fortier and members of the Human Services Committee.

AgingCT is the Association comprised of the five regional Agencies on Aging. Established under the Older Americans Act, AgingCT is designated as the State's Health Insurance Program providing information, assistance, and support to Medicare beneficiaries. AgingCT blends funding from the Administration of Community Living with State funds to support older adult, caregivers and persons with disabilities in their efforts to live with independence in the care setting of their choice.

Raised H.B. No. 6677 An Act Concerning Adult Day Care Centers

AgingCT asserts that all persons enrolled in the Connecticut Home Care Program for Elders are eligible to attend Adult Day Care Centers (ADC). Therefore, legislation is not needed to increase the number of persons eligible.

AgingCT supports a fair and equitable reimbursement to *all* Providers in the Medicaid waivers also called, CT Home Care Programs (serving Elders, Acquired Brain Injury, Personal Care Assistance, Mental Health, Autism, Katie Beckett). Reimbursement for home delivered meals, nursing, home health, homemaker, companions, emergency response providers, and PCAs should be calculated based on actual expense and adjusted to a fair reimbursement rate. Rates should be reviewed annually with deference to the actual cost of delivering the service. When the State allows individual service types to increase reimbursement, that service can experience an adverse response with fewer people accepting the higher priced service. Clients must manage their services within State determined cost caps. Clients and care managers do their best to maximize service within a care plan. A ten percent increase in Adult Day Care will result in some waiver clients opting for less expensive alternatives to ensure the



needed coverage rather than opting for the more expensive, ADC. Supporting one care type over others also pits providers against each other and causes some quality providers to leave the Medicaid space due to poor reimbursement. This reduces access for low-income beneficiaries within enrolled in the CT Home Care Programs.

The PACE organization (the nonprofit assuming responsibility for managing PACE) takes on the financial risk and liability for the clients enrolled in the program. PACE becomes the insurer. PACE is paid at a per member/per month fee and must provide healthcare and social service supports within the capitated payment model. Profitability and sustainability are contingent on the number of enrollees and their overall healthcare spend. Given the complicated actuarial formula and the importance of creating a strong network of support for PACE enrollees, AgingCT recommends a task force to explore the opportunities and to confirm the suitability for PACE.

For more information, please contact:

Marie Allen, President

Southwestern CT Agency on Aging, Inc.