Good afternoon, Senator Lesser and Representative Gilchrist, and Ranking Members Senator Seminara, and Representative Case. Thank you for your time and your commitment to supporting the residents of our State.

**S.B. No. 310 (RAISED) AN ACT CONCERNING COMPENSATION FOR FAMILY CAREGIVERS, RETROACTIVE ELIGIBILITY FOR MEDICAID AND TREATMENT OF ASSETS DISCOVERED AFTER AN APPLICATION FOR MEDICAL ASSISTANCE**

AgingCT is in favor of S.B. 310, an act concerning compensation for family caregivers, retroactive eligibility for Medicaid and treatment of assets discovered after an application for medical assistance. Family caregivers should be authorized to receive compensation in Medicaid-funded programs at the rate of professional caregivers. Family caregivers add support to a shrinking workforce and respond to the cultural and linguistic needs of adults in need of long-term care.

Individuals qualifying for the Medical Assistance Program including the Medicaid waiver should receive retroactive Medicaid eligibility. Retroactive eligibility may decrease premature institutional placement when caregivers feel confident that payment for services will cover the period between application and enrollment.

Applying for Medicaid is complex. Unintentional omission of an asset that has been reported by the individual should not result in penalties other than requiring the individual to spend down the asset until eligibility can be resumed. This change will ensure that individuals do not lose Medicaid coverage and services designed to provide a safe alternative to nursing home placement.

**S.B. No. 311 (RAISED) AN ACT CONCERNING THE CONNECTICUT HOMECARE PROGRAM FOR THE ELDERLY**

AgingCT supports S.B. No. 311, an act concerning the Connecticut Homecare Program for the Elderly.

Individuals discharged from a hospital or facing a care crisis in the community may apply for admission to a nursing facility or for Medicaid waiver programs in order to receive the care they need. A myriad of documents must be collected and presented to determine the individual’s financial eligibility for Medicaid. Federal rules require the Department of Social Services to make determinations of financial eligibility for Medicaid within 45 days from the date of application. There are often delays in gathering or evaluating the application documents. Service plans for people in crisis depend on the availability of immediate home and community-based services when the person leaves a hospital or has a crisis. AgingCT’s case management experience contends that a delay in determining financial eligibility may dictate whether a person remains in a community setting or enters a nursing facility. Implementing a Presumptive Eligibility program for Connecticut’s older residents in need of care is a benefit to family caregivers while reducing our reliance on more expensive, institutional alternatives.

Section 1115 waivers, allow states to apply for special flexibility to implement innovative designs or pilot programs in state Medicaid programs. The advantage of operating presumptive eligibility through an 1115 waiver is that the state can negotiate to share the risk with the federal government and claim reimbursements for HCBS services provided to individuals who are eventually determined ineligible for Medicaid.1

Connecticut’s five Area Agencies on Aging collaborate under the name, AgingCT. We are independent, nonprofit organizations, with federal designation, dedicated to help older adults and persons with disabilities thrive in the community with dignity and support throughout their lives. We advocate and educate legislators, policy makers and Connecticut residents on the issues of importance to older constituents and those who support them. Visit [www.agingct.org](http://www.agingct.org/) to learn more.

Submitted by:

Marie Allen, President, Southwestern CT Agency on Aging

On behalf of AgingCT

1. https://ltsschoices.aarp.org/resources-and-practices/presumptive-eligibility-medicaid-home-and-community-based-services-can