

Agency Option Submission

State Department on Aging

Signed (Agency Head)	Title	Date
<i>Efobab B. Little</i>	<i>Commissioner</i>	<i>10/15/2015</i>

Fund	Agency Priority	Adjustment Title	2017 Cost Adjustments	2017 Revenue Adjustments
11000 - General Fund				
	1	Eliminate Funding for HRA - Las Perlas Hispanas Senior Center Services Program	(19,000)	0
	2	10% Reduction in funding to the Center for Medicare Advocacy, Inc. for Medicare Legal Assistance and State Part D	(31,423)	0
	3		0	0
	4	50% Reduction to the Dementia Specific Cognitive Training Program	(25,454)	0
	5	10% Reduction to Statewide Respite Care Program	(207,069)	0
	Total		(282,946)	0
12004 - Insurance Fund				
	3	38% Reduction in Fall Prevention Program Funding	(181,985)	0
	Total		(181,985)	0
Total			(464,931)	0

State Department on Aging

11000 - General Fund

Adjustment Type:

Reductions

Agency Title:

Eliminate Funding for HRA - Las Perlas Hispanas Senior Center Services Program

Agency Description:

Program: Las Perlas Hispanas Senior Center

What is the current program and describe the change suggested:

Las Perlas Hispanas Senior Center Services Program is a state funded program which provides case management and information services to low income minority adults age 60 and older who are in need of assistance accessing additional community services and socialization. Many individuals are receiving meals through the Elderly Nutrition Program. Las Perlas Hispanas, through this funding, supports older adults who are in need of additional community services and reside in the City of New Britain.

This proposal is for the elimination of state funding for the Las Perlas Hispanas Senior Center Services Program. The funding totals \$19,000 annually.

What is the impact on core functions and services to clients?

-This reduction proposed for 2017 will eliminate funding for Las Perlas Hispanas Senior Center Services Program. With the elimination of this program in 2017, it is estimated that 50 - 60 first generation Hispanic, low income and frail elderly individuals, living in New Britain, will not have access to these services. The impact will be that older adult age 60 or older will not receive 1240 units of case management and 789 units of information and referral services.

-The goal of the Las Perlas Hispanas Senior Center Services Program is to identify potential participants, assist in the application process, screen and proceed to enroll them for additional services (which could be state or federal programs) and link customers directly to programs both at the senior center as well as through partner agencies while continuing to track the individual's progress.

Without these state funds, fewer units of case management services, referrals and follow up will be provided to 50 - 60 older adults in New Britain. These services are an integral part of the services needed to improve and maintain a quality of life that keeps the older adult independent, active and socially engaged. Without these funds and these services, it is possible that the length of time that individuals remain in their homes and communities of choice may decrease.

Identification of Potential Impact:

Regional Operations: Yes Explain: New Britain Area

Partner Assistance: Yes Explain: May affect the staff of HRA, Inc. through reduction of hours due to reduction in funds

Fiscal Impact: Reduction to general fund account to meet required reduction to total Aging appropriation
SFY 2017

SID 16260 (\$19,000)

Potential Implementation Date: July 1, 2016

Agency Priority:

1

System ID:

4568

SID		Agency 2017
Financials		
16260 - Programs for Senior Citizens		(19,000)
Total Financials		(19,000)

State Department on Aging

11000 - General Fund

Adjustment Type:

Reductions

Agency Title:

10% Reduction in funding to the Center for Medicare Advocacy, Inc. for Medicare Legal Assistance and State Part D

Agency Description:

Program: Center for Medicare Advocacy State Part D, Medicare Legal Assistance for the CHOICES program

What is the current program and describe the change suggested:

The Center for Medicare Advocacy, Inc. (CMA) is known nationally for its expertise on Medicare matters that affect beneficiaries in Connecticut and across the country. CMA has been involved with Connecticut's program for Health insurance assistance, Outreach, Information, Counseling and Eligibility Screening (CHOICES) since its inception. CMA continues to work collaboratively with our five Area Agencies on Aging and the State Department on Aging to educate new volunteers and paid professionals who are seeking to become Medicare certified counselors. CMA revises, prints and distributes a comprehensive CHOICES manual to all trainees; a staff attorney and other CMA staff are responsible to teach three out of the five days of the course curriculum that covers Medicare Part A, B, C, D, Medicare appeals, employer coverage and other Medicaid programs that work with Medicare. With their legal expertise, they represent beneficiaries in Connecticut on Medicare appeals while supporting legislation that ensures Medicare beneficiaries receive appropriate coverage and services under their federal benefits. They are also tasked with pursuing class action litigation when it is deemed appropriate. These efforts ensure beneficiaries receive needed services in the home, that medical services are billed appropriately under federal funding, thus saving the State of CT from paying for unnecessary long term services or medical benefits through the Medicaid program. The SDA proposes to reduce \$31,423 from the current combined funding of \$314,226 to the Center for Medicare Advocacy, Inc.

What is the impact on core functions and services to clients?

CMA is the legal expert on Medicare in the state. Professionals and beneficiaries throughout the state seek guidance, expertise and assistance with complex Medicare appeals. Since CMA has received flat funding for several years despite increased costs for personnel and other expenses, the proposed reductions will result in less responsiveness to professionals/caregivers and beneficiaries seeking help with denied medical claims. In SFY 2015, the Center received 1,689 calls, reached 1,389 participants through speaking engagements, and represented 9,532 in class action suits. Since CMA is the only agency representing beneficiaries so successfully at a cost savings to the State of Connecticut, reducing its budget will likely result in increased costs to the State in premature institutionalization when services are not rendered or increased costs to Medicaid when bills are not covered by their federal benefit. It would also place an increased burden on our CHOICES partners, community agencies and providers without increased funding to respond.

Identification of Potential Impact:

Regional Operations: Yes Explain: Reduced responsiveness to Medicare appeals throughout the State. Increased demand on SDA SHIP Director, CHOICES and community partners to fill the gaps that could result with no additional resources.

Partner Assistance: Yes Explain: Ability to assist AAA, community partners, hospitals, Medicaid, providers and beneficiaries with denied claims.

Staff Required: Yes Explain: SDA, Fiscal and Contract staff that have a part in the amendment execution.

Fiscal Impact Reduction to general fund account to meet required reduction to total Aging appropriation

SFY 2017

SID 16260 (31,423)

Potential Implementation Date: July 1, 2016

Agency Priority:

2

System ID:

4569

SID

Agency 2017

Financials

16260 - Programs for Senior Citizens	(31,423)
Total Financials	(31,423)

State Department on Aging

12004 - Insurance Fund

Adjustment Type:

Reductions

Agency Title:

38% Reduction in Fall Prevention Program Funding

Agency Description:

Program: Fall Prevention Program

What is the current program and describe the change suggested:

During the 2009 Special Session, the CT State Legislature established under Section 17b-33, a fall prevention program to address the rising rates of falls and resulting disability among Connecticut's older adults. With funding provided under this legislation, the Yale CT Collaboration for Fall Prevention (CCFP) has undertaken a variety of initiatives that build upon proven research and has become a national model in preventing falls in a community-based setting.

The new and continuing initiatives for SFY 2016 include:

- Engaging in cross collaboration between VNAs and health departments to bolster a fleet of skilled clinicians to refer people for assessment and intervention. It is the goal to have this type of programming active statewide.
- Continuing the partnership between CCFP and the Guilford VNA. The Guilford VNA has demonstrated a reduction in falls by moving evidence into practice by embedding fall prevention into their Medicare, care of ill efforts in conjunction with community outreach, hence spending has more than offset the state grant of \$475,000 again for fiscal year SFY 2016.
- Developing new Tai Chi Juan, Moving for Better Balance sites. The program has increased from 800 participants in SFY 2015 to 2,100 participants in SFY 2016.
- Continuing the partnership between CCFP and the CT Hospital Association and the Association for Care at Home to help them move evidence into practice which translates into clinicians seeing older adults through VNA's, Emergency Departments or inpatient wards and talking about risks and prevention.
- Continuing funding for Pilot data which has been used to draw federal and private funding into CT. For example, pilot funding provided to the Yale Department of Emergency Medicine leveraged a \$7 million dollar CMS Innovation grant and has created jobs. First responders are being recruited and trained to work with older adults who dial 911 in a more effective way that reduces state and municipal spending.

Few mechanisms in CT exist to reduce fall rates, and the related public costs of falls. While the health care system has traditionally focused on treating injury after it occurs, CCFP funding has focused on prevention and systems change at the community level. Fall prevention literature is clear that while fall prevention education is necessary, it is insufficient as a stand-alone intervention. A multi-faceted approach must be in place to reduce the rate of falls. The Statewide Fall Program has built momentum in CT that is a national model, as evidenced by CCFP's invitation for Dr. Baker to give the keynote address at the 2015 White House Conference on Aging Fall Prevention Summit.

The SDA proposes to reduce \$181,985 from the Fall Prevention Program which will assist the SDA in meeting the required proposed Agency budget reduction. The program allocation funded through the State Insurance Fund would decrease from \$475,000 to \$293,015.

What is the impact on core functions and services to clients?

With a significant funding reduction of \$181,985, the CCFP would be extremely limited in its ability to continue to engage key groups that are trusted in local communities and educate them on the problem, provide models for how they can develop programs, provide mentorship and materials to keep providers and keep the public abreast of new/interesting fall information and help them develop systems to track and evaluate the efficacy of the interventions being provided. Additionally, with a funding reduction of 38%, the CCFP would be limited in its ability to continue to support staff in VNAs and health departments or continue to support Tai Chi instructors, since funds are used to stimulate people in local communities to directly focus on reducing falls for older adults.

With a reduction, the continuation of several Fall Prevention Projects that have shown significant reductions in falls will be in jeopardy. One example is the Yale University Department of Emergency Medicine program which demonstrated a significant ongoing reduction in EMS calls for lift assists in 5 shoreline towns; thereby freeing up critical public safety resources and reducing municipal and state costs. The CCFP has also provided many research opportunities to improve the identification, diagnosis, treatment and rehabilitation of older adults and others who have a high risk for falling, many of which may be curtailed with a reduction in funding. Additionally, the ability to expand proven community-based fall prevention programs such as the Guilford VNA project will be limited.

Identification of Potential Impact:

Regional Operations: Yes Explain: See Above

Fiscal Impact SFY 2017

SID (181,985)

Potential Implementation Date: July 1, 2016

Agency Priority:

3

System ID:

4571

SID

Agency 2017

Financials

12565 - Fall Prevention	(181,985)
Total Financials	(181,985)

State Department on Aging

11000 - General Fund

Adjustment Type:

Reductions

Agency Title:

50% Reduction to the Dementia Specific Cognitive Training Program

Agency Description:

Program: The Brain G.Y.M.M.

What is the current program and describe the change suggested:

Currently, over 70,000 individuals in Connecticut are living with Alzheimer's disease. While these individuals are encouraged to remain active and engaged, aside from support groups and short term respite services, few options are available to families, and there aren't any non-pharmaceutical treatment programs designed to address the functional impact of the disease.

This evidence-based project has developed and utilizes written and computerized programs that are based upon educational theory and cognitive science to address reductions in cognitive function due to Alzheimer's disease through the stimulation of all six cognitive domains of the brain. This non-pharmaceutical intervention addressing the impact of Alzheimer's disease has served to represent a low cost and innovative option for families searching for a way to combat the disease. It has demonstrated a decline in caregiver depression, and has allowed individuals impacted by this disease to remain at home longer through maintenance of and in some cases improvement in cognitive functioning.

It is the only project of its kind, and has made the State of Connecticut a leader in the area of cognitive research and programming. NECC has published its research, has been cited in 27 journals, has presented at 7 national conferences, and has recognized the state of CT in published material including videos and manuals. The project and its ten year partnership with the State of Connecticut was recently presented by the Executive Director and SDA staff as a Best Practice in dementia programming at The American Society on Aging's national conference.

This proposal recommends a 50% reduction to the dementia specific cognitive training program called The Brain G.Y.M.M. by the New England cognitive Center.

What is the impact on core functions and services to clients?

This project currently serves 45-50 people, with the average client receiving 30 hours of programming a year. Functional deficits in clients range from normal/healthy to advanced impairment, with three levels in between. Since all clients receive a pre and post- test as well as the actual services, a significant relationship is developed between the trainer and the family, as well as the impaired individual. In addition, many of these clients would not have otherwise had access to screening or diagnosis, and most assessments would automatically result in a pharmaceutical prescription, which families can ill afford.

This reduction would equate to approximately half of these clients having services eliminated, and new clients potentially not able to access the service. The impact of terminating services to existing clients would be difficult for these families, as the progress and maintenance of cognitive function is eliminated once program participation ends, and levels of function decline. This could impact the depression level of the family as well. SDA would work with NECC to determine if a private pay option may be available to these families, to continue the services.

The program also does a significant number of presentations on cognitive and brain health to providers and families, enabling these groups to understand and access services and supports such as cognitive training.

As 89% of this funding is spent directly on client services, this reduction will directly impact the clients under treatment, as well as potential new clients, since there is no other organization providing these services.

Fiscal Impact
SFY 2017

SID 16260 (25,454)

Potential Implementation Date: July 1, 2016

Agency Priority:

4

System ID:

4572

SID		Agency 2017
Financials		
16260 - Programs for Senior Citizens		(25,454)
Total Financials		(25,454)

State Department on Aging

11000 - General Fund

Adjustment Type:

Reductions

Agency Title:

10% Reduction to Statewide Respite Care Program

Agency Description:

Program: Statewide Respite Care Program

What is the current program and describe the change suggested:

This program offers relief to stressed caregivers by providing information, support, the development of an appropriate plan of care, and direct services for the individual with Alzheimer's disease or related dementias.

The five Area Agencies on Aging determine program eligibility, conduct assessments, and develop care plans for services such as adult day care, companions, home health aides, personal care assistants, homemakers, skilled nursing care, and short term nursing care. The AAA Care Managers then contract with local providers for these services and act as a liaison for the family.

The Alzheimer's Association provides outreach and education for individuals and families living with Alzheimer's disease. They provided the key impetus to enacting legislation to create the Statewide Respite Care Program, established in 1998, in response to the growing need for respite care in Connecticut for afflicted families. Embracing this program as a critical resource to caregivers, the Chapter is able to educate and inform families through their 24 hour helpline (accessible on line or on the phone), through partnerships with dementia providers and physicians in the community, and through the dissemination of materials to program participants. This proposal is for a budget reduction of 10% to this program for SFY '17, which would equal \$207,069. To minimize the impact of this reduction on direct services, funding to education and outreach for the program would be reduced by 50%, or \$20,744, and direct services would be reduced by \$186,325.

This program also sustained a 5% reduction of \$108,983 in SFY'16.

What is the impact on core functions and services to clients?

In SFY'15, the program served 828 clients, an increase from 713 clients served in SFY'14. This reduction would reduce the availability of services to approximately 67 clients. The elimination of services to these families, who may not have any other means of support, will increase the likelihood of costly nursing home placements and certainly increase the probability of negative health outcomes for caregivers.

Though a reduction of program funding would be challenging, we would use our existing priority scale, as well as the expertise of our seasoned Care Managers, to determine what services are critical for each family while serving the maximum number of individuals in need.

This reduction would also reduce the number of outreach events being made to educate physicians and providers, as well as caregivers and area businesses. The reduction will result in fewer families understanding the disease and the resources available to assist them in caring for their family member. The cost savings of maintaining impaired individuals in a home setting cannot be underestimated.

Fiscal Impact
SFY 2017

SID 16260 (207,069)

Potential Implementation Date: July 1, 2016

Agency Priority:

5

System ID:

4573

SID

Agency 2017

Financials		
16260 - Programs for Senior Citizens		(207,069)
Total Financials		(207,069)