

Testimony for House Human Services

Good morning. My name is David Mickenberg and I am here representing the Community of Vermont Elders.

Last year around this time my colleague Michael Sirotkin presented a compelling white paper about the history of the Choices for Care program and a consistent failure of the legislature to reinvest savings generated from the program back into Home and Community Based Services. It reviewed the fact that Vermont Choices for Care waiver contemplated that if people were going to give up their entitlement for nursing home care they were going to get in return assurances that savings generated by Choices for Care would be reinvested back into the community. This assurance has been made over the years in a variety of legislative forms, yet consistently we have seen savings held or diverted for other purposes. Furthermore, we felt this issue was dealt with legislatively as recent as last year the legislature stated definitively that “priority for the use of any savings from the long-term care appropriation after the needs of all individuals meeting the terms and conditions of the waiver have been met shall be given to home and community-based services.” Over the summer the Health Care Oversight Committee also looked at this issue and discussed on numerous occasions the need to reinvest savings back into home and community based services.

As you all know this is not a new issue, and every year advocates return to fight for the appropriate implementation of the Waiver so that Vermonters that want to live in their homes as they age are able to do so with the proper services in place.

DAIL’s proposed savings reinvestment does have some positives such as additional money for the Moderate Needs Group to help address the waiting list, the creation of a flex fund, and money for SASH. However,

DAIL has stated that there is \$6 million of savings available for reinvestment and yet the administration chooses to not reinvest a good portion of that into services now, when they are needed. We would argue that that money should be put back into the system for vital improvements that will strengthen Home and Community Based Services and help carry out the purpose of the waiver. Of particular concern is the decision to reserve some 2 million for wait list mitigation. According to DAAL since 2011 there has been no wait list for the high and highest need groups and generally participation for the high and highest needs groups in the program has been predictable. Last year there was approximately 1.6 million set aside for wait list mitigation, and yet there was no waitlist and in fact it is not clear where that money was ultimately spent, and it is certainly not apparent that it was spent on home and community based services. Given the trend lines of CFC and the savings generated by the program, including additional saving generated this fiscal year, it is completely unnecessary to set aside 2 million for wait list mitigation, money which could be used for important improvements in the system. We have concern that this money will ultimately be diverted from Home and Community Based Services.

Home and Community Based Services need to be supported, otherwise we will see people trending back into institutional care. For instance, we have seen an uptick in Enhanced Residential Care, which although technically in the community, is not people living in their homes as they generally think of it. The 2 million dollar set aside could be used for important improvements to the system such as providing transportation for non-medical needs (something which will allow individuals to better integrate into the community and which DAAL said in its Oct. 1st report was a “current barrier,,: stating that “some people in need of services are distant from adult day services sites and/or face transportation challenges); restoration of the Instrumental Activities of Daily Living 2009 cuts (which includes services such as housekeeping,

food preparation, money management and shopping) to high and highest need groups; increased reimbursement rates for providers which will help provider increase care for the MNG; restoration of case management support services; increased hours of services for individuals in the Moderate needs group (could go from 6 hours of allowable time to 8 hours for the MNG homemaker services); exploration of workforce development also cited in the October 1st DAIL report as a need to strengthen Home and Community Based Services; and providing training and respite services for unpaid caregivers. There are a variety of uses for these funds and a substantial amount of money available. To foster a robust system requires the reinvestment back into the system, thus allowing people to thrive in the community. Reinvestment is not merely a discretionary option, but rather mandatory under the waiver and the laws passed by this body time and again.