



The Connecticut Disability
Advocacy Collaborative

The Challenge for the Next Governor

(and the State Legislature)

www.ct-dac.org



The Challenge for the next Governor (as well as our state Senators and Representatives)



The Connecticut Disability Advocacy Collaborative (CDAC) and the organizations listed herein ask candidates for Governor and the state legislature to:

Support policies and practices that enable individuals with disabilities and older adults to remain in their own homes, and enable them to return home if they become hospitalized or institutionalized. The community support system should maximize individual choice and self-direction and cover individuals throughout the lifespan. It should be based on functional need rather than disability label or age, should reduce reliance on costly institutional care, and should ensure adequate service capacity within the community support system.

Specific recommendations include:

1. Designate an individual in the Governor's office – create a new position or designate an existing one – to be a disability point person; this person would be responsible for promoting and monitoring the policies and practices noted in the above paragraph, seek inclusion of individuals with disabilities in state affirmative action plans, and be responsible for state compliance with the Americans with Disabilities Act.
2. Design a state structure for long-term care that integrates and coordinates the delivery of services and supports, maximizes federal and state funding, achieves greater efficiency within state government, and is consistent with national Best Practices. As a part of this recommendation, we ask for the reform of the state Medicaid home and community-based services (HCBS) waiver system and other state-funded and state-administered HCBS programs and pilots by simplifying these waivers and programs/pilots to provide comprehensive supports based on a person's functional need rather than disability label or age. We also ask that recreational and social opportunities for individuals not served by the Department of Developmental Services be included in any reform initiatives.
3. Support full implementation of the Money Follows the Person (MFP) demonstration project, which would result in a rebalancing of the long-term care system (i.e., money spent on home and community based services vs. money spent on institutional settings), the elimination of unnecessary hospital referrals to skilled nursing facilities, and the return to home of individuals currently in institutions, including skilled nursing facilities, DDS institutions, and mental health facilities. The five Area Agencies on Aging, the five Independent Living Centers, and Connecticut Community Care, Inc. are key partners in the state's rebalancing effort.

Currently, 48% of individuals receiving long-term care under Medicaid in Connecticut reside in institutions, at a cost of \$1.6 billion (out of \$2.5 billion) per year.

4. Maximize the opportunities afforded by federal health care reform legislation to provide new options to expand community living support and utilize the legislatively mandated Long-Term Care Advisory Council as advisors in this process.

The legislation extends the MFP program until 2016, includes a Community First choice option that provides for an enhanced federal match, creates a Balancing Incentives Payment Program (BIPP) that expands community living options without using a waiver (also with an enhanced federal match), and provides funding to create Aging and Disability Resource Centers that will provide information and assistance to those needing long-term care supports in the home. (Note: three ADRCs are already operational in CT)

5. Promote the further development of a community-based workforce, including personal care assistants (PCAs), personal managers, and independent living facilitators, and engage the Workforce Investment Boards in the initiative; provide enhanced pay rates that are fair and equitable to those workers who support individuals living in the community.
6. Increase the availability of readily accessible and affordable transportation, with additional support for demand-response (e.g., Dial-A-Ride) service; use federal New Freedom Initiative funds to expand demand-response and other innovative transportation services for individuals with disabilities and older adults.
7. Reform the vocational rehabilitation systems to be more responsive to the needs of people it serves, in order to enable competitive employment opportunities to be available for more individuals with disabilities.
8. Increase the availability of accessible and affordable housing for individuals with disabilities and their families, as well as older adults; provide more units of supportive housing for individuals with psychiatric disabilities that combines permanent, affordable and independent rental housing with available support and employment services.
9. Preserve access to medications for those who are on Medicare, Medicaid or ConnPACE by eliminating prior authorization, restrictive formularies, and co-payments that have proven to create barriers to treatment.

This is a most urgent need for people with disabilities such as mental illness, epilepsy, multiple sclerosis, and similar conditions for whom the consequences of medication disruptions can be dire.

10. Promote and expand respite care services across the lifespan that provide relief to stressed caregivers, including families that have children, adults and older adults with disabilities.

Respite is first and foremost a preventative strategy that strengthens families, protects family health and well-being, and allows individuals to remain in their own home. Respite has been shown to prevent or delay more costly out-of-home settings, reduce the risk of abuse and neglect of people with disabilities of all ages, and to help keep all family members safe and stable.

For purposes of this document, the term “disability” includes physical and mental impairments that substantially limit one or more of an individual’s major life activities



Organizations Supporting the CDAC Governor's Challenge



Advocacy Unlimited
Advocates for Patients with Chronic Illness
Aging at Home, Inc
The Arc of CT
Brain Injury Association of CT
Center for Medicare Advocacy
Communitas, Inc.
**CT Association of Centers for Independent Living (CACIL) and
the five independent living centers**
Independence Unlimited
Independence Northwest
Center for Disability Rights
Disability Resource Center/Fairfield Cnty.
Disabilities Network of Eastern CT
CT Commission on Aging
CT Legal Rights Project
CT Community Care, Inc.
CT Family Support Network
CT Legal Services
CT Lifespan Respite Coalition
CT Association of Area Agencies on Aging (C4A)
Southwestern CT Agency on Aging
Western CT Area Agency on Aging
North Central Area Agency on Aging
Agency on Aging of South Central CT
Eastern CT Area Agency on Aging
CT Council of Organizations Serving the Deaf
Family to Family Health Information Network
Greater Hartford Legal Aid
Keep the Promise Coalition
Legal Assistance Resource Center of CT
National MS Society/CT Chapter
National Association on Mental Illness/CT Chapter
National Association of Social Workers/CT Chapter
New Haven Legal Assistance Association
Office of Protection and Advocacy for Persons with Disabilities
Office of the Child Advocate
State Independent Living Council
UConn Center for Excellence in Developmental Disabilities (A.J. Pappanikou Center)