

Julie Farrar Testimony Addendum (JBC Presentation: January 3, 2013)

We can achieve the Governor's mission of providing Cost Effective, Efficient and yes Elegant Long Term Care Services. However, this rests upon our ability to provide an array of real options for how, where, when and **who** provides Long Term Care Services.

We have an obligation to achieve the Long Term Care Advisory Committee's Triple Aim of: Positive Consumer Experience and Health Outcomes and Effective Policy for Cost-Containment. The dialogue should no longer be about how to provide services for the disabled, vulnerable, the frail elderly.

As Chanda mentioned, we have first and foremost a capacity issue, our society is rapidly aging. In Colorado, we will need at least another 10,000 direct care staff just to meet the demand for Long Term Care within the next five years. We must work together now to create a direct care workforce that understands and embraces a philosophy built around Respect and Dignity, supporting self-determination, giving people power and control and the right to make choices over basic fundamentals, like who bathes and dresses them every day.

We should move forward with the intention of creating a sustainable systemic structure that meets the Long Term Care needs of all of us. We must move forward in embracing the notion that "disability" is not a dirty word, but a natural state of being and an almost inevitable part of the aging process. People are living longer, including those of us with disabilities. Many of us are aging with a disability and most of the people in this room at some point in your lives, will be aging into disability.

We must make a commitment to providing person-centered long term care services, regardless of the setting or service delivery option. We do NOT have to be in adversarial relationships with providers including Skilled Nursing Facilities, Community Center Boards and traditional agency models of Long Term Care service delivery. I suggest we find ways of incentivizing everyone to "doing the right thing".

For instance, re-instating CDASS, Funds for Additional Services. As it was originally designed, half of any money saved went to the state as cost savings and clients were able to utilize the other half to purchase items to enhance independent living or improve health outcomes. For me this meant I was able to have a roll-in shower installed, for a person with an intellectual disability this might mean purchasing an i-pad which could improve communication, enhance employment skills and increase independence.

With your support as leaders in embracing choice and person-centered care, we can expand CDASS into ALL HCBS waivers. Starting today-we can indeed create a sustainable, stable person-centered Long Term Care Service delivery system.