

Act Number: 09-075

Bill Number: 989

Senate Pages: 1783-1789, 1819-1821 **10**

House Pages: 4554-4558 **5**

Committee: Human Services: 1371-1372, 1400-1403, **50**
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SENATE**

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Aye.

THE CHAIR:

All those opposed say nay.

The ayes have it. Senate A is adopted and
rule taken.

Senator Looney.

SENATOR LOONEY:

Yes. Thank you, Mr. President.

Mr. President, would move that Senate Bill 809, as amended, be referred to the Committee on Finance Revenue and Bonding.

THE CHAIR:

The motion is to refer the bill -- the bill as amended to the Committee on Finance Revenue and Bonding. Is there objection? Is there objection? Seeing none, so ordered. Mr. Clerk.

THE CLERK:

Calendar Number 198, File Number 196, Senate Bill 989, AN ACT CONCERNING THE ALZHEIMER'S RESPITE CARE PROGRAM. Favorable report of the Committee on Human Services and Public Health. Clerk is in possession of an amendment.

THE CHAIR:

Senator Doyle.

SENATOR DOYLE:

Thank you, Mr. President. I move acceptance of the joint committee's favorable report and passage of the bill.

THE CHAIR:

Question before the chamber is acceptance and passage. Do you care to remark further?

SENATOR DOYLE:

Yes, Mr. President. This bill before us deals with the statewide respite care program and provides respite care for our citizens with Alzheimer's disease. What the bill does, it does two things. It increases the people who qualify for the program from 30,000 to 41,000 and it also adds the choices for people in the program. It allows people to now utilize personal care assistants from the list of services. And personal care assistance, actually, is a good idea because it's actually a cheaper form of service, so it may actually allow us to serve more people.

In addition to that, Mr. President, the Clerk has an amendment, LCO 6120. The Clerk, please call and I be allowed to summarize.

THE CHAIR:

Will the Clerk please call LCO 6120, to be designated Senate A.

THE CLERK:

LCO 6120, which has been designated Senate Amendment Schedule A. It's offered by Senator Doyle of the 9th District.

THE CHAIR:

The gentleman has requested leave to summarize. Is there objection? Is there objection? Seeing none, please proceed, Senator Doyle.

SENATOR DOYLE:

Thank you, Mr. President. I urge the chamber to adopt this amendment. And what this amendment does is really a technical amendment. It cleans up, it clarifies that this program is no longer a demonstration, it's an ongoing program. And I urge the circle to adopt this amendment. Thank you, Mr. President.

THE CHAIR:

The question before the chamber is the adoption of adoption Senate A. Will you remark further? Will you remark further? If there are no further remarks, the Chair will try your minds.

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The item before the chamber is Senate Amendment Schedule A. All in favor, please say, aye.

SENATORS:

Aye.

THE CHAIR:

All opposed say, nay.

The ayes have it. Senate A is adopted.

Senator Kissel.

SENATOR KISSEL:

Thank you very much, Mr. President. I just rise in strong support of the underlying bill. Would like to commend Senator Doyle for his hard work and efforts in regard to this. As I had indicated regarding my previous statements on the silver alert system, and I was remiss in that, also thinking and congratulating Senator Doyle for his hard work on that, as well.

But clearly, in being intimately involved with a family that had to go through the Alzheimer's experience, the whole notion of having respite care and having just a little bit of relief. Loved ones in these situations don't mind going the extra mile, in fact, they want to for their loved ones, but at some point in time they do need

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a little breathing room to recharge their batteries.

And to the extent that we can move in this direction, it's wonderful thing. It allows people to do the things that they want to do and actually, by moving in this direction, it might actually, as Senator Doyle indicated, save the State money. And so there's a lot of plus for everybody involved with this and strongly support the bill. Thank you, Mr. President.

THE CHAIR:

Thank you, Senator.

Senator Kane.

SENATOR KANE:

Thank you, Mr. President. I too, rise in favor of the bill. And thank Senator Doyle and the committee that we worked so hard on this bill for. It is a good bill and I did enjoy working on it with Senator Doyle.

I have, in my district, an Alzheimer's care facility called the Lutheran home in Southbury that does amazing work. And a number of times I've visited the facility and worked with a number of the people that are in favor of and advocating

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for this bill. And I will be supporting this and ask all my colleagues to support it, as well.

Thank you, Mr. President.

THE CHAIR:

Thank you, Senator.

Senator McLachlan.

SENATOR McLACHLAN:

Thank you, Mr. President. I too rise to support this bill.

Having experienced Alzheimer's firsthand through family members and friends, I am glad to see the State of Connecticut taking this step and I applaud the efforts of those involved who brought this bill, and urge adoption by the circle. Thank you very much.

THE CHAIR:

Thank you, Senator.

Senator McKinney.

SENATOR MCKINNEY:

Thank you, Mr. President. I too want to add my support for the bill before us and thanks to Senators Doyle and Kane. And I just thought I would stand because whenever we talk about Alzheimer's and the respite care program, I'm

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reminded of a former State Representative from
Fairfield, Eleanor Wilbur. Perhaps some in the
circle may, perhaps, the Majority Leader,
remembers Representative Wilbur who is up here
quite often to talk about Alzheimer's and the need
to care for people with Alzheimer's. Also as one
who has seen a family member live and then die
with the disease, this is a very important step
that we're taking. And I want to thank, again, my
colleagues for moving this forward.

THE CHAIR:

Thank you, Senator. We remember
Representative Wilbur. Did you know she was the
granddaughter of Robert Frost? I think that's
true.

Will you remark further? Senator Doyle.

SENATOR DOYLE:

If there's no objection, Mr. President, I move
this bill to the consent calendar.

THE CHAIR:

The question is to place this item on the
consent calendar. Is there objection? Is there
objection? Seeing none, so ordered.

Mr. Clerk.

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Senator Looney.

SENATOR LOONEY:

Yes. Mr. President, that item might be marked passed, retaining its place on the calendar.

THE CHAIR:

Without objection, so ordered, sir. Senator Looney.

SENATOR LOONEY:

Yes. Mr. President, if the remaining items that we had marked earlier, Calendar page 28, Calendar 367; Calendar page 29, Calendar 415; might also be marked passed, retaining their place on the calendar. And if the Clerk might proceed to vote on the consent calendar.

THE CHAIR:

Mr. Clerk, please call consent calendar.

THE CLERK:

Roll call has been ordered in the Senate on the consent calendar. Will all senators please return to the chamber. Roll call has been ordered in the Senate on the consent calendar. Will all senators please return to the chamber.

Mr. President, before voting on the consent calendar, those items placed on the consent

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calendar began on calendar page 3, Calendar Number 165, substitute for Senate Bill 781; Calendar page 4, Calendar 208, substitute for Senate Bill 881; Calendar 244, House Bill 6263; Calendar page 7, Calendar 394, substitute for House Bill 5834; Calendar page 17, Calendar Number 102, substitute for Senate Bill 710; Calendar page 19, Calendar 145, Senate Bill 974; Calendar page 20, Calendar 155, substitute for Senate Bill 451; Calendar page 22, Calendar 198, Senate Bill 989; Calendar page 23, Calendar 222, substitute for Senate Bill 957; Calendar page 28, Calendar Number 354, substitute for Senate Bill 499. Mr. President, I believe that completes those items previously placed on the consent calendar.

THE CHAIR:

Okay. The Clerk, please call the consent calendar for a roll call. The machine will be open.

THE CLERK:

Immediate roll call has been ordered in the Senate on the consent calendar. Will all senators please return to the chamber. Immediate roll call

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has been ordered in the Senate on the consent calendar. Will all senators please return to the chamber.

THE CHAIR:

Have all senators voted? If all senators have voted, please check your vote. The machine will be locked. The Clerk will call the tally.

THE CLERK:

Motion is on adoption of Consent Calendar Number 1.

Total Number Voting	35
Those voting Yea	35
Those voting Nay	0
Those absent and not voting	1

THE CHAIR:

The consent calendar passes.

Senator Looney.

SENATOR LOONEY:

Yes. Thank you, Mr. President.

Mr. President, I believe the Clerk is in possession of Senate Agendas 1 and 2.

THE CHAIR:

Mr. Clerk.

THE CLERK:

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And would the Clerk please announce the tally.

THE CLERK:

House Bill Number 5254 as amended by House A.

Total Number Voting 140

Necessary for Passage 71

Those voting Yea 138

Those voting Nay 2

Those absent and not voting 11

DEPUTY SPEAKER ALTOBELLO:

The bill as amended is passed.

From the Silver City --

Will the Clerk please call Calendar Number 599.

THE CLERK:

Calendar Number 599 on Page 24, Senate Bill

Number 989 AN ACT CONCERNING THE ALZHEIMER'S RESPITE

CARE PROGRAM. Favorable Report of the Committee on

Public Health.

DEPUTY SPEAKER ALTOBELLO:

From the Silver City, Representative Abercrombie,
you have the floor, Madam.

REP. ABERCROMBIE (83rd):

Thank you, Mr. Speaker. I move for acceptance of
the Joint Committee's Favorable Report and passage of
the bill.

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DEPUTY SPEAKER ALTOBELLO:

The question before the Chamber is acceptance of the Joint Committee's Favorable Report and passage of the bill.

Please proceed, Madam.

REP. ABERCROMBIE (83rd):

Mr. Speaker, the Clerk has an amendment, LCO Number 6120. I would ask the Clerk to please call the amendment and that I be granted leave of the Chamber to summarize.

DEPUTY SPEAKER ALTOBELLO:

Would the Clerk please call LCO Number 6120 which was formerly designated Senate A.

THE CLERK:

LCO Number 6120, Senate A offered by Senator Doyle and Representative Walker.

DEPUTY SPEAKER ALTOBELLO:

Representative Abercrombie has asked leave of the Chamber to summarize. Is there objection? Is there objection? Seeing none, please proceed, Representative Abercrombie.

REP. ABERCROMBIE (83rd):

Thank you, Mr. Speaker. Senate Amendment A, which was already adopted by the Senate requires,

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rather than allows, the DSS Commissioner to adopt regulations allowing certain program participants to receive up to \$7,500 for respite care services and two, it makes technical changes to the bill. I move adoption.

DEPUTY SPEAKER ALTOBELLO:

The question before the Chamber is adoption of Senate A. Will you remark further on Senate A? Representative Gibbons of the 150th, you have the floor, Madam.

REP. GIBBONS (150th):

Thank you, Mr. Speaker. I urge passage of Senate Amendment A. It was an oversight when we drafted the bill, and this makes the bill more complete.

Thank you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Thank you, Representative Gibbons, appreciate your support. Further on Senate A? Further on Senate A?

If not, I'll try your minds. All those in favor please signify by saying Aye.

REPRESENTATIVES:

Aye.

DEPUTY SPEAKER ALTOBELLO:

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Opposed? Hearing none, the amendment is adopted.

Further on the bill as amended? Further on the bill as amended? If not, staff and guests please retire to the Well of the House. Members take your seats. The machine will be opened.

THE CLERK:

The House of Representatives is voting by Roll Call. Members to the Chamber.

The House is voting by Roll Call. Members to the Chamber, please.

DEPUTY SPEAKER ALTOBELLO:

Have all Members voted? Have all Members voted? Please check the board to make sure your vote has been properly cast.

If all Members have voted, the machine will be locked. Will the Clerk please take the tally.

And would the Clerk please announce the tally.

THE CLERK:

Senate Bill Number 989 as amended by Senate Ain.

Concurrence with the Senate.

Total Number Voting	141
Necessary for Passage	71
Those voting Yea	141
Those voting Nay	0

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Those absent and not voting 10

DEPUTY SPEAKER ALTOBELLO:

The bill as amended in concurrence with the
Senate is passed.

Would the Clerk please call Calendar Number 589.

THE CLERK:

On Page 23, Calendar Number 589, Substitute for
Senate Bill Number 358 AN ACT PROHIBITING THE TRANSFER
OF MACHINE GUNS TO MINORS. Favorable Report of the
Committee on Judiciary.

DEPUTY SPEAKER ALTOBELLO:

Representative Lawlor of the 99th, you have the
floor, sir.

REP. LAWLOR (99th):

Thank you, Mr. Speaker. I move acceptance of the
Joint Committee's Favorable Report and passage of the
bill in concurrence with the Senate.

DEPUTY SPEAKER ALTOBELLO:

The question before the Chamber is
acceptance of the Joint Committee's Favorable Report
and passage of the bill in concurrence with the
Senate. Please proceed, Representative Lawlor.

REP. LAWLOR (99th):

Thank you, Mr. Speaker. This bill is, I think

**JOINT
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LINDA MARTIN: Good afternoon Senator Doyle and other members of the Human Services Committee. My name is Linda Martin and I submit -- I originally submitted this document to be read in my absence but in second thought I thought it best to rearrange my schedule to come personally. I am here in support of raised Bill # 989, an act concerning the Alzheimer's Respite Care Program. My mother, Lillian G. Payne has been living through the mental and physical torments of Alzheimer's disease for the last five years.

Three years ago her states of confusion and fear associated with her condition necessitated my mother moving into our home to live with my husband, my daughter and myself. In June 2007 I contacted the Connecticut Chapter of the Alzheimer's Association to learn more about what we would be facing and options for caring for my mother. I read the information but took no action because I believed that we could provide for my mother's care both financially and socially.

I retired from work with a plan for caring for my mother along with the associate -- assistance of other family members. In November 2008 I realized that the assistance was not as available as promised and our goal of ensuring that mom lives comfortably in her community was slipping out of our grasp and that we needed help with the financial burden of continuing her at the Adult Day Care Program she loves attending.

Now I need to say at this point prior to having Alzheimer's my mother would have never gone to visit an Adult Day Care Program. This is a wonderful program that she has -- that she has adopted into her life and looks forward to attending every day. The grant that we were

awarded from the Alzheimer's Respite Care Program has extended my mother's specialized care while she continues to live at home and it affords me time to run errands, work at a part-time job and for a short period of time it allows me to keep a major financial worry at bay.

I implore you to consider the Alzheimer's Respite Care Bill 989 which will allow an increase in the total grant size awarded through the Alzheimer's Respite Care from \$3,500 to \$7,500 per year and it will also allow more flexibility in special cases and circumstances. Thank you.

SENATOR DOYLE: Thank you very much. Any questions from Committee members? Seeing none, thank you. Next up is Sheila Amdur, then Jamey Bell and Larry Sobel. Sheila?

SHEILA AMDUR: Yes.

SENATOR DOYLE: Thank you.

SHEILA AMDUR: Good afternoon, Senator Doyle, members of the Committee. My name is Sheila Amdur and I'm testifying today on behalf of the National Alliance on Mental Illness of Connecticut and its members. I provided testimony to you yesterday and I'm sorry I couldn't get here. I guess you had a quieter day. But on some of the same issues that are in House Bill 6534 and I'm going to testify on two other bills.

HB 6610
SB 843

You're going to get lots of bills in front of you related to Medicaid and related to managing the -- the chronic illnesses of people on Medicaid and I think that you \have to be extremely wary. I'll speak today mostly about people with serious mental illnesses but there

generating device and I think if you look at the budget it probably has a positive revenue number in it. But you have to balance against the loss. You know, how many companies are you going to put out of business? How many people are going to lose their jobs and then you have to balance that against the loss.

SENATOR DOYLE: Anybody else have a question on the Committee? Seeing none, thank you very much.

DON SHUBERT: Thank you.

SENATOR DOYLE: The next speaker is John Whitcomb, then Marcia Bok, then Jeanette DeJesus.

JOHN WHITCOMB: Thank you. Before I begin my testimony on a totally unrelated matter from what I'm testifying on let me just say that as a member of the State Contracting Standards Board which put into effect the legislation that you passed last year, we turn to Don on many occasions.

He was most helpful in providing us with factual, informative, well-researched information and I urge you to rely and turn to him for help and guidance on those matters if you want it. Okay.

Now, to my testimony. Chairperson Doyle, Walker, honorable members of the Human Service Committee, my name is John M. Whitcomb. I'm here today to testify in support of raised Bill 989, an act concerning Alzheimer's respite care. I'm here today in the role of citizen, taxpayer and as a believer in limited government and fiscal control. I'm also a supporter of the Alzheimer's Association.

My wife suffers from advanced early onset Alzheimer's, symptoms first began in her 40s.

We are private payers and not covered by Title 19 although my wife is disabled under social security. We must pay out of our savings for the vast majority of my wife's care. It must come from money that had been planned for retirement living and radically will affect our futures.

It will particularly impact me since I am expected to live longer and her care will likely use all of my life savings, making me dependent on the state also. Her health care also impacts my ability to have any serious, gainful employment in a period that should have been peak earning and savings years. When my wife is -- and I say when, not if -- when my wife is forced into nursing home care our assets will be drained and the state will be faced with serious expenses.

Respite care is one way to help delay that inevitability and is far less expensive as an alternative. Raising the asset test as proposed is minimal. A caregiver knows that a nursing home will easily use up to \$100,000 in assets in a year. The asset level prescribed is lost money to the disabled person. It just comes down to how long can nursing care home admission be delayed, which equates to both taxpayer savings and to a better quality of life for the disabled.

Likewise an increase in annual grant size would also save the state considerable money in permitting caregivers to further delay nursing home care. And if I might beg your indulgence a couple more sentences. It is also necessary to grant latitude for administratively determined special exceptions to the individual cap within the budgetary authority that -- that you grant. Again, good judgment can actually save money.

The economic comparison doesn't even touch on the health of the caregiver. Being a caregiver is very high stress. Health certainly is impacted as is the caregiver's productivity and ability to earn wages and pay taxes. We can expect long and short-term health care cost ramifications. And since the nature of limited benefits are likely to force the spouse into dependence on the state, those costs eventually become costs of the state.

Thank you for listening to the reasons I support this legislation and thank you for the opportunity to testify before you today. If you have any questions either now or at a future date please feel free to contact me.

SENATOR DOYLE: Thank you, John. Any questions?
Representative Gibbons.

REP. GIBBONS: I just want to say thank you to all of you who came up here. We've been working on Alzheimer's respite care allotments as long as I've been on the Human Services Committee and we increase them ever so gradually but we'll try and do more because I think your testimony was absolutely valid that if we drain all of your joint assets then you eventually will become a ward of the state too, which is not what you want or expect.

JOHN WHITCOMB: Yeah.

REP. GIBBONS: And it all has to do with money but I think this is money well spent. So thank you all and thank everybody else in the audience who's wearing your wonderful purple shirts for coming. We appreciate it.

JOHN WHITCOMB: And we thank the support of those of you who are familiar with this and sharing that information with your fellow legislators.

REP. GIBBONS: Thank you. Thank you, Mr. Chairman.

SENATOR DOYLE: Thank you. Thank you very much, John. Next speaker is Marcia Bok, Jeanette DeJesus and Marcia DuFore.

MARCIA BOK: Good afternoon, Representative Walker, Senator Doyle and my state Senator, Eric Coleman, and other members of the Committee. Thank you so much. My name is Marcia Bok. I'm testifying today for the Connecticut Chapter of the National Association of Social Workers in support of HB -- I took my glasses off -- 6525, an act to establish a taskforce to study the reorganization of DCF.

While often a believer that taskforces only delay action, when action is needed in this situation, I believe that a taskforce to study the reorganization of DCF is a sound idea. We would all agree about how complex the work of DCF is. We would hope that any reorganization would be very thoughtful, would greatly improve the work of DCF, and there are many issues that such a taskforce could address. Most important of course are outcomes for children and their families.

HB 6526

Certainly one of the tasks of the study would be to help establish measurable indicators of desired outcomes. It would be very useful for the taskforce to study issues of prevention and early intervention, community based versus residential placements, behavioral health, juvenile justice and child protection, the role of families, siblings, and voluntary services and foster care, adoption, kinship care, and aging out of the system. There's just so many

HEATHER SANDLER: Good afternoon Senator Doyle, Representative Walker and members of the Committee. My name's Heather Sandler, a graduate student intern at UConn School of Social Work and an intern at the Alzheimer's Association. I'm a helpline volunteer there also. Today I'm here to testify in support of raised Bill 989, an act concerning the Alzheimer's Respite Care Program.

The Alzheimer's Association is a donor supported, non-profit organization serving the needs of families, health care professionals and those individuals affected with Alzheimer's disease and related dementias. The Association provides information and resources, support groups, education and training, and 24-hour, 7 day a week helpline. Currently in Connecticut there are approximately 70,000 residents who have Alzheimer's and related dementias, with over 113,000 caregivers.

Those caregivers, usually family, provide 97 million hours of unpaid care that would equal over a billion dollars. The Respite Program allows many of these families the time they need to keep their loved ones home. As a graduate student in social work I've been able to research and study the Alzheimer's Respite Program and in the course of studying the program I found it allows more people to remain in their homes for longer periods of time.

Allowing the personal care assistance services would make the Respite Program more flexible to more families. It is a cost-effective alternative to the current service covered in Respite including home health aids, companions and homemakers, field nursing or short-term nursing care. A family using a personal care assistance service will pay approximately \$552 per week. That's compared to \$950 for a

skilled nursing facility if that person's on Medicaid. Therefore allowing the use of a personal care assistant can provide a family with a longer period of respite due to the cost-savings.

It will allow the average grant size of \$3,500 to provide approximately six weeks of respite with a personal care assistance service as compared to three and a half weeks of respite in a skilled nursing facility. The Alzheimer's Respite Grant is an important program to families coping with the emotional and physical stresses they face every day.

The expansion of services to include a personal care assistant is paramount to keep those families from falling apart and their loved ones being placed out of the home. The Alzheimer's Association supports act -- adding personal care assistance services to the Alzheimer's Respite Program and raised Bill 989. Thank you for your time and attention and I will welcome any questions.

REP. WALKER: Thank you for your testimony and thank you for your patience. Any questions anybody? Thank you. Have a good afternoon.

HEATHER SANDLER: Thank you, Representative.

REP. WALKER: Sharon Langer.

SENATOR DOYLE: After Sharon it's Thomas Fanning and then Nancy Leonard.

SHARON LANGER: Good afternoon Senator Doyle, Representative Walker, and members of the Committee. My name is Sharon Langer and I'm a Senior Policy Fellow with Connecticut Voices for Children. I'm not going to read my testimony. I'm here today to testify in

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10:00 A.M.

REP. WALKER: So --

SUSAN LANGER: And there's a lot of questions but that's -- yeah.

REP. WALKER: Someone had said that we could do the 19, 15 BC waiver if we wanted to add in Charter Oak and I don't know why they said BC but that was the recommended waiver for Charter Oak. So, okay, well thank you.

SUSAN LANGER: I can, you know look at that or have other people who are more familiar --

REP. WALKER: Thank you. Thank you.

SUSAN LANGER: Yeah.

SENATOR DOYLE: Thank you. Any other questions? Seeing none, thank you very much, Sharon.

SHARON LANGER: Thank you for your time.

SENATOR DOYLE: Yup. Next speaker is Thomas Fanning, Nancy Leonard and Maria Tomasetti. Is Thomas Fanning here? I don't see him. Is Nancy Leonard here? Nancy's coming. Nancy, then Maria Tomasetti, and then Mag Morelli.

NANCY LEONARD: Good afternoon Senator Doyle, Representative Walker and distinguished members of the Human Services Committee. My name is Nancy Leonard. I'm Senior Director of programs and constituent relations at the Alzheimer's Association Connecticut Chapter. I'm here today in support of raised Bill number 989, an act concerning the Alzheimer's Respite Care Program.

I'm not going to go over any statistical information, Heather went over that information but I just would like to say that at this point

our feeling is that the caregivers of our state are our unsung heroes. The journey of Alzheimer's disease is like running a marathon that lasts about 20 years, 7 days a week, 365 days a year, 24 hours a day. Respite care is one of the tools to help the caregiver through the long complicated journey.

As many of you are aware caregivers often struggle to meet the challenges of caring for a loved one with this disease. Three weeks ago the chapter's helpline received a call late Friday afternoon of course, like the all do -- they come in on a late Friday afternoon, 3:30, quarter to four -- about a family member who had been displaying combative behaviors in public.

Exhaustion had overcome the family member and it was a crisis situation. Our staff was able to work with the North Central Area Agency on Aging to secure respite funds and the gentleman was placed in a secure dementia unit for a few days to be evaluated. This gave the family members a break knowing their loved one was in capable hands and a care plan was implemented so that the necessary supports were in place to have the gentleman return home safely.

It is an often common situation like this which demonstrates the reason why this program is so necessary. Today we ask you to support the concepts hi-lighted in this bill which will make the program more effective. We're asking for the personal care assistance services to be added as a care option in the program. As a former care manager I understand that this would be a very cost-effective option.

We are also asking that the Commissioner may adopt the regulation to provide up to \$7,500 for services upon special case review. The

grant size currently is \$3,500 and in some complex cases this money is just really not enough. Additionally we ask you to support adjusting the income and ask that eligibility for this program which has not been changed since its inception in 1998 and I was blessed to be one of the individuals that helped craft this back a decade ago and things have not changed so we're looking to have that move forward.

As many of you know family, friends, and individuals with Alzheimer's disease and related disorders want to do the right thing. I hear it every day. I've been hearing it for the last two decades and we thank you very much for your support and I would engage any questions that you may have.

SENATOR DOYLE: Thank you, Nancy. Any questions?
Representative Johnston.

REP. JOHNSTON: Thank you, Mr. Chairman. Nancy, got two questions.

NANCY LEONARD: Sure.

REP. JOHNSTON: I'm familiar with the personal care assistants and what they do and -- but the companion services, can you kind of walk me through the differences between the two?

NANCY LEONARD: Sure. A companion service, that individual is not able to provide personal care. That person is exactly that; play cards with the individual, go for a walk, possibly provide a late -- a light sandwich, a light meal, but clearly it's more of a socialization type of a component.

REP. JOHNSTON: If in fact we add the personal care assistance to the definition of being eligible,

would they receive a higher reimbursement for that services than a companion services?

NANCY LEONARD: It'll be --

REP. JOHNSTON: And if such if we don't increase a pot of money are we not diluting the amount of people that might receive services?

NANCY LEONARD: No. Just to clarify, a personal care assistant will actually provide some personal care; bathing, dressing, also some light meal preparation. It is not in a -- through a licensed home care agency so the hourly rate is less than a home health aid per say.

In regards to your comment about diluting the grant, not everybody receives the total amount so it ends up -- you kind of balance it out because some people end up going into the hospital so then they end up going on Medicare for their -- whatever, 100 days if at all possible, so it kind of all -- we end up kind of making that up at the end so it's -- it doesn't really occur as much as you would think it would.

REP. JOHNSTON: But a person -- but if you had a personal care assistants would they get -- receive a higher amount of reimbursement than if you had someone who is just providing companion services?

NANCY LEONARD: Yes. Because they would be providing personal care and in many instances for our individuals with dementia incontinence is an issue and a companion is really not legally allowed to provide any personal care so --

REP. JOHNSTON: Thank you. Secondly where do we come up with the change in the dollar amount? Does that reflect back to a set point in time and then look at social security --

NANCY LEONARD: Correct. Correct.

REP. JOHNSTON: --increases since.

NANCY LEONARD: Right. Right. Right. And --

REP. JOHNSTON: And back into that -- is that where we went from 30 to 41?

NANCY LEONARD: That's exactly it.

REP. JOHNSTON: Exactly.

NANCY LEONARD: When we sat down ten years ago we really never worked -- worked that into the process and as a matter of fact, Eleanor Wilbur -- I don't know if she's here -- oh, she left but -- we really weren't thinking to kind of work that in when we wrote things back then to be honest with you. We were just excited to get this -- get this going so --

REP. JOHNSTON: And that was the beginning of this demonstration project --

NANCY LEONARD: Yes. Yes.

REP. JOHNSTON: -- ten years ago.

NANCY LEONARD: Ten years ago.

REP. JOHNSTON: And it's been frozen at that level since.

NANCY LEONARD: Correct, Sir.

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REP. JOHNSTON: Thank you. I appreciate the information.

NANCY LEONARD: Thank you.

REP. JOHNSTON: Thank you.

SENATOR DOYLE: Thank you. Any other questions? Seeing none, thank you very much.

NANCY LEONARD: Thank you very much.

SENATOR DOYLE: Next up is Maria Tomasetti. Maria's here. Then Mag Morelli and then Nhi Tran.

MARIA TOMASETTI: Good afternoon Senator Doyle, Representative Walker and distinguished members of the Human Services Committee. My name is Maria Tomasetti and I have been working for the Alzheimer's Association Connecticut chapter for approximately three years. I am currently the South Central Regional Director for the Association. I was also a family caregiver for my mother who had dementia of the Alzheimer's type.

I'm here to testify in support of raised Bill number 989, an act concerning the Alzheimer's Respite Care Program. The Connecticut statewide Respite Care Program currently pays for up to \$3,500 in respite care services per eligible family per year. Respite care provides a break or time of caregiver relief from the constant physical and emotional stress of caring for a person with Alzheimer's disease and other forms of dementia.

Eligible families may apply for a daytime or overnight respite care services including adult day center care, home health aid, homemaker companion, skilled nursing care, or a short-term in-patient facility stay. The individual

with dementia must meet income and asset eligibility requirements with income of no more than \$30,000 a year and liquid assets of \$80,000 a year.

As one of the primary caregivers for my mother who was diagnosed with Alzheimer's disease, I can speak firsthand of the daily demands of care giving and importance of getting a break from care giving responsibilities both for the caregiver and person with dementia. Our family utilized personal care assistant services for three and a half years on a private pay basis. The use of personal care assistance services for help with activities of daily living gave us the break we needed to continue to care effectively for mom at home.

We were able to keep mom home because of these personal care assistance services. Personal care assistance services are not inexpensive. The average cost of a personal care assistant is \$13.80 an hour. We were paying over \$15 an hour. Families with income or asset slightly over the current state respite program limits would not be in a financial position to pay privately for needed respite care services, adding to caregiver stress.

Prior to my new role as South Central Regional Director I coordinated the Alzheimer's Association helpline services for approximately two and a half years. I volunteered on the helpline for nine months prior to joining the Association. During that time I was able to refer many eligible family caregivers to our Connecticut statewide Respite Care Program. These family caregivers, often tired and overwhelmed were relieved and happy to learn about the possibility of a break from care giving responsibilities. While serving our helpline clients I encountered other family

caregivers, equally tired and overwhelmed, who were initially hopeful about respite care through the state respite program and then disappointed and frustrated since their income and/or assets were slightly more than the program's eligibility guidelines.

These families were not financially able to pay for needed respite care. There were other families in the same situation who are aware of the financial eligibility guidelines and simply do not inquire or apply. Lastly families are most appreciative of the \$3,500 in respite care services per family per year which is currently allowed under the state respite program.

At the same time the area Agency on Aging respite care managers work closely with families and are very aware of families with special needs who are in need of additional services. Some flexibility in the program maximum for these special situations can only increase the effectiveness of the state respite program.

The Alzheimer's Association Connecticut chapter supports the following changes to the Alzheimer's Respite Care Program so the program can help the families it was designed to help; increasing income and asset eligibility limits which have not changed in 11 years to reflect cost of living adjustments, allowing flexibility to increase the respite grant maximum for families with special circumstances through regulation changes, and allowing the use of personal care assistance as a respite care option. Thank you for the opportunity to testify today.

SENATOR DOYLE: Thank you. Any questions from Committee Members? Chairman Walker.

REP. WALKER: Hi. Yes. I have one question and I probably should have asked a lot of others that have come to testify and I'm not picking on you it just -- this is something that's been -- we are facing a major financial budget crisis. We have to make some very tough decisions and part of the things that we realize is that with the potential of \$1.3 billion deficit this year and potentially \$2 or \$3 billion next year, we're going to have to make some choices or we may have to raise taxes.

Would you be willing to allow the state to raise taxes? Just curious because you're advocating for a very worthy cause but somehow we can't do all of these worth causes. So I'm just trying to figure out how do we do this and I just wanted to ask that question.

MARIA TOMASETTI: One thing I just -- I'll answer that question in one second. One thing is that the changes proposed here don't increase the pot of money for the state respite program.

REP. WALKER: Okay.

MARIA TOMASETTI: So there really is just taking the current pot of money for the state respite program and allowing that particular pot of money to be utilized more effectively based on my experience. So we're not asking for any additional funds --

REP. WALKER: Okay.

MARIA TOMASETTI: -- just for any of the -- for the state respite program and that is correct. So it's no new funding it's just basically kind of reallocating the money that's there so it can be used more effectively. So it's not asking for any additional funds from the state of Connecticut.

REP. WALKER: But I -- I sort of resubmits the fact that we have to make some very tough decisions on what things -- I mean some things may have to be cut and that's why I'm just asking those questions now.

MARIA TOMASETTI: I will speak from a -- okay -- I'll speak from a family caregiver perspective knowing what families with people with dementia are going through, if it meant a slight increase in my personal taxes to fund that, yes I would certainly be willing to pay for that.

REP. WALKER: That's all I wanted to know.

MARIA TOMASETTI: Absolutely.

REP. WALKER: That's all. I understand about the respite -- the Alzheimer's respite but we're really strapped with some really tough decisions and I mean if you listen to all the compelling discussions we've had today how do we pick and choose? It's almost like deciding which one of your family members is going to live and which one is going to die.

MARIA TOMASETTI: Absolutely.

REP. WALKER: And in trying to come up with some equity I just -- I just wanted to ask that question.

MARIA TOMASETTI: Yeah. Absolutely. I mean I -- I would. I can't speak for everyone.

REP. WALKER: No. And I'm not asking you to speak for anybody else, just for yourself.

MARIA TOMASETTI: Okay. For me, I would because I know basically I'll speak personally. My mother was sick for ten years.

REP. WALKER: Yeah.

MARIA TOMASETTI: We brought in the care for three and a half years. I kept most of the emotion out of it purposely but it was a period of time that -- I mean the use -- use of this care gave us our lives back and that's what I hear continually over and over again on the helpline for the two and a half years. That the families that were able to get that respite care, it gave them their lives back.

So from a personal perspective if that means that I have to pay some additional taxes, I would do it because the number of families as one of our other folks had mentioned, is growing that are facing this everyday and many of them are people that -- we had some caregivers here today but they're not people that can even get away to come and testify because you have a person that can't be left alone at all, okay, without someone else coming into the home. So Alzheimer's disease is a disease that it certainly is very, very difficult for the person suffering but it is equally and sometimes more difficult for the people that are caring for them. It changes everyone's lives. So yes, I would certainly pay more taxes.

REP. WALKER: Okay. Thank you. And everybody just sit down I just wanted to ask the question -- I wasn't --

A VOICE: She answered it obviously.

REP. WALKER: Yes. Thank you. Thank you very much.

A VOICE: She got nervous. I've never done this before and --

SENATOR DOYLE: Thank you. No other questions? The next speaker is Mag Morelli, then Nhi Tran and Gary Waterhouse. Mag Morelli is here.

MAG MORELLI: Thank you. Good afternoon Senator Doyle, Representative Walker, members of the Committee. My name is Mag Morelli. I'm the President of the Connecticut Association of Not-for-profit Providers for the Aging or CANPFA, an association of over 156 not-for-profit providers of aging services including senior housing, adult day centers, home health agencies, assisted living agencies, residential care homes, nursing homes, and continuing care retirement communities.

I'm here today to speak on the Governor's budget proposals, Senate Bill 843, but we've also submitted testimony in support of Senate Bill 989 for the respite program and testimony in opposition to House Bill 6524 which is the managed care bill. In addressing the Governor's proposal -- budget proposal I wanted to speak -- first speak to the -- the recommendation that there be no rate increase in Medicaid program for long-term care providers. As you know Medicaid is the single most important public source of financing for long-term care but the fact is that Medicaid rates don't meet the cost of providing that care. And this is both the case for nursing homes and for home and community based services. Sorry.

The Governor has proposed a budget that provides no Medicaid rate increase for the next two years for providers across the continuum of long-term care. This would follow the current fiscal year which also included no rate increase. So that would be three years of flat funding for long-term care. It may appear to be a stabilization of funding but the fact is

them so that they can become productive members in society. Thank you. Sorry about this.

SENATOR DOYLE: Thank you.

NHI TRAN: Thank you.

SENATOR DOYLE: Any questions from the Committee?
Seeing none, thank you very much.

NHI TRAN: Thank you.

SENATOR DOYLE: Thank you for your patience.

NHI TRAN: No problem.

SENATOR DOYLE: Next speaker is Gary Waterhouse and then Christy Kovel. Is Mr. Waterhouse here?
No. Christy Kovel and after Christy is Randi Mezzy and Raphael Podolsky.

CHRISTY KOVEL: Good afternoon, Senator Doyle and Representative Walker and members of the Committee. For the record my name's Christy Kovel and I'm the Director of Public Policy and Communications for the Alzheimer's Association. And I'm actually today to read -- I'm here today to read comments from Christine Andrew who's a member of our Board of Directors for the Alzheimer's Association, so I'll be reading her comments.

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Eleven years ago I and three other family caregivers sat around the table with other representatives of the Alzheimer's Association and discussed the tremendous stress upon family caregivers and what we might do to lessen the care giving burden. Each of us was personally familiar with those burdens and the toll that they had taken upon our lives and our ability to care for our loved ones.

Although I wasn't my father's hands-on caregiver, my daily presence kept his anxiety under control without the need for psychotropic drugs and insured that my father received the quality of care that he so deserved. For that to be possible, I like so many other family caregivers had to struggle with the often conflicting demands of my own needs and those of my family members.

In my case I did not take a vacation during the last five years of my father's life and made a series of career choices based solely upon the effect that they would have upon my care giving responsibilities. Another of us had learned that the only way she could get a full night's sleep was by renting a motel room while a paid caregiver stayed with her husband. A third had been forced to leave this distinguished body while her care giving responsibilities made it impossible for her to continue to serve as legislator. The fourth had simply put her own life and needs on hold while she struggled with the conflicting demands of caring for her husband and functioning as the de facto single parent for their college-aged children.

Each of us knew firsthand that without a break from care giving responsibilities, be it only for a few hours, even the most dedicated caregiver eventually reaches a breaking point. It was our shared awareness of the need for a safety net and the gaps in existing programs and services that gave birth to the legislation that created the statewide Alzheimer's Respite Care Program.

We recognized that there was a large segment of the care giving population that lacked the resources to pay for needed respite care yet was too affluent to qualify for subsidized home care services. We were especially concerned

about those individuals who were struggling to provide 24-hour, 7 day-a-week care for a loved one with dementia while juggling the often competing and equally stressful demands of career and parenting responsibilities.

Our objective was to create a program that would provide help for this underserved group of Connecticut citizens commonly referred to as the middle class. We investigated respite programs in other states and proposed what we thought at the time to be an appropriate asset in income criteria. The criteria that was proposed in February of 1998, income of \$30,000 or less and no more than \$80,000 in liquid assets are still in effect today more than 11 years later.

Failure to adjust those figures has in effect slowly but surely eroded the effective reach of the Alzheimer's Respite Grant Program and reduced the options available to the otherwise underserved population -- Connecticut family caregivers that we sought to help. And raised Bill 989 proposes a one time corrective adjustment that translates the original financial criteria for the Alzheimer's Respite Grant into their 2009 equivalence and provides for subsequent annual adjustments in order to avoid future erosion.

While some might view this bill as an expansion of the statewide Respite Program, it is in reality simply a return to the original concept and objectives of this very important program. To that end I urge you to support raised Bill 989. And thank you.

SENATOR DOYLE: Thank you. Any questions from Committee? Representative Johnston.

REP. JOHNSTON: Thank you, Mr. Chairman. As I look at the language in the bill I understand what you're doing. More people will have the availability of getting services. It's in the language that if someone has some severe needs that they might be able to go above that \$3,500 limit.

At some point are the people in -- that are receiving services now if the line item isn't increased that some point are we not going to make as many services or as many days or hours of respite available to them because if we don't increase the pot of money it seems to me we may be serving more people but conversely we may be providing less support for the people we are already serving.

CHRISTY KOVEL: In terms of answering that question I'm not sure exactly what you're asking but the respite program is a short-term program for caregivers. And it's based on need. And a full assessment is one when people apply for the program based on the services that they actually are going to need. So a case manager will make that determination.

You know it is a short-term solution. It's not -- it's not a long-term program. It's not the home care program so you know there's a finite period that people are able to receive services and then hopefully you know if their assets are depleted or they have to go on Medicaid and perhaps go into a skilled nursing facility. And I hope I answered your question. I wasn't exactly sure what you were asking but --

REP. JOHNSTON: I guess I'm looking at maximum \$3,500 per person so at some point I guess we were thinking that that would probably on short-term basis maybe what someone would need and at that

point in time they may be going into more of a long-term program.

CHRISTY KOVEL: Correct. Yes.

REP. JOHNSTON: But if we keep that cap and it appears we are except for you know one instance where the Commissioner's got some discretion and we make a fair amount of people more eligible because we're looking at going from 30 to 41,000, you know you're looking at a 33 percent increase in you know in some regard in that area. So you're looking at a larger universe of people with the same exact pot of money. Are we not going to be sitting here in two years saying we need to increase this line item?

We used to be able to provide X dollars amount per person we serve, now that has dropped precipitously because in essence we've increased the pot. I guess it seems like part of the --we're doing one end but we're not doing the other in the language and I'm wondering how that works out long-term.

CHRISTY KOVEL: I'm not sure I can actually answer that because we also have a demographic in Connecticut that's growing so -- and our population is growing. So you know we're advocating for changes in this program to make it more effective for what we hope will be a longer term but -- but there's a larger issue out there with our aging population in terms of what they need for services.

REP. JOHNSTON: Do we have any idea -- and if you can't answer it that's okay, maybe someone else after -- what the average -- how many people it serves now and if -- and if we know that number about what the average dollar amount of

services each individual receives. I'd be curious how that works out.

CHRISTY KOVEL: According to figures that we got last year from the Department of Social Services we did serve 813 people for fiscal year 2008. And the average grant size depending on region is about \$3,500.

REP. JOHNSTON: Thank you. So it appears that -- that when someone receives the services at least up until this point in time we pretty much -- they pretty much on average maxed out the -- the amount of services that they can receive.

CHRISTY KOVEL: Yeah.

REP. JOHNSTON: Thank you.

CHRISTY KOVEL: Thank you.

SENATOR DOYLE: Any other questions from Committee members? Seeing none, thank you very much.

CHRISTY KOVEL: Thank you.

SENATOR DOYLE: The next speaker -- the next speaker is Randi Mezzy. Is she here? Yes. It looks like it. Then Raphael Podolsky and Domenique Thornton. Ms. Mezzy.

RANDI MEZZY: Good afternoon Senators and Representatives. My name is Randi Mezzy. I'm an attorney with Connecticut Legal Services and one of four legal aid organizations working to enforce the rights of Connecticut's poor people. I'm here to speak against enactment of SB 843, the Governor's plan to do a lot of gutting of Medicaid.

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REP. JOHNSTON: Joe, appreciate your comments and I think you've made some press secretaries in this building a little nervous because you're awfully good.

JOE STANGO: I tried my best.

SENATOR DOYLE: Any other questions from the Committee? Seeing none, thank you Joe.

JOE STANGO: Senator, thank you.

SENATOR DOYLE: And we have another person I think that is not signed up but wants to speak. So please come up. Please state your name and town for the record please.

Okay. My name is Monica Forbes and I'm from Bloomfield. Good afternoon, Senator Doyle, Representative Walker and distinguished members of the Human Services Committee. I'm here today to testify in support of raised Bill 989, an act concerning the Alzheimer's Respite Care Program.

In 2006 my family experienced a crisis. My 103 year old grandmother was dying and although she lived in a nursing home nearby, seemed to only eat when I fed her at lunchtime. My 80 year old father was hospitalized and subsequently diagnosed with prostate cancer and my mother had Alzheimer's disease. Since my father was her primary caregiver, my mother came to live with my family. My husband I both worked full-time and our children were very young, ages two and four. Although we happily welcomed here to live with us I was overburdened with all the changes that were occurring.

I applied for the respite grant and immediately received financial assistance for adult day care services. On another occasion I applied

for the grant to pay for a short-term nursing stay for my mother while I attended an out-of-town meeting. And last year I applied for the grant and received funding for my mother to receive a live-in aid while my family and I went on vacation and attended my husband's graduation in Boston.

My mother, Pauline Grey is 76 years old and has Alzheimer's disease. As the disease progresses, her needs increase and that's why I wholeheartedly support raised Bill number 989, an act concerning the Alzheimer's Respite Care Program. I ask that when you think about that bill please think of me. Thank you.

SENATOR DOYLE: Thank you. Any questions from the Committee? Seeing none, thank you very much. At this point there is no -- nobody else signed and is there anybody else in the room that would like to testify? Seeing none I'll attain a motion to adjourn this public hearing. Is there a second? Is everyone in favor or is there any opposition?

REP. WALKER: I just -- before we close I just want thank everybody for hanging in there for the public hearing. I know it was a long day and I was really -- I mean Human Services really rocked. We had a lot of members here that stayed and I really appreciate that. I think we all do. Thank you.

SENATOR DOYLE: Ditto to the Chairman's comments. All in favor of adjourning.

VOICES: Aye.

SENATOR DOYLE: Oppose? No. The public hearing is terminated. Thank you.

alzheimer's association

Testimony to the Human Services Committee in **support of Raised Bill #989**-An Act
Concerning the Alzheimer's Respite Program

March 3, 2009

Good Morning Senator Doyle, Representative Walker and distinguished members of the Human Services Committee. My name is Nancy Leonard and I am the Senior Director of Programs & Constituent Relations at the Alzheimer's Association Connecticut chapter. I am here today **in support of raised bill number 989, An Act Concerning the Alzheimer's Respite care Program.**

The Alzheimer's Association is a donor supported, non profit organization serving the needs of families, health care professionals and those individuals affected with Alzheimer's disease and related disorders.

Currently in Connecticut there are approximately 70,000 residents living with Alzheimer's disease and Related Dementias with over 112,000 caregivers. Seven out of every ten individuals with Alzheimer's disease and related dementias are cared for at home. The caregivers of our state are the unsung heroes. The journey of Alzheimer's disease is like running a marathon that lasts about 20 years- seven days a week, 365 days a year, 24 hours a day. Respite care is one of tools to help the caregiver through the long complicated journey. As many of you are aware, caregivers often struggle to meet the challenges of caring for a loved one with this disease. Three weeks ago, the Chapter's Helpline received a call late on a Friday afternoon about a family member who had been displaying combative behaviors in public. Exhaustion had overcome the family members, and it was a crisis situation. Our staff was able to work with the North Central Area Agency on Aging to secure respite funds and the gentleman was placed in a secured dementia unit for a few days to be evaluated. This gave the family members a break knowing their loved one was in capable hands and a care plan was implemented so that

the necessary supports were put in place to have the gentleman return home safely. It is an often common situation like this which demonstrates the reason why this program is so necessary. Today, we ask you to support the concepts highlighted in this bill which will make the program more effective. We are asking for Personal Care Assistant services to be added as a care option in the program. As a former care manager, I understand that this would be a cost effective option. We also are asking that the commissioner may adopt regulations to provide up to \$7500 for services upon special case review. The grant size currently is at \$3500 and some complex cases in the program may warrant additional services. Additionally, we ask you to support adjusting the income and asset eligibility criteria for this program, which has not changed since its inception in 1997. The families & friends of the individuals with Alzheimer's disease and related dementia's want to help their loved ones. I see it and hear it every day and as I have for the last two decades. Thank you for your time this morning I would be willing to answer any questions you may have.



Advocating for Older Adults of Today and Tomorrow

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Testimony of

Deb Polun, Legislative Director
Connecticut Commission on Aging

Human Services Committee

March 3, 2009

Thank you for this opportunity to comment on a number of bills before you today.

As you know, the Connecticut Commission on Aging is the independent state agency solely devoted to enhancing the lives of the present and future generations of our state's older adults. For fifteen years, the Commission has served as an effective leader in statewide efforts to promote choice, independence and dignity for Connecticut's older adults and persons with disabilities.

In these difficult budget times, research-based initiatives, statewide planning efforts, vision and creative thinking are all needed and provided by the Connecticut Commission on Aging. We pledge to continue to assist our state in finding solutions to our fiscal problems, while keeping its commitments to critical programs and services.

Senate Bill 843: An Act Implementing the Governor's Budget Recommendations Concerning Social Services

~CoA Opposes

The Connecticut Commission on Aging has profound concerns about the following aspects of this bill, which implement the Governor's budget proposals related to Social Services programs:

- **Medicaid:** This legislation proposes dramatic changes in Medicaid's pharmacy programs. Among the many changes to Medicaid are the following:
 - **Part D wrap-around:** Connecticut was a national leader in establishing a wrap-around program that fills in the gaps left by Medicare Part D. This bill obliterates the wrap-around by eliminating coverage for non-formulary drugs (section 66); requiring copayments for "dually-eligible" individuals, who are low-income older adults and persons with disabilities (section 15); and, requiring prior authorization for psychiatric and high-cost drugs (sections 46 and 18, respectively).
 - **Cost-sharing requirements:** In section 19, the proposal requires copayments for prescription drugs, as well as for most other medical services. While the Legislature has twice tried to implement copayments for Medicaid enrollees, prior federal law stated that Medicaid clients could not be denied services or prescriptions for failure to pay a copayment. Therefore, the Legislature's intent was never effectively implemented and was repealed. **Federal law has since changed: a Medicaid enrollee can be denied a drug if he or she does not have even a minimal copayment.** Enrollment in Medicaid is

HB6610

HB6609

SB989

SB991

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been delayed to July 2009 (PA 09-1, January's deficit mitigation plan). This Reinvestment Account is necessary to ensure that services are available to people who are in their homes and communities. Reinvestment of the enhanced match is also the intent of the federal law that created the Money Follows the Person program.

House Bill 6610: An Act Concerning Medicaid Income Limits for Aged, Blind and Disabled Persons
~CoA Supports

This bill essentially raises the income limits for the Aged, Blind and Disabled piece of Medicaid, also called the "medically needy" category. The current income limits of 60-70% of federal poverty guidelines have been unchanged in almost two decades and leave many of our neediest individuals without access to health care. (In contrast, HUSKY A for parents and relative caregivers has an income limit of 185% of federal poverty). Although Medicaid "spend-down" is available, this complex process is administratively burdensome, both for the applicant who must keep track of all health care spending, and for the Department of Social Services. The current "spend-down" process also leads to interruption of care throughout the year.

Raising the income limits for this program will increase access to health care for some of our state's most vulnerable individuals. Recognizing the current fiscal climate, the Commission on Aging supports this legislation as a long-term goal for our state. We ask for your support.

House Bill 6609: An Act Establishing a Community Provider Rescue Fund Account and Community-Based Services Commission
~CoA Supports

Individuals should have real choice in how and where they receive long-term care services and supports. According to the state's Long-Term Care Needs Assessment, 80% of people in Connecticut want to receive those services in their own homes. In order to make this choice a reality, the existing state programs, waivers and pilots that help older adults and persons with disabilities remain in their homes and communities must be widely available and Connecticut must have a robust network of community providers.

To help meet this goal, the state's Long-Term Care Needs Assessment recommended that "major policy and financing efforts" be undertaken to "develop a broadly integrated infrastructure for community-based services."

The Commission on Aging supports this proposal, which would create a commission to examine and provide needed funding to stabilize our community-based provider system. We would be pleased to work with this new commission and provide our objective analysis to assist in meeting its mission.

Senate Bill 989: An Act Concerning the Alzheimer's Respite Care Program
~CoA Supports

The Connecticut Commission on Aging supports this proposal to modernize the Alzheimer's Respite Care Program.

This proposal does three things: First, it updates the income and asset limits, which have not been changed in eleven years. Second, it allows the use of Personal Care Assistants, to provide flexibility and self-direction in how individuals receive care. Finally, without increasing the program's funding, it allows individuals to receive more than the standard \$3500 in care in special circumstances.

More than 800 people in Connecticut accessed this important program last year, and, with our changing demographics, it is estimated that the rate of Alzheimer's disease will increase over the next several years. Informal caregivers in Connecticut provide the majority of care, but they cannot do it alone—providing care can be physically and emotionally challenging, and caregivers are best when they receive occasional breaks. Respite care also allows caregivers to go to work. The Alzheimer's Respite Care Program saves the state money by helping individuals with Alzheimer's disease remain at home (instead of going to institutions), and by helping their caregivers continue to provide their important support.

Senate Bill 991: An Act Concerning Funding for Centers for Independent Living
~CoA Supports

The Connecticut Commission on Aging supports this proposal to provide state funding to the five Centers for Independent Living (CILs) across the state.

As this Committee knows, Governor Rell's budget proposal eliminates all state funding for the CILs, a cut of \$666,000 in each year of the biennium. Although federal stimulus package money is expected to replace state funding, this federal money is viewed as a one-time payment.

The Centers for Independent Living are an important component of the movement to provide more home- and community-based care for individuals living with disabilities. In fact, in the South Central area of the state, the CIL has partnered with the Area Agency on Aging (AAA) to provide integrated, coordinated information and referral services through our state's first Aging and Disability Resource Center (ADRC). It is our understanding that a second ADRC—also a collaboration of a CIL and an AAA—will be opening in the Western region of the state this spring.

The Commission asks for your support of the Centers for Independent Living.

Again, thank you for the opportunity to comment today and for tackling these important issues.

As always, please contact us with any questions about this issue or other aging-related issues. It's our pleasure to serve as an objective, nonpartisan resource to you.

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alzheimer's association

Good morning Senator Doyle, Representative Walker, and distinguished members of the Human Services Committee. My name is Heather Sandler and I am a graduate student at UCONN's School of Social Work and an intern at the Alzheimer's Association of Connecticut as well as a Helpline volunteer.

I am here today to testify in support of Raised Bill No. 989, An Act Concerning the Alzheimer's Respite Care Program.

The Alzheimer's Association is a donor supported, non-profit organization serving the needs of families, health care professionals and those individuals who are affected with Alzheimer's disease and related dementias. The Association provides information and resources, support groups, education and training, and a 24 hour, 7 day a week Helpline.

Currently in Connecticut there are approximately 70,000 residents who have Alzheimer's and related dementias with over 113,000 caregivers. Those caregivers, usually family, provide over 97 million hours of unpaid care that would equal over a billion dollars. The Respite program allows many of these families the time they need to keep their loved one home.

As a graduate student in social work I have been able to research and study the Alzheimer's Respite program. In the course of studying this program I found that it allows more people to remain in their homes for a longer period of time. Allowing the use of Personal Care Assistant services would make the Respite program more flexible to more families. It is a cost effective alternative to the current services covered in Respite, including home health aide, homemaker/companion, skilled nursing care or short term

nursing care. A family using the Personal Care Assistant service will pay approximately \$552 per week as compared to \$950 a week for a skilled nursing facility, if the person is on Medicaid. Therefore, allowing the use of a Personal Care Assistant can provide a family with a longer period of Respite due to the cost savings. It will allow the average grant size of \$3500 to provide approximately six weeks of Respite with Personal Care Assistant Services compared to three and a half weeks of Respite care in a skilled nursing facility.

The Alzheimer's Respite Grant is an important program to families coping with the emotional and physical stress they face everyday. The expansion of services to include Personal Care Assistants is paramount to keep these families from falling apart and their loved one being placed out of the home.

The Alzheimer's Association supports adding Personal Care Assistant services to the Alzheimer's Respite Care Program and Raised Bill 989.

Thank you for your time and attention. I would be willing to answer any questions that you might have for me.

February 27, 2009

Hello Senator Doyle, Representative Walker, and distinguished members of the Human Services Committee. My name is Elaine Zandri I am an Administrative Secretary for a Regional Education Center here in Connecticut and a caregiver for my 95-year-old Mother.

I am writing today in **support** of **Raised Bill No. 989, An Act Concerning the Alzheimer's Respite Care Program.** .

My husband and I are caregivers for my Mother who is 95 years old. He is with her during the day as he is retired and I work full time. My Husband had a major heart attack a few years back and the stress of being with my Mom all day every day was taking a toll on our relationship as well as him. When I looked into what was available, I was introduced to the Respite Care Program. My Mom has been attending Adult Day Care 2 days a week, not only is my husband in better spirits as he now has some time to himself, but my Mom is a new person. It has opened her world to new people and she is excited to go and now has something to talk about and look forward to. Her time she is allotted runs out in a week and we are at a crossroads as to what we can do to keep her active in this program.

This Adult Day Program is absolutely wonderful, wish I knew about it sooner not only for our sanity but also for the new life it has given my Mom.

Thank you,

Elaine Zandri
438 Derby Milford Road
Orange, Ct 06477

alzheimer's association

Good morning, Senator Doyle, Representative Walker, and distinguished members of the Human Services Committee. My name is Maria Tomasetti, and I have been working for the Alzheimer's Association of Connecticut for approximately three years. I am currently the South Central Regional Director for the Association. I am also a former family caregiver for my mother who had dementia of the Alzheimer's type.

I am here today to testify in support of Raised Bill No. 989, An Act Concerning the Alzheimer's Respite Care Program.

The Alzheimer's Association is a donor supported, non-profit organization serving the needs of families, health care professionals, and individuals affected with Alzheimer's disease and related dementias. The Association provides information and resources, support groups, education and training, and a 24-hour, 7 day a week Helpline.

The Connecticut Statewide Respite Care Program is funded by the State Department of Social Services and is operated in partnership with the Alzheimer's Association, Connecticut Chapter and the Connecticut Area Agencies on Aging. The Connecticut Statewide Respite Care Program currently pays for up to \$3,500 in respite care services per eligible family, per year. Respite care provides a break, or a time of caregiver relief, from the constant physical and emotional stress of caring for a person with Alzheimer's disease or other forms of dementia. Eligible families may apply for daytime or overnight respite care services including: Adult day center care, home health aide, homemaker/companion, skilled nursing care, or a short-term inpatient facility stay.

The individual with dementia must meet income and asset eligibility requirements -- with income of no more than \$30,000 a year and liquid assets of \$80,000 or less. As one of the primary caregivers for my mother who was diagnosed with Alzheimer's disease, I can speak first hand of the daily demands of care giving and the importance of getting a break from care giving responsibilities -- both for the caregiver and the person with dementia. Our family utilized personal care assistant services for 3 ½ years on a private

pay basis. The use of personal care assistant services -- for help with activities of daily living -- gave us the break we needed to continue to care effectively for mom at home. We were able to keep mom home because of these personal care assistant services. Personal care assistant services are not inexpensive. The average cost of a personal care assistant is \$13.80 an hour (gross). We were paying over \$15.00 an hour. Families with income and/or assets slightly over the current State Respite program limits would not be in a financial position to pay privately for needed respite care services, adding to caregiver stress.

Prior to my new role as the South Central Regional Director, I coordinated the Alzheimer's Association Helpline services for approximately 2 ½ years. I volunteered on the Helpline for nine months prior to joining the Association. During this time, I was able to refer many eligible family caregivers to our Connecticut Statewide Respite Care Program. These family caregivers, often tired and overwhelmed, were relieved and happy to learn about the possibility of a break from care giving responsibilities. While serving our Helpline clients, I encountered other family caregivers, equally tired and overwhelmed, who were initially hopeful about some respite care through the State Respite program and then disappointed and frustrated since their income and/or assets were slightly more than the program's eligibility guidelines. These families were not financially able to pay for needed respite care. There are other families in this same situation who are aware of the financial eligibility guidelines and simply do not inquire or apply.

Lastly, families are most appreciative of the \$3,500 in respite care services per family, per year, which is currently allowed under the State Respite program. At the same time, the Area Agency on Aging Respite Care Managers work closely with families and are very aware of families with special needs who are in need of additional services. Some flexibility in the program maximum for these special situations can only increase the effectiveness of the State Respite Program.

The Alzheimer's Association, Connecticut Chapter supports the following changes to the Alzheimer's Respite Care Program so the program can help the families it was designed to help.

Increasing income and asset eligibility limits, which have not changed in 11 years, to reflect cost of living adjustments

Allowing flexibility to increase the respite grant maximum for families with special circumstances through regulation changes

Allowing use of personal care assistants as a respite care option

Thank you.

alzheimer's association™

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**Position Statement in support of Raised Bill No. 989, *AN ACT CONCERNING THE
ALZHEIMER'S RESPITE CARE PROGRAM***

**By Christine I. Andrew, Esq, Member of the Board of Directors for the Alzheimer's
Association Connecticut Chapter**

The Alzheimer's Association is a donor supported, non-profit organization serving the needs of families, health care professionals, and those individuals who are affected with Alzheimer's disease and related dementias. The Association provides information and resources, support groups, education and training, and a 24 hour, 7 Day a week Helpline.

Eleven years ago I and three other family caregivers sat around a table with other ~~representatives of the~~ Alzheimer's Association and discussed the tremendous stress upon family care givers and what we might do lessen the caregiving burden. Each of us was personally familiar with those burdens and the toll that they had taken upon our lives and our ability to care for our loved ones. Although I wasn't my father's hands-on caregiver, my daily presence kept his anxiety under control without the need for psychotropic drugs and ensured that my father received the quality of care that he so deserved. For that to be possible, I, like so many other family caregivers, had to struggle with the often conflicting demands of my own needs and those of my family member. In my case, I did not take a vacation during the last five years of my father's life and made a series of career choices based solely upon the effect that they would have upon my caregiving responsibilities; another of us had learned that the only way that she could get a full night's sleep was by renting a room in a motel while a paid caregiver stayed with her husband; a third had been forced to leave this distinguished body when her caregiving responsibilities made it impossible for her to continue to serve as a legislator; the fourth

had simply put her own life and needs on hold while she struggled with the conflicting demands of caring for her husband and functioning as a de facto single parent for their college age children. Each of us knew first hand that without a break from care giving responsibilities, be it only for a few hours, even the most dedicated caregiver eventually reaches a breaking point. It was our shared awareness of the need for a safety net and the gaps in existing programs and services that gave birth to the legislation that created the Statewide Alzheimer's Respite Care program.

We recognized that there was a large segment of the caregiving population that lacked the resources to pay for needed respite care yet was too "affluent" to qualify for subsidized home care services. We were especially concerned about those individuals who were struggling to provide 24/7 care for a loved one with dementia while juggling the often competing and equally stressful demands of career and parenting responsibilities. Our objective was to create a program that would provide help for this underserved group of Connecticut citizens...commonly referred to as the "middle class". We investigated respite programs in other states and proposed what we thought at the time to be appropriate asset and income criteria. The criteria that we proposed in February of 1998 -- income of \$30,000 or less and no more than \$80,000 in liquid assets -- are still in effect today, more than eleven years later. Failure to adjust those figures has in effect slowly, but surely, eroded the effective reach of the Alzheimer's Respite Grant program and reduced the options available to the otherwise unserved Connecticut family caregivers that we sought to help.

Raised Bill No. 989 proposes a one-time corrective adjustment that translates the original financial criteria for the Alzheimer's Respite Grant program into their 2009 equivalents and provides for subsequent annual adjustments in order to avoid future erosion. While some might view this bill as an expansion of the statewide respite program, it is, in reality, simply a return to the original concept and objectives of this very important program. To that end, I urge you to support Raised Bill No. 989.

T25

TESTIMONY
of
John M Whitcomb

Before the Human Services Committee
of the
Connecticut General Assembly

March 3, 2009

Chairpersons Doyle, Walker and Honorable Members of the Human Services Committee; my name is John M Whitcomb. I am here today to testify in support of Raised Bill No. 989 An Act Concerning the Alzheimer's Respite Care Program

I am here in the role of citizen, taxpayer and as a believer in limited government and fiscal control; also I am a supporter of the Alzheimer's Association.

My wife suffers from advanced early onset Alzheimer's disease. We are private payers, and not covered under Title XIX, although my wife is disabled under Social Security. We must pay out of our savings for the vast majority of my wife's care. It must come from money that had been planned for retirement living, and will radically affect our futures. It will particularly impact me, since I am expected to live longer and her care will likely use all of my life savings, making me dependent on the state, too.

Testimony of John M Whitcomb
Before HSC – March 3, 2009

Her health care also impacts my ability to have any serious gainful employment in a period that should have been peak earning and saving years.

WHEN my wife is forced into nursing home care, our assets will be drained and the state will be faced with serious expenses. Respite care is one way to help delay that inevitability, and is FAR less expensive than the alternative. Raising the asset test as proposed is minimal. A caregiver knows a nursing home will easily use up \$100,000 in assets a year. The asset level prescribed is lost money to the disabled person... it just comes down to "how long can nursing home admission be delayed"; which equates to both taxpayer savings and a better quality of life for the disabled.

Likewise, an increase in annual grant size would also save the state a considerable amount of money by permitting caregivers to further delay nursing home care.

It is also necessary to grant latitude for administratively determined special exceptions to the individual cap, WITHIN the budgetary authority. Again, good judgment can actually SAVE expense.

Testimony of John M Whitcomb
Before HSC – March 3, 2009

This economic comparison doesn't even touch on health of the caregiver. Being a care-giver is very high stress. Health is certainly impacted, as is the caregiver's productivity, and ability to earn wages and pay taxes. We can expect short and long term health care cost ramifications. Since the limited nature of benefits also are likely to force the spouse into eventual dependence on the state, those costs also eventually become costs to the state.

Thank you for listening to reasons that I support this legislation, and thank you for the opportunity to testify before you today. I would be happy to answer any questions at this time and if you have questions or concerns at a future date please do not hesitate to contact me.

John M Whitcomb

Taxpayer

T16

Written Testimony for Human Services Committee-March 3, 2009

Good morning Senator Doyle, Representative Walker, and distinguished members of the Human Services Committee. My name is Linda Martin and I submit this written testimony in support of Raised Bill No. 989, An Act Concerning the Alzheimer's Respite Care Program.

My mother, Lillian G. Payne has been living through the mental and physical torments of Alzheimer's disease for the past five years. Three years ago, her states of confusion and fear associated with her condition necessitated my mother moving into our home to live with my husband, daughter and myself.

In June 2007 I contacted the Connecticut Chapter of the Alzheimer's Association to learn more about what we would be facing and options for caring for my mother. I read the information but took no action because I believed that we could provide for my mother's care both financially and socially. I retired from work with a plan of caring for my mother along with the assistance of other family members. In November 2009 I realized that the assistance was not as available as promised and our goal of ensuring that mom lives comfortably in her community was slipping out of our grasp and that we needed help with the financial burden of continuing her at the Adult Day Care Program she loves attending. The grant that we were awarded from the Alzheimer's Respite Care Program has extended my mother's specialized care while she continues to live at home and it affords me time to run errands, work at a part-time job and for a short period of time, it allows me to keep a major financial worry at bay.

I implore you to pass the bill to consider an increase the total grant size awarded through the Alzheimer's Respite Care Program from \$3500 to \$7500 per year for special circumstances to allow more service options.

Respectfully,
Linda F. Martin

I am writing in support of Raised Bill No. 989, An Act Concerning the Alzheimer's Respite Care Program.

My name is Laurie Browne and I am the Respite Care Manager at the North Central Area Agency on Aging. The North Central Area Agency on Aging is a private non-profit agency whose mission is to enhance the quality of life for older adults in the north central region by providing them with access to cost effective services.

The Respite care Program offers up to \$3,500 for caregivers who are caring for someone with Alzheimer's disease or some type of dementia to allow the caregiver some respite, or some relief from caregiving. Adult day care and Home Health aide services are the most requested services among caregivers who apply for this program. Most clients are awarded the full \$3,500 award and typically spend their full grant within 3 to 5 months. New proposed regulations in this bill to increase the grant size up to \$7,500 after a demonstrated need is presented would help those caregivers in particularly challenging situations to continue to care for their loved ones at home.

Caregivers are under immense stress because they have to take care of their loved ones; themselves and sometimes they have kids they have to take care of as well.

When I get calls from caregivers who are stressed out, physically tired and are looking for help, they are usually at the end of their ropes. They are grateful for any help that is given. All they want it to be able to continue to take care of their loved ones at home.

With the proper support, caregivers are helping to keep their loved ones at home and out of nursing homes. The Respite Care Program has been a vital source of support for caregivers in our region and they rely heavily on the grant to give them some respite a couple of months a year.

Thank you very much for your support.

Laurie Brown

Written Testimony for Human Services Committee-March 3, 2009

Good Morning Senator Doyle, Representative Walker and distinguished members of the Human Service Committee. I am Teresa Hall and am writing to you on behalf of myself and my mother Agnes DelGiudice.

I am writing to support Raised Bill 989-An Act Concerning the Alzheimer's Respite Care Program

My mother has been the primary caregiver of my father for the last seven years. He is now 83 years and in the late stages of Alzheimer's disease. She is now 75 years old and has given up her precious golden years, her hobbies, her health and her livelihood to provide the care my father requires. We struggled with several home care agencies and found out the hard way that are so many unqualified/untrained healthcare employees that really cannot handle or understand the extensive care, burden and frustration that comes along with caring for an Alzheimer's patient. Being exhausted and depressed myself, with not being able to help my mother more with my father's care, I turned to the Alzheimer's Association for advice. On that day we learned about the respite fund. Once the fund became available for my mother, we looked into several options and decided we would try Adult Day Care three times a week for my Dad. The Adult Day Care has been a God Send for us. The respite fund helped us finance a small portion of the enormous amount of cost we are financing for my father's care and medications. We would love to be able to take him there for four or five days a week. However, given today's economic conditions, the cost of living increase and the fact that Medicare or insurance does not cover anything for this long devastating disease, we are not able to do this. This is why we urge you to consider the proposed concept of regulations to provide up to \$7500 in special situations and help the caregivers get a little more support which they so much need when caring for a sick loved one. The time my father spends at Adult Day Care, gives my mother some time to rest and recharge for a short while. For her these means taking a breather, a chance to just sit, run an errand or enjoy a cup of coffee.

We are thankful for this fund and as caregivers we strongly urge you to support the increase concerning the Alzheimer's Respite Care.

Sincerely,

Teresa Hall



T13



Testimony Before the Human Services Committee

S. B. No. 843 AN ACT IMPLEMENTING THE GOVERNOR'S BUDGET RECOMMENDATIONS CONCERNING SOCIAL SERVICES.

H. B. No. 6379 AN ACT IMPLEMENTING THE GOVERNOR'S BUDGET RECOMMENDATIONS CONCERNING MAXIMIZATION OF PHARMACY REBATES.

H. B. No. 6543 (RAISED) AN ACT CONCERNING PATERNITY AND SUPPORT ESTABLISHMENT AND ENFORCEMENT OF ORDERS IN TITLE IV-D CHILD SUPPORT CASES.

H. B. No. 6524 (RAISED) AN ACT CONCERNING MANAGED CARE FOR CERTAIN MEDICAID BENEFICIARIES.

H. B. No. 6610 (RAISED) AN ACT CONCERNING MEDICAID INCOME LIMITS FOR AGED, BLIND AND DISABLED PERSONS.

H. B. No. 6544 (RAISED) AN ACT SIMPLIFYING PROCEDURES FOR EARLY CARE AND EARLY EDUCATION FACILITIES

H. B. No. 6526 (RAISED) AN ACT CONCERNING ACTIVITIES OF THE COUNCIL THAT MONITORS THE TEMPORARY FAMILY ASSISTANCE PROGRAM AND EMPLOYMENT SERVICES PROGRAM.

S. B. No. 989 (RAISED) AN ACT CONCERNING THE ALZHEIMER'S RESPITE CARE PROGRAM.

S. B. No. 1060 (RAISED) AN ACT ESTABLISHING AN ACCOUNT FOR THE BENEFIT OF SUPPORTED LIVING IN GROUPS HOMES

Claudette Beaulieu
Deputy Commissioner for Programs
March 3, 2009

H. B. No. 6526 (Raised) An Act Concerning Activities Of The Council That Monitors The Temporary Family Assistance Program And Employment Services Program.

This bill would require the Departments of Social Services and Labor to submit an ongoing quarterly report to the TANF Council and the Human Services Committee concerning a large range of detailed information about recipients of Temporary Family Assistance and Jobs First Employment Services.

The Department of Social Services has always been willing to provide the types of information required by this bill when it has been requested by the General Assembly and in particular the TANF Council. We have complied with all such requests in as timely a manner as possible. However to impose such an extensive a reporting requirement on a quarterly basis when agency resources are already burdened with other responsibilities is unreasonable. Compiling this voluminous data would require additional resources to accomplish. We therefore must strongly oppose this bill.

S. B. No. 989 (Raised) An Act Concerning The Alzheimer's Respite Care Program.

This bill seeks to increase the benefit levels of this program, add the service of Personal Care Assistant and increase the income and asset levels for participants. The department is not able to support the increased income and asset limits. The department would be in favor of greater flexibility to allow the few clients who demonstrate a need for increased services to receive them based on a regulated criteria. Not all clients would be eligible for the maximum benefit of \$7,500.

Since the initial legislation creating the program in 1998, clients who participate in the Connecticut Statewide Respite Care Program have been eligible to receive up to \$3,500 in respite services per year to help them to continue to reside at home. In SFY'08, 813 clients (an increase in 157 from SFY'07) received services such as adult day care, companion/homemaker and home health aide. Given that there are over 100,000 individuals in Connecticut with diagnoses of dementia who may be eligible at some time for this program, many more can be expected to seek the program's assistance in coming years. While this has represented a very meaningful respite benefit for caregivers, the cap in services per client has not kept pace with the increasing cost of community-based services and may be quickly exhausted by families in need. Care Managers for this program utilize a multifaceted screening tool to ascertain the client's level of need for services, and money is allocated in varying increments in order to serve the greatest number of clients.

In order to increase the number of service options available to care recipients under the Connecticut Statewide Respite Care Program, the Department supports the inclusion of "personal care assistants" as a service under this program. This will allow recipients to use individual providers of their choice and possibly reduce the cost of their care or allow for a greater number of hours of service since the client or their family will be able to negotiate a rate under a provided maximum level.

The department opposes the increase in income and asset limits for this program for the following reasons:

Currently, the income and asset limits for eligibility under this program are \$30,000 and \$80,000 respectively for the individual with Alzheimer's disease. The current income guideline for the Medicaid portion of the Connecticut Home Care Program for Elders, the program offering the most similar type of services, is \$22,428, and higher for the state-funded portion based upon applied income and a sliding scale. Currently, the average client receiving services under the Connecticut Statewide Respite Care Program has an annual income of around \$20,000. If access to the state funded portion of the Connecticut Home Care Program for Elders is frozen as of SFY'10, it will likely result in an increase in applications for the Connecticut Statewide Respite Care Program. In order to be able to most equitably serve the neediest clients, the Department proposes maintaining the current income and asset levels for SFY'10 and SFY'11 and does not support this bill's proposal to increase them and build in a permanent Social Security

S. B. No. 1060 (Raised) An Act Establishing An Account For The Benefit Of Supported Living In Groups Homes.

This bill establishes a special account for support to individuals in group homes. Currently, individuals in licensed group homes and supported living setting receive financial assistance and assistance with medical and daily living/personal services through programs administered by DSS, DDS and DMHAS. These programs are administered in accordance on policies and procedures developed based applicable statutes and/or regulations. We oppose establishing a separate account to provide additional or new services that will require additional administration when existing programs are available and may be modified through state legislative and budgeting process.

At this time, I would appreciate the opportunity to respond to any questions you may have. Thank you.