

**PA12-118**

SB0232

|                |   |          |
|----------------|---|----------|
| House          | 8247-8249, 8288-8290  | 6        |
| Human Services | 49, 54, 190-192, 279-283,<br>286, 357-358, 362, 364,<br>(597, 599-601, 781-783) | 22       |
| <u>Senate</u>  | <u>1093-1100</u>  | <u>8</u> |

**36**

**H – 1147**

**CONNECTICUT  
GENERAL ASSEMBLY  
HOUSE**

**PROCEEDINGS  
2012**

**VOL.55  
PART 25  
8215 - 8555**

mr/ch/rgd/gdm/gbr  
HOUSE OF REPRESENTATIVES

388  
May 9, 2012

The motion is to place this item on the consent calendar.

Is there objection?

Hearing none, the item is placed on the consent calendar.

Will the Clerk please call Calendar 417.

THE CLERK:

On page 18, Calendar 417, Substitute for Senate Bill Number 232, AN ACT EXTENDING THE MORATORIUM ON CERTAIN LONG-TERM CARE BEDS, favorable report by the Committee on Human services.

SPEAKER DONOVAN:

Representative Stallworth.

REP. STALLWORTH (126th):

Mr. Speaker, I move for the acceptance of the joint committee's favorable report and passage of the bill in concurrence with the Senate.

SPEAKER DONOVAN:

The question is acceptance and passage in concurrence with the Senate.

Will you remark?

REP. STALLWORTH (126th):

Mr. Speaker, the Clerk has an amendment, LCO 3230. I would ask the Clerk to please call the amendment and that

mr/ch/rgd/gdm/gbr  
HOUSE OF REPRESENTATIVES

389  
May 9, 2012

I be granted leave of the Chamber to summarize.

SPEAKER DONOVAN:

Will the Clerk please call LCO 3230, previously designated Senate "A."

THE CLERK:

LCO 3230, Senate "A," offered by Senator Musto.

SPEAKER DONOVAN:

Is there objection to summarization?

Hearing none, Representative, you may proceed.

REP. STALLWORTH (126th):

Mr. Speaker, the amendment establishes a moratorium on new licenses and the renewal of licenses for certain hospitals.

I move adoption.

SPEAKER DONOVAN:

The question is on adoption.

Care to remark further? Would you care to remark further on the amendment?

If not, let me try your minds.

All those in favor of the amendment, please signify by saying aye.

REPRESENTATIVES:

Aye.

SPEAKER DONOVAN:

mr/ch/rgd/gdm/gbr  
HOUSE OF REPRESENTATIVES

390  
May 9, 2012

All those opposed, nay.

The ayes have it. The amendment is adopted.

Remark further on the bill as amended?

Representative Stallworth.

REP. STALLWORTH (126th):

Mr. Speaker, I move that this bill be placed on the consent calendar.

SPEAKER DONOVAN:

The motion is to place this item on the consent calendar.

Any objection? Any objection?

Hearing none, the item is placed on the consent calendar.

Will the Clerk please call Calendar 431.

THE CLERK:

On page 19, Calendar 431, Senate Bill Number 138, AN ACT ESTABLISHING A TASK FORCE TO STUDY AGING IN PLACE, favorable report by the Committee on Aging.

SPEAKER DONOVAN:

The class of '93, Representative Joe Serra, you have the floor, sir.

REP. SERRA (33rd):

Thank you, Mr. Speaker.

I move for exception of the joint committee's

mr/ch/rgd/gdm/gbr  
HOUSE OF REPRESENTATIVES

429  
May 9, 2012

calendar.

Representative Sharkey.

REP. SHARKEY (88th):

Thank you, Mr. Speaker..

Mr. Speaker, I'm about to call the items again that are on the consent calendar, but I would like to alert the Clerk to two bills that we will be taking off the consent calendar. They are Calendars 380, and Calendars 431. Those are Calendars 380 and Calendar 431.

HB5333  
SB130

SPEAKER DONOVAN:

Will the Clerk please call Calendar 204.

THE CLERK:

On page 6, Calendar 204, Substitute for House Bill Number 530, AN ACT CONCERNING THE BOARD IN CONTROL OF THE CONNECTICUT AGRICULTURAL EXPERIMENT STATION, favorable report by the Committee on Government Administration and Elections.

SPEAKER DONOVAN:

Representative Sharkey.

REP. SHARKEY (88th):

Thank you, Mr. Speaker.

With that, let me -- I was looking to just list the calendar numbers again that we are planning to put on the consent calendar before I move them. I'll be doing this

in numerical order by calendar number.

They are Calendar Number 71, Calendar 204, Calendar 205, Calendar 287, Calendar 292, Calendar 330, Calendar 402, Calendar 407, Calendar 412, Calendar 417, Calendar 425, Calendar 426, Calendar 442, Calendar 458, Calendar 460.

Calendar 463, Calendar 492, Calendar 495, Calendar 499, Calendar 500, Calendar 501, Calendar 506, Calendar 507, Calendar 508, Calendar 512, Calendar 515, Calendar 516, Calendar 530, Calendar 538 and Calendar 545.

And I'd also like to add to that -- I'm sorry. I omitted one which is Calendar 275.

SPEAKER DONOVAN:

The question before us is passage of the bills on today's consent calendar.

Will you remark? Will you remark?

If not, staff and guests please come to the well of the House. Members take their seats. The machine will be open.

THE CLERK:

The House of Representatives is voting by roll call.  
Members to the Chamber. The House is voting the consent calendar by roll call. Members to the Chamber, please.

HB5025  
HB5368  
HB5326  
HB5539  
HB5146  
SB328  
HB5534  
HB5555  
SB157  
SB232  
SB339  
SB340  
SB41  
SB98  
SB116  
SB196  
SB97  
SB188  
SB234  
SB237  
SB299  
SB347  
SB371  
SB391  
SB345  
SB383  
SB384  
SB29  
SB354  
HB5320  
SB254

mr/ch/rgd/gdm/gbr  
HOUSE OF REPRESENTATIVES

431  
May 9, 2012

SPEAKER DONOVAN:

Have all the members voted? Have all the members voted?

Please check the roll call board to make sure your vote has been properly cast.

If all the members have voted the machine will be locked. The Clerk will please take a tally.

The Clerk please announce the tally.

THE CLERK:

On today's consent calendar.

|                             |     |
|-----------------------------|-----|
| Total Number Voting         | 150 |
| Necessary for Adoption      | 76  |
| Those Voting Yea            | 150 |
| Those Voting Nay            | 0   |
| Those Absent and Not Voting | 1   |

SPEAKER DONOVAN:

The consent calendar passes.

Will the Clerk please call Calendar 443.

THE CLERK:

On page 20, Calendar 443, Senate Bill Number 60, AN ACT PROHIBITING PRICE GOUGING DURING SEVERE WEATHER EVENTS, favorable report by the Committee on the Judiciary.

SPEAKER DONOVAN:



**JOINT  
STANDING  
COMMITTEE  
HEARINGS**

**HUMAN  
SERVICES  
PART 1  
1 – 260**

**2012  
INDEX**

codifies that goal and provides some standardization.

It also supports Connecticut's rebalancing plan by providing consistent information about the broad range of community, long term care options available. And this system enhances the state's nursing home diversion efforts. Community care in lieu of nursing home care is preferable and less costly.

And finally, a single point of entry integrated system is consistent with federal priorities and provides Connecticut with the opportunity to apply for the balancing incentive payment program, which requires a statewide single point of entry system, a universal assessment or level of care screening tool, which is in the Governor's budget, and conflict free case management, which also exists here in the State of Connecticut through access agencies.

I want to thank you for this opportunity to provide testimony and urge your support on this bill. Thank you.

SENATOR MUSTO: Thank you. Are there any mem -- questions from members of the committee?

SHERRY OSTROUT: Thank you so much.

SENATOR MUSTO: Well, thank you very much.

Commissioner Bremby, welcome.

COMMISSIONER ROD BREMBY: Good afternoon, Senator Musto and Representative Tercyak, distinguished members of the committee. I am Rod Bremby, Commissioner of DSS. I'm here to offer testimony on a number of bills this afternoon.

I, too, am a person. And I have brought a significant number of my leadership team so it

- SB30
- SB230
- SB231
- SB232
- SB235
- HB5282
- SB234
- HB5283
- HB5284
- SB208
- SB209
- SB229
- SB233
- SB236
- HB5280
- HB5281
- HB5285

transitioning. The target population of this waiver is children with physical disabilities who may or may not have a co-occurring disability -- developmental disability.

Senate Bill 232 extends the moratorium on nursing home beds from 2012 to 2016. We believe this represents a technical fix because the current budget does not include funding for bed expansions in nursing facilities. This moratorium is consistent with the department's right sizing initiative. And we believe that it's necessary to enhance the strategic plan for the appropriate number and placement of nursing home beds within our state system.

Senate Bill 234 is a repealer. It's a technical bill which seeks to eliminate some statutes that are no longer necessary. 17b-221a is a financial management mechanism that is no longer being utilized. 17b-342a establishes that PCA pilot. It no longer is in existence so we're wanting to eliminate that as well.

Senate Bill 235 is an ACT CONCERNING MUNICIPAL AGENTS FOR THE ELDERLY. Currently under state law we require that municipalities designate an individual. We don't provide funding for that. It is, in effect, an unfunded mandate. We're wanting to remove that requirement so that they can identify any other person on staff that they currently have to serve as this agent. So we believe that that -- this keeps -- we believe it's recognized as a fiscal realities of our times. It ensures that we have a connection with the municipalities but we're not requiring them to do something that we're not offering funding to support.

House Bill 5250 -- 5282. This bill is already moving forward. We want to thank the committee for its -- for its diligence in moving it forward in an expeditious manner. We

questions from members of the Committee?  
Seeing none, thank you for your testimony. Mag  
Morelli? I don't see Mag -- oh, there she is.  
Sitting in the corner in the dark. Welcome.

MAG MORELLI: Thank you. Good afternoon, Senator  
Musto, Representative Tercyak, members of the  
Committee. My name is Mag Morelli and I'm the  
President of Leading Age Connecticut, a  
membership association of over 130 mission  
driven and not-for-profit provider  
organizations serving older adults across the  
entire continuum of long-term care. Leading  
Age Connecticut was formally known as the  
Connecticut Association of Not-for-profit  
providers for the Aging or CANPFA.

We have submitted written testimony on several  
aspects of the Governor's proposed midterm  
budget adjustments related to human services,  
including those outlined in Senate Bill 30, as  
well as written testimony on several other  
bills before you today. I would like to speak  
to a few of them right now. Specifically, I  
would like to comment on the long term care  
rightsizing strategic initiative, investment in  
our nursing home infrastructure, and the crisis  
within our Medicaid eligibility system.

SB232 HB5280  
SB233

Leading Age Connecticut maintains a vision in  
which every community offers an integrated and  
coordinated continuum of high quality and  
affordable long term care, housing, community  
based services and supports. The Governor has  
articulated his outline for the first year of  
the state's long term right sizing strategic  
plan initiative in his mid-term budget proposal  
and we are pleased to see that he has embraced  
this vision. We believe this is critical  
because now is the time for us to look toward  
innovative solutions, invest our resources and  
begin to create the future of aging services.  
Okay. I'm going.

The Governor's right sizing initiative begins to offer the tools and resources that are needed to create this future, but we also need to develop a practical process to facilitate the transformation. Specifically, for providers who are seeking to make innovative changes that are in line with our state's strategic initiatives. We propose that the state create a collaborative and efficient regulatory and reimbursement review and approval process that is flexible, adaptive and receptive to individual providers' forward thinking ideas and planning.

The formal process must be timely and coordinated across all relevant state agencies. This type of process would assist and encourage providers of the long term care continuum to adjust, modernize and diversify their models of care to address current and future consumer needs and expectations. The end result will be individual solutions that together make the entire system stronger.

We are pleased that the Governor's rightsizing proposal does not abandon the nursing home segment of the long term care continuum and in fact, it includes resources to assist in modernizing, restructuring, diversifying and/or downsizing existing facilities and services to build a better model of care that will strengthen the full continuum and enable us to meet consumer demand and market needs.

We cannot afford to continue to ignore the nursing home level of care. We need to actively plan and build a model and infrastructure of nursing home care that makes sense for the needs and expectations of our long term care system moving forward. The proposed grant funding that has been dedicated to this effort will be of great help to many homes, but we

also need to reinstate the fair rent component of the rate structure so as to encourage and enable continuous capital investment and improvement in all facilities. It is for this reason that we urge the Committee's support of House Bill 5280

Finally, we respectfully request that the legislature work quickly with the administration to address the excessive delays in the Medicaid eligibility process. The state's Medicaid eligibility system is grinding to a halt and as a consequence, consumers are unable to access services in the community and nursing home providers are incurring millions of dollars in bills owed by the state. We understand that the Commissioner of Social Services has instituted a plan to modernize the eligibility system and we are optimistic that this will help the situation.

But, the full implementation of these changes is nearly a year and half away. This crisis simply cannot wait and needs immediate attention. Nursing homes in particular bear a disproportionate burden of providing uncompensated care during prolonged periods of pending eligibility status. The solution offered in Senate Bill 233, would provide those nursing homes with immediate financial relief to assist them through this growing crisis and with no fiscal impact to the state. We urge the Committee to support its passage. Thank you, and I'd be happy to answer any questions.

SENATOR MUSTO: Thank you. Are there any questions?  
Nope, must have done a good job.

MAG MORELLI: Thank you very much.

SENATOR MUSTO: Thank you. Lisa Sementilli is next.  
Lisa? Going once. After Lisa was Thomas Farnan. Mr. Farnan? It's only been six hours.

**JOINT  
STANDING  
COMMITTEE  
HEARINGS**

**HUMAN  
SERVICES  
PART 2  
261 – 527**

**2012**



Testimony to the Human Services Committee

March 1, 2012

By Nora Duncan, Executive Director

Raised Senate Bill 30: AN ACT IMPLEMENTING PROVISIONS OF THE BUDGET CONCERNING HUMAN SERVICES (Opposition/Concerns)

Raised Senate Bill 230: AN ACT CONCERNING COMMUNITY CHOICES FOR LONG-TERM CARE AND DISABILITY SERVICES (Support)

Raised Senate Bill 231: AN ACT MODIFYING THE KATIE BECKETT HOME CARE WAIVER PROGRAM (Support)

Raised Senate Bill 232: AN ACT EXTENDING A MORATORIUM ON NURSING HOME BEDS (Support)

The Arc Connecticut is a 60-year old advocacy organization committed to protecting the rights of people with intellectual and developmental disabilities and to promoting opportunities for their full inclusion in the life of their communities.

The following are brief comments on a variety of bills before the committee.

S.B. No. 30: AN ACT IMPLEMENTING PROVISIONS OF THE BUDGET CONCERNING HUMAN SERVICES: The concerns about this bill are the same as the concerns raised on 2/17/12 in the Appropriations Committee. Two budget factors (Sections 4-6 of the bill) result in one big problem for private nonprofit providers of residential supports to individuals with intellectual and developmental disabilities. These two factors:

1. a \$5.2 million reduction in reimbursement rates to CLA's & ICF-MR's that are experiencing mortgage pay-offs, and
2. over 5 years without a room & Board rate increase;

pair up to create a critically underfunded private system that is being strangled with increased costs while simultaneously being relied upon more and more to provide vital supports that prevent people from being forced into more restrictive and costly settings. While the \$5.2 million reduction may understandably seem like "low hanging fruit", so much critical infrastructure repair and improvement has been put off for so long that this reduction simply compounds the problem.

The 1% COLA, effective 1/1/13, for private nonprofit providers that Governor Malloy has included is the first in five years and is very much needed and appreciated. However, in the face of flat funding, other cuts, extreme increases in energy and food costs, an



unprecedented slump in the economy and reduced charitable and foundation giving, it is simply not enough to bridge the gap between the cost of doing business and inadequate reimbursement rates.

The system is at its breaking point and long term solutions that include automatic rate increases that keep pace with inflation and a commitment to move toward a single private system of supports for individuals with intellectual and developmental services is needed and it can be done in a budget neutral way that serves more individuals and families in more meaningful and creative ways. The Legislative Program Review & Investigations Committee has raised a bill, #5036, that if passed could help support this commitment and be one step of a multi-step process that:

- transitions humanely from an antiquated dually operated system to a private system of care while deploying DDS employees to fill vacant positions in other much needed areas;
- codifies the reinvestment of achieved savings into the DDS system so that Connecticut shall remain budget neutral while:
  - o dramatically increasing funding to the private nonprofit providers that are able to flexibly respond to the needs of individuals and families;
  - o reducing enormous and inhumane waiting lists for residential supports;
  - o offering better wages and benefits, in addition to incentives for professional development, to private nonprofit provider employees; and
  - o creating meaningful employment opportunities for individuals with intellectual and developmental disabilities through social enterprise and creative collaborations with private entities.

S.B. No. 231: AN ACT CONCERNING COMMUNITY CHOICES FOR LONG-TERM CARE AND DISABILITY SERVICES: The Arc Connecticut supports this bill and would suggest clarifying language that emphasizes input from stakeholders in the aging and disability community, including intellectual and developmental disabilities. QB230

S.B. No. 231: AN ACT MODIFYING THE KATIE BECKETT HOME CARE WAIVER PROGRAM: The Arc Connecticut supports the effort to expand services under this waiver.

S.B. No. 232: AN ACT EXTENDING A MORATORIUM ON NURSING HOME BEDS: The Arc Connecticut supports a 4 year extension of the moratorium on nursing home beds so that efforts to expand home and community based services and decrease the reliance on institutions can continue.

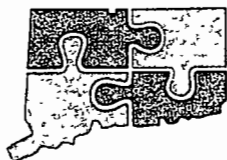
Please do not hesitate to contact me with questions, for clarification or to arrange a visit with a private provider of community based services in you area. Thank you for your time and consideration.

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**CONNECTICUT  
ASSOCIATION  
of NONPROFITS**

*...to serve, strengthen  
and support Connecticut's  
nonprofit community.*

Testimony Submitted to the Human Services Committee

Submitted By:

Julia Wilcox, Senior Public Policy Specialist, Connecticut Association of Nonprofits (CT Nonprofits.)

Public Hearing Date: March 1, 2012

Concerns & Recommendations Regarding:

- **S.B. No. 30:** 'AN ACT IMPLEMENTING PROVISIONS OF THE BUDGET CONCERNING HUMAN SERVICES.' To implement the Governor's budget recommendations. (Implementer language pertaining to CLA and ICF / MR Rate Freezes & Reductions) (IN OPPOSITION – Sections 4 - Section 6.)
- **S.B. No. 231:** 'AN ACT MODIFYING THE KATIE BECKETT HOME CARE WAIVER PROGRAM.' To make technical modifications to a Medicaid waiver program for persons with disabilities to expand access and better define the population served. (IN SUPPORT)
- **S.B. No. 232:** 'AN ACT EXTENDING A MORATORIUM ON NURSING HOME BEDS.' To extend a moratorium on nursing home beds in keeping with a state plan to move more residents to community care settings. (IN SUPPORT)

Senator Musto, Representative Tercyak and members of the Human Services Committee: I appreciate the opportunity to provide testimony regarding these important issues. My name is Julia Wilcox, Senior Public Policy Specialist for the Connecticut Association of Nonprofits (CT Nonprofits.) CT Nonprofits is the largest membership organization in Connecticut, dedicated exclusively to working with nonprofits. We represent more than 530 nonprofit organizations. Approximately 300 of our member agencies contract with State government to provide a variety of human and social services on its behalf. The following comments are provided on behalf of the Developmental Disabilities Division of CT Nonprofits, who are funded by the Department of Developmental Services (DDS.)

There are several aspects of the Governor's Budget that will have a positive impact upon the provision of services within the nonprofit sector. We greatly appreciate the Legislature's ongoing commitment to the nonprofit provider community. With regard to the Human Services Public Hearing on 3.01.12, we urge your support of S.B. No. 231 and S.B. No. 232 (as noted above.) However, I am writing to draw your attention to an area of grave concern for providers of residential services who are presently funded by the Department of Developmental Services (DDS.) We respectfully urge you to reconsider, and repeal the Room & Board Rate Freeze on Residential Care Homes, Community Living Arrangements (CLAs) and for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/MRs.) In addition, we implore you to repeal the requirement to reduce rates for residential facilities that have 'reduced land and building costs' through mortgage payments. (S.B. 30, Sections 4 – 6.)

While these adjustments would at first appear to be a well-intended cost-saving measure, the impact upon the nonprofit community providers cannot be ignored. As you are no doubt aware, chronic underfunding of the nonprofit network has left providers in a tenuous position. Most have not had the financial means to address critical and necessary capital improvements to the properties referenced in this bill. The priority for these providers has remained focused upon the individuals served through their collective programs, with physical plant improvements a secondary concern. The rate freezes which have been imposed for over five years, serve to compound the fiscal impact of 20 years of chronic, under-funding of the nonprofit providers who partner with the state to provide services on its behalf.

As you continue your efforts to address the state budget, it is essential to view the support of human and social

services (as provided by the nonprofit provider network,) not as an 'expense,' but rather, an 'investment' in human capital and the welfare of our state.

In closing, I would encourage you to contact nonprofit providers within your local communities. The ability of the state to adequately meet the needs of its residents is greatly dependent upon the ability of the Nonprofit Provider Community to sustain a vibrant network, which will continue to serve as the ultimate safety net for Connecticut's citizens at risk. I thank you for your time and consideration of these critically important issues. As always, please do not hesitate to contact me at any time, with questions, or for additional information:

Julia Wilcox, Senior Public Policy Specialist  
Connecticut Association of Nonprofits (CT Nonprofits.)

[JWilcox@ctnonprofits.org](mailto:JWilcox@ctnonprofits.org) 860.525.5080 ext. 25

#### THE PATH TO LONG TERM SOLUTIONS:

As we continue our efforts in search of long-term solutions, within the past year, the Legislature has shown some 'light' on the horizon. Specific to services provided in partnership with the Department of Developmental Services (DDS), Development of the following entity has provided exceptional opportunities to continue these efforts – in collaboration with the State:

#### Department of Developmental Services' Rate Transition Workgroup: January, 2012

Deb Heinrich, Nonprofit Liaison to the Governor  
Pat Bourne, Executive Director, SARAH Inc., Co-Chair  
Peter Mason, Director, Operations Center, Department of Developmental Services, Co-Chair

Section 57 of Public Act 09-3 (SSS) and Section 4-1a of the Connecticut General Statutes was signed into law effective October 1, 2009. The Act established an Advisory Committee for Services under Programs Administered by the Department of Developmental Services. The committee was charged with studying the impact of the shift from Purchase of Service contract to utilization-based rates for DDS funded programs.

In a report of their findings published in January, 2011, the committee recommended that the rate transition be developed through a collaborative private/public effort. The DDS Rate Transition Workgroup was convened in response to that recommendation.

The DDS Rate Transition Workgroup was initially charged to develop a transition plan for all DDS funded day services. The workgroup was divided into 2 sub-committees. The Transition and Implementation Sub-Committee was charged with establishing the process and procedures to implement the rate transition by January 1, 2012. The Sustainability Sub-Committee was charged with recommending a rate structure for services based on sustainable wages and benefits and the impact of indexing to ensure sustainability over the long term.

The final report shall be forthcoming. CT Nonprofits urges the Legislature to support the ongoing efforts of this critically significant initiative.

#### SUPPORTING DOCUMENTS:

- [CT Nonprofits' 2012 Cross-Sector Policy Priorities.](#)
- [CT Nonprofits' 2012 Developmental Disabilities Division Policy Priorities](#)



1 (3)



*Testimony before the Human Services Committee*

*Commissioner Roderick L. Bremby*

*March 1, 2012*

Good morning, Senator Musto, Representative Tercyak and distinguished members of the Human Services Committee. My name is Roderick Bremby and I am Commissioner of the Department of Social Services (DSS). I am here today to testify on a number of bills that impact the department, including seven bills the department submitted for the committee's consideration and the Governor's budget implementation bill for human services programs. I would like to thank the Committee for raising the bills on our behalf and urge your support. I will begin my comments with the Governor's budget implementation bill, Senate Bill 30.

**S.B. No. 30 AN ACT IMPLEMENTING PROVISIONS OF THE BUDGET CONCERNING HUMAN SERVICES.**

The Department of Social Services provides a wide array of services and supports to over 750,000 Connecticut residents annually through over 90 programs. While the vast majority of DSS services support the medical needs of our residents through programs such as Medicaid, Children's Health Insurance Program and the Connecticut Home Care Program for Elders, our programs help to meet a broad range of needs by residents of all ages. These programs include income support services, such as Temporary Family Assistance, child support and child care; food and nutrition such as the Supplemental Nutrition Assistance Program (food stamps) and elderly nutrition; and support and safety services such as winter heating assistance, social work services, and teen pregnancy prevention.

The Governor's recommended mid-term budget for SFY 2013 represents a net reduction of \$119.2 million, or 2%, from the original SFY 2013 biennial appropriation. This represents an increase of \$20.5 million, or 0.4%, above current SFY 2012 estimated expenditures. Health Services comprise 90% of the total \$5.8 billion recommended budget, and Medicaid alone represents 91% of the health services area. Medicaid enrollment is currently over 580,000 and has been steadily increasing.

Some of the more significant changes in the Governor's recommended budget are in DSS medical programs, including changes to the Medicaid for Low-Income Adults (MLIA) program, Money Follows the Person, and medication administration to clients living in

- SB230
- SB231
- SB232
- SB234
- SB235
- HB5282
- HB5283
- HB5284
- SB208
- SB209
- SB229
- SB233
- SB236

HB5280 HB5281  
HB5285

1

**S.B. No. 232 (RAISED) AN ACT EXTENDING A MORATORIUM ON NURSING HOME BEDS.**

This proposal extends the moratorium on new nursing home beds from June 1, 2012, to June 1, 2016. This is a technical fix that reflects the intention of the current budget, which does not include funding for bed expansions in nursing facilities. An extension of the moratorium is consistent with the department's rightsizing initiative, the purpose of which is to develop a strategic plan for the appropriate number and placement of nursing home beds in the system.

**S.B. No. 234 (RAISED) AN ACT REPEALING CERTAIN OBSOLETE HUMAN SERVICES STATUTES.**

This bill eliminates statutes that are no longer necessary.

- 17b-221a is a financial management mechanism for Riverview Hospital that is no longer utilized.
- 17b-342a establishes the Personal Care Assistance pilot, which no longer exists now that PCA services are a covered service under the Home Care for Elders waiver under Medicaid.

**S.B. No. 235 (RAISED) AN ACT CONCERNING MUNICIPAL AGENTS FOR THE ELDERLY.**

This bill amends the statutory language establishing a municipal agent for the elderly to be more in line with the provisions of CGS Sec. 7-127c, municipal agents for children. The purpose is to relieve some of the burden on municipalities relative to their responsibilities, including reporting requirements of agents, agent qualifications, and training. Further, the bill will reduce administrative and programmatic responsibilities of DSS staff and codify existing collaboration practices of the department and Area Agencies on Aging.

The enactment of both Medicare and the Older Americans Act in 1965 reflected the need to expand not only health services but also information services for older persons. At the time, the only option was to have the information come from local communities. Accordingly, Connecticut enacted legislation in 1972 requiring municipal agents for the elderly to fulfill informational and service referral needs. In 1973, the Older Americans Act Comprehensive Services Amendments established a funding stream for Area Agencies on Aging and grants to local community agencies for multi-purpose senior centers, and an extended timeframe to develop the programs.

There are currently no state or federal funding streams to support the operation or staffing of the municipal agent for the elderly program in the 169 cities and towns throughout



CONNECTICUT  
COMMISSION ON AGING

*A nonpartisan research and public policy office of the Connecticut General Assembly*

Testimony of

Julia Evans Starr, Executive Director  
Connecticut Commission on Aging

9B231 SB232  
HB5282 HB5301  
SB30 SB733

Human Services Committee

March 1, 2012

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 nonpartisan state agency devoted to preparing Connecticut for a significantly changed demographic and enhancing the lives of the present and future generations of older adults. For almost twenty 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. I'd like to thank this committee for its ongoing leadership and collaboration in these efforts.

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

The CoA applauds the CGA's and the Governor's efforts to "rebalance" the long-term care system and to uphold the US Supreme Court's *Olmstead* decision and Connecticut state law (CGS §17b-337). In short, *Olmstead* and state law require that individuals with long-term care needs have the option to choose and receive long-term care and support in the least restrictive, appropriate setting. At the same time, we know that individual preference and desire is undeniably to live in one's home and community with services and supports (research substantiates this).

The CoA hopes that the Legislature and the Governor will continue to support these initiatives, as long-term care is a highly complex, multi-faceted system requiring much more work. To that end, respectfully, the CoA has put forward a comprehensive, dynamic and innovative Long-Term Care Strategies Report (which we update on a quarterly basis). Our recommendations – informed by data and national trends and best practices – can continue to help inform critical policy, regulatory and implementation decisions moving forward. All reform efforts should strive to create parity and allow true consumer choice for people regardless of age, streamline systems and maximize state and federal dollars.

Many of the proposals before this committee are consistent with those advanced by our office over the years.

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LTC website: [www.ct.gov/longtermcare](http://www.ct.gov/longtermcare)



**SB 231: An Act Modifying the Katie Beckett Home Care Waiver Program**  
~ CoA Informs

This bill makes technical modifications to the Katie Beckett waiver to improve access to home and community based services.

As a leader in efforts to transform how and where people of all ages receive long-term care services and supports, the CoA recommends and strongly encourages a major initiative to expand access to Medicaid home and community-based services (and not only for those transitioning out of nursing homes under the Money Follows the Person program).

Attached you will find a graphical depiction of our current long-term care system. You will note that there are multiple waiver programs, serving individuals based on specific disease or age criteria. Most of these programs have a limited number of slots and many have prolonged waitlists, including the Katie Beckett Waiver, the subject of this bill.

There are several options available to streamline CT's system. One of the options identified by the CoA is the 1915(i) State Plan Amendment as an ideal vehicle for restructuring. This option, which has been modified by the Affordable Care Act, would allow Connecticut to design a system that serves people based on need. We encourage this Committee to support a complete redesign of the Medicaid home and community-based system. *In the meantime, we respectfully ask you to address the immediate need of people of all ages who are unable to access much needed services and supports offered by the various waivers.*

**SB 232: An Act Extending a Moratorium on Nursing Home Beds**  
~ CoA Informs

The State is engaged in aggressive plans to "right-size" the long-term services and supports system. Specific to modernizing and right-sizing nursing homes, the CoA and key stakeholders (including representatives of nursing homes) have been involved in a series of planning meetings, to review data and best practices and develop goals and strategies. Consequently, we anticipate the release of the Governor's "Right-Sizing Strategic Plan" in the very near future.

While nursing facilities are a critical component of the long-term service and supports continuum, the extension of the bed moratorium is aligned with the state's commitment to right-size the long-term services and supports system.

However, the CoA encourages this committee to support nursing facilities' ability to redefine their business models and allow for new models of service delivery. The moratorium, as well as other nursing facility regulations, may need critical review as nursing facilities adjust to the ever changing landscape.

**HB 5282: An Act Adjusting Income Eligibility for Medicare Savings Programs**

As you are aware, this bill is no longer necessary as it has been addressed in the Emergency Certified House Bill 5301, An Act Adjusting Income Eligibility Guidelines for Medicare Savings Program. The bill just passed the House and Senate and is now awaiting Governor Malloy's signature. Our gratitude to you and the CGA for addressing this issue with the expediency the issue warranted.

TT (31)



Testimony to the Human Services Committee

Regarding

Senate Bill 232, An Act Extending a Moratorium on Nursing Home Beds

House Bill 5280, An Act Adjusting Nursing Home Rates for Physical Plant Improvements

Senate Bill 30, An Act Implementing Provisions of the Budget Concerning  
Human Services

Senate Bill 233, An Act Concerning Advanced Payments to Nursing Facilities for  
Uncompensated Care

Presented by Mag Morelli, President of LeadingAge Connecticut

March 1, 2012

Good afternoon Senator Musto, Representative Tercyak and members of the Human Services Committee. My name is Mag Morelli and I am the President of LeadingAge Connecticut, a membership association of over 130 mission-driven and not-for-profit provider organizations serving older adults across the entire continuum of long term care. (*LeadingAge Connecticut was formerly known as the Connecticut Association of Not-for-profit Providers for the Aging or CANPFA.*) Our members are sponsored by religious, fraternal, community, and municipal organizations and are dedicated to expanding the world of possibilities for aging.

We have submitted written testimony on several aspects of the Governor's proposed midterm budget adjustments related to human services, including those outlined in Senate Bill 30, as well as written testimony on several other bills before you today. I would like to speak to a few of them right now. Specifically, I would like to comment on the long term care rightsizing strategic initiative, investment in our nursing home infrastructure, and the crisis within our Medicaid eligibility system.

LeadingAge Connecticut maintains a vision in which every community offers an integrated and coordinated continuum of high quality and affordable long term health care, housing and community based services and supports. The Governor has articulated his outline for the first year of the state's long term care rightsizing strategic plan initiative in his midterm budget proposal and we are pleased to see that he has embraced this vision. We believe this is critical because now is the time for us to look toward innovative solutions, invest our resources, and begin to create the future of aging services.

The Governor's rightsizing initiative begins to offer the tools and resources that are needed to create this future, but we also need to develop a *practical process to facilitate the transformation*. Specifically, for providers who are seeking to make innovative changes that are in line with our state's strategic initiatives, we propose that the state create a



### Senate Bill 232, An Act Extending a Moratorium on Nursing Home Beds

The Governor has laid out the first year of the state's rightsizing strategic plan in his midterm budget proposal. As part of that plan, the Governor has proposed dedicating significant financial resources to assist in modernizing, restructuring, diversifying and/or downsizing existing nursing home facilities. This investment of resources is greatly needed if we are to create an infrastructure of nursing home care that will meet the needs and demands of our long term care system moving forward.

Since 1991 the state has placed a moratorium on new nursing home beds as a way to cap the number of beds in the state. While the goal was laudable, the moratorium also impeded the construction (or relocation) of new nursing home buildings – even if the overall number of beds was not increased. This has contributed to an aging stock of nursing home buildings. It has also left the geographic distribution of nursing home beds virtually frozen in place since 1991 with only minor (yet expensive) relocations of beds. And it has created a set of strange rules that must be followed to implement bed relocations - such as if you want to add one bed, you need to buy two and then put one out of service. The moratorium has created an expensive, slow and difficult process that has hampered the ability of nursing homes to adapt to consumer demand or demographic need over the last twenty years.

The state's rightsizing strategic plan will require nursing home providers to reassess their buildings, programs and services. This is why we are pleased that the legislature amended the moratorium statute last session and will now allow for "existing Medicaid certified beds to be relocated to a new facility to meet a priority need identified in the [rightsizing] strategic plan." If it were not for this change in the statute, LeadingAge Connecticut would have had to oppose the extension of the nursing home bed moratorium. Having said that, we do not feel strongly that it must be extended and believe that an adequate certificate of need process would provide the necessary regulatory oversight to control and monitor bed supply. We also propose that nursing homes be allowed the option of taking beds out of service temporarily for the purpose of establishing a new rate and service model and that a process be established for bringing the beds back on line at a later date if there is a demonstrated need.

### House Bill 5280, An Act Adjusting Nursing Home Rates for Physical Plant Improvements

LeadingAge Connecticut strongly supports this bill to reinstate the fair rent component of the nursing home rate structure. Under current statute, the Department of Social Services is required to incorporate an adjustment to accommodate improvements to real property (referred to as a "fair rent adjustment") when setting annual nursing home rates. Unfortunately, fair rent increases have been frozen for three years and will remain frozen through the next fiscal year unless the legislature takes action to reinstate it as is proposed in this bill.

As we stated earlier, we cannot afford to continue to ignore the nursing home infrastructure. We need to actively plan and build a model of nursing home care that makes sense for the needs, expectations and demands of our long term care system moving forward. This includes capital improvements, building design and resident furniture and equipment that will provide the high quality of skilled nursing care that our most frail elderly will need and demand. The proposed state and federal grant funding that has been dedicated to this effort will be of great help to some homes, but we also need to **reinstate the fair rent component of the rate structure** so as to encourage continued capital investment and improvement in *all* facilities.

**JOINT  
STANDING  
COMMITTEE  
HEARINGS**

**HUMAN  
SERVICES  
PART 3  
528 – 785**

**2012**

139  
mhr

## HUMAN SERVICES COMMITTEE

March 13, 2012  
3:30 P.M.

know the budgets, and we have to come and be proactive. And that's what we've been trying to do over the last few years, so.

SENATOR MUSTO: Thank you, very much.

RICHARD T. CARBRAY: Thank you.

SENATOR MUSTO: Mervin Rimai -- Rimai.

A VOICE: No.

SENATOR MUSTO: R-i-m-a-i. No?

Okay. Janine Epright.

By the way, did -- did Lindsey Morelle come back? I'm going to cross her off. Going once? No. No. You're --

JANINE L. EPRIGHT: Oh, good.

SENATOR MUSTO: You're up, but just for next time. All right, we're going to take Lindsey off the list as well.

And Janine Epright?

JANINE L. EPRIGHT: Yup.

SENATOR MUSTO: Okay; thank you.

JANINE L. EPRIGHT: Good evening, Chairmen, and Human Service Committee members. Thank you for hearing me today.

My name is Janine Epright. I am the Chief Financial Officer for Gaylord Hospital. Gaylord is a long-term care, chronic disease hospital, located in Wallingford, Connecticut. We have 137 beds. We take care of medically complex, and rehabilitation patients. We're

HB 5481  
(SB 232)

141  
mhr

HUMAN SERVICES COMMITTEE

March 13, 2012  
3:30 P.M.

care for Medicaid patients.

Before I conclude my testimony, I also have talked to a few members about a potential moratorium for long-term care hospitals. I have included in my testimony -- I have included in the testimony on the bill, the testimony I would provide for a moratorium. I would ask that the committee -- I -- I can certainly go through it now -- but I'd ask that they read that and -- and look at the cost -- the cost that the moratorium will have by not implementing a net moratorium on the State budget. It will be significant and will cause more cuts in other areas.

(SB232)

I would be happy to answer any questions.

SENATOR MUSTO: What -- what bill number is that (inaudible)?

JANINE L. EPRIGHT: There -- the bill has not been introduced on the moratorium yet.

SENATOR MUSTO: Oh, it hasn't. Okay.

JANINE L. EPRIGHT: So we will be introducing that, but I have provided my testimony. So if you have any questions, I'd be happy to answer them.

SENATOR MUSTO: But you got 5481 was the bill you said.

JANINE L. EPRIGHT: 5481 was the bill on the chronic disease hospital, the rate increase.

SENATOR MUSTO: Uh-huh.

JANINE L. EPRIGHT: That's the one I was testifying.

SENATOR MUSTO: Okay.

142  
mhr

HUMAN SERVICES COMMITTEE

March 13, 2012  
3:30 P.M.

JANINE L. EPRIGHT: But the moratorium bill has not been introduced yet.

SENATOR MUSTO: Okay. It's getting late; it's so late.

JANINE L. EPRIGHT: I'm sorry?

SENATOR MUSTO: It's getting late.

JANINE L. EPRIGHT: Oh, no. I -- I just -- I asked, because it's included in my -- in the written document. It's a testimony for the moratorium.

SENATOR MUSTO: Okay.

JANINE L. EPRIGHT: It's similar to the nursing home moratorium.

There's a federal moratorium that's going to be listed on long-term care hospitals. We are concerned, the two, long-term care hospitals in the state are very concerned about the increased growth and the increase in Medicaid spending and the effect it will have on our state as well as on our facility.

SENATOR MUSTO: Okay (inaudible).

REP. TERCYAK: Thank you, very much, Mr. Chair.

The nursing home moratorium bill, the plan is now to combine it with our larger nursing home bill, but not the nursing home moratorium. We have a moratorium for other things and we're planning on adding the chronic disease hospitals to that.

JANINE L. EPRIGHT: Okay.

REP. TERCYAK: The goal of this committee is to pass

143  
mhr

## HUMAN SERVICES COMMITTEE

March 13, 2012  
3:30 P.M.

the moratorium for the chronic disease hospitals.

JANINE L. EPRIGHT: Thank you, so much.

REP. TERCYAK: Okay.

JANINE L. EPRIGHT: We truly appreciate your support.

REP. TERCYAK: Wish us luck. Thank you.

JANINE L. EPRIGHT: Thank you. If there's anything we can do to help.

SENATOR MUSTO: Okay. Lisa -- I'm sorry -- Mag Morelli. I missed you.

Good evening.

MARGARET K. MORELLI: Good evening, Senator Musto, Representative Tercyak, members of the committee.

My name is Mag Morelli and I'm the President of LeadingAge Connecticut, a membership association of over 130 mission-driven and not-for-profit provider organization, serving older adults across the entire continuum of long-term care.

We have submitted written testimony on several bills before you today, and I'd like to speak in support of one of those bills, Senate Bill 394, AN ACT CONCERNING MEDICAID ELIGIBILITY AND THE IDENTIFICATION OF AND RECOVERY OF ASSETS.

LeadingAge Connecticut would like to thank the committee for raising this bill which proposes to ease the financial burden placed on nursing homes when a Medicaid penalty period is imposed on a nursing home resident. This legislation

28

Testimony of:

Janine Epright, CFO  
Gaylord Hospital, Wallingford, CT

An Act Concerning an Increase in rates for certain Chronic Disease Hospitals-

My Name is Janine Epright. I am CFO of Gaylord Hospital. Gaylord, located in Wallingford, Ct. is licensed as a Chronic Disease hospital for the State and as a Long Term Acute Care Hospital for Medicare. Gaylord has 137 beds. We offer Medical Complex Rehabilitation services for Connecticut residents as well as patients throughout the northeast. We have a national reputation for the quality services and outstanding outcomes. We employ over 700 individuals and have been in existence since 1902.

Bill no 5481, requests a rate increase for Chronic Disease Hospitals equal or greater to the market basket percentage published in the Federal Register. Gaylord supports this rate increase as we currently lose approximately \$520.00 per patient day for each patient due to the shortfall in Medicaid payments; this represents a \$3,000,000 annual loss. Additionally Gaylord has not received a rate increase since July 2007. Gaylord does not support the qualifier of a Medicaid revenue mix at any percent. This requirement would penalize Gaylord allowing other chronic disease hospitals to receive a rate increase while not providing Gaylord with any increase. That simply is not fair. SB232

Gaylord views treating Medicaid patients as part of its mission. It is similar to the charity / uncompensated care we provide as a non profit institution. Gaylord, in the past, had approximately a 35% Medicaid patients mix but

due to the disparity in reimbursements has had to limit the access of Medicaid patients to a cap of 15% to 20% of our patient mix. Not providing a rate increase could force Gaylord to limit even more Medicaid patients. This is NOT something we wish to do. However, we also need to maintain the financial viability of Gaylord.

Please pass HB 5481 but please amend the bill to ensure that ALL chronic disease hospitals receive the rate increase so badly needed for treatment of Medicaid patients

Moratorium:

Lastly, Gaylord Hospital supports a moratorium on Long Term Acute Care Hospital (LTCH) Beds for the State of Connecticut because it is concerned with the lifting of the Federal Moratorium which expires in December 2012. Without the Federal Moratorium in place, Connecticut will experience dramatic growth in LTCH beds as hospital units within the acute hospitals. SB232 The lifting of the federal moratorium passes the responsibility to States, to regulate the growth of LTCH beds. Connecticut has two highly skilled health care providers that have LTCH beds and care for this high acuity patient population. Health care literature indicates that national companies, on the heels of lifting the federal moratorium, are poised to unnecessarily expand these highly specialized beds which would result in an avoidable negative impact on the State Medicaid budget. I assure you that Connecticut State providers, such as Gaylord, regularly assess the need for LTCH beds, at the current time the need for such beds is not warranted. We would be glad to work with the committee to firm up statutory language to this end.

The Center for Medicare and Medicaid Services (CMS) report that the LTCH industry has grown from approximately 240 LTCHs in 2003 to 420 in 2010. Left unrestricted, this growth will trigger significant increases in



expenditures for the State, with more Medicaid patients admitted to LTCHs. Medicare saw an increase in spending due to the growth in LTCH from \$2.8 billion to \$5.3 billion from 2003 to 2010.

As a referral-based, specialty care hospital, Gaylord is concerned on two levels:

- Increased Medicaid costs to the State, and
- The impact that the absence of a moratorium would have on Gaylord Hospital's facility and employees

If patients were shifted from Gaylord Hospital to an Acute Hospital's LTCH unit, Gaylord would experience a tremendous decrease in patient admissions, resulting in a domino effect of lost business revenue, employee layoffs and possible closure as the hospital would need to maintain a census of 105 out of 137 beds to cover costs. Currently we are running at a 110 average daily census and therefore have capacity to increase our census, thus proving that there is no need for additional beds in the State.

Given that the absence of a moratorium will result in a dramatic increase in spending with no effective restraints, we urge you to support a moratorium on expanding long term acute care hospital beds in the State of Connecticut.

I would be happy to answer any questions

**S - 639**

**CONNECTICUT  
GENERAL ASSEMBLY  
SENATE**

**PROCEEDINGS  
2012**

**VOL. 55  
PART 4  
942 - 1311**

cah/med/gbr  
SENATE

152  
April 18, 2012

Aye.

THE CHAIR:

All those opposed, nay.

The ayes have it. Senate Amendment "A" is adopted.

Senator Slossberg.

SENATOR SLOSSBERG:

Yes, Mr. President. If there's no objection, I'd ask  
that this item be placed on the Consent Calendar.

THE CHAIR:

Seeing and hearing no objection, so ordered.

Mr. Clerk.

SENATOR SLOSSBERG:

Thank you, Mr. President.

THE CLERK:

On page 12, Calendar 260, Substitute for Senate Bill  
Number 232, AN ACT EXTENDING A MORATORIUM ON CERTAIN  
LONG TERM CARE BEDS, favorable report of the committee  
on Human Services.

THE CHAIR:

Senator Musto.

SENATOR MUSTO:

Good evening, Mr. President.

THE CHAIR:

Good evening, sir.

SENATOR MUSTO:

cah/med/gbr  
SENATE

153  
April 18, 2012

Mr. President, I would move adoption. I would move passage in concurrence with the joint favorable report.

THE CHAIR:

On acceptance and passage, will you remark, sir?

SENATOR MUSTO:

Yes. The first thing I would like to do, please, is call an amendment. The amendment is listed as LCO Number 3230. I believe the Clerk has it on his desk.

THE CHAIR:

Mr. Clerk.

THE CLERK:

LCO Number 3230, Senate "A" offered by Senator Musto.

THE CHAIR:

Senator Musto.

SENATOR MUSTO:

Yes, thank you, Mr. President. I would move adoption and request leave to summarize.

THE CHAIR:

On adoption, will you remark, sir?

SENATOR MUSTO:

The summary -- the summary will actually probably be longer than the amendment. All this does it takes out Section 2 of the bill and replaces it with a moratorium on certain long term care hospitals that have not been licensed prior to January 1st of 2012.

We currently have enough beds for that type of service in the state and rather than expanding that service, when we don't need it anymore, we're asking for a moratorium on that.

cah/med/gbr  
SENATE

154  
April 18, 2012

I would ask that this amendment be adopted by the Circle.

THE CHAIR:

Thank you, sir.

Will you remark further on the bill as amendment?  
Will you remark further on the bill as amendment?

If not, I'll try your minds.

All those in favor, signify by saying aye.

SENATORS:

Aye.

THE CHAIR:

All those opposed, Nay.

The ayes have it. Senate "A" is adopted.

THE CHAIR:

Senator Musto.

SENATOR MUSTO:

Thank you, Mr. President.

On the underlying bill, as amended, the underlying bill, Section 1 is the only other part of the underlying bill and what that does is extends the current moratorium from 2012 for another four years to 2016.

The reason for this is rather simple. The beds we have in the state are sufficient at this time. DSS has done the analysis, done the work, basically, to take a look at what the projected need is, and we do not need it, no more beds, that is, so the moratorium will be extended. The nursing homes -- the industry, that is, has not objected to this in any way, and I

cah/med/gbr  
SENATE

155  
April 18, 2012

have been working on other issues. They've never raised an objection to this at all.

What this really does is -- when you have too many beds in the system, it does two things. It encourages us filling those beds because the nursing homes really do want to have as many beds filled as they can, but even the unfilled beds cost money, money for rent, money for staffing, cleaning, heating, cooling, et cetera. And so this would save money by reducing the Medicaid payments and, also, it would not in any way restrict people who need the beds because, as I say, they're already too many of them in this state.

So I would just ask for the Circle's support for the underlying bill.

Thank you, Madam President.

(The President in the Chair.)

THE CHAIR:

Thank you, Senator.

Will you remark? Will you remark?

Senator Kelly.

SENATOR KELLY:

Thank you, Madam President.

I have some significant concerns about this bill, to place a moratorium on nursing home beds. Now it seems innocuous. We're just going to extend the current policy, but there are few facts that we know.

We know that the largest segment of Connecticut's population, the fastest growing segment of Connecticut's population are individuals 80 years and older. We, also, know that baby boomers last year for the first time started to move into retirement. And baby boomers constitute one-third of Connecticut's population. So what we have, in this state, is a graying population. As a matter of fact, we're the seventh oldest in the nation. What we also have are

cah/med/gbr  
SENATE

156  
April 18, 2012

public policies last year -- and I'm going to go through a few of those.

Last year, as part of the budget, we implemented a reduction in the community spouse protected amount. Prior to last year, a community spouse was allowed to keep the maximum federal amount, \$109,000. And we reduced that to 50 percent to save, an alleged, \$32 million -- which I don't believe exists. Now, what that did, in essence, was took \$109,000, 50 percent of the resources of that community spouse away from him or her. And in the years that I've been dealing with this -- and I'm going to say more than I'd like to acknowledge -- I can count of the thousands of people and families that I've counseled on one hand the number of people that want to go to a nursing home. Nobody wants to go.

I, also, know that when you look at the general population, you're going to find that it's 50/50, men to women. But walk into a nursing home and what do you see? The census is 85 to 90 percent female. Is that because guys just don't feel like going to a nursing home? No. It's because men age in place, and we go through the aging process first and a spouse, if we have one, is able to -- or to enable us to go through that process at home but what about when the spouse goes through the exact same process?

Last year's bill reduced the assets available to that community spouse. That, in essence, by reducing the available assets, accelerates their admission where? To a nursing home, public policy, number one.

Public policy number two that we did, was increased the copay in the Connecticut Home Care Program. So we're dealing with individuals, husbands and wives of with about \$40,000 and individuals with about \$30,000, an increased from 6 percent to 7 percent. The amount that they pay to cost of their care, which means they're going to deplete, once again, their assets, the high cost of home care, because it's the percentage of the amount of care that they get. And we all know statistics have shown from Medicare and AARP that people that are on this program don't have the resources so we start to deplete their resources.

cah/med/gbr  
SENATE

157  
April 18, 2012

Once again, where do people go when they deplete their resources and can't stay in the community? They go to a nursing home.

Then, you look at other programs that are designed to help people age in place. Elderly nutrition, this year's budget is flatlined despite the fact that in this economy continued, as well as with the increased number of individuals that meet that demographic. We have greater need. We're not meeting the need. As well as Alzheimer's Respite Program, there was a cut. It's been restored by Appropriation but the fact remains that it's a program under constant threat at a time when we need to improve and increase home care alternatives.

The point that I'm getting at is that we have taken steps and put impediments in front of people seeking to age in place. Now, last year, you'll recall we lost four nursing homes. This year, they're three more that are at risk of closure. We continue the moratorium, we're going to continue to lose beds, and my concern is that while we continue to lose beds, we place a moratorium, we've capped the number of beds. We aren't doing a reciprocal construct of a home care industry. And what I fear is that we might put seniors in Connecticut at risk, which I don't think anybody wants to do, but I don't see the home care industry being improved.

Now, we'll hear a lot about Money Follows the Person, but the problem with Money Follows the Person is that, first, you have to abandon the community. You have to abandon your resources. You have to leave your home to go into a nursing home to then be returned back to the community. And we have a goal of meeting 5,200 -- I believe it's 5,200 placements by 2016, but we're only about 20 percent there today.

So I don't think anybody wants to put seniors at risk. I clearly don't. We know that the census of hospitals -- of nursing home beds has not been met. So I don't see why we have to impose a moratorium. The industry is already doing that. And why we have to go out four years knowing that our -- our -- our population is aging. We could do this one year at a time and see what kind of progress we're making in the community.



cah/med/gbr  
SENATE

158  
April 18, 2012

I'd much prefer that. I think it's the more prudent and reasonable way to go, but this bill doesn't do that. This bill asks for a four-year moratorium, which I just think is too much given the impediments we've placed in front of successful home care.

For those reasons, I would urge rejection of this -- this proposal.

Thank you.

THE CHAIR:

Thank you, Senator Kelly.

Will you remark further? Will you remark further?

If not, at this time I'd ask the Clerk to call for a roll call, and I will open the vote.

THE CLERK:

Immediate roll call has been ordered in the Senate.  
Senators please return to the chamber. Immediate roll call has been ordered in the Senate.

THE CHAIR:

Senator Coleman, would you like to vote, Senator Coleman, please. Thank you.

Thank you, sir.

If all members have voted? If all members have voted?  
The machine will be locked.

Mr. Clerk, will you please call the tally?

THE CLERK:

Senate Bill 232, as amended, by Senate "A."

|                       |    |
|-----------------------|----|
| Total Number Voting   | 35 |
| Necessary for Passage | 18 |
| Those voting Yea      | 24 |

cah/med/gbr  
SENATE

159  
April 18, 2012

Those voting Nay 11  
Those absent and not voting 1

THE CHAIR:

The bill is passed.

Will you remark further?

Mr. Clerk.

THE CLERK:

That is page 13, Calendar 271, Substitute for Senate Bill Number 350, AN ACT REQUIRING THE ESTABLISHMENT OF MANUFACTURER OF MERCURY THERMOSTAT COLLECTION AND RECYCLING PROGRAMS, favorable report of the committee on Environment.

THE CHAIR:

Good evening, Senator Meyer.

SENATOR MEYER:

Good evening, Governor, nice to see you.

THE CHAIR:

Tonight you are a senator, this afternoon, pastor.

SENATOR MEYER:

Thank you --

THE CHAIR:

It's amazing how it changes.

SENATOR MEYER:

Thank you. I removed my collar.

THE CHAIR:

Thank you.