

**PA12-006**

SB0139

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February 28, 2012  
10:00 A.M.

SENATOR PRAGUE: Well, we're going to let you off easy.

PAMELA GIANNINI: Thank you very much. I appreciate it.

SENATOR PRAGUE: Okay. Thank you, Pam. Thank you. Next speaker is Nancy Shaffer, Nancy Shaffer who is our states ombudsman.

NANCY SHAFFER: Good morning Honorable Chairpersons, Senator Prague and Representative Serra and distinguished members of the Aging Committee. My name is Nancy Shaffer, and I am the State Long-Term Care Ombudsman. I sincerely appreciate this opportunity to represent to you the needs and concerns of the elder and disabled long-term care residents of Connecticut. And I appreciate your indulgence. I'd asked if Brian Capshaw, the president of the, the Executive Board of President of Resident Councils of Connecticut could join me this morning because our, our testimony is really conjoined.

I'd first like to talk with you about HOUSE BILL NO. 5215 - AN ACT INCREASING THE PERSONAL NEEDS ALLOWANCE.

As you're aware, when an individual is deemed eligible for Medicaid in a long-term care facility, a portion of the individual's income is set aside for the resident and that's known as the "Personal Needs Allowance" or the PNA. This stipend is for the express purpose of providing funds to cover a variety of personal expenses, expenses which are not other allotted in the Medicaid reimbursement to the facility.

In some instances, some residents must also

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exercising his or her rights. It is so important that staff have better awareness and understanding of the resident's perspective. This proposed legislation will provide the ongoing opportunity to promote education and awareness and nurture an environment of more open communication in the skilled nursing setting. Currently, across the country there are now many state Log-Term Care Ombudsman Programs which use the Connecticut Ombudsman Program's video, which I think some of you had the opportunity to see last year, and the curriculum that accompanies that video to train their own staff and volunteers about retaliation issues.

We are really proud of that achievement. The State of Connecticut has the opportunity to be the first state in the country to take this a step further and ensure residents' rights by mandating an annual staff training on fear of retaliation. And though not in my testimony, I don't believe that this accrues any further costs to the facilities. They already are required to do annual residents' rights' training, and this could be a part of that or it could be an adjunct to that.

S.B. NO. 139 - AN ACT CONCERNING NOTIFICATION  
OF FINANCIAL STABILITY OF NURSING HOME  
FACILITIES AND MANAGED RESIDENTIAL COMMUNITIES  
TO PATIENTS AND RESIDENTS.

This proposal ensures that individuals seeking admission to one of these facilities has financial information related to the home's financial stability prior to making decision about moving into that home. For many reasons you can I'm sure understand it's difficult for someone to move into a nursing home facility or managed residential community. IT is a serious and life-changing decision and

Connecticut's long-term care environment, it's not uncommon today for nursing homes to declare bankruptcy or to be placed in state receivership. Just this week we've had another home in Connecticut declare bankruptcy. At any given time over the past six years, at least one home in the state has been in a state of financial instability as defined by bankruptcy reorganization or state receivership.

When residents and families learn after an admission that a home is in financial difficulty, it can be very unsettling and disturbing. As consumers, they often tell us they feel misled. Informed decision making provides the best opportunity to make the right personal decision, and this legislative proposal promotes that informed choice prior to admission.

S.B. NO. 140 - AN ACT CONCERNING GRIEVANCE COMMITTEES IN NURSING HOME FACILITIES.

The Connecticut General Statute requires -- 19(a)-550(b)(6) requires that residents of long-term care facilities have the right to voice their grievances and "shall have prompt efforts made by the facility to resolve grievances the patient may have, including those with respect to the behavior of other residents." The proposed Act Concerning Grievance Committees in Nursing Home Facilities provides that a Grievance Committee is established so that residents have a venue at which to voice their, their grievance, along with the opportunity to have the grievance resolved. We believe as an ombudsman program that this -- the bill further empowers residents to have a voice in their facilities and to have a voice in the policies and procedures. The proposed does

them, instead of \$60 a month to spend on personal needs, it'll give them -- what we had was \$69. I think the bill calls for \$65, but it will make a difference and thank you for coming to support that.

BRIAN CAPSHAW: When every nursing home resident took the 13 percent reduction last year, every person on Social Security effective January 21<sup>st</sup>, 2012 had a 3.6 percent increase in their personal -- in their Social Security benefit. We had nursing home residents turn that over to the nursing home as cost of care with results in the state spending less dollars to the nursing home regards to care. So I estimated that the state is spending \$4 million less on nursing home Medicaid spending. So the \$5 increase, as Pam said, it's slightly over \$1 million so it still leaves a \$3 million net savings to the state in Medicaid spending. So our actual proposal was to get the \$9 restored and the cost of living adjustment reinstated to go to actually \$71.50, but the \$65 is a step in the right direction.

SENATOR PRAGUE: Thank you.

BRIAN CAPSHAW: And we also took the time regarding we have 700 signatures from over 50 nursing homes. We did a petition drive in support of our efforts on the Personal Needs Allowance.

SENATOR PRAGUE: Thank you.

BRIAN CAPSHAW: And I also wanted to thank the committee for putting forth 139, Senate Bill 140, Senate Bill 137, 177 and 5215. Fear of retaliation is real and it does exist. Senate Bill 137 I saw excellent follow up to the groundbreaking video, "Voices Speak Out Against Retaliation" created by the Long-Term

Care Ombudsman Program.

I feel strongly that this training needs to be required to alleviate our fear of the staff members that care for us on a daily basis. Nursing home staff may feel they are acting in an appropriate manner, but to a resident, it may be just the opposite. A resident may get labeled as a "troublemaker" because they've written their grievance against an aide and this is a form of retaliation.

And Senate Bill 139 requires nursing homes, residential care homes and rest homes with nursing supervision to notify prospective and current residents about certain financial conditions the facility may be experiences. IT requires the facility to provide notice receivership or files for bankruptcy or is currently in bankruptcy. Residents and family members need to know the status of the facility in order to be able to make informed decisions about their living arrangements.

Senate Bill 140 which would required that each nursing home establish a grievance committee consisting of one resident and two staff members -- the person filing the grievance has the option to send their grievance to the committee or kept private with the administrator. All nursing homes provide a grievance form, but many times they seem to go into a black hole and get lost. By requiring all nursing homes to have a grievance committee, grievances can be resulted in a timely manner.

In Senate Bill 177 which holds nursing home owners and certain members criminal and liable for neglect and abuse of nursing home residents -- nursing home residents and their family members should be able to have the

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DEB POLUN: For the record, my name is Deb Polun. I'm the legislative director for the Connecticut Commission on Aging. And, as you know, the Connecticut Commission on Aging is the nonpartisan state agency that's part of the state legislature, and we're devoted to preparing our state for a significantly-changed demographic and to enhance the lives of present and future generations of older adults.

I have submitted written testimony, and I just want to comment today on a couple of the bills that are in the written testimony, but I won't take up too much of your time.

First is Senate Bill 137. This is the Fear of Retaliation bill and Brian and Nancy spoke so much more eloquently than I can about this issue, but just so that you know, this is a real issue in nursing homes, and the Commission on Aging thanks the committee for identifying this critical issue again this year. As you may remember, the bill did garner broad support last year, and we would urge you to support the bill once again. And I'll also just also note that O of A last year indicated that this bill would have zero fiscal impact so I know that's also always important as well. So we would ask for your support of that bill.

SENATE BILL 138 - AN ACT ESTABLISHING A TASK FORCE TO STUDY "AGING IN PLACE."

I would echo the comments of Pam Giannini about this bill. The Commission on Aging has been committed to helping individuals age in place for the entirety of our existence, about 18 years, and we lead these efforts through our roles as the co-chairmen of the Money Follows the Person Steering Committee and co-

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chair and manager of the Long-Term Care Advisory Council, which Pam spoke with you about. And the Advisory Council, as you know, collaborates with the Planning Committee which creates every three years a state-wide long-term care plan. It's a comprehensive plan. The last one was released last January, and the next one is being worked on right now, and it's scheduled for release next January which would put it in line with the timeline envisioned in this bill.

I also wanted to know that the General Assembly mandated and funded a couple of years ago a very comprehensive long-term care needs assessment. That was conducted by the current health center, Center on Aging, the most comprehensive needs assessment that's ever been conducted in our country. And it puts forward about 17 different recommendations that help with long-term care services and support and recommends specific action steps for Aging in Place.

Therefore, respectfully, we believe that the creating of a new task force would be duplicative and not necessary at this time. The issue has been well studied, and it is starting to garner some broad support, both on the administrative side and the legislative side, and we'd like to just see some action now on the many plans that are already in place in our state.

SENATE BILL 139 - AN ACT CONCERNING  
NOTIFICATION OF FINANCIAL STABILITY OF NURSING  
HOME FACILITIES AND MANAGED RESIDENTIAL  
COMMUNITIES TO PATIENTS AND RESIDENTS.

We support this bill, which, as you know, is a priority of the Long-Term Care Ombudsmen and the Resident Council. It's just to provide

more information to residents and their families and potential residents at this very challenging time for the nursing home industry. Last year this initiative passed two committees and the full senate without one single no vote. So we would urge that you try to make the law -- the bill become law this session. Obviously, it's become even more important over the past year as we've seen some fluctuation and stability in the nursing home industry.

I want to talk a little bit about SENATE BILL 142 -- AN ACT INCREASING ELIGIBILITY FOR THE HOME CARE PROGRAM.

I just wanted to reference the many changes that have happened with the Home Care Program in the last couple of years. As you may remember, there was a 15 percent co-pay put in in January of 2010, and then it got reduced to 6 percent in July of 2010, then it got raised to 7 percent in July of 2011, and the Commission on Aging has been tracking enrollment trends in this program for the last couple of years to see what the impact of the co-pay has been. And I just wanted to just give you a little bit of information about the impact of the co-pay since I have us talking about the program right now. Basically, what's happened is we've seen a drop in enrollment for the state-funded piece of the Connecticut Home Care Program whereas before the program was about 40 percent state-funded and 60 percent on the waiver side. It's now about 30 percent and 70 percent. There is about -- I'm estimating, but about 4,000 individuals who are in the state-funded portion of the Connecticut Home Care Program right now and a little over 10,000 on the Medicaid side of the things.

MAG MORELLI: Good morning.

SENATOR PRAGUE: Good morning.

MAG MORELLI: Nice to see you Senator Prague, Representative Serra, members of the Aging Committee. My name is Mag Morelli, and I am the president of LeadingAge Connecticut, a membership organization representing over 130 mission-driven and not-for-profit provider organizations serving older adults across the continuum of care. LeadingAge Connecticut was formerly named the Connecticut Association of Not-for-Profit Providers for the Aging or CANPFA.

On behalf of LeadingAge I would like to testify on several of the bills that are before you today. I've actually submitted testimony on several. I'll just speak to a couple, and we'd like to offer the committee our assistance as you consider these various issues throughout the session.

SENATE BILL 137 - AN ACT CONCERNING FEAR OF RETALIATION TRAINING IN NURSING HOME FACILITIES.

We support the Long-Term Care Ombudsman's Office and the Statewide Resident Council's proposal to incorporate the fear of retaliation training into the annual in-service training requirements for skilled nursing employees. We would respectfully suggest that a one-hour minimum training on this topic may be an excessive minimum period of time for employees who have been trained in pervious years, particularly since this applies to all employees at the nursing home and not just direct care employees.

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An Act -- on 138 - AN ACT ESTABLISHING A TASK FORCE TO STUDY AGING IN PLACE.

And I understand the previous testimony regarding another task force, but we support the concept because many of our state's efforts in this area have been focused on the Medicaid program and the Money Follows the Person Program. And it is important to expand our focus and develop a better understanding of how we meet the aging needs of everyone within our community.

We do support Senate Bill 139 on the notification of financial stability.

An Act Concerning the Grievance Committee in Nursing Facilities. I just want to thank the committee for incorporating some of our suggestions from last year on this bill.

And we, of course, support any, any effort you can to increase the support for the Home Care Program and the Alzheimer's Respite Care Program, but on SENATE BILL 176 - AN ACT CONCERNING AIR CONDITIONING IN NURSING HOMES, we cannot support this bill as written. The bill proposes to mandate that within a little more than a year all nursing homes must have air conditioning systems in all resident rooms. It's our opinion that this mandate is overreaching and will impose an expensive requirement on many nursing homes that already have adequate cooling systems and emergency hot weather plans but that do not specifically have air conditioning systems in every resident room.

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The concern should be that every nursing home has an adequate coloring or climate control system to provide for the comfort, health and safety of the residents and an adequate plan

SENATOR PRAGUE: Good morning.

RUSSELL SCHWARTZ; Representative Serra and to the members of the Select Committee on Aging, my name is Russell Schwartz. I am the director of operations at Avon Health Center and West Hartford Health and Rehab. These facilities have been owned and operated by my family for more than 30 years. Today, I am pleased to offer testimony on behalf of the Connecticut Association of Health Care Facilities as the chair of its legislative committee and also on the board of directors. I'll be touching upon a few bills.

SENATE BILL 137 - AN ACT CONCERNING FEAR OF RETALIATION TRAINING.

This is well-intentioned legislation which can be efficiently and effectively implemented by including any new fear of retaliation training requirements within the current required mandatory resident bill of rights that all Connecticut nursing homes must impart to its staff on an annual basis and is already monitored by DPH.

We understand that this is the intent of the legislative proponent, the state of long-term care ombudsman. In this regard, we recommend clarifying language to the bill, and with our clarifying language, we would have -- we would fully support the bill. The language is in my submitted testimony and for the sake of time, I'll keep going, but the, the main point here is that we already have an efficient system in place for annual training, and we just want to dovetail the retaliation within the resident bill of rights training that is required.

SENATE BILL 139 - AN ACT CONCERNING NOTIFICATION OF FINANCIAL STABILITY.

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We, we support this reasonable provisions in this bill requiring that residents and family members be notified when the nursing home is in receivership or facing bankruptcy.

SENATE BILL 140 - AN ACT CONCERNING GRIEVANCE COMMITTEES IN NURSING FACILITIES.

We are opposed to this bill. Connecticut nursing homes deliver care in a highly regulated environment. Federal and state law already provides that all nursing home residents have the right to voice grievances without fear of discrimination or reprisal. They also have the right to prompt efforts by the facility to resolve all grievances. In addition, residents and families have the right to organize in family groups or councils where we provide private space and staff on invitation can attend to help facilitate the, the meetings. The facility then must assign the appropriate staff member to listen and respond to grievances and recommended changes in policies or services that are voiced by families or residents.

Under these laws, Connecticut has an impressive array of highly functioning resident councils in its nursing homes and state wide resident council. A grievance committee will not improve the process, but in fact, is fraught with confidentiality issues that are not easily overcome. For example, if a resident participates on the grievance committee, he or she will hearing confidential matters regarding other residents which violates HIPPA rules.

And for these reasons, we urge the committee to take no action on this bill.

(T9)

**CONNECTICUT ASSOCIATION OF HEALTH CARE FACILITIES, INC.**

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**Testimony of Russell Schwartz, Legislative Committee Chair, Connecticut Association of Health Care Facilities (CAHCF) before the Select Committee on Aging**

Good morning Senator Prague, Representative Serra and to the members of the Select Committee on Aging. My name is Russell Schwartz. I am Director of Operations at Avon Health Center and West Hartford Health and Rehabilitation Center. These facilities have been owned and operated by my family for more than thirty years. Today, I am pleased to offer testimony on behalf of the Connecticut Association of Health Care Facilities (CAHCF), our state's 149-member trade association of nursing homes, for which I serve on the Board of Directors, and as the chairperson of the association's legislative committee.

**S.B. No. 137 (RAISED) AN ACT CONCERNING FEAR OF RETALIATION TRAINING IN NURSING HOME FACILITIES.**

This is well-intended legislation which can be efficiently and effectively implemented by including any new fear of retaliation training requirements within the annual resident rights training that is currently required of all Connecticut nursing homes to direct care staff and monitored by the Connecticut Department of Public Health. We understand that this is the intent of the legislative proponent, the state long term care ombudsman. In this regard, we recommend the following clarifying language to the bill. With this clarification, the bill has our full support.

"Sec. 2. (NEW) (*Effective October 1, 2012*) Each nursing home facility, as defined in section 19a-521 of the general statutes, shall annually, **WITHIN THE CURRICULUM OF REQUIRED RESIDENT RIGHTS' TRAINING**, provide a minimum of one hour of training to all employees of the nursing home facility concerning residents' fear of retaliation, including discussion of (1) residents' rights to file complaints and voice grievances, (2) examples of what might constitute or be perceived as employee retaliation against residents, and (3) methods of preventing employee retaliation and alleviating residents' fear of retaliation."

**S.B. No. 139 (RAISED) AN ACT CONCERNING NOTIFICATION OF FINANCIAL STABILITY OF NURSING HOME FACILITIES AND MANAGED RESIDENTIAL COMMUNITIES TO PATIENTS AND RESIDENTS.**

We can also support the reasonable provisions in this bill requiring that residents and prospective residents be notified when a nursing home is in receivership or facing bankruptcy.

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Testimony to the Aging Committee

Presented by Mag Morelli, President, LeadingAge Connecticut

February 28, 2012

Regarding

- Senate Bill 137, An Act Concerning Fear of Retaliation Training in Nursing Home Facilities
- Senate Bill 138, An Act Establishing a Task Force To Study "Aging in Place"
- Senate Bill 139, An Act Concerning Notification of Financial Stability of Nursing Home Facilities and Managed Residential Communities to Patients and Residents
- Senate Bill 140, An Act Concerning Grievance Committees in Nursing Home Facilities
- Senate Bill 142, An Act Increasing Eligibility for the Connecticut Home-care Program for the Elderly
- Senate Bill 143, An Act Increasing Eligibility and Funding for the Alzheimer Respite Care Program
- Senate Bill 176, An Act Concerning Air Conditioning in Nursing Homes
- Senate Bill 177, An Act Concerning Liability of Nursing Home Owners for Neglect and Abuse of Nursing Home Residents
- Senate Bill 178, An Act Concerning Income Tax Deductions for Long-term Care Insurance Premiums
- House Bill 5215, An Act Increasing the Personal Needs Allowance

Good morning Senator Prague, Representative Serra, and members of the Aging Committee. My name is Mag Morelli and I am the president of LeadingAge Connecticut, a membership organization representing over 130 mission-driven and not-for-profit provider organizations serving older adults across the continuum of long term care. (LeadingAge Connecticut was formerly named the *Connecticut Association of Not-for-profit Providers for the Aging or CANPFA*.)

Our members are sponsored by religious, fraternal, community, and governmental organizations that are committed to providing quality care and services to their residents and clients. Our member organizations, many of which have served their communities for generations, are dedicated to expanding the world of possibilities for aging

On behalf of LeadingAge Connecticut, I would like to testify on several of the bills that are before you today and offer the Committee our assistance as you consider these various issues.

**Senate Bill 137, An Act Concerning Fear of Retaliation Training in Nursing Home Facilities**

We support the Long Term Care Ombudsman's Office and the Statewide Resident Council's proposal to incorporate fear of retaliation training into the annual in-service training requirements for skilled nursing employees, but would respectfully suggest that a one hour minimum training on this topic may be an excessive minimum time period for employees who have been trained in previous years. The Committee should also note that this requirement is being proposed for all employees and not just direct care employees.

**Senate Bill 138, An Act Establishing A Task Force to Study Aging in Place**

LeadingAge Connecticut promotes 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 – including services and supports beyond the health care continuum. So we support the concept of this study which will broaden our understanding of the needs of our older population as they strive to maintain their independence and "age in place." Many of our state's efforts in this area have been focused on the Medicaid program and it is important to expand our focus and develop a better understanding of how we can meet the aging needs of everyone within our communities.

**Senate Bill 139, An Act Concerning Notification of Financial Stability of Nursing Home Facilities and Managed Residential Communities to Patients and Residents**

LeadingAge Connecticut supports the concept of transparency and informed decision making and we do not object to this bill.

**Senate Bill 140, An Act Concerning Grievance Committees in Nursing Home Facilities**

The proposed language of this bill reflects suggestions made by LeadingAge Connecticut when the concept was proposed last session and we appreciate the Committee making those changes. We continue to have a concern that it may be difficult to find a resident capable of serving on such a committee in every nursing home. In such cases, we would suggest that the nursing home be able to consult with the Ombudsman's office and be permitted to offer an alternative committee structure.

For the committee's information, current law, Resident Bill of Rights 19a-550(b)(5) and (6), provides that a resident "may voice grievances...free from restraint, discrimination, etc.." The resident also has the right to "have prompt efforts made by the facility to resolve grievances the patient may have, including



CONNECTICUT  
COMMISSION ON AGING

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

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Testimony of

Debra Polun, Legislative Director  
Connecticut Commission on Aging

Committee on Aging

February 28, 2012

Good morning and 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.

**Senate Bill 137: An Act Concerning Fear of Retaliation Training in Nursing Home Facilities**  
~CoA supports

CoA thanks this Committee and Nancy Shaffer, our state's Long-Term Care Ombudsman, for identifying this critical issue again this year. This bill garnered broad support last year and we urge you to support it once again.

Fear of retaliation is a real issue for residents of nursing homes, who are often afraid to exercise their rights. Imagine if you were reliant on someone else to schedule your showers, bring your meals and change your sheets. If an issue arose – for example, if you were upset that your medications were wrong or late – you might want to complain, and it would certainly be your right to do so. However, many residents bravely have come forward, indicating that complaining about one issue often has led to them receiving substandard care. Nancy's work with nursing home residents and staff has uncovered that staff are sometimes unaware that they respond in this fashion.

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



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This bill would require staff to be trained and could help reduce staff's tendency to retaliate. CoA believes this type of training would be valuable and not pose a burden for nursing facilities in our state.

**Senate Bill 138: An Act Establishing a Task Force to Study "Aging in Place"**

*~ CoA Informs*

Like you, the CoA is committed to helping individuals age in place; in fact, this has been the core of our work for the past 18 years. We lead such efforts in part through our role as co-chair the Money Follows the Person Steering Committee and co-chair and manager of the legislatively mandated Long-Term Care Advisory Council (CGS §17b-338). The Advisory Council is composed of consumers, providers, advocates and independent state entities and meets about nine times annually to discuss ongoing state efforts in the area of long-term care.

In addition, the Advisory Council collaborates with the Long-Term Care Planning Committee to develop a comprehensive statewide Long-Term Care Plan every three years. The Planning Committee (CGS §17b-337) is composed of designees from a variety of state agencies and is currently chaired by OPM. The most recent Plan, released in January 2010, is titled "*Balancing the System: Working Toward Real Choice in the Long-Term Care System.*" The plan continues to address the development and maintenance of a consumer-driven system of long-term services and supports across the lifespan and across all disabilities with the focus on informed choice, least restrictive and most appropriate setting, and community inclusion. We are in the midst of developing the next Plan, to be released in January of 2013 – the same timeframe as the report envisioned in this bill. The new Plan will incorporate data garnered from our state's experience with the Money Follows the Person program.

Additionally, in 2006 and 2007, the CGA mandated and funded – while the CoA oversaw – a LTC Needs Assessment, conducted by the UConn Health Center, Center on Aging which was exceedingly comprehensive with multiple components, wide-ranging issues, and a series of recommendations.

Therefore, we respectfully believe that the creation of a new task force to conduct this same type of work is not necessary at this time. The issue of helping people age in place has been well studied both in Connecticut and across the nation, and we are armed with a series of data-driven recommendations specific to our state. One alternative to the current proposal is to modify the authorizing statute for the Planning Committee to require implementation of the Plan, including a timeline. We would be most pleased to continue to work with this Committee and other policymakers to help realize the implementation of the Plan and other recommendations around aging in place.

**Senate Bill 139: An Act Concerning Notification of Financial Stability of Nursing Home Facilities and Managed Residential Communities to Patients and Residents**

*~CoA supports*

This proposal, a priority of the Long-Term Care Ombudsman, empowers nursing home and managed residential community residents, potential residents and their families by providing them with information about the facilities' placement into receivership or application for bankruptcy.

The Commission on Aging supports all efforts to educate and inform individuals who are seeking long-term care services.

Over the past several years, many skilled nursing facilities in Connecticut have faced financial difficulties. An unprecedented number have been placed into receivership or have faced bankruptcy. When these homes close, residents are uprooted and usually moved to other facilities; this move is disruptive to quality of life and can compromise individuals' health as well. This type of financial information would be particularly useful for families who have not yet chosen a facility. CoA supports providing this information to all residents and potential applicants.

Last year, this bill passed two committees and the full Senate without a "no" vote. CoA urges that the bill become law this session.

**Senate Bill 140: An Act Concerning Grievance Committees in Nursing Home Facilities**

~ CoA Supports

This bill, a priority of resident councils, would provide for additional consumer input in nursing home facilities. CoA supports this bill, including the language which would allow residents to appeal directly to the nursing home administrator. This language passed the House last session; CoA urges all of you to support this bill through the process this year.

**Senate Bill 142: An Act Increasing Eligibility for the Connecticut Home Care Program for the Elderly**

~ CoA Informs

CoA appreciates this Committee's commitment to the Connecticut Home Care Program for Elders (CHCPE), our state's hallmark program supporting home- and community-based services.

Over the past two years, this program has been modified a number of times: first, in January, 2010, when a 15% copayment was added to the state-funded portion of the program; six months later, in July, 2010, the legislature saw fit to reduce the copayment to 6%; finally, last July, the copayment was raised to 7%. Since the imposition of the 7% copayment, enrollment in the state-funded portion of CHCPE has dropped by about 10%.

CoA appreciates all efforts to enhance CHCPE. A priority of CoA is to streamline the waiver system for parity and easier access for all individuals with similar needs, regardless of age and specific disease.

**Senate Bill 143: An Act Increasing Eligibility and Funding for the Alzheimer Respite Care Program**

~CoA Informs

Approximately 70,000 Connecticut residents have Alzheimer's disease. Of those, about 600 received services through the Alzheimer's Respite Care program in the first half of Fiscal Year 2011. This worthy program provides a needed break for caregivers of individuals with Alzheimer's disease and related dementia who remain in their homes and communities. Some estimate that those caregivers in Connecticut provide over \$1 billion of unpaid care annually – and importantly, a higher quality of life to their spouses, neighbors, parents and friends.

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**CONNECTICUT  
GENERAL ASSEMBLY  
HOUSE**

**PROCEEDINGS  
2012**

**VOL.55  
PART 5  
1395 – 1745**

not House.

DEPUTY SPEAKER GODFREY:

Have all the members voted? Have all the members voted? If all the members have voted, the machine will be locked.

Mr. Clerk, please announce the tally.

THE CLERK:

House Bill 5032 as amended, House "A."

Total number voting	141
Necessary for passage	71
Yea	141
Nay	0
Not voting	10

DEPUTY SPEAKER GODFREY:

The bill as amended is passed.

Mr. Clerk, please call Calendar 322.

THE CLERK:

Okay. On page 24, Senate Bill 139, AN ACT CONCERNING NOTIFICATION OF FINANCIAL STABILITY OF THE NURSING HOME FACILITIES AND MANAGED RESIDENTIAL COMMUNITIES TO PATIENTS AND RESIDENTS, favorable reports on the Committee on Public Health.

DEPUTY SPEAKER GODFREY:

The distinguished Chairman of the Committee on

Aging, Representative Serra.

REP. SERRA (33rd):

Thank you, Mr. Speaker.

Mr. Speaker, I move for acceptance of the Joint Committee's favorable report and passage of the bill.

DEPUTY SPEAKER GODFREY:

Question is on acceptance and passage.

Explain the bill, please, sir.

REP. SERRA (33rd):

Thank you, Mr. Speaker.

Mr. Speaker, this bill is a bill that requires notification to residents and family members of nursing homes and managed care facilities who may be in receivership or going to declare bankruptcy, just so that the residents and their family are aware of the conditions of that facility.

I move adoption, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Thank you, sir.

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

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 is voting by roll call; all members to the Chambers, please. The House is voting by roll call.

DEPUTY SPEAKER GODFREY:

Have all the members voted? Have all the members voted? If all the members have voted, the machine will be locked.

The Clerk will take a tally. And the Clerk will announce the tally.

THE CLERK:

Senate Bill 139.

Total number voting	139
Necessary for passage	70
Those voting Yea	139
Nay	0
Not voting	12

DEPUTY SPEAKER GODFREY:

The bill is passed, in concurrence with the Senate.

Mr. Clerk, kindly call Calendar 99.

THE CLERK:

On page 4, Calendar 99, Substitute for House

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Moving to calendar page 13, Calendar 164 marked go. And the second item on that page, Calendar 168, Substitute for Senate Bill Number 106, Madam President, would move to place this item on our consent calendar.

THE CHAIR:

Seeing no objection, so ordered, sir.

SENATOR LOONEY:

Thank you, Madam President.

Madam President, moving now to calendar page 14, Calendar 181 is marked go. And Calendar 186, Senate Bill Number 191, Madam President, move to place this item on our consent calendar.

THE CHAIR:

Seeing no objection, so ordered.

SENATOR LOONEY:

Thank you, Madam President.

Moving to calendar page 15, Calendar 198 is marked go. And the last item on that page, Calendar 199 also is marked go.

Madam President, moving past calendar page 16 to calendar page 17, on calendar page 17, Calendar 212 is marked go. And the next item Calendar 213, Senate Bill Number 139, Madam President, move to place that item on our consent calendar.

THE CHAIR:

Seeing no objection, so ordered.

SENATOR LOONEY:

Thank you, Madam President.

Madam President, calendar page 18, Calendar 227, Senate Bill Number 99, Madam President, move to place that item

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THE CLERK:

Page 1, Calendar 214, Senate Resolution Number 11; also page 1, Calendar 215, Senate Resolution Number 12; page 2, Calendar 216, Senate Joint Resolution Number 24; page 2, Calendar 217, Senate Joint Resolution Number 25.

Also on page 2, Calendar 244, House Joint Resolution Number 71; page 2, Calendar 245, House Joint Resolution Number 72; page 3, Calendar 246, House Joint Resolution Number 73; Calendar 247, House Joint Resolution 74; Calendar 248, House Joint Resolution Number 75; and Calendar 249, House Joint Resolution Number 76.

On page 4, House Joint Number -- Calendar 250, House Joint 77; Calendar 251, Senate Joint Resolution Number 26; also on page 4, Calendar 252, Senate Joint Resolution Number 27; on page 5, Senate Bill Number 53 -- I'm sorry, Calendar 53, Senate Bill Number 20; Calendar 56, Senate Bill 71; Calendar 57, Senate Bill 105.

On page 6, Calendar 75, Senate Bill 200; page 7, Calendar 80, Senate Bill Number 42; on page 9, Calendar 105, Senate Bill 252; on page 10, Calendar 111, Senate Bill 328; on 13, Calendar 164, Senate Bill Number 205; and on page 13, Calendar 168, Senate Bill 106.

On page 14, Calendar 181, Senate Bill 98; and Calendar 186, Senate Bill 191.

THE CHAIR:

Mr. Clerk, I think that's Senate Bill 88.

THE CLERK:

Senate Bill 88, stand corrected.

Also Calendar 186, Senate Bill 191; on page 15, Calendar 198, Senate Bill Number 28; on page 17, Calendar 212, Senate Bill 241; and Calendar 213, Senate Bill 139.

On page 18, Calendar 227, Senate Bill 99.

THE CHAIR:

At this time, please, the machine will be open and please

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call for a roll call 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:

Have all members voted? If all members have voted, the  
machine will be locked. And Mr. Clerk, will you call the  
tally?

THE CLERK:

Total Number voting	36	
Necessary for adoption	19	
Those voting Yea		36
Those voting Nay		0
Those absent and not voting	0	

THE CHAIR:

The consent calendar has been adopted.

Senator Gerratano -- Gerratana, sorry.

SENATOR GERRATANA:

Thank you, Madam President.

Just for a journal notation. I missed, not this vote, but  
the previous vote on the legislation. I was out of the  
Chamber on legislative business, but I would have voted  
affirmative.

THE CHAIR:

It will be noted.

SENATOR GERRATANA:

Thank you, madam.

THE CHAIR: