

PA13-109

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**JOINT
STANDING
COMMITTEE
HEARINGS**

**AGING
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who make recommendations on policy often. And so I feel confident that they have the background to support a new commissioner coming in. So I don't think that they're going to miss a beat.

REP. STEINBERG: That's wonderful news. Obviously so much of what we do is not based just on what we do currently but how we're going to change things going forward. So I think we're all very excited to finally have the department, and hopefully with your help we can make that transition as seamless as possible.

COMMISSIONER RODERICK L. BREMBY: I think the key here is that the agency, DSS is fully committed to continuing a collaborative relationship, because while we're going to focus on seniors a little bit differently there's still services that impact or intersect with our agency. So we're going to make sure that that continues to happen with the least disruption as possible.

REP. STEINBERG: Thank you, Commissioner.

SENATOR AYALA: Thank you.

Any other questions from the committee? Thank you for your testimony, Commissioner.

The next speaker is Senator LeBeau. Okay. I don't think he's in right now.

Deb Migneault.

DEBORAH MIGNEAULT: Good morning. Good morning, Senator Ayala, Representative Serra, members of the committee. Thank you for having here today.

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elder abuse, long-term care planning, fraud and abuse data tracking and reporting, bank reporting and raising consumer awareness of aggressive marketing tactics.

And again, the Commission on Aging fully supports the various components of this bill and we look forward to working with this committee moving that forward.

The next bill I'll speak to is House Bill 6396, AN ACT CONCERNING LIVABLE COMMUNITIES. The Commission on Aging is most willing and eager to work with the -- continue to the work of the Aging in Place Task Force. Really this came out of the work of the Aging in Place Task Force. We really felt when we were in that process that there was a lot of, sort of, people really wanting information, the municipalities in particular about aging in place and what they can do in their communities.

So the Commission on Aging in January hosted a forum on livable communities. We had over 150 people that came and heard from various experts on livable communities. We partnered with AARP, the Connecticut Conference of Municipalities, the Connecticut Council for Philanthropy and the American Planners Association, the Connecticut Chapter, so really a wide variety of partners. And had we had over 80 municipalities come and hear about best practices in livable communities.

So this bill is really about moving forward the start of that initiative and really giving it a little bit of oomph when it's in statute. It certainly helps the Commission on Aging draw partners together and move this really important issue forward for all of the municipalities in trying to prepare for their

demographics and also the change.

And where we know, with rebalancing, that more and more people are staying in their communities as they age and that's going to change how the municipalities have to handle that in there with services and all of the wraparounds that has to happen in communities to make people have a high quality of life. So we fully support this bill and we thank you for raising it.

I will speak to House Bill 6461, AN ACT CONCERNING PRESUMPTIVE MEDICAID ELIGIBILITY FOR THE CONNECTICUT HOME-CARE PROGRAM FOR THE ELDERLY. The Commission on Aging supports this proposal and applauds this committee for attempting to fill a major gap in our community-based services structure by raising this bill.

As you all are very aware, the timeline for processing long-term care Medicaid applications is very long. Commissioner Bremby has done -- really done a lot of work in trying to expedite that process, updating computer systems and changing workflow to meet those needs, but yet, still that timeline is very, very long and some people wait as much as six months or more for their eligibility to be determined.

Now what happens is that somebody applies to the Connecticut Home-Care Program for the Elders which is the State's largest nursing facility diversion program. And they are deemed functionally eligible for that program, so they have a nursing home level of care need. And they wait and that they wait and they wait for their eligibility for financial -- their financial eligibility to be determined by the Department of Social

MAURICE BLANCHETTE: Thank you.

REP. SERRA: Rep Fawcett here? I don't see her.

Nancy Shaffer. Good morning.

NANCY SHAFFER: Good morning, Representative Serra, Senator Ayala and distinguished members of the Aging Committee. My name is Nancy Shaffer and I am the State Long-term Care Ombudsman. The ombudsman program, as I think you all know, is mandated by the Older Americans act and also by Connecticut General Statutes to provide services to protect the health, safety, welfare, well-being and rights of residents of long-term care facilities. And as the state ombudsman, it's my responsibility to facilitate comment and be the voice really of the residents themselves.

As state ombudsman I also serve as a member of a Long-term Care Advisory Council, the Money Follows the Person steering committee and I am a member of the Connecticut Elder Action Network. And I just want to note that all of those committees -- Deb Migneault had mentioned the Commission on Aging, not only facilitates the chairs and provides much support to those committees --

As mandated by the Older Americans Act I have an independent voice and so I just want to take a moment. Deb Migneault had mentioned that she felt the state unit on aging would probably be here if they could be to testify and to give their support to the Commission on Aging.

As an independent voice I feel very lucky that I am able to do that myself and offer that support in this public forum for the

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House Bill Number 6396, AN ACT CONCERNING LIVABLE COMMUNITIES. This proposal I think again underscores the State of Connecticut's commitment to provide supports and services to residents who enable them to age in place. And so the Commission on Aging I think is in a well-positioned situation to administer to undertake, as Representative Steinberg mentioned, the portal to provide resources to providers and to consumers. So I hope that that will pass and I see the Commission on Aging is a vital component to Connecticut's modernization efforts.

And House Bill Number 6462, AN ACT CONCERNING A PILOT PROGRAM TO EXPAND THE DUTIES OF THE STATE LONGTERM CARE OMBUDSMAN. I first I want to extend my gratitude to this committee for presenting this legislation and especially to Senator Kelly, whom I've been working with to further discuss. He has taken a very thoughtful approach to expanding the ombudsman work in the community.

For more than 10 years the long-term care ombudsman programs around the country have been discussing the need for advocacy on behalf of individuals receiving home and community-based care. So it's not a new concept at all. The national dialogue acknowledges that long-term care services, consumer options and the healthcare delivery system are in significant transition. In Connecticut this is especially true as we move into the immediate future modernization.

Our nursing homes are going through many changes and in the last few months we've had another nursing home close. Just yesterday you may have read in the paper that five Connecticut nursing homes have filed for bankruptcy, and I did receive a call from the

I don't know what the answer is, but I thank you very much. You're on the right road and keep up the good work, but make it even stronger. Thank you very much.

REP. SERRA: Any other questions from the committee?

Thank you.

REP. FAWCETT: Thank you.

JASON TAKACS: Thank you.

REP. SERRA: Next up is Helen Benjamin.

Good afternoon.

HELEN BENJAMIN: Thank you so much. I hope I didn't use of my time.

Chairman Serra, Ranking Member Adinolfi and distinguished members of the committee, I thank you so much for the opportunity to be here. I'm in advocacy specialist for the AARP. I'm Helen Benjamin, I'm a volunteer.

As you know, as a nonprofit nonpartisan organization with a membership of more than 37 million throughout the country, AARP's mission is to strengthen communities on issues that matter most families. That's healthcare and long-term care.

In 2010 AARP in partnership with the SCAN Foundation and the Commonwealth Fund released a multidimensional scorecard to measure state level performance of long-term services and supports for older adults and persons with disabilities. While Connecticut ranked 11 overall, our state received only mediocre

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And if I may just finish with, we're supporting proposals in S.B. 886 that codify recommendations from the Aging in Place Task Force. Some of these proposals can be implemented at low or no cost. It's in the written testimony.

And finally, we say that we have submitted written testimony in support of S.B. 883, 884; H.B. 6396 and H.B. 6462.

And we thank you so much for all your committee has done, and this Legislature, for people over 55 who so need your support as they have supported all of you over the years. And thank you so very much for your time.

Any questions?

REP. SERRA: Thank you.

Any questions from committee? Thank you.

Sheldon Toubman.

SHELDON TOUBMAN: Thank you, Representative Serra, Senator Harp, members of the committee. My name is Sheldon Toubman. I'm a staff attorney with New Haven Legal Assistance. Some of you have seen me testify before, but what you don't know is that I'm the cousin of Karen Friedman who testified earlier.

And although she said her mother is always right, she's also always right. Let's be clear about that.

REP. SERRA: I had that impression, by the way.

SHELDON TOUBMAN: Besides that, I am here in testify in support of H.B. 6461, the

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is completed it's then sent to the local police department and then they issue the silver alert to the news media. And it's like available on the Patch. It's -- it goes everywhere. I've seen them on Facebook now.

Yeah. Yeah. Just last weekend there was one that went out through Facebook. So --

REP. FLOREN: Thank you.

MICHAELA FISSEL: Yeah. You're welcome. I be happy to answer any questions if anyone has anything.

REP. SERRA: Senator Harp.

SENATOR HARP: Thank you very much.

And thank you for tracking this and for you and your group's advocacy on this. Had you not brought this to our attention we would not have no that excessive information is released that, you know, any of us would know would be a detriment to an individual and it's probably not necessary.

So thank you.

MICHAELA FISSEL: Thank you.

REP. SERRA: Any other questions of committee? Thank you.

MICHAELA FISSEL: Thank you very much.

REP. SERRA: Dianne Stone followed by Jennifer Kyer.

DIANNE STONE: Good afternoon, Representative Serra and esteemed members of the Aging Committee. I'm Dianne Stone. I'm the Director of the

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Newington Senior and Disabled Center. We were the first center in the state of Connecticut to be nationally accredited. And I'm here today to express strong support for several of the bills before you. I have submitted testimony that talks specifically to three of them.

Connecticut has really made some great strides and continues to invest in initiatives that are rebalancing the long-term care system so that people have a choice to live at home. And at the forefront of that is the Home-Care Program for Elders.

As you've heard from others and you'll probably hear some more testimony, there are hundreds of people that are living in the community today that have been functionally assessed as needing a nursing home level of care, that are just not getting that care. They're living at home needing it and not getting it because of delays in the processing of the financial end of an application.

Establishing presumptive eligibility as outlined in bill 6461 will address what is really an unconscionable situation. So I urge your support for that.

There's a lot of initiatives that are taking place as well. Money follows the Person, the balance incentive payment, Home-Care Program for Elders, chronic disease self-management, falls prevention, care transition, healthcare neighborhoods; we're really doing a great job, but we know that people don't live in systems. They don't live in networks. They live in communities. They live in our towns and our cities and there's been very little attention given to building local capacity.

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One notable exception of that is the work that

the Commission on Aging has done through their livable communities forum and the livable communities initiative. They've really engaged partners. They've given critical information and they facilitated a lot of discussion. So with your support we hope that the Commission on Aging will continue to be able to do that as well as all of the wonderful work that they do.

In partnership with the Council on Philanthropy who, through their engagement initiative has created a conversation with other thought leaders both locally and nationally. We hope that 6396, AN ACT CONCERNING LIVABLE COMMUNITIES will be passed. It supports -- it really provides a framework and a demonstration of this Legislature's commitment to the promise of choice.

Municipalities really have a potential to reach people where they live and in the broader context of long-term supports and services we're in a position to create tremendous impact by providing low-cost programs, activities and services that delay more costly interventions. And with this expanded view we need to look at really what it is to age in place -- transportation, zoning, housing, recreation, social, civic engagement, prevention, wellness, nutrition, fraud and abuse prevention; those are all vital and important to successful aging, all have municipal impact and they all cross a lot of state departments, Medicaid, DOT, DPH, DECD, to name a few. The efforts of these agencies, the nonprofits agencies that are in place, the municipal services need to be aligned and working together towards common goals.

886, AN ACT CONCERNING AGING IN PLACE provides

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Legislative Commission on Aging
A nonpartisan research and public policy office of the Connecticut General Assembly
Testimony of
**Deborah Migneault, Legislative and Community Liaison
Commission on Aging**
**before the Aging Committee
February 26, 2013**

Good morning Senator Ayala, Representative Serra and esteemed members of the Aging Committee. My name is Deb Migneault and I'm the Legislative and Community Liaison for the Commission on Aging. On behalf of the Commission, I thank you for this opportunity to comment on a number of bills before you today.

As you know, the Legislative Commission on Aging is the non-partisan, public policy office of the Connecticut General Assembly devoted to preparing our state for a significantly changed demographic and enhancing the lives of the present and future generations of older adults. For 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 Legislative Commission on Aging is devoted to assisting you in finding solutions to our fiscal problems, while keeping our state's commitments to critical programs and services.

SB 837: An Act Concerning the Department on Aging

~ CoA Informs

We offer this testimony as **background** on the establishment of a State Department on Aging.

The State Department on Aging was established on January 1, 2013 after eight years of delays by the Legislature and the Governor.

The new department moves existing "State Unit on Aging" funding, programs and staff (28 people) out of the Department of Social Services and into a separate stand-alone department. Additional funding was provided in the FY 2013 budget for a Commissioner and Executive Assistant for the Commissioner. The Commissioner has yet to be named.

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years. In 2006, the CoA, in consultation with the UConn Center on Aging, conducted a comprehensive long-term care needs assessment. The needs assessment identifies gaps and opportunities related to long-term care rebalancing. Results of this needs assessment has helped to guide several plans that set rebalancing goals and recommendations for the state. The 2013 Long-Term Services and Supports Plan was released on January 1, 2013 and sets the state goal of 75% of people receiving services in the community by 2025. The Plan sets forth recommendations to achieve this goal. And most recently, the Governor released a Rebalancing Plan that sets several goals and objectives for the state in this area, as well as specific timelines and tactics to meet the goals. The governor's budget appropriates funding to support the goals of this plan.

And finally, the CoA has put forward a comprehensive, dynamic and innovative Long-Term Services and Supports Strategies Report (which we update on a quarterly basis). Our recommendations – informed by data and national trends and best practices – continue to help inform critical policy, regulatory and implementation decisions. 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.

We are happy to share any and all of these various plans and reports with you.

HB 6396: An Act Concerning Livable Communities
~ CoA Supports

The CoA is most willing and eager to continue the work of the Aging in Place Task Force (SA 12-6) to establish a long-range initiative focused on livable communities and aging in place. This bill seeks to establish a mechanism to formerly report the work of the initiative to the CGA and maintain a formal connection on the subject matter between the CGA and livable community stakeholders.

The CoA volunteer citizen board members initiated this project last Spring. Then, while serving as a member and staff to Aging in Place Task Force we further advanced this work. It was clear there was a desire and need from municipalities to have a coordinated dialogue about making communities “livable” and allowing residents to age in place. In early January, the CoA brought together several key partners, including CT Conference of Municipalities, the CT Chapter of the American Planners Associations, AARP and the CT Council for Philanthropy to present to municipal and state leaders, members of the philanthropy community, town and city planners, and municipal human service professionals to begin to discuss best practices across the state and nation. There were over 150 people present and 80 municipalities represented at the forum.

We know that there is much interest to continue this dialogue. We strongly support this Committee's desire to direct the CoA to fully implement this initiative and to memorialize in statute the importance of this work. We look forward to working with you well into the future on this important initiative.

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AGING COMMITTEE PUBLIC HEARING TESTIMONY
February 26, 2013

Good Morning Senator Ayala, Representative Serra, and members of the Aging Committee. My name is Jennifer Kyer from the town of West Hartford. I appreciate this opportunity to provide testimony for today's public hearing.

S.B. No. 837 AN ACT CONCERNING THE DEPARTMENT ON AGING.

I support this legislation but recommend that there be a sincere effort to ensure our senior residents are made aware that the new department on aging will be taking over responsibilities previously held by the department of social services. As a registered nurse in Florida I had many patients who falsely believed that because they had Medicaid coverage in their home state of New York they had equal coverage while visiting Florida. Ignorance is not always bliss. Identifying a specific age group would assist residents in contacting the correct agency to receive the assistance they are entitled to. For example to participate in Medicaid's PACE program a consumer must be 55 or older yet 55 would be too young to qualify for other senior programs.

S.B. No. 882 (RAISED) AN ACT CONCERNING ADDING THE PACE PROGRAM TO THE MEDICAID STATE PLAN.

I support this legislation as it is a requirement to access this federal program. Here it is the Commissioner of Social Services who remains responsible for administering these services. Again I point out the danger to our seniors who may not know whether to go to the Department of Aging and or The Department of Social Services for the assistance they are entitled to and need to live.

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S.B. No. 883 (RAISED) AN ACT CONCERNING A COMMUNITY SPOUSE'S ALLOWABLE ASSETS AND

S.B. No. 884 (RAISED) AN ACT INCREASING ELIGIBILITY FOR HOME AND COMMUNITY-BASED CARE FOR ELDERLY PERSONS AND THOSE WITH ALZHEIMER'S DISEASE.

I support both of these bills and cherish my memories of many dedicated and self sacrificing patient spouses. It is always a relief to see that in a world drowned by greed true love can and does persist.

S.B. No. 885 (RAISED) AN ACT ESTABLISHING A TASK FORCE TO EVALUATE THE UTILITY OF CREATING A PUBLIC RETIREMENT PLAN.

I oppose this bill due to the current economic conditions, lack of job security for current American citizens, and high unemployment rate. The Department of Labor has the state of Connecticut at 8.6% and Rhode Island at 10.2%. These numbers of course do not include citizens who did not file for

unemployment and are living off their savings while job hunting or citizens who no longer qualify for unemployment. I would appreciate the money and energy to be spent repairing our economy instead of another task force. I do appreciate Governor Malloy's attention to detail in NOT granting business tax incentives for new hires employed less than one year. Too often hiring incentives become firing incentives.

S.B. No. 886 (RAISED) AN ACT CONCERNING AGING IN PLACE.

Concerning Section 1 Subsection b I hope that the unemployed recipients of the supplement nutrition assistance program will retain the ability to provide a potential employer that current hiring tax incentive. I do hope that the Department of Social Services remains mindful of the need to maintain a safe environment for the public, their employees, and those applying for assistance. The December 2011 case of Timothy Grimmer and his family in Texas was a tragic lesson learned.

Concerning Section 2 Subsection f I would prefer that the municipalities were not required to provide matching grant funds. Not all municipalities have the same level of disposable income and thus some would be discriminated against. I support the remainder of this bill.

S.B. No. 938 (RAISED) AN ACT CONCERNING THE PURCHASE OF MEDICARE SUPPLEMENT POLICIES BY QUALIFIED MEDICARE BENEFICIARIES

I support this bill.

H.B. No. 6395 (RAISED) AN ACT CONCERNING THE EXPANSION OF A SMALL HOUSE NURSING HOME PILOT PROGRAM.

I support this bill and hope for it's continued success. I admire their decision to maintain a nursing home status. I understand that many seniors enjoy the choice of an assisted living facility, often with home care nursing services. However, when a senior's health declines beyond the scope of home care services they are often not able to return to their assisted living facility. I remember several nursing home patients admitted under those circumstances and often felt badly for them.

H.B. No. 6396 (RAISED) AN ACT CONCERNING LIVABLE COMMUNITIES.

I support this bill. I enjoyed the information presented during the commission's forum on "Livable Communities for All Ages". Many exciting improvements to our municipalities were presented.



Testimony to the Aging Committee

Presented by Mag Morelli, President, LeadingAge Connecticut

February 26, 2013

Regarding

- **Senate Bill 837, An Act Concerning The Department On Aging**
- **Senate Bill 882, An Act Concerning Adding The PACE Program To The Medicaid State Plan**
- **Senate Bill 886, An Act Concerning Aging In Place**
- **Senate Bill 936, An Act Concerning Streamlining Approval For Nursing Homes To Shelter Displaced Residents**
- **Senate Bill 937, An Act Concerning Care For Elderly Persons In A Home Setting Rather Than A Nursing Home Facility**
- **Senate Bill 6395, An Act Concerning The Expansion Of A Small House Nursing Home Pilot Program**
- **Senate Bill 6396, An Act Concerning Livable Communities**
- **Senate Bill 6461, An Act Concerning Presumptive Medicaid Eligibility For The Connecticut Home-Care Program For The Elderly**
- **Senate Bill 6462, An Act Concerning A Pilot Program To Expand The Duties Of The State Long-Term Care Ombudsman**

Good morning Senator Ayala, 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 including senior housing.

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.

As we have stated earlier in our testimony, Connecticut has initiated a long term services and supports rebalancing strategic plan that includes resources to assist in the repurposing, modernizing and/or downsizing of existing nursing home facilities. Many of the nursing homes in our state have an outdated physical plant design as a result of our long standing nursing home moratorium. It is important that we move to *modernize* the nursing homes that will fit within the strategic plan so that we can create a modern-day nursing home environment that will meet consumer demand and market need. That is why we support the expansion of the small house nursing home pilot program.

Senate Bill 6396, An Act Concerning Livable Communities

The State's Strategic Rebalancing Plan encourages aging services providers to work with their community leaders to address the aging service needs of that community. We support this legislation which would offer municipalities a source of additional information and resources to help plan and meet the needs of their aging residents.

Senate Bill 6461, An Act Concerning Presumptive Medicaid Eligibility For The Connecticut Home-Care Program For The Elderly

LeadingAge Connecticut urges immediate action to address the pending Medicaid eligibility problems that are negatively affecting both the access to care for the elderly and the financial stability of the providers of long term care services and supports.

We support Senate Bill 6461 which would immediately address the pending eligibility crisis in the Connecticut Home Care Program for Elders. The delay in processing the long term care Medicaid applications for this segment of our vulnerable elderly population is preventing individuals in the community from receiving needed services in a timely manner and placing them at risk. We strongly support a resolution to this situation and encourage the Committee to support this bill.

Senate Bill 6462, An Act Concerning A Pilot Program To Expand The Duties Of The State Long-Term Care Ombudsman

LeadingAge Connecticut would be pleased to assist the State Ombudsman and the Commission on Aging in developing a plan to establish a pilot program to expand the State Ombudsman's oversight to home and community based care recipients.

Thank you for this opportunity to provide this testimony and I would be happy to answer any questions.

**Mag Morelli, LeadingAge Connecticut, 1340 Worthington Ridge, Berlin, CT 06037
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Written Testimony before the Aging Committee

Roderick L. Bremby, Commissioner

February 26, 2013

Good morning, Senator Ayala, Representative Serra and distinguished members of the Aging Committee. My name is Roderick Bremby and I am the Commissioner of the Department of Social Services. I am pleased to be before you today to testify in strong support of SB 837, AAC the State Department on Aging. In addition, I offer written testimony on a number of bills that impact the department.

S.B. No. 837 AN ACT CONCERNING THE DEPARTMENT ON AGING.

Pursuant to section 19 of PA 12-1, June special session, the State Department on Aging (SDA) became effective on January 1, 2013. The Governor Bill No. 837 implements the Governor's budget recommendations by transferring the appropriate functions, programs, and duties from the Department of Social Services to the State Department on Aging. I strongly support this bill, as it demonstrates our commitment to improving the quality of life of our senior citizens, and helping them live with dignity, security, and independence. As our population ages, it is crucial to streamline the services that provide a safety net for our most vulnerable residents.

Public Act 12-1 from June Special Session provides that "*The Department of Social Services shall administer programs under the jurisdiction of the Department on Aging until the Commissioner on Aging is appointed and administrative staff are hired.*" As of this time, a commissioner on Aging has not yet been appointed and accordingly, the Department of Social Services (DSS) continues to administer these programs. DSS has been coordinating with staff from the various transitioning units and the Office of Policy and Management to ensure that programs are currently running smoothly and will be able to be transferred with the least disruption to the beneficiaries of vital services. We are fully committed and prepared to work with the new leadership at SDA and intend to maintain a collaborative relationship as we work towards our shared goal of ensuring the elderly access to crucial benefits such as health, food, and energy assistance.

We applaud the work and efforts of the Governor's Office, and look forward to assisting with the development of the new State Department on Aging.

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B services. The ability of individuals to purchase Medigap policies would provide coverage for services not covered by Medicare A or B, and may also defray cost under the QMB program as the QMB program is the payor of last resort.

H.B. No. 6395 (RAISED) AN ACT CONCERNING THE EXPANSION OF A SMALL HOUSE NURSING HOME PILOT PROGRAM.

This bill would allow the Commissioner of Social Services to expand, within available appropriations, a second small house nursing home in the state. This additional facility would include Masonicare Health Facilities in Wallingford. The total number of beds in the second pilot would be 380 beds.

Based on a previously approved small house project, DSS estimates the proposed small house at Masonicare may cost approximately \$9.0 million in fair rent annually for 30 years based on an initial cost of \$147.0 million and 4.5% rate of return. There are 6,529 licensed beds in towns within a 15 mile radius of Wallingford (91.4% occupancy). DSS estimates there are currently over 325 excess beds in the area and the amount of excess beds may increase due to the impact of MFP.

Thus, we cannot support this proposal.

H.B. No. 6396 (RAISED) AN ACT CONCERNING LIVABLE COMMUNITIES.

The bill would establish a "Livable Communities" initiative to be led by the Commission on Aging. The Department supports the philosophy and principles of 'livable communities' which are consistent with both consumer choice and rebalancing efforts.

H.B. No. 6398 (RAISED) AN ACT CONCERNING A SAFE HAVEN FROM EVICTION FOR ELDERLY AND DISABLED TENANTS.

The purpose of this bill is to provide a safe haven from eviction for senior citizens and those with disabilities. While we understand the intent of the bill, we do not necessarily agree that the Department of Social Services is the appropriate agency to oversee this initiative. Given the creation of the State Department on Aging and the Department of Housing, we feel it would be better suited for either or both of these agencies, which will have oversight of such matters.

H.B. No. 6461 (RAISED) AN ACT CONCERNING PRESUMPTIVE MEDICAID ELIGIBILITY FOR THE CONNECTICUT HOME-CARE PROGRAM FOR THE ELDERLY.

While we believe this proposal may have merit we need to assess the fiscal and programmatic implications. We have, however, identified some initial concerns.



STATE OF CONNECTICUT

STATE DEPARTMENT ON AGING

LONG TERM CARE OMBUDSMAN PROGRAM
 25 SIGOURNEY STREET • HARTFORD, CONNECTICUT 06106-5033
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AGING COMMITTEE

PUBLIC HEARING

FEBRUARY 26, 2013

TESTIMONY OF NANCY SHAFFER, STATE OMBUDSMAN

Good morning Senator Ayala and Representative Serra and distinguished members of the Aging Committee. My name is Nancy Shaffer and I am the State Long Term Care Ombudsman. The Long Term Care Ombudsman Program is mandated by the Older American's Act and Connecticut General Statutes 17b-400 through 17b-406 to provide services to protect the health, safety, welfare and rights of residents of long term care facilities. As the State Ombudsman it is my responsibility to facilitate public comment and represent the interests of residents in order to recommend changes to the laws, regulations, policies and actions which affect residents' quality of life and care. As State Ombudsman I serve as a member of the Long Term Care Advisory Council, the Money Follows the Person Steering Committee and I am a member of the CT Elder Action Network (CEAN). As mandated by the Older American's Act, the State Ombudsman has an independent voice representing residents of skilled nursing homes, assisted living facilities and residential care homes. I appreciate this opportunity to testify today on a number of proposals before this Committee. Further, I commend the esteemed members of the Aging Committee for raising these proposals, many of which are focused on consumer issues and identifying and improving quality of life and care. Effective January 1, 2013, the Long Term Care Ombudsman Program is now under the umbrella administration of the newly created State Department on Aging.

SB936
 HB6395
 HB6396
 HB6462
 SB937
 SB939

S.B. No. 886 AN ACT CONCERNING AGING IN PLACE.

The Aging in Place Task Force (Special Act 12-6) met during the last half of 2012. The Task Force was charged with studying issues related to aging in place initiatives, including:

1. Infrastructure and transportation improvements
2. Zoning changes to facilitate home care
3. Enhanced nutrition programs and delivery options
4. Improve fraud and abuse protections

admitted for a short term stay to nursing homes as result of the detrimental health effects of weather emergencies. Protecting their rights, whether for a short term or longer term stay, is the responsibility of the Ombudsman Program.

H.B. 6395 AN ACT CONCERNING THE EXPANSION OF A SMALL NURSING HOME PILOT PROGRAM.

There is currently legislation, Public Act 08-91, which provides for one small house nursing home pilot project. H.B. 6395 extends the opportunity to build such a nursing home to another provider. The small house nursing home is an excellent model for providing care and services in a patient-centered manner. The Ombudsman Program supports this legislation on behalf of residents. At a time when Governor Malloy has set a goal to modernize Connecticut's long term supports and services, this legislation supports the Governor's initiatives.

H.B. No. 6396 AN ACT CONCERNING LIVABLE COMMUNITIES.

This proposal again underscores the State of Connecticut's commitment to provide supports and services to residents to enable them to age in place. The bill requires the Commission on Aging (CoA), a vital component of Connecticut's modernization efforts, to serve as a forum for best practices and a clearinghouse for resources. This initiative will help municipal and state leaders design livable communities which in turn will enable individuals to age in place. The Ombudsman fully supports this proposal. The Commission on Aging is well-positioned to administer this undertaking.

H.B. No. 6462 AN ACT CONCERNING A PILOT PROGRAM TO EXPAND THE DUTIES OF THE STATE LONG-TERM CARE OMBUDSMAN.

Firstly, I want to extend my deep gratitude to the Aging Committee and especially Senator Kelly for raising this bill. I appreciate the wisdom and foresight Senator Kelly has brought to this issue. And it has been an honor to work with him to develop a thoughtful approach to expanding the advocacy work of the Ombudsman Program to individuals in the community.

For more than ten years Long Term Care Ombudsman Programs (LTCOP's) around the country have been discussing the need for advocacy on behalf of individuals receiving home and community based care. This national dialog acknowledges that long-term care services, consumer options, and the health care delivery system are in significant transition. In Connecticut this is especially true as we move into the immediate future of modernization of our State's long-term services and supports. Our nursing homes are going through many changes. In the last few months we have had another nursing home close, just yesterday the five Connecticut Healthbridge nursing homes filed for bankruptcy in a New Jersey court. And there are other Connecticut nursing homes in bankruptcy and/or receivership. Consumers



291 Whitney Avenue
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East Rock Village Westville Village Amity Village

**Testimony In Support of Raised Bill No. 63396:
An Act Concerning Livable Communities**

HB6396

As a member of the 2012 Task Force to Study Aging in Place and as president of HomeHaven, a nonprofit that helps seniors in greater New Haven remain in their own homes as they age, I write in strong support of *An Act Concerning Livable Communities*.

HomeHaven is one of a growing number of "villages," defined as self-governing, grassroots, community-based organizations that coordinate access to a variety of supportive services to promote aging in place, social integration, health, and well-being. We have been in business since October 2010, and have a membership approaching 200 individuals. We serve a middle to upper-middle class population and are now reaching out to more diverse neighborhoods; offering reduced rates to those with modest means. Our purpose is to give our members the support they need so they will not require public assistance.

Our opening followed some three years of grassroots organizing, fund raising, and inventing ourselves. We were helped by the example of Beacon Hill Village in Boston, founded eleven years ago, but we had to discover for ourselves the resources available to us in our community and in the state. Other villages exist or are in formation in Connecticut, but some have failed.

The existence of a forum and clearinghouse for information about resources and best practices would have been and will be of enormous value to us. The model of Livable Communities promises the kind of coordinated effort that will be both efficient and effective. As we face the rising tide of elders who will need support of various kinds as they age, we surely cannot afford to duplicate efforts and to waste scarce public or private resources.

Jane L. Jervis, President
HomeHaven Inc.
jjervis99@comcast.net

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*Connecticut Association of Area Agencies on
Aging Representing:
Agency on Aging of South Central CT
North Central Area Agency on Aging
Western CT Area Agency on Aging
Senior Resources - Agency on Aging Eastern CT
Southwestern CT Agency on Aging*

Legislative Testimony, Aging Committee, February 26, 2013

The five regional Area Agencies on Aging (AAA) represent older adults, individuals with disabilities, their families and caregivers throughout Connecticut. CT Area Agencies on Aging were established in 1974 to provide leadership and resources to assist the rapidly growing population of older adults. AAA's perform comprehensive needs assessment resulting in regional three-year plans (Area Plans) to determine service and program gaps. AAA's provide stewardship for Older Americans' Act funds, which support many programs and services in communities throughout Connecticut. All Area Agencies on Aging work closely with the State Department on Aging to maintain a network of community-based services which allow older adults to forego more costly institutional care. AAA's are integral to the State's Aging and Disability Resource Center initiative designed to provide a single point of entry for CT residents struggling with the challenges of aging and disability.

An Act Concerning Presumptive Medicaid Eligibility for the Connecticut Home Care Program for the Elderly – Raised Bill 6461

Presumptive Medicaid Eligibility is designed to help CT meet the federal "standard of promptness" required for determining eligibility for Medicaid-supported, long term care services and supports. If designed properly, the program will save Connecticut money by providing less expensive home-based care rather than institutional care. Presumptive Medicaid Eligibility supports the Governor's rebalancing efforts by providing the care when needed to divert an elder from institutional care, rather than encouraging the utilization of costly institutional care before supporting the individual in returning to the community via programs such as "Money Follows the Person. Presumptive Eligibility supports the premise of the Olmstead decision, where an individual may receive community supports to live in the least restrictive environment.

SB883

SB884

SB937

HB6396

SB886

SB938

An Act Concerning the Livable Communities Raised Bill 6396**An Act Concerning Aging in Place – Raised Bill 886**

The CT Association of Agencies on Aging supports the legislation described in Raised Bills, 886 and 6396. Both bills offer additional support designed to help older adults maintain their independence in the community. Both *Aging in Place* and *Livable Communities* refer to the coordination and integration of services including nutrition and transportation to support aging in place. Enhancing local planning to include changes in zoning regulations promotes a multi-generational approach to accessible housing that can help reduce the State's financial assistance burdens as more family caregivers are available to support aging family members. The anticipated growth in Connecticut's 60+ population makes a convincing argument that each municipality will need to do more to promote aging in place for its senior citizens that have, and will continue to be a tax payers, volunteers, civic leaders and valued community members. The provisions in *An Act Concerning Aging in Place* broaden the mandatory reporting requirements to better protect issues of neglect and abuse from harming older adults who choose community-based rather than institutional-based care. This provision is so important give the more complex situations presenting in community settings due to the State's rebalancing efforts.

An Act Concerning the Purchase of Medicare Supplement Policies by Qualified Medicare Beneficiaries - Raised Bill 938

Federal law, US Code Title 42, 1395ss (B)(I) makes it illegal to sell a Medicare Supplement Policy (Medigap) policy to a dually eligible person, a person with Medicare and full Medicaid. Someone on QMB however, is not a fully dual eligible. They only have partial Medicaid eligibility, as they do not receive the full spectrum of benefits afforded to those who are eligible for full Medicaid.

The Qualified Medicare Beneficiary Program (QMB) pays the Medicare Part B premium for Medicare beneficiaries. In addition to this, it also helps cover the 20% co-insurance and the deductibles under Medicare Parts A & B. QMB theoretically acts as a substitute for Medigap Insurance by paying the deductibles and 20% co-insurance at a cost to the state of CT. However, the QMB program will only pay the 20% co-insurance and deductibles to CT

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Testimony of

Dianne Stone, Director, Newington Senior and Disabled Center**Aging Committee Public Hearing**

2/26/13

H.B.6461 – SupportH.B.6396 – SupportS.B. 886 - Support

Senator Ayala, Representative Serra and esteemed Members of the Aging Committee, my name is Dianne Stone. I am the Director of the Newington Senior and Disabled Center, the first Center in the State to achieve National Accreditation, and I am here today to express strong support for three of the bills before you.

Connecticut has made great strides and continues to invest in initiatives to rebalance the long term care system so that people have the choice to live at home.. At the forefront is the Home Care Program for Elders. As you have heard from others, there are hundreds of people living in the community who have been functionally assessed as needing nursing home level of care. They are not getting that care or are being institutionalized because of the delays in processing the financial end of the application. Establishing presumptive eligibility as outlined in H.B.6461 will address what is, frankly, an unconscionable situation. The changes occurring at the federal and state level are dynamic There are currently several other initiatives that will reshape the long term care system, providing pathways for older adults and people with disabilities to move from institutional care to home and community based care and pathways to prevent or delay entry into institutional care including Money Follows the Person, Balanced Incentive Payment Plan (BIPP), the Home Care Program for the Elderly, Chronic Disease Self Management, Falls Prevention, Care Transitions, Health Care Neighborhoods etc.

But, we know that people do not live in systems or networks. They live in our Towns and Cities and there has been very little attention given to building local capacity. One notable exception is the work that the Commission on Aging has started through the Livable Community Forum. They have engaged natural partners, provided critical information and have facilitated discussion. With the support of the Governor and legislature, we hope that the Commission will be able to continue providing leadership in this and all areas. In partnership with the Connecticut Council on Philanthropy, who through their EngAGEment Initiative, has created a conversation among their members and with other thought leaders both locally and nationally, H.B.6396, AN ACT CONCERNING LIVABLE COMMUNITIES provides the framework and the demonstration of the legislature's commitment to the promise of choice.

Municipalities have the potential to reach people where they live, to mobilize community resources and to provide programs, services and activities that reflect the needs and

culture of our unique communities. In the broader context of long term supports and services, we are in a position to create tremendous impact by providing low cost programs, activities and services that prevent or delay more costly interventions. With this expanded view we must look at just what it means to age in place. Transportation, zoning, housing, recreation, social and civic engagement, prevention, wellness, nutrition, fraud and abuse prevention; all are vital to successful aging and all have municipal impact. They also cross many areas of State responsibility including Medicaid, DOT, DPH, DECD, etc. The efforts of these agencies, the nonprofit agencies that are in place and municipal services must be aligned and working together toward common goals.

S.B. 886, AN ACT CONCERNING AGING IN PLACE provides some of the direction needed to build capacity in our Towns and Cities. Specific to local services, I am particularly pleased to see the following:

- Changes to the transportation matching grant program that will make any unused funds (unused because eligible towns don't apply) available with preference for the extra funds going to towns that present a regional approach and increasing the allowed use of funds to include automated operating systems and staff for coordination of transportation options.
- Requirements for towns in their Plans of Conservation and Development to include planning for older adults and persons with disabilities to age in place
- Expansion of the list of mandated reporters to include employees of community-based service providers, senior centers, home care agencies, adult day centers, congregate housing etc. Also, any entity employing such people would be required to conduct mandatory training for staff.

I sat on the Task Force to Study Aging in Place and can attest to the meaningful and consultative process that went into drafting recommendations that not only will have impact but that also were sensitive to the current fiscal conditions. That is; recommendations that would have a significant fiscal note. We succeeded and I urge you to move this work forward.

In saying this, I do want to point out that there is more work to do.

Connecticut is absolutely a state of 169 distinct entities and local aging services are entirely a product of the municipality. The CT Council on Philanthropy describes the issue quite well:

With increasing emphasis being placed on the localities, it is important to note that municipal senior services in Connecticut vary widely among towns. The disparity in financial resources, staffing and expertise, and town commitment to aging services means that municipal aging programs range from nonexistent to comprehensive.

[Statewide and regional entities] partner with local communities – senior centers, libraries, nonprofits and others, but, in some towns, there is nobody able or willing to partner. With stretched resources, [they] can't possibly reach all the seniors in their regions.

Professionals who are knowledgeable about local senior services in Connecticut note the lack of standards and models to help guide cities and towns. The state Department of Social Services is not funded or staffed to strengthen local programs. Aging experts stress the need for system-



Real Possibilities

Testimony of AARP before the Aging Committee in Support of:

H.B. No. 6462—AAC A Pilot Program to Expand the Duties of the State LTC Ombudsman

H.B. No. 6396—AAC Livable Communities

S.B. No. 884—AA Increasing Eligibility for Home and Community-Based Care for Elderly Persons and those with Alzheimer's Disease; and

S.B. No. 883—AAC a Community Spouse's Allowable Assets

February 26, 2013

AARP is a nonprofit, nonpartisan organization, with a membership of more than 37 million, that helps people turn their goals and dreams into real possibilities, strengthens communities and fights for the issues that matter most to families such as healthcare, employment security and retirement planning. A major priority for AARP is ensuring people 50+ are able to find quality care they and their family members need, when they want it and in the setting of their choice. We are pleased to offer the following comments in support of H.B. No. 6462, H.B. No. 6396, S.B. No. 884, and S.B. 883.

AARP Supports Expanding the Purview of Connecticut's Long-Term Care Ombudsman to Include Non-Institutional Settings

H.B. 6462

AARP supports the development of a plan and pilot program to expand the State Ombudsman's oversight to home and community based services. H.B. 6462 requires the State Ombudsman to convene a working group that will evaluate national best-practices to consider complaints from individuals served through home and community based services, develop appropriate training tools, and identify funding resources. Legislative recommendations from this working group will be presented to the General Assembly's committees of cognizance and duties would be expanded for the Long-Term Care Ombudsman to include a pilot program for home and community based services in Hartford County starting on or after July 2014.

AARP strongly supports the intention of H.B. 6462 to expand the purview of the ombudsman program to non-institutional care. The expansion is particularly important now that Connecticut is undertaking major efforts to rebalance our long-term care system through programs like Money Follows the Person, 1915(i) amendments, and the Balance Incentive Payment (BIP) program, all of which seek to shift funding from nursing facility care to home and community based care.

AARP Supports a Centralized Portal for Livable Community Resources and Best-Practices

H.B. 6396

AARP supports H.B. 6396, which would establish a central hub for resources and best practices in designing livable communities. The proposal would make it easier for local town leaders to learn from successful efforts in Connecticut and implement those strategies in their local communities.

Since 1990, roughly 90 percent of older Americans have stayed in the same county they've lived in during their working years – most in the very same home. And we expect this to continue. AARP research has found that more than 8 of every 10 boomers want to remain in their current home or community during retirement in order to stay close to their families.

A key element to supporting consumer preference to age in place, however, depends on the ability of towns and cities to accommodate aging residents by creating livable communities. This means adapting and building upon existing programs, services, and infrastructure (and oftentimes within existing budgets) to make them accessible and safe for residents with varying needs and capacities. Residents of all ages benefit from these changes, which include: safer, barrier-free buildings and streets, better access to local businesses and more green spaces.

**AARP Supports Expanded Eligibility & Increased Funding for
Home and Community Based Options
S.B. 884**

AARP supports expanding eligibility for the state-funded Connecticut Home Care Program for Elders (CHCPE) and Alzheimer's respite care, provided the change does not negatively impact the ability of current enrollees to get needed services or supports. AARP also supports reducing or eliminating the co-pay for the CHCPE. Both the CHCPE and Alzheimer's respite care are cost-effective investments that respect consumer preference to age-in-place. On average, the cost of serving a Medicaid participant in the community is approximately one third of the average cost of serving someone in an institution. We urge the Committee to consider expanding both programs and adequately fund the programs so more residents can receive services at home.

**AARP Support Changes in Medicaid that Allow Married Couples to Keep Additional Assets in
order to Support the Community Spouse's Needs
S.B. 883**

S.B. 883 would support a community spouse living in the community by reinstating the maximum community spouse protected amount (CSPA) that was in effect between July 2010 and June 2011. The proposed change would help a healthy spouse pay for his/her own uncovered medical and personal expenses to remain independent in the community, while the other spouse receives Medicaid services in a nursing facility. This is not just more humane, but also fiscally prudent. By allowing the healthy spouse to keep adequate resources, he/she can stay at home and delay or avoid nursing home placement. AARP strongly supports this change.

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**CONNECTICUT
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House Calendar 82, Favorable Report of the joint standing Committee on Aging, Substitute House Bill 6396, AN ACT CONCERNING LIVABLE COMMUNITIES.

DEPUTY SPEAKER BERGER:

The dais will recognize Representative Serra, the House Chair of Aging.

REP. SERRA (33rd):

I move acceptance of the joint committee's Favorable Report and passage of the bill.

DEPUTY SPEAKER BERGER:

The question before the Chamber is on acceptance of the joint committee's Favorable Report and passage of the bill.

Will you comment further, Representative?

REP. SERRA (33rd):

Thank you, Mr. Speaker.

Yes, Livable Communities, just a quick summary of -- of what it does. It really provides information for seniors, establishes and facilitates partnerships with municipal leaders and the representatives of senior and social service offices, community stakeholders, planning and zoning boards and commissions, and representatives of philanthropic, social, and health organization.

What the term you'll hear and for the next quite a few years is "aging in place," which that really means is the state is on a course where they're going to ask seniors to stay in their homes as long as possible. And I think that'll be a tremendous savings to the State of Connecticut, plus the quality of life for seniors will be enhanced. And, basically, that's the summation of this bill, Mr. Speaker.

And with that, I move adoption.

DEPUTY SPEAKER BERGER:

Thank you, Representative.

Will you comment further on the bill before the Chamber? Will you comment further on the bill before the Chamber?

Representative Adinolfi, of the 103rd.

REP. ADINOLFI (103rd):

Thank you, Mr. Speaker.

I'd like to thank the Chair of the committee for bringing this bill forward. Just to add a little bit -- I'm not going to repeat what, everything he said because he was very exact -- but basically the Commission on Aging will be adding all this information on Livable Communities to their web site so that it will be available to all our seniors out

there and the partners that were already mentioned.

So I urge acceptance of this and a strong vote.

Thank you.

DEPUTY SPEAKER BERGER:

Thank you, Representative.

Will you comment further on the bill before us?

Representative Steinberg, of the 136th.

REP. STEINBERG (136th):

Thank you, Mr. Speaker.

I'd like to echo the comments of the Representative Adinolfi. Livable Communities in the state of Connecticut are a growing trend, a very positive trend for appropriate living conditions for seniors, and I want to commend the Commission on Aging for all their hard work in bringing this to our attention. And I'm -- we're very pleased that we will have a clearinghouse for those to learn more about livable communities in the future, as this expands across the state.

Thank you, Mr. Speaker.

DEPUTY SPEAKER BERGER:

Thank you, Representative.

Will you comment further?

Representative L. Miller, of the 122nd.

REP. L. MILLER (122nd):

Thank you, Mr. Speaker.

I rise in support of the bill. I think our seniors are not very well versed in computers, so any help that we can give them through our agencies and in our communities has got to help them to understand what's really going on in their world. So I ask the Assembly to pass this bill.

Thank you.

DEPUTY SPEAKER BERGER:

Thank you, Representative.

Will you remark further on the bill before us?

Will you remark further on the bill before us?

If not, will staff and guests please come to the Well of the House. Will the members please take your seat -- seats. The machine will be open.

THE CLERK:

The House of Representatives is voting by roll.

The House of Representatives is voting by roll. Will members please return to the Chamber, immediately.

DEPUTY SPEAKER BERGER:

Have all members voted? Have all members voted?
Will the members please check the board and determine their vote is properly cast?

If all members have voted, the machine will be locked. And the Clerk will take a tally.

DEPUTY SPEAKER BERGER:

Representative Lemar, for what purpose do you rise?

A VOICE:

He locked the machine.

REP. LEMAR (96th):

Thank you, Mr. Speaker.

I wish to register my vote in the affirmative.

DEPUTY SPEAKER BERGER:

Duly noted, Representative.

Please announce the tally.

THE CLERK:

Mr. Speaker, Bill Number 6396.

Total Number Voting	142
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Necessary for Passage	72
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Those voting Yea	142
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Those voting Nay	0
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Absent, not voting	9
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DEPUTY SPEAKER BERGER:

The bill passes.

Representative Wood, what purpose for which you rise?

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SENATOR AYALA:

Yes, Madam President.

This is a bill which is technical in nature. Essentially what it does, it completes the transition of the Aging Committee from being a Select Committee to now a Standing Committee.

THE CHAIR:

Will you remark further?

Senator Kelly.

SENATOR KELLY:

Thank you, Madam President.

I rise in support of the bill and would urge its adoption.

THE CHAIR:

Thank you.

Will you remark further? Will you remark further?

If not, Senator Ayala.

SENATOR AYALA:

Madam President, if there is no objection, I would like to move this item also to the Consent Calendar.

THE CHAIR:

Seeing no objections, so ordered.

Mr. Clerk.

THE CLERK:

Also on Page 5, Calendar 334, Substitute for House Bill Number 5, I'm sorry, 6396, AN ACT CONCERNING

LIVABLE COMMUNITIES, Favorable Report of the Select
Committee on AGING.

THE CHAIR:

Senator Ayala.

SENATOR AYALA:

Madam President.

I move acceptance of the Joint Committee's Favorable
Report and urge passage of the bill.

THE CHAIR:

Motion is on acceptance and passage.

Will you remark, sir?

SENATOR AYALA:

Yes, Madam President.

The bill defines a livable community as a community
with affordable and appropriate housing,
infrastructure, community services, and transportation
options for residents of all ages. This bill requires
the Commission on Aging to establish a livable
community's initiative to serve as a forum for best
practices and a resource clearing house to help
municipal and state leaders design livable communities
that allow residents to age in place. The -- the
Commission must report annually on the Initiative to
the Aging, Housing, Human Services, and Transportation
Committees with the first report due by July 1, 2014.

THE CHAIR:

Will you remark?

Senator Kelly.

SENATOR KELLY:

Thank you, Madam President.

I rise in full support of this bill.

And as Senator Ayala just indicated, this is an important initiative because one of the issues that we see in enabling people to age in place, is a single point of entry and a single point to obtain information to enable individuals to stay at home. This is a step in that direction. This gets the necessary stakeholders together in one place to have the conversation, to -- to put the resources where they need to be to begin that process.

I fully support this and would urge its adoption.

THE CHAIR:

Thank you, Senator.

Will you remark? Will you remark?

Senator Ayala.

SENATOR AYALA:

Thank you, Madam President.

I want to thank Senator Kelly for his leadership as Ranking Chair of the Committee in helping us pass these bills.

And if there is no further objection or no -- no one disapproves, we would like to move this to the Consent Calendar as well.

THE CHAIR:

Seeing no objection, so ordered, sir.

Representative Looney.

SENATOR LOONEY:

Thank you, Madam President.

Madam President, the next items to call will mark several additional items.

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Would move to place that item also on the Consent Calendar.

THE CHAIR:

Seeing no objection, so ordered sir.

SENATOR LOONEY:

Thank you, Madam President.

Madam President, now would ask the Clerk to call the items on the first Consent Calendar, so that we might proceed to a vote on that Consent Calendar.

Thank you, Madam President.

THE CHAIR:

Mr. Clerk.

THE CLERK:

On Page 5, Calendar 278, Senate Bill 709; Calendar 333, House Bill 5759; Calendar 334, House Bill 6396; Calendar 340, House Bill 6211.

On Page 8, Calendar 357, House Bill 6349 and Calendar 398, Senate Bill 1065.

On Page 11, Calendar 457, House Bill 5564 and Calendar 462, House Bill 5908.

On Page 15, Calendar 516, House Bill 5500; Calendar 521, House Bill 6407.

On Page 19, Calendar 558, House Bill 6340.

Page 21, Calendar 574, House Bill 6534; Calendar 575, House Bill 6562; and Calendar 577, House Bill 6652.

Page 23, Calendar 587, House Bill 6465; Calendar 589, House Bill 6447.

On Page 24, Calendar 599, House Bill 6458.

Page 25, Calendar 602, House Bill 5614.

And on Page 29, Calendar 622, House Bill 5278;
Calendar 625, House Bill 6624.

Page 39, Calendar 223, Senate Bill 954 and Calendar
227, Senate Bill 819.

And on Page 46, Calendar 100, Senate Bill 273 and
Calendar 137, Senate Bill 837.

THE CHAIR:

Mr. Clerk, please call for a roll call vote and the
machine will be open on the first Consent Calendar.

THE CLERK:

Immediate roll call has been ordered in the Senate.
Members to the Chamber. Immediate roll call has been
ordered in the Senate on today's first Consent
Calendar.

THE CHAIR:

All members have voted, all members have voted.

The machine will be closed.

Mr. Clerk will you please call the tally.

THE CLERK:

On today's first Consent Calendar:

Total Number Voting	34
Necessary for Adoption	18
Those voting Yea	34
Those voting Nay	0
Those absent and not voting	2

THE CHAIR:

Consent Calendar passes.

The Senate will stand at ease.

(Chamber at ease.)