

**PA13-250**

SB0886

Aging	302-304, 329-330, 359-362, 388, 390, 404, 406-407, 416, 419-420, 424-425, 427, 429, 448-451, 506-510, 546, 550, 555-561	39
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**CONNECTICUT  
GENERAL ASSEMBLY  
HOUSE**

**PROCEEDINGS  
2013**

**VETO  
SESSION**

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PART 31  
10451 - 10795**

Senate Amendment A. Will you remark? If not, let me try your minds. All those in favor of Senate Amendment A please signify by saying aye.

REPRESENTATIVES:

Aye.

SPEAKER SHARKEY:

Those opposed, nay. The ayes have it. The amendment is adopted. Would you care to remark further on the bill as amended?

REP. ALBIS (99th):

Mr. Speaker, I move this item to Consent.

SPEAKER SHARKEY:

The question is to move this item to the Consent Calendar. Is there objection? Is there objection?  
So ordered. Will the Clerk please call Calendar 634.

THE CLERK:

Calendar 634, favorable report of the joint standing Committee of Judiciary, substitute Senate Bill 886, AN ACT CONCERNING AGING IN PLACE.

SPEAKER SHARKEY:

Representative Gentile. Representative Serra.

REP. SERRA (33rd):

Thank you, Mr. Speaker. Mr. Speaker, I move for acceptance of the joint committee's favorable report

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and passage of the bill in concurrence with the Senate.

SPEAKER SHARKEY:

The question is acceptance of the joint committee's favorable report and passage of the bill in concurrence with the Senate. Will you remark, Sir?

REP. SERRA (33rd):

Thank you, Mr. Speaker. Mr. Speaker, the Clerk has an amendment, LCO 6671. Would I please ask that he call.

SPEAKER SHARKEY:

Will the Clerk please call LCO 6671 previously designated Senate Amendment A.

THE CLERK:

Senate A, LCO 6671 introduced by Representative Serra et al.

SPEAKER SHARKEY:

The Gentleman seeks leave of the Chamber to summarize. Is there objection? Seeing none, please proceed, Sir.

REP. SERRA (33rd):

Mr. Speaker, I move adoption.

SPEAKER SHARKEY:

The question is adoption of Senate Amendment A.

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Will you remark? If not, let me try your minds. All those in favor of Senate Amendment A please signify by saying aye.

REPRESENTATIVES:

Aye.

SPEAKER SHARKEY:

Those opposed, nay. The ayes have it. The amendment is adopted.

REP. SERRA (33rd):

Mr. Speaker, the Clerk has amendment 7499. Would you please have him call and to let me summarize.

SPEAKER SHARKEY:

Will the Clerk please -- Clerk please call 7 -- LCO 7499 previously designated Senate Amendment B.

THE CLERK:

Senate Amendment B, LCO 7499 introduced by Senator -- or Representative Serra et al.

SPEAKER SHARKEY:

The Gentleman seeks leave of the Chamber to summarize. Is there objection? Seeing none, please proceed, Sir.

REP. SERRA (33rd):

I move adoption, Mr. Speaker. This is a --

SPEAKER SHARKEY:

The question is --

REP. SERRA (33rd):

I move adoption.

SPEAKER SHARKEY:

The question is adoption of Senate Amendment A.

REP. SERRA (33rd):

Mr. Speaker, I move to place this --

SPEAKER SHARKEY:

Let me try your minds on Senate Amendment B. All those in favor of Senate Amendment B please signify by saying aye.

REPRESENTATIVES:

Aye.

SPEAKER SHARKEY:

Those opposed, nay. The ayes have it. The amendment is adopted. Now Representative Serra.

REP. SERRA (33rd):

Mr. Speaker, the Clerk has an amendment LCO 7499. I ask that it be called and I be allowed to summarize.

SPEAKER SHARKEY:

I believe we just called that amendment, Sir.  
Move to Consent, Sir?

REP. SERRA (33rd):

Yeah. Mr. Speaker, I move to place this item on

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Consent.

SPEAKER SHARKEY:

Motion is to move the item to Consent. Without objection so ordered. Will the Clerk please call Calendar 668.

THE CLERK:

Calendar 668, favorable report of Public Health, Senate Bill 1065, AN ACT CONCERNING LICENSED ALCOHOL AND DRUG COUNSELORS.

SPEAKER SHARKEY:

Representative Johnson.

REP. JOHNSON (49th):

I move the joint committee's favorable report and passage of the bill.

SPEAKER SHARKEY:

The question is acceptance of the joint committee's -- the question is acceptance of the joint committee's favorable report and passage of the bill in concurrence with the Senate. Will you remark, Madam.

REP. JOHNSON (49th):

I would like to call LCO number 8199 and move adoption.

SPEAKER SHARKEY:

1040, 326, 803, 886, 1065, 983, 190 and 158 on the  
Consent Calendar.

SPEAKER SHARKEY:

Representative -- Representative Aresimowicz.

REP. ARESIMOWICZ (30th):

Mr. Speaker, I move adoption of the Consent  
Calendar.

SPEAKER SHARKEY:

Staff and guests to the well of the House.

Members take your seats. The machine will be opened.  
Open the board, Mr. Clerk. Open the board for the  
Consent Calendar. Staff and guests to the well of the  
House. Members take your seats. The machine will be  
opened for the Consent Calendar.

THE CLERK:

The House of Representatives is voting by roll.

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

SPEAKER SHARKEY:

Have all the members voted? Have all the members  
voted? Members please check the board to make sure  
your vote is properly cast. If all the members have  
voted the machine will be locked and the Clerk will

take a tally. Will the Clerk please announce the tally.

THE CLERK:

On the Consent Calendar, Mr. Speaker.

Total Number Voting	146
Necessary for Adoption	74
Those voting aye	146
Those voting nay	0
Absent and not voting	4

SPEAKER SHARKEY:

The bill -- or the Consent Calendar passes.

Representative Aresimowicz.

REP. ARESIMOWICZ (30th):

Mr. Speaker.

SPEAKER SHARKEY:

Mr. Majority Leader.

REP. ARESIMOWICZ (30th):

Mr. Speaker, I move we adjourn sine die.

SPEAKER SHARKEY:

The motion is to adjourn sine die. Seeing no objection, so ordered.

(On motion of Representative Aresimowicz of the 30th District, the House adjourned at 12:02 o'clock a. m.,

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Mr. President.

THE CHAIR:

Senator Looney.

SENATOR LOONEY:

Yes, thank you, Mr. President.

If this bill might be passed temporarily.

THE CHAIR:

Motion is to pass temporarily --

SENATOR LOONEY:

Yes.

THE CHAIR:

Without objection so ordered.

SENATOR LOONEY:

Thank you, Mr. President.

Mr. President -- have been marked, there was an item that was passed temporarily earlier that I believe we were waiting for an amendment that has now arrived that the bill needs to be amended and then referred to the Judiciary Committee, and would ask the Clerk to call Calendar page 41, Calendar 138, Senate Bill 886, under "Matters Returned from Committee."

THE CLERK:

On page 41, Calendar Number 138, Substitute for Senate Bill Number 886, AN ACT CONCERNING AGING IN PLACE, favorable report of the Committee on Aging.

THE CHAIR:

The Chair recognize Senator Ayala.

SENATOR AYALA:

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Thank you, Mr. President.

I move acceptance of the joint committee's joint favorable report and urge passage of the bill.

THE CHAIR:

The question before the Chamber is acceptance and passage.

Do you care to remark further?

SENATOR AYALA:

Mr. President, the Clerk is in possession of Amendment LCO 6671. May the Clerk please call the amendment, and I be given leave to summarize.

THE CHAIR:

Would the Clerk please call LCO 6671, which will be designated Senate Amendment Schedule "A."

THE CLERK:

LCO Senate -- LCO 6671, Senate Amendment "A," introduced by Senators Ayala and Representative Sayers.

THE CHAIR:

The good gentleman as requested leave to summarize the amendment.

Is there objection? Is there objection?

Seeing none, please proceed, Senator Ayala.

SENATOR AYALA:

Mr. President, I move the amendment.

This amendment strikes the underlying bill and its associated fiscal impact. This would essentially become the bill which is -- we're looking to refer over to the Judiciary Committee.

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What it does in section 1, it requires the Department of Social Services to increase awareness and utilization of federal, supplemental and nutritional assistance by eligible individuals.

In section 2, this section requires local plans of conservation development to include planning to allow seniors and those who have disabilities to remain in community settings.

Section 3 would require -- specifies a building code exemption for wheelchair ramps. Section 4 extends to the list of mandated elder abuse reporters, any person paid to care for seniors.

In addition to section 5 would require that DSS to establish a uniform recording system and database for complaints involving the abuse or neglect of the elderly.

And finally section 6, results in no fiscal impact to the Department of Consumer Protections as this agency can utilize its existing online capabilities to provide for public awareness campaigns.

THE CHAIR:

Thank you, Senator.

Will you remark further on Senate A?

Senator Kelly.

SENATOR KELLY:

Thank you, Mr. President.

I have a couple of questions, through you, to the proponent of the bill.

THE CHAIR:

Please frame your question.

SENATOR KELLY:

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Thank you.

I understand that this bill is the result of last year's passage of the Aging in Place Task Force that resulted in this bill this year and that the general purpose of this amendment was to reduce the fiscal note. But with regards to that, I do see that we are asking the commissioner of Social Services to basically coordinate the efforts for outreach regarding the SNAP and other home and community, like congregate meals, is that correct, or are we going to include, like the Department on Aging?

Through you, Mr. Chairman -- Mr. President.

THE CHAIR:

Senator Ayala.

SENATOR AYALA:

As the language states in the amendment, it currently states DSS. As it continuous to go forward, I would work hand-in-hand with you to see if it would be also appropriate to -- so that we include -- more appropriately include the Department of Aging.

THE CHAIR:

Senator Kelly.

SENATOR KELLY:

Thank you, Mr. President.

Second, deals with the changes in the zoning regulations, particularly with the definition of family. Looking at both single-family zones and allowing individuals so that we can enable municipalities to create zoning regulations that would allow situations that a family member could reside with their caregiver child. Through you, Mr. President, is that what the amendments here on page 2 seek to accomplish?

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Senator Ayala.

SENATOR AYALA:

Through you, Mr. President, that's exactly what it seeks to accomplish. We're trying to look for the best possible situation for our seniors to be able to age in place. Yes.

THE CHAIR:

Senator Kelly.

SENATOR KELLY:

Thank you, Mr. President.

The next is dealing with section 4 -- well, actually, before I go to section 4, section 3, dealing with the -- the ramp, allowing access. Could you explain how that's important?

Through you, Mr. President.

THE CHAIR:

Senator Ayala.

SENATOR AYALA:

Well, thank you, through you, Mr. President, as part of our seniors becoming elderly, they have needs to be able to weather their electronic wheelchairs or just regular wheelchairs to provide access to the homes they're living in. So this is obviously going forward something that we have to take a look at and to try to ensure that our municipalities are working with our seniors to be able to provide those options if needed.

THE CHAIR:

Senator Kelly.

SENATOR KELLY:

Thank you.

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Lastly on section 4, there is new language here that deals with mandatory reporters, and one of the things that goes on in home care is that family members are the ones that deal with the lion's share of the caregiving, usually it's the healthy spouse when the first spouse goes through the aging process. But when the first spouse dies and it's just the surviving spouse, it's usually a family member. Would a family member under this amendment be required to be a mandatory reporter?

Through you, Mr. President.

THE CHAIR:

Senator Ayala.

SENATOR AYALA:

It is my understanding, yes.

THE CHAIR:

Senator Kelly.

SENATOR KELLY:

As I read the bill, what I think it's limited to are those persons paid for -- it states any person paid for caring for an elderly person by an institution, organization, agency or facility and that such person shall include but not be limited to an employee of a community-based service provider, a senior center, homecare agency, homemaker and companion agency, adult daycare center, village model community and congregate housing facility. And what I'd like to make sure is that this does not apply to an individual who is either a family member or even a family member who is paid under a personal care agreement that they might enter into with the family member or relative.

Through you, Mr. President.

THE CHAIR:

Senator Ayala.

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SENATOR AYALA:

Thank you, Mr. President.

Correction. You are correct in that I misspoke on it.  
It would not apply to them.

THE CHAIR:

Senator Kelly.

SENATOR KELLY:

Thank you, Mr. President.

And I do thank Senator Ayala for his hard work on this and his chairmanship of the Aging Committee. Aging in place is an important concept. In all the years that I've dealt with aging families -- and I hate to admit it, it's more than I can count on one hand -- but I find that of the thousands of people that I've met, only a handful have ever said that they want to go to a nursing home. Everyone, when given the opportunity, wants to age in place in their home and, if possible, pass peacefully at night in their own bed, surrounded by loved ones and family. That's what everybody wants. Unfortunately, that's not how it always plays out, and what happens is as we go through the chronic care continuum, we lose shades, slivers, of our capacity on a continual basis, and it's a long-term basis now with modern medicine. But what we have in Connecticut has been a culture that has put people on the road to nursing home care, which we understand to not only be expensive from a private pay-pay position, but also from Medicaid. And when we look at that and the high cost of Medicaid in the state, this is an initiative that would start to break down that culture and move people away from going towards institutional skilled care and being enabled to stay at home with their family and loved ones.

It was a great bill last year, the task force worked very hard. This is the result of that task force, and I certainly support this and look forward to continuing the initiatives to enable our seniors the opportunity to age in place.

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Thank you, Mr. President.

THE CHAIR:

Thank you.

Do you care to remark further on Senate "A"? Do you care to remark further?

If not, the Chair will try your minds, all those members in favor of Senate Amendment Schedule "A," please indicate by saying aye.

SENATORS:

Aye.

THE CHAIR:

All those opposed say nay.

The ayes have it. Senate A is adopted.

SENATOR LOONEY:

Mr. President.

THE CHAIR:

Senator Looney.

Thank you, Mr. President.

Mr. President, would move that the bill, as amended, be referred to the Judiciary Committee.

THE CHAIR:

Motion is to refer to Judiciary.

Is there objection? Is there objection?

Seeing none so ordered.

SENATOR LOONEY:

Thank you, Mr. President.

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that they would accept. They obviously take their jobs and their oaths very seriously. They do follow an American Veterinary Medical Association guidelines, and this simply puts in the language that that is something that should be looked at with respect to negligence in the individual instances that Senator Chapin talked about. And so therefore I rise in support of the amendment.

THE CHAIR:

Thank you, sir. Will you remark further? Will you remark further? If not, I'll try your minds on Senate "A". All those in favor please say aye.

SENATORS:

Aye.

THE CHAIR:

Opposed. Senate "A" is adopted. Senator Meyer?

SENATOR MEYER:

Madam President, if there's no further comment, may I request this go on the Consent Calendar?

THE CHAIR:

Seeing no objections, so ordered. sir. Mr. Clerk.

THE CLERK:

On Calendar page 37, Calendar Number 138, substitute for Senate Bill Number 886, AN ACT CONCERNING AGING IN PLACE as amended by Senate Amendment Schedule "A", Favorable Report of the Committee on Aging.

THE CHAIR:

Senator Ayala. Good afternoon, sir.

SENATOR AYALA:

Good afternoon, Madam President. Madam President, I move acceptance of the Joint Committee's Joint Favorable Report and urge passage of the bill.

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THE CHAIR:

Motion is on acceptance and passage. Will you remark, sir?

SENATOR AYALA:

Yes, Madam President. The Clerk is in possession of LCO 7499. May the Clerk please call that amendment and I be given leave to summarize.

THE CHAIR:

Mr. Clerk.

THE CLERK:

LCO Number 7499, Senate Amendment "B" offered by Senator Ayala, Representative Serra, et al.

THE CHAIR:

Senator Ayala.

SENATOR AYALA:

Madam President, I move the amendment.

THE CHAIR:

Motion is on adoption. Will you remark, sir?

SENATOR AYALA:

Yes, Madam President. This amendment is an amendment that was agreed upon by the Chairs of the Aging Committee and the ranking Chairs of the Committee as well. And what it does, it helps to ensure that the work that was done by the Task Force on Aging in Place, that the work that they did is actually carried out. And in this amendment, we have some language on there in Section 1 which I'd like to ensure that I read for legislative intent. The intent of Section 1 of the amendment is to reinforce existing efforts already underway by the departments. Current SNAP outreach vendor.

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It attempts to ensure that the elderly population is aware of and has access to vital nutritional -- excuse me, nutrition programs to which they are entitled. This does not require the department to conduct SNAP outreach beyond existing efforts, nor does it contemplate new contracts, Expansion of existing contracts, or the need for additional resources within the department. Currently the department conducts outreach, but a SNAP Program through a contract of Community Health Center Association of Connecticut. The contract includes performance measures that specifically target outreach efforts at vulnerable populations, including the elderly.

In addition to that, what this amendment also does is, in Section 3 of this amendment it specifies a building code exemption for wheelchair ramps. In Section 4 of the amendment it extends to the list of mandated elder abuse reporters, any person paid to care for seniors making it a class C misdemeanor for the first offense and a class A misdemeanor for any subsequent offense. And finally, in Section 5 of this amendment it requires DC -- excuse me, DSS to report to the General Assembly certain information related to elderly abuse.

THE CHAIR:

Thank you, Will you remark further? Will you remark further? Senator Kelly.

SENATOR KELLY:

Thank you, Madam President. I rise in support of this amendment because it is the culmination of last year's bill that was enacted to formulate a task force and the good work of that task force that occurred since last year. What the bill does as Senator Ayala indicated, is that it -- it provides for the awareness and expansion of elderly nutrition to certain populations that's going to be conducted by the Department of Social Services within the current department's appropriations.

It's also going to focus that educational outreach and expansion on recipients of home-delivered congregate meals and also recipients of public assistance. In addition, what the bill also does, or the amendment, is it looks at modifying plans of conservation and development at the local level so that now in the conduct

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of changing your -- your plan of development to also contemplate ways to enable aging in place and to allow our seniors the opportunity to remain in their homes and that in the course of that undertaking to consider ways to make that possible.

Further, we also take initiatives to look at reporting of elder abuse and neglect, as well as finally the -- the aspect of having the Department of Consumer Protection, the Department on Aging, and also the Department of Social Services educate elderly consumers and caregivers on ways to resist aggressive marketing tactics and scams. Overall, I believe this is a comprehensive approach at little cost to protect our seniors and to enable them to remain in the community. I would urge the adoption of the amendment.

THE CHAIR:

Thank you, Will you remark? Will you remark? If not, I'd ask to try your minds. All those in favor of the amendment please say aye.

SENATORS:

Aye.

THE CHAIR:

Opposed? Amendment passes. Senator Ayala? Senator Ayala? Were you on? Try it again now. Senator, you want to take permission and use Senator Kelly's -- try it again.

SENATOR AYALA:

I'm on.

THE CHAIR:

Okay. Good.

SENATOR AYALA:

Thank you, Madam President. As the Ranking Chair alluded to, I mean, this is work that was done prior to me coming on as committee, and I want to thank all the folks that really put forth an effort to bring all of these

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suggestions to this culminating point. And with that, Madam President, unless there are any further -- anyone has any objections, I'd like to move this to the Consent Calendar.

THE CHAIR:

Seeing no objections, so ordered, sir. Mr. Clerk.

THE CLERK:

On Calendar page number 38, Calendar Number 196, Senate Bill Number 961. AN ACT CONCERNING THE ASSESSMENT OF LIVESTOCK AND FARM MACHINERY AND THE TRANSFER OF LAND CLASSIFIED AS FARM LAND, OPEN SPACE LAND, FOREST LAND, AND MARITIME HERITAGE LAND as amended by Senate "A", Favorable Report of the Committee on Planning and Development.

THE CHAIR:

Good afternoon, Senator Cassano.

SENATOR CASSANO:

Good afternoon, Madam President. I believe, to begin, Madam President, I had an amendment --

THE CHAIR:

Sir, you want to adopt the bill?

SENATOR CASSANO:

I'm sorry, I would move a waiver of the reading and adoption of the bill.

THE CHAIR:

The motion is on acceptance and -- and passage. Will you remark, sir?

SENATOR CASSANO:

Yes, thank you. I introduced an amendment, LCO 6835 and would like to withdraw that.

THE CHAIR:

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Mr. Clerk.

THE CLERK:

On page 3, Calendar 202, Senate Bill 979. Calendar 215, Senate Bill 912. On page 15, Calendar 466, House Bill 5602. Page 35, Calendar 106, Senate Bill 916. Page 36, Calendar 120, Senate Bill 803 And Calendar 121, Senate Bill 918. On page 37, Calendar 132, Senate Bill Number 79, and Calendar 138, Senate Bill 886. On page 38, Calendar 196, Senate Bill Number 961. On page 39, Calendar 233, Senate Bill 995. On page 42, Calendar 301, Senate Bill 1015. Page 44, Calendar 385, Senate Bill 1070. Page 47, Calendar 504, House Bill 5345. And on page 48, Calendar 367, Senate Bill 804.

THE CHAIR:

I apologize. At this time, Mr. Clerk, seeing no objection, will you call for a roll call vote and the machine will be open.

THE CLERK:

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

THE CHAIR:

Have all members voted? All members have voted? The machine will be closed. Mr. Clerk, will you call a tally please?

THE CLERK:

On today's Consent Calendar,

Total number voting	36
Those voting Yea	36
Those voting Nay	0
Absent and not voting	0

THE CHAIR:

The Consent Calendar passes. Senator Looney, you have

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STANDING  
COMMITTEE  
HEARINGS**

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**2013**

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rgd/gbr AGING COMMITTEE

February 26, 2013  
10:00 A.M.

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.

SB 886  
HB 6396  
HB 6461  
SB 837  
HB 5049

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rgd/gbr AGING COMMITTEE

February 26, 2013  
10:00 A.M.

We submitted written testimony, I believe, on nine bills. I will try to limit myself to just a few of those and you can read the rest of my testimony. I will start with Senate Bill 886, AN ACT CONCERNING AGING IN PLACE.

As you all know, last session through the leadership of this committee a bill was passed to have a task force on aging in place and this Commission on Aging served as both a member of and the administrative staff for the task force and with the leadership of Representative Serra and Senator Prague, we studied various issues of aging in place.

I believe it was a very, very broad spectrum of topics that were studied and there were several months of work. And we heard from dozens or more experts on different subject matters and submitted a final report on January 1st to this committee.

And we really tried, when we were working on the recommendations for the final report, to keep in mind the fiscal year -- the fiscal climate that we're currently in and not propose really high-cost proposals. Of course, you could -- we could have just said, expand this program and expand that program, especially when it comes to community-based services, but we, of course, know that's very, very difficult at this time.

So we did try to put forward low-cost proposals that are very important to allowing people to age in place and the bill before you takes several of those recommendations and puts them into a bill. And we hope to see that move through the legislative session, through the process this session. The bill puts forward changes related to food security, transportation, zoning, mandated reporting of

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

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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Commission on Aging. I think that it can't be overstated, the efforts that the Commission on Aging puts forth for the residents of Connecticut. And as Representative Rover, I also hope to be a senior citizen one day and benefit from all of those efforts.

I also want to commend the members for the many proposals before you today because most all of them are very consumer oriented and really support an aging in place philosophy of care. And I should note that effective January 1, 2013 the ombudsman program is one of those units that is now a part of the State Department on Aging, and will be under the umbrella administration of that newly created department.

The first bill that I was going to testify on, I think I'm just going to say, you know, Deb Migneault very succinctly supported Senate Bill Number 886, AN ACT CONCERNING AGING IN PLACE. My testimony really reiterates what Deb had to say. I think that all of the recommendations submitted in that bill really support aging in place for Connecticut residents. And so we, as an ombudsman program, certainly wholeheartedly support those initiatives.

Senate Bill Number 936 is AN ACT CONCERNING STREAMLINING APPROVAL FOR NURSING HOMES TO SHELTER DISPLACED PERSONS. This proposal is going to have providers of nursing home care the opportunity to admit residents during a state of emergency in Connecticut. And as we know, we've seen a number of significant weather-related emergencies.

My understanding from municipal agencies, that there have been some difficult times when residents who have been living at home turn up

So this bill would certainly make it easier for great facilities like McLean to temporarily shelter these folks. And I think some of the recommendations you make are important because I think there's some concerns that once these folks are in, that, you know, they won't leave. I mean, it's meant to be a temporary shelter and I think some of the recommendations that you and the Department of Public Health are good and certainly answer the concern that so many of us have in the State about our vulnerable during such emergencies.

So thank you for your support.

MAG MORELLI: Thank you for raising to bill.

REP. ROVERO: Thank you.

Any other questions from the committee members? Okay. Hearing none, thank you very much.

MAG MORELLI: Okay. Thank you.

REP. ROVERO: Next one is Laurie Julian.

LAURIE JULIAN: Good morning, Representative Serra, Senator Harp, members of the committee. I'm Laurie Julian with the Alzheimer's Association.

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The Alzheimer's Association is a donor-supported nonprofit organization serving the needs of families, healthcare professionals and those individuals who are affected with Alzheimer's disease and related dementias. The association provides information resources, support groups, education training and a 24-hour, seven-day a

week helpline. We hope to continue to be a resource to you and your constituents as well.

I've submitted written testimony on a number of bills, but I'd like to focus mostly on Senate Bill 886 concerning aging in place. This is a very comprehensive bill and we support the various provisions, particularly the nutrition and transportation respectively.

Adequate nutrition improves your overall health and quality of life. I think as I've testified before you, that frightfully one in seven who have Alzheimer's disease live alone in the community and inadequate self care has been cited as the cause of increase need for emergency medical services among people with dementia who live alone.

This program is also -- or food nutrition is very important. Sometimes the delivery of meals is the only checkup on these elderly individuals. We also support efforts to expand transportation options. As you know, with the decline of the disease transportation mode options become more and more critical.

Section 3 allows a tax deduction for premiums on long-term care policy and may provide an incentive to purchase long-term care insurance, which is often cost prohibitive and an unaffordable option. Since the repeal of the class provision of the Affordable Care Act which would provide a voluntary incentive for the purchase of long-term care insurance, other options would be available. And this would help diminish reliance of state funding on long-term care.

We are in particular favor of Section 7 to expand mandatory reporters of abuse. As the State transitions to community-based care,

unsupervised care will become more frequent and therefore a mechanism for oversight will be necessary.

The association has been a longtime advocate for the heightened protection of individuals with Alzheimer's disease or related dementia from abuse and exploitation and therefore supports section 8, 9 and 10.

Oh, may I continue briefly and just very quickly?

REP. ROVERO: Wrap up. Thank you very much.

LAURIE JULIAN: Okay. Thank you.

I just wanted to refer you to on the GAO report on guardianship cases of financial exploitation. And I can give you that report. I didn't attach it, but it's just very important to note that that report had identified hundreds of allegations of physical abuse, neglect and financial exploitation by guardians in 45 states, including Connecticut between 1990 and 2010.

And you have my testimony, so I'll just wrap up, but basically the main themes were failure to adequately screen potential guardians, appointing individuals from criminal convictions and significant financial problems in managing high-dollar estates to oversee appointments. So basically in summary, I think it's important that all the offices that are noted in the bill work together and create this database for reporting.

And since that we -- the process for the inclusion of testimony during the task force reports did not elicit from other than task force members, we would just like to recommend

that the system include reporting of conservator -- paid conservators by the probate court. So that's basically --

And I'd just like to state our approval of the presumptive eligibility for the Connecticut Home-Care Program (inaudible). I think I'm taking my time so I (inaudible). ]

REP. ROVERO: All right. Thank you very much for your testimony.

Questions from the committee members? Hearing none, thank you very much.

LAURIE JULIAN: Thank you for your time.

REP. ROVERO: Karen Friedman. Karen Friedman.

KAREN FRIEDMAN: Hello. Members of the committee, thank you for this opportunity to testify today on S.B. 885. My name is Karen Friedman. I'm the Executive Vice President of the Washington D.C.-based Pension Rights Center. We're a consumer rights group that works to protect and promote the pension rights of workers, retirees and their families. And I have a slightly different perspective on this bill than Lisa Bleier.

I'm happy to be testifying in support of S.B. 885 for two reasons. The first is we believe that Connecticut can lead the nation in expanding retirement coverage and security for American workers. And secondly, as some of you may remember because I testified on this bill last year, I was born and raised in West Hartford, so it's an honor to be back here and testifying before the State Legislature. And all I can say is if only my classmates from Hall High School could see me now.

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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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

some of the direction needed to build capacity in our towns and cities. Some of the sections of it apply specifically to local services and I supported those specifically in my testimony.

I did sit on the task force to study aging in place, along with Representative Serra and a few other people. And I can really attest to the meaningful and consultative process that went into drafting these recommendations that not only will have impact, but again thanks to Representative Serra, were also very sensitive to the current fiscal situation, that is the recommendations have a -- will not have a very significant fiscal note.

We've succeeded in making those recommendations and I urge you to move this work forward. Thank you.

REP. SERRA: Thank you.

Any questions from the committee?

Thank you, Dianne.

Jennifer.

Good afternoon.

JENNIFER KYER: Good afternoon, Representative Serra Senator Harp. My name is Jennifer Kyer. I'm from West Hartford. I just came. I submitted written testimony and am here just to reinforce five of the bills that I have listed there. I'm a registered nurse for the last 13 years, an LPN two years before that, and six years before that a nursing assistant. So I was hoping to be helpful.

But I just wanted to reiterate for Senate Bill

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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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portion of the program; six months later, in July, 2010, the legislature saw fit to reduce the copayment to 6%; in July 2011 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. **Prioritizing maintenance of current funding and reducing co-payments** may be the wisest investment at this point in time. Additionally, a priority of the CoA is to streamline the waiver system for parity and easier access for all individuals with similar needs, regardless of age and specific disease.

CoA also appreciates this committee's commitment to the Alzheimer's Respite Care Program. Approximately 70,000 Connecticut residents have Alzheimer's disease. This important 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.

A recommendation of the Long-Term Care Needs Assessment, the 2013 Long-Term Services and Supports Plan, as well as the Governor's recently released Rebalancing Plan, is to provide support for informal caregivers. Research clearly indicates that supporting informal caregivers with programs such as the Alzheimer's Respite Care Program is critical to keeping individuals out of nursing homes; it keeps caregivers healthy, and allows families to utilize various options in respite allowing for more cost effective solutions.

It is important to note, as the Committee knows, the Alzheimer's Respite Care Program is not an entitlement; it is limited by its specific line item appropriation. Increasing the income and asset limits, therefore, might simply have the effect of allowing a bigger pool to compete for the same money.

#### **SB 886: An Act Concerning Aging in Place**

##### **~ CoA Supports**

Last session, through the leadership of this committee, a bill was passed to have a task force study several areas related to Aging in Place. The CoA served as both a member of, an administrative staff to, the Aging in Place Task Force (SA 12-6).

After several months of work and hearing from a dozen or more experts in the different areas of study, the Task Force submitted its final report to this committee on January 1, 2013. At the direction of its co-chairs, Representative Serra and Senator Prague, the Task Force in its deliberations and while trying to put forward meaningful recommendations, was especially mindful of Connecticut's current fiscal year deficit along with the even greater projected deficit for 2013-2015. While increased funding for many initiatives was discussed, it was determined that putting forward high-cost proposals was not strategic at this time. Instead, the Task Force's recommendations are generally low cost ideas that could improve the ability of Connecticut residents to age in place without needing a budget appropriation.

**SB 886** addresses several of the recommendations outlined in the Task Force's report. The bill puts forward changes related to food security, transportation, zoning, mandated reporting of elder abuse, long-term care planning, fraud and abuse data tracking and reporting, bank reporting related to financial exploitation and raising consumer awareness about aggressive marketing tactics.

The CoA is supportive of the various components of this bill. We look forward to working with this committee, our stakeholders and the CT General Assembly as this bill moves through this legislative process and beyond.

**SB 936: An Act Concerning Streamlining Approval for Nursing Homes to Shelter Displaced Residents**

~ CoA Informs

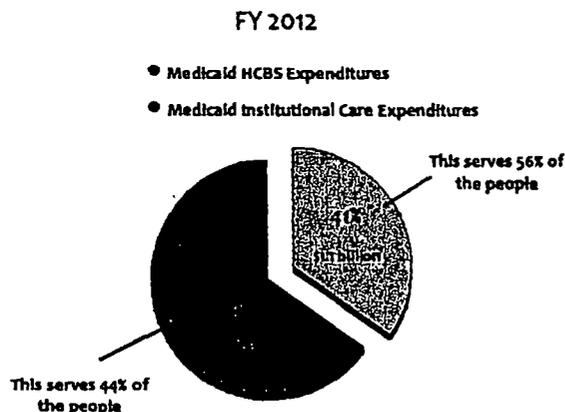
The CoA believes this issue is worthy of further study as the state continues to improve emergency response systems after several natural disasters in recent years. Regulations and liability around sheltering of displaced residents during an emergency is highly complex. Additionally, as more people remain in the community as they age, nursing facilities will be looking to diversify their services. Acting as emergency back-up to various providers during times of crisis is an important role they may be able to play in communities.

**SB 937: An Act Concerning Care of Elderly Persons in a Home Setting Rather Than a Nursing Home Facility**

~ CoA Informs

We applaud this Committee's commitment to "rebalancing" the Long-Term Services and Supports system with this proposal. The CoA is equally as committed to "rebalancing" and providing choice as to where people receive their services and supports as they age. Connecticut is indeed achieving cost savings with its "rebalancing" initiatives. In illustration recent data show that the costs of LTSS for people transitioned from nursing homes under Money Follows the Person and into the community is less than 1/3 the cost of institutional care. At the same time Medicaid nursing home beds are being taken off line at a rapid pace, primarily due to nursing home closures. The Governor, on January 29, 2013,

released a Rebalancing Plan that sets the goal of reducing the number of Medicaid nursing home beds by over 7,000. Additionally, CT is receiving enhanced federal funds known as FMAP (close to \$200 million) through various rebalancing initiatives including MFP.



While the Commission on Aging fully respects and appreciates the intent of this bill, this area has been seen a lot of study in the last several

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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.

to older adults who are living in the community and in need of nursing home level of care.

**Senate Bill 886, An Act Concerning Aging In Place**

*The Task Force to Study Aging in Place* (established through Special Act 12-6) submitted a final report that contained several recommendations, many of which are included in this proposed bill. We commend the task force for their work and support the proposed legislation. We do recommend that the Committee keep in mind that the move toward community based services will require a strong system of communication between the State and the community based providers that consumers will be relying on as they age in place. Many caregivers will be unlicensed and therefore the traditional methods of communicating information will not be sufficient and new methods will need to be developed and implemented. We raise this in relation to this bill because it proposes new reporting and training requirements for an expanded group of community based providers and caregivers.

**Senate Bill 936, An Act Concerning Streamlining Approval For Nursing Homes To Shelter Displaced Residents**

LeadingAge Connecticut appreciates the Committee raising this bill as it provides us the opportunity to discuss the emergency preparedness work that has been done by nursing homes throughout the state.

Connecticut has developed a *Long Term Care Mutual Aid Plan for Evacuation and Resource/Asset Support* in four of the five regions of the state. This plan has been developed in collaboration with the Department of Public Health and it allows nursing homes to "surge" above licensed capacity if there is a need for one nursing home to temporarily evacuate residents to other nursing homes in emergency situations. The plan also has a communication and reporting process that allows us to know the status of all the nursing homes in a region during an emergency situation. This Mutual Aid Plan started in Region 3 and proved to be invaluable during the weather and power emergencies over the last two years. Now expanded to three additional regions, we would strongly support the complete expansion of the plan to the fifth and region.

During emergency situations, the Department of Public Health has the ability to issue various waivers of regulation that assist in our emergency efforts. These can either be in conjunction with the Mutual Aid Plan or they can be in response to an urgent need. We have appreciated the collaborative and responsive actions of the Department and will continue to work closely with them as we continuously improve our preparedness planning.

One next step in emergency scenario planning that we have been discussing has been the potential to use a designated section of a nursing home as an *emergency alternate care site shelter* for at risk individuals brought in from the community during an emergency. In such a scenario, a designated section of the nursing home would become a shelter, not a nursing home. This way the nursing home would not need to actually admit the



# alzheimer's association®

the compassion to care, the leadership to conquer

Committee on Aging  
Public Hearing  
Tuesday, February 26, 2013

Written Testimony of **Laurie Julian, Director of Public Policy, Alzheimer's Association, CT Chapter (The Association).**

Senator Ayala, Representative Serra and distinguished members of the Committee on Aging, on behalf of the Alzheimer's Association, CT Chapter, thank you for allowing me to submit testimony on several bills that are before you today.

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

The Chapter submits comment on the following bills:

**SB 883 (Raised) An Act Concerning a Community Spouse's Allowable Assets**

Recognizing the high costs of long-term care, Federal Medicaid law provides certain financial protections for married couples, where one spouse is seeking Medicaid coverage of long-term care in a nursing facility or through home and community-based waiver services. These spousal impoverishment provisions, prescribe the amount of assets that the "community spouse" is entitled to retain when his or her spouse enters a nursing home and applies for Medicaid.

The community spouse must receive the maximum protected amount to avoid subjecting the community spouse to extreme financial hardship. Spousal impoverishment laws allow a healthy elderly spouse to maintain assets that generate income for his or her own living expenses and future long term care needs.

It is our understanding that Connecticut has adopted the most restrictive option, and only permits the community spouse to keep the lesser of one half of the couple's assets up to the maximum of the community spousal protected amount.

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HB6461

Alzheimer's disease or other dementias take a deep financial toll on spouses of individuals with the disease as most people survive an average of four to eight years after a diagnosis, but some live as long as 20 years. Only 4 percent of the general population will be admitted to a nursing home by age 80; but for people with Alzheimer's, 75 percent will end up in a nursing home by age 80.<sup>1</sup> Alzheimer's individuals are also most at risk for transition to skilled facility care.

Therefore, The Association supports SB 883 to allow the community spouse to keep the maximum community spouse protected amount.

**S.B. 884 Raised An Act Increasing Eligibility for Home and Community-Based Care for Elderly Persons and Those with Alzheimer's disease**

Alzheimer's disease is a progressive and degenerative disease. Community-based supports and services keep the individual with Alzheimer's and other dementia at home with their loved-ones where feasible often delaying costly institutional care.

The Statewide Respite Care Program continues to be a critical resource and offers assistance and support to caregivers in caring for their loved one. It also provides an effective plan of care for the individual with Alzheimer's Disease and allows the family caregiver much needed periods of respite to continue to care for their loved-ones. Without respite, family and other unpaid caregivers often must reduce their hours of work or even quit their jobs, resulting in a loss of job-related income and benefits.

The program continues to be a success as reflected by outcome measures: For the state fiscal year ending June 30, 2012, the Statewide Respite Program services were beneficial in assisting the client in remaining at home during some portion of the program year in 93% of client cases. In 84% of the cases, the care recipient was able to remain at home for the entire program year, and the program was effective in improving the caregivers and client's quality of life and reducing caregiver stress in 89% of the cases.

**S.B. 886 Raised An Act Concerning Aging In Place**

The Association supports this bill for residents to safely and effectively "age in place" where feasible, and to allow older adults and persons with disabilities the ability to live in their homes and community.

Section 1 and section 2 address nutrition and transportation, respectively. Adequate nutrition improves the overall health and quality of life. Although many people with dementia are able to perform basic aspects of self-care, several studies have found that people with dementia who live alone are at increased risk of inadequate self-care, including malnutrition.<sup>11</sup> Inadequate self care has been cited as a cause of increased need for emergency medical services among people with dementia who live alone.

The available sources of information consistently indicate that at least 15 percent of Americans (or one out of seven) who have Alzheimer's disease and other dementias live alone in the community. <sup>iii</sup> For many of the elderly, meal delivery is the only source daily check-up and contact.

The Association supports efforts to expand transportation options. Finding transportation alternatives is a challenge to Alzheimer's individuals, especially when it is medically and legally determined that it is no longer safe to operate a vehicle. Dependency on other modes of transportation and individuals become essential.

The need for assistance with daily living increases with age. Alzheimer's patients and individuals with dementia are high users of health care and as the disease progresses 24/7 care is required.

Section 3 allows a tax deduction for premiums on a long-term care policy and may provide an incentive to purchase long term care insurance which is often cost prohibitive and an unaffordable option. Since the repeal of the CLASS provision of the Affordable Care Act, which would of provided a voluntary incentive for the purchase of long-term care insurance, other options should be available to encourage saving for assistance with daily living supports to remain in the community and diminish the reliance on state funding of long-term care.

The Association supports section 7, to expand mandatory reporters of abuse, and training on detection of abuse. As the state transitions to community-based care, unsupervised care will become more frequent, and therefore a mechanism for oversight will be necessary.

The Association has been a long-time advocate for the heightened protection of individuals with Alzheimer's or related dementia from abuse and exploitation, and therefore supports section 8, 9 and 10.

We would like to take this opportunity to refer the committee to the GAO report on *Guardianships: Cases of Financial Exploitation, Neglect, and Abuse of Seniors (GA-10-1046)*. Although the GAO could not determine whether allegations of abuse by guardians are widespread, it identified hundreds of allegations of physical abuse, neglect and financial exploitation by guardians in 45 states, including Connecticut and the District of Columbia between 1990 and 2010.

In 20 selected closed cases, GAO found that guardians stole or otherwise improperly obtained \$5.4 million in assets from 158 incapacitated victims, many of whom were seniors or suffered from dementia or Alzheimer's disease.

Importantly, there were several common themes from courts failing to adequately screen potential guardians, appointing individuals with criminal convictions or significant financial problems to manage high-dollar estates and failing to oversee guardians once they were appointed.

The Association particularly supports the coordinated effort of the Commissioner of Social Services, in consultation with the Chief State's Attorney, the Attorney General and the Long-Term Care Ombudsman to establish a uniform recording system for complaints involving abuse and neglect of elderly persons and the creation of a database. The Association also recommends the system include the reporting of conservators appointed by the Probate Court.

Finally, the Association applauds the inclusion of voluntary training and reporting systems in section 9, under which personnel of banks and other financial institutions are trained to detect and report to the Chief State's Attorney financial transactions that may be warning signs of financial abuse of elderly persons.

**H.B. 6461 (Raised) An Act Concerning Presumptive Medicaid Eligibility for the Connecticut Home-Care Program for the Elderly**

The Home Care Program is an essential part of the long-term care safety-net. According to the Home Care Program for Elders 2011 Annual Report, 24.3% percent of the recipients in the program have Alzheimer's or other dementia. For many individuals with dementia, the Home Care Program has allowed them to remain in the community with its support services. It is one of the most cost-effective nursing home diversion programs.

Implementation and administration of presumptive eligibility will help stabilize an already fragile population in the community. Individuals with Alzheimer's are "at-risk" clients and expediting support services will greatly improve the quality of life for both clients and caregivers.

As noted previously, individuals with Alzheimer's or other dementia are most at risk for transition to skilled nursing care. Many long term care applications are filed when a person is in crisis or leaving a hospital. The time waiting for an eligibility decision is crucial in terms of the client's health condition and need for additional supports. Family caregivers caring for an individual with Alzheimer's are overwhelmed. If community-based services are not available due to eligibility delays, the client often re-enters critical care in either a hospital or nursing facility.

Thank you for the opportunity to submit this testimony. Please feel free to contact me at [Ljulian@alz.org](mailto:Ljulian@alz.org), or (860) 828-2828.



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East Rock Village   Westville Village   Amity Village

**Testimony in Support of Raised Bill No. 886:  
An Act Concerning Aging in Place**

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 Aging in Place*.

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 slide into eligibility for public assistance. We work with a tiny paid staff, a large number of volunteers, and vetted service providers.

The bill addresses a number of important needs. I support all of them, but I will take the time to address three that are most urgent for us:

- Section 2 (Transportation): Transportation is our most requested service, as it is for many social service agencies. We use volunteers who not only drive but become friends with their passengers, help them into the car, carry groceries. Most of our drivers are also our members, and as they age they increasingly need rides themselves. We are hard-pressed to fill the need. We have members in five towns and we continue to grow, and increasingly medical facilities are locating in the suburbs. The need for a regional approach is obvious and urgent.
- Section 4 (Tax credits) Providing in-home care places huge burdens on family members, sometimes affecting employment, and is a frequent reason given for seeking nursing-home care. This provision offers some modest but badly needed financial support.
- Section 5 (Conservation and development plans) Including provisions for housing seniors in town development plans makes sense in aging populations. Many seniors live alone in large houses that could easily accommodate home sharing or housing for caregivers, but for zoning prohibitions. We live in an area with many colleges and universities and, carefully done, we might solve student-housing and elder-care problems at the same time.

Thank you for the opportunity to testify in support of these important changes.

Jane L. Jarvis, president  
HomeHaven, Inc.  
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# CCM 2013 Testimony

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For more information on the bill, visit our website at [www.ccm-ct.org](http://www.ccm-ct.org)

## **AGING COMMITTEE**

February 26, 2013

The Connecticut Conference of Municipalities (CCM) is Connecticut's statewide association of towns and cities and the voice of local government - your partners in governing Connecticut. Our members represent over 92% of Connecticut's population. We appreciate the opportunity to testify on bills of interest to towns and cities.

### **SB 886, "An Act Concerning Aging in Place"**

CCM opposes Section 5 of this bill because it would increase costs to towns and cities by mandating additional requirements within local plans of Conservation and Development, as defined in CGS 8-23. Further, we are not sure of the implications of such a "one-size-fits-all" approach.

SB 886 would, among other things, require that municipalities:

- Permit home sharing in single-family zones between up to four adult persons of any age with disabilities or who are sixty years of age or older, whether or not related, who receive supportive services in the home.
- Allow accessory apartments for persons with disabilities or persons sixty years of age or older, or their caregivers, in all residential zones, subject to municipal zoning regulations concerning design and long-term use of the principal property after it is no longer in use by such persons.
- Expand the definition of "family" in single-family zones to allow for accessory apartments for persons sixty years of age or older, persons with disabilities or their caregivers

Updating local plans of conservation and development is an expensive enterprise. And, adding several additional, complicated requirements will make it more expensive.

We are also uncertain whether the State has ensured that the elderly will have all the support necessary for them – the same level of care they would have if they were in a facility.

**Let's be honest: the State has a dubious history with efforts to place persons from state facilities into communities.** The State has a history of not ensuring that persons have the all social, medical, nutritional, transportation and emergency service and emotional support to truly enable people to live quality, independent lives.

CCM is aware of the difficult budget situation the state is currently in and of the rising cost of caring for an increasingly elderly population. However, the State must not impose mandates on communities and must have concrete policies to ensure that the elderly have all the social and other support they need.

CCM was encouraged by the recommendations submitted by the *Task Force to Study Aging in Place* on December 28, 2012. Included in the final report was the recommendation to *encourage* municipalities to include planning for the needs of older adults and persons with disabilities, including those with low incomes, and their ability to age in place in their Plans on Conservation and Development. *A state mandate was not included in the recommendations.*

CCM would ask that Committee use the task force's approach of encouragement and incentives, rather than a one-size-fits-all mandated approach.

CCM recommends that before any changes are mandated to Plans on Conservation and Development, the state ensure that the necessary infrastructure exists to accommodate the requirements to ensure safe aging in place. The infrastructure needed to ensure the safe transition of the elderly to an aging in place model include, adequate numbers of nurses, home health aides, emergency and non-emergency medical transportation services.

CCM looks forward to working with the Committee to fashion a proposal that ensures that the State has a tight social infrastructure in place to support the elderly and does not contain any unfunded state mandates.

★ ★ ★ ★ ★

If you have any questions, please contact M. Randall Collins Jr., Senior Legislative Associate, at [rcollins@ccm-ct.org](mailto:rcollins@ccm-ct.org) or (203) 498-3053.



# STATE OF CONNECTICUT

## STATE DEPARTMENT ON AGING

LONG TERM CARE OMBUDSMAN PROGRAM  
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TS

### 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

5. Expansion of home medical care options
6. Tax incentives
7. Incentives for private insurance

Chaired by Senator Edith Prague and Representative Joe Serra, and joined by Senator Kevin Kelly and Representative John Frey, ranking members of the Aging Committee, and staffed by the Commission on Aging, the Task Force had an ambitious agenda. I'm glad to say, as an appointed Task Force member designated by Commissioner Roderick Bremby, that the workgroup tackled the above issues and submitted recommendations to the General Assembly which will better allow Connecticut to meet the needs of residents who wish to age in place.

A significant barrier to aging in place in Connecticut is transportation. S.B. 886 seeks to enhance transportation services by requiring Department of Transportation to give preference in the matching grant program to municipalities that take a regional approach to transportation. S.B. 886 also provides tax incentives to individuals for long-term care insurance policies. The Bill makes changes in zoning regulations allowing single family zones to be permitted home sharing with up to four adult persons and it expands the definition of "family" to allow for accessory apartments for person sixty years of age or older, persons with disabilities or their caregivers. S.B. 886 also expands upon the current "mandated reporters" of abuse and neglect of persons sixty years and older. All of these recommendations are submitted in an effort to support aging in place for Connecticut's residents and the Ombudsman Program wholeheartedly supports S.B. 886.

S.B. No. 936 AN ACT CONCERNING STREAMLINING APPROVAL FOR NURSING HOMES TO SHELTER DISPLACED RESIDENTS.

This proposal allows providers of nursing home care opportunity to admit residents during a state of emergency in Connecticut. Essentially it provides protection for long-term care providers to admit in an expeditious manner those displaced individuals who need care. The State has had ample experience with recent devastating weather events and has learned the detrimental impact to frail and vulnerable individuals when left without adequate shelter, medical care and life provisions. Many of our municipal agents have related stories about the individuals to whom they provided care during Storm Irene, Hurricane Sandy and our recent blizzard. They detail the inadequate care inherent to a setting not designed for providing for the significant needs of some individuals. Oxygen, medical treatments and medications, mobility and care issues all can become serious matters when trained caregivers and equipment are not available. It is essential to have safeguards in place to care for individuals in such emergencies. When an individual is admitted to a nursing home, even under these circumstances, that person must be accorded all their rights under federal and state law. It is worth noting that the Ombudsman Program has received some complaints from families of individuals who were

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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



**Testimony of Helen Benjamin, AARP Advocacy Volunteer, in  
Support of H.B. 6461—AAC Presumptive Medicaid Eligibility for the Connecticut Home-Care  
Program for the Elderly; and  
S.B. 886—AAC Aging in Place  
Aging Committee  
February 26, 2013**

Good Morning Chairmen Serra, Ayala, Ranking Members Kelly, Adinolfi, and members of the Committee on Aging. I am Helen Benjamin, Advocacy Specialist for the AARP. As a nonprofit, nonpartisan organization, with a membership of more than 37 million, AARP's mission is to strengthen communities on issues that matter most to families, including health 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 people with disabilities.<sup>1</sup> While Connecticut ranked 11 overall, our state received only mediocre scores in choice of setting and provider, support for family caregiving, and quality of care. Several proposals before you today will significantly improve Connecticut's long-term care system in all of these categories.

First, H.B. 6461 establishes presumptive eligibility for the Connecticut Home Care Program for Elders, which would expedite services and greatly improve the quality of life for both the individual and family caregivers.

H.B. 6461 addresses the significant delay older adults face when they try to access services and supports at home. Determining financial eligibility for Title XIX applicants for community based services in 2011 took an average of 134 days. The Standard of Promptness set by CMS requires action on an application within 45 days from presentation. Without timely decisions these applicants' health and well-being could be at risk and the long delay may determine whether they remain in a community setting or enter a nursing facility. The cost differential is steep. On average, the cost of serving a Medicaid client in the community is approximately one third the average cost of serving that person in an institution.

Under the proposal, presumptive eligibility would be available only to applicants of the Elder Waiver who meet or exceed skilled nursing home level of care. These are the neediest of the Medicaid application population. Connecticut already has presumptive eligibility for pregnant women and children. It is needed by our elders and is supported by the elder bar, the Southwestern Area Agency on Aging and AARP.

Next, AARP supports proposals in S.B. 886 that codify recommendations from the Aging in Place Taskforce. The proposed changes could be implemented at low or no-cost. They include improved access to supplemental nutrition, maximizing municipal matching grant funds to expand regional

<sup>1</sup> *Raising Expectations. A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers*, available at: <http://www.longtermscorecard.org/>

transportation, zoning changes, and enhanced consumer protections against elder and financial abuse.

AARP has also submitted written testimony in support of S.B. 883, S.B. 884, H.B. 6396 and H.B. 6462 for your consideration today. We ask your support to help people 50+ find the care they need and want, when they need it and in the setting of their choice. Thank you for your kind attention.

Find AARP Connecticut Online at: [www.aarp.org/ct](http://www.aarp.org/ct)



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## ***Connecticut: 2011 State Long-Term Services and Supports Scorecard Results***

*Raising Expectations: A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers* is the first of its kind: a multi-dimensional approach to measure state-level performance of LTSS systems that provide assistance to older people, adults with disabilities, and family caregivers. The full report is available at [www.longtermscorecard.org](http://www.longtermscorecard.org)

**Scorecard Purpose:** Public policy plays an important role in LTSS systems by establishing who is eligible for assistance, what services are provided, how quality is monitored, and the ways in which family caregivers are supported. Actions of providers and other private sector forces also affect state performance, either independently, or in conjunction with the public sector. The *Scorecard* is designed to help states improve the performance of their LTSS systems so that older people and adults with disabilities in *all* states can exercise choice and control over their lives, thereby maximizing their independence and well-being.

**Results:** The *Scorecard* examines state performance across four key dimensions of LTSS system performance. Each dimension is composed of 3 to 9 data indicators, for a total of 25 indicators. All 50 states and the District of Columbia were ranked. Connecticut ranked:

Overall **11**

- |  |   |
|--|---|
| ➤ Affordability and access <b>8</b>        | ➤ Quality of life and quality of care <b>17</b> |
| ➤ Choice of setting and provider <b>25</b> | ➤ Support for family caregivers <b>20</b>       |

State ranks on each indicator appear on the next page.

**Impact of Improved Performance:** If Connecticut improved its performance to the level of the highest-performing state:

- 3,796 more low- or moderate-income (<250% poverty) adults age 21+ with activity of daily living disabilities would be covered by Medicaid.
- 4,180 more new users of Medicaid LTSS would first receive services in home and community based settings instead of nursing homes.
- 3,907 nursing home residents with low care needs would instead be able to receive LTSS in the community.
- 2,058 unnecessary hospitalizations of people in nursing homes would be avoided.

CONNECTICUT

State Long-Term Services and Supports Scorecard Results

Characteristic/Indicator	2011 Scorecard				
	Score Rate	Goal	State Median Rate	Top 5 States Average Rate	Best State Rate
<b>OVERALL RANK</b>		<b>11</b>			
<b>AFFORDABILITY AND ACCESS</b>		<b>8</b>			
Median annual nursing home private pay cost as a percentage of median household income age 65+ (2010)	345%	48	224%	171%	166%
Median annual home care private pay cost as a percentage of median household income age 65+ (2010)	83%	12	89%	69%	55%
Private long-term care insurance policies in effect per 1,000 population age 40+ (2009)	52	14	41	150	300
Percent of adults age 21+ with ADL disability at or below 250% of poverty receiving Medicaid or other government assistance health insurance (2008-09)	57.0%	8	49.9%	62.2%	63.6%
Medicaid LTSS participant years per 100 adults age 21+ with ADL disability in nursing homes or at/below 250% poverty in the community (2007)	54.9	4	36.1	63.4	74.6
ADRC/Single Entry Point functionality (composite indicator, scale 0-12) (2010)	7.5	27	7.7	10.5	11.0
<b>CHOICE OF SETTING AND PROVIDER</b>		<b>25</b>			
Percent of Medicaid and state-funded LTSS spending going to HCBS for older people and adults with physical disabilities (2009)	27.4%	31	29.7%	59.9%	63.9%
Percent of new Medicaid LTSS users first receiving services in the community (2007)	38.3%	30	49.9%	77.1%	83.3%
Number of people consumer-directing services per 1,000 adults age 18+ with disabilities (2010)	7.3	28	8.0	69.4	142.7
Tools and programs to facilitate consumer choice (composite indicator, scale 0-4) (2010)	3.00	10	2.75	3.79	4.00
Home health and personal care aides per 1,000 population age 65+ (2009)	42	16	34	88	108
Assisted living and residential care units per 1,000 population age 65+ (2010)	*	*	29	64	80
Percent of nursing home residents with low care needs (2007)	15.5%	35	11.9%	5.4%	1.3%
<b>QUALITY OF LIFE AND QUALITY OF CARE</b>		<b>17</b>			
Percent of adults age 18+ with disabilities in the community usually or always getting needed support (2009)	70.9%	18	68.5%	75.5%	78.2%
Percent of adults age 18+ with disabilities in the community satisfied or very satisfied with life (2009)	85.4%	23	85.0%	90.9%	92.4%
Rate of employment for adults with ADL disability age 18-64 relative to rate of employment for adults without ADL disability age 18-64 (2008-09)	29.0%	11	24.2%	42.4%	56.6%
Percent of high-risk nursing home residents with pressure sores (2008)	9.6%	14	11.1%	7.2%	6.6%
Percent of long-stay nursing home residents who were physically restrained (2008)	2.6%	18	3.3%	1.3%	0.9%
Nursing home staffing turnover: ratio of employee terminations to the average no. of active employees (2008)	18.7%	1	46.9%	27.2%	18.7%
Percent of long-stay nursing home residents with a hospital admission (2008)	18.7%	23	18.9%	10.4%	8.3%
Percent of home health episodes of care in which interventions to prevent pressure sores were included in the plan of care for at-risk patients (2010)	89%	31	90%	95%	97%
Percent of home health patients with a hospital admission (2008)	33.7%	45	29.0%	23.2%	21.8%
<b>SUPPORT FOR FAMILY CAREGIVERS</b>		<b>20</b>			
Percent of caregivers usually or always getting needed support (2009)	79.6%	14	78.2%	82.2%	84.0%
Legal and system supports for caregivers (composite indicator, scale 0-12) (2008-09)	3.37	24	3.17	5.90	6.43
Number of health maintenance tasks able to be delegated to LTSS workers (out of 16 tasks) (2011)	1	36	7.5	16	16

\* Indicates data not available for this state

Notes: ADL = Activities of Daily Living; ADRC = Aging and Disability Resource Center, HCBS = Home and Community Based Services, LTSS = Long Term Services and Supports

Refer to Appendix B2 in *Raising Expectations: A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers* for indicator descriptions, data sources, and other notes about methodology. The full report is available at [www.longtermscorecard.org](http://www.longtermscorecard.org)

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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-

wide thinking in order to bridge the gap between the municipalities and the state and area agencies.

In my work with the National Institute of Senior Centers Accreditation Program, in my work with the Connecticut Association of Senior Centers, in my involvement with the Task Force for the Re-establishment of the Department on Aging and the Task Force to Study Aging in Place, in my involvement with the Commission on Aging and the Connecticut Elder Action Network and, most importantly, in my job as the Director of the Newington Senior and Disabled Center, I am witness to both the great potential and the lack of standardization, systemic support and coordination of local services. I believe that the solution is collaborative and that the Commission on Aging, our partners in the aging network and in philanthropy and the relevant state departments are absolutely critical to this. I also believe that, with the foundation that you can create through the Livable Community and Aging in Place bills, together, we will get there.

I understand that we have implemented a Department on Aging. I am deeply interested in the proposed function of the Department. My understanding is that, essentially, the State Unit on Aging has been carved out of the Department of Social Services. In a time when even the federal government has shifted policy to combine its aging and disability administration into one Administration of Community Living it is not clear how this the best structure for Connecticut. We do need to build capacity in our communities, to pilot innovative approaches and expand pockets of excellence so that access to programs is not dependent on the Town you live in, and we need leadership in executing the cross department and intergovernmental initiatives that are needed. These things were all possible with a State Unit on Aging within the Department of Social Services and really did not happen. The only difference now is the appointment of a Commissioner. With the right person, it is an opportunity to engage a leader that can build bridges, establish and cultivate partnerships, that can provide the system-wide vision and cutting edge approaches that continue to emerge. Otherwise, it is more of the same in an even more fragmented system.

Finally, I cannot overstate that the Department on Aging and the Commission on Aging are not interchangeable. They serve absolutely different functions and we are at too critical a time to lose the Commission on Aging. They provide a level of leadership, research, analysis and objective advocacy that simply will not exist.

Thank you for the opportunity to address you today.