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DEPUTY SPEAKER GODFREY:

Representative Aresimowicz.

REP. ARESIMOWICZ (30th):

Thank you very much, Mr. Speaker.

I move we move the following item to the Consent Calendar.

DEPUTY SPEAKER GODFREY:

Question is on moving this to Consent Calendar. Is there objection?

Hearing none, this is placed on the Consent Calendar.

Mr. Clerk, 512.

THE CLERK:

House Calendar 512, Favorable Report of the joint standing Committee on Appropriations, Substitute Senate Bill 179, AN ACT CONCERNING THE ALZHEIMER'S DISEASE AND DEMENTIA TASK FORCE RECOMMENDATIONS ON TRAINING.

DEPUTY SPEAKER GODFREY:

Representative Aresimowicz.

REP. ARESIMOWICZ (30th):

Thank you, again, Mr. Speaker.

Mr. Speaker, I'd like to move the following item to the Consent Calendar as amended by Senate "A."

DEPUTY SPEAKER GODFREY:

The question is moving this item to the Consent Calendar with Senate "A." Is there objection?

Hearing none, so ordered.

Mr. Clerk, 450.

THE CLERK:

House Calendar 450, Favorable Report of the joint standing Committee on Government Administration and Elections, Substitute Senate Bill 70, AN ACT CONCERNING THE GRANT OF PROPERTY INTERESTS IN PROPERTY HELD BY THE DEPARTMENT OF AGRICULTURE AND ENERGY AND ENVIRONMENTAL PROTECTION AND THE ESTABLISHMENT OF A PUBLIC USE AND BENEFITS LAND REGISTRY.

DEPUTY SPEAKER GODFREY:

Representative Aresimowicz.

REP. ARESIMOWICZ (30th):

Mr. Speaker, I move the following items to the Consent Calendar as amended by Senate "C."

DEPUTY SPEAKER GODFREY:

The question is on putting this on the Consent Calendar as amended by Senate "C." Is there objection?

Hearing none, so ordered.

Three-twenty-six; Mr. Clerk.

506 from the Consent Calendar, please.

DEPUTY SPEAKER GODFREY:

506 is removed from the Consent Calendar.

Representative Aresimowicz.

REP. ARESIMOWICZ (30th):

Mr. Speaker, I'd like to remove Calendar 508 from the Consent Calendar, please.

DEPUTY SPEAKER GODFREY:

Calendar 508 is removed from the Consent Calendar.

Mr. Clerk, would you kindly call the Consent Calendar.

THE CLERK:

Mr. Speaker, Consent Calendar Number 1, consisting of Calendar Numbers 548; 512, as amended by Senate "A"; 450, as amended by Senate "C"; 236, as amended by Senate "A"; Calendar 425; Calendar 518, as amended by Senate "A"; Calendar 452; Calendar 511; Calendar 5 -- excuse me -- 458; Calendar 491; Calendar 467; Calendar 468; item under suspension, 535; Senate Bill 00114, as considered under suspension; Senate Bill 417, suspension; Calendar Number 537, as amended by Senate "A"; Calendar 498; Calendar 499, as amended by Senate "A"; Calendar 508; and, House Bill -- what

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SB417
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SB309
HB5312

is it? Is off -- excuse me -- and House Bill 5312, which was done under suspension with Senate "A" and "B."

DEPUTY SPEAKER GODFREY:

Thank you, Mr. Clerk.

Just -- just for my own clarification, was -- that was 326 not 236?

THE CLERK:

Three-two-six.

DEPUTY SPEAKER GODFREY:

Thank you, sir.

Representative Aresimowicz, what's your pleasure on today's Consent Calendar?

REP. ARESIMOWICZ (30th):

Thank you very much, Mr. Speaker.

Mr. Speaker, I move passage of the bills on today's Consent.

DEPUTY SPEAKER GODFREY:

Question is on passage of the bills on the Consent Calendar.

Staff and guests please come to the well of the House. Members take their seat. The machine will be open.

THE CLERK:

The House of Representatives is voting by roll.

The House of Representatives is voting by roll, by -- on today's first Consent Calendar. Will members please report to the Chamber immediately.

DEPUTY SPEAKER GODFREY:

Have all the members voted?

Ladies and gentlemen, before I call for the machine being locked, I need to note that the board is not completely in line with the motion. Calendar 520 "A," which unfortunately is up on the board, was -- there was no motion to put that on the Consent Calendar. Unless there's objection, we'll just fix it ministerially and proceed on. Is there any objection to that solution?

Thank you all.

If all the -- if everyone has voted, the machine will be locked. Clerk will take a tally.

And the Clerk will announce the tally.

THE CLERK:

Consent Calendar Number 1.

Total Number Voting	148
Necessary for Passage	75
Those voting Yea	148
Those voting Nay	0

Those absent and not voting 3

DEPUTY SPEAKER GODFREY:

The Consent Calendar as moved, the bills on it are passed.

And now, Mr. Clerk, we will do Calendar 528.

THE CLERK:

House Calendar 528, Favorable Report of the joint standing Committee on Insurance and Real Estate, Senate Bill 480, AN ACT CONCERNING LIFE INSURANCE PROCEDURE LICENSES AND REGISTRATIONS OF BROKER-DEALERS, AGENTS, INVESTMENT ADVISERS AND INVESTMENT ADVISER AGENTS.

DEPUTY SPEAKER GODFREY:

The distinguished Chairman of the Insurance and Real Estate Committee, Representative Megna.

REP. MEGNA (97th):

Thank -- thank you, Mr. Speaker.

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

DEPUTY SPEAKER GODFREY:

The question is on passage and concurrence. Would you explain the bill, please, Representative --

REP. MEGNA (97th):

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Mr. Clerk, will you -- will you call the -- 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 on Senate Bill 196 has been ordered in the Senate.

THE CHAIR:

We'll wait a moment to the -- machine to be -- the machine is now open.

If all members have voted, all members have voted, the machine will be closed.

Mr. Clerk, will you please call a tally.

THE CLERK:

On Senate Bill Number 196.

Total number voting 34

Those voting Yea 33

Those voting Nay 1

Absent not voting 2

THE CHAIR:

The bill passes.

Mr. Clerk, will you please call the next bill.

THE CLERK:

On page 34, Calendar 133, Substitute for Senate Bill Number 179, AN ACT CONCERNING THE ALZHEIMER'S DISEASE AND DEMENTIA TASK FORCE'S RECOMMENDATION ON TRAINING, favorable report of the Committee on Aging. There are amendments.

THE CHAIR:

Senator Ayala.

SENATOR AYALA:

Madam President, good evening.

THE CHAIR:

Good evening, sir.

SENATOR AYALA:

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

THE CHAIR:

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

SENATOR AYALA:

Madam President, the Clerk is in possession of an Amendment LCO 5014. May the Clerk please call the amendment and I be given leave to summarize.

THE CHAIR:

Mr. Clerk.

THE CLERK:

LCO Number 5014, Senate "A," offered by Senators Ayala and Kelly, et al.

THE CHAIR:

Senator Ayala.

SENATOR AYALA:

Thank you, Madam President.

Essentially what this --

THE CHAIR:

Senator, would you like to adopt --

SENATOR AYALA:

I the -- I move the amendment.

THE CHAIR:

Motion is on adoption. Will you remark, sir?

SENATOR AYALA:

Yes, thank you, Madam President.

Essentially, what this amendment does on the underlying bill it removes sections 9 and 10 of the bill. Section 9 is the portion that talks about physicians, and section 10 talks about removing the portion that includes police officers.

THE CHAIR:

Will you remark? Will you remark on the amendment?

Seeing none, I'll try your minds all in favor of Senate "A," please say aye.

SENATORS:

Aye.

THE CHAIR:

Opposed.

Senate "A" is adopted.

Senator Ayala.

SENATOR AYALA:

Thank you, Madam President.

This bill is a bill that comes to us after long

work that was done this past year and there was a task force that was assembled, and we have folks who are very knowledgeable on the issue of Alzheimer's and on that report we had a series of recommendations for us to adopt this upcoming year, and this is but one of hopefully many other bills that will come before us, not necessarily this year but in upcoming years. This particular bill, what it asks us to do is essentially is a training bill. It asks individuals that deal with our senior population and individuals that have Alzheimer's and dementia to get training in the disease to ensure that we have people who are knowledgeable, who know what to look for, who understand the different signs of patients that are actually going through the disease at that particular moment. I'm going to read a list of some of the individuals that are covered in this particular bill. First and foremost, nursing home administrators, they must ensure that facility staff receive training. Secondly, this bill requires Home Health Agencies, Residential Care Homes, Assisted Living Services Agencies and License Hospice Care Organizations to ensure that their staff are trained in Alzheimer's and dementia. In addition, all licensed and registered staff and nurses aids who provide direct care to patients in Alzheimer's Special Care Units or programs, they must receive training. In addition, anyone applying for a new Nursing Home Administrator's License, they must receive training. The bill also requires the Probate Court Administrator to develop a plan to train Probate Judges, paid conservators and other fiduciaries in diseases and disorders which effect a person's judgment to get training as well. In addition, employees assigned to the DSS's Protective Services for the Elderly program who interact with seniors on a daily basis, they must receive training, and last but not least, also EMTs are required to get training in Alzheimer's disease and dementia.

THE CHAIR:

Thank you.

Will you remark? Will you remark?

Senator Kelly.

SENATOR KELLY:

Thank you, Madam President, and thank you, Senator Ayala for your leadership on this issue. I'd also like to thank Representative Joe Serra who served on the task force that met during the last, you know, the end of last year that basically pulled together a lot of the information that is the basis of this bill.

As Senator Ayala has indicated, there are a lot of people that come into contact with our seniors, and I know yesterday we talked a lot and we heard a lot of people mention the silver tsunami. It was a word that was talked a lot about yesterday, but the fact of the matter is this is a real issue that is not going away. As Senator Ayala mentioned at the beginning of today's session, Connecticut's the 7th oldest state. Striking statistic I learned today, when the leading age met this afternoon, Connecticut's average age is the same as Florida. So these are statistics that are present and we need to address that. This is one bill that starts on that road to addressing the issue that we know is coming. It starts with training and becoming aware.

And while the amendments struck a couple of groups out, my hope and desire would be that those groups in some future piece of legislation decide to come in because this is not an issue that's going to bypass their profession or their area of life or where they -- they come in contact with the public. It is a real issue, it's an issue that needs to be addressed and anything that we can do to raise the level of awareness and help those people that are dealing with this chronic and difficult disease is well worth the effort and cost to do so. I stand in support of the amendment and the bill and I urge its adoption. Thank you.

THE CHAIR:

Thank you.

Will you remark? Will you remark?

Senator Welch.

SENATOR WELCH:

Thank you, Madam President.

I too, stand in support of this bill. I thank Senator Ayala and Senator Kelly for their hard work because this is an issue that we need to talk about. I only have two regrets, Madam President, and those are the groups that we struck and the other regret is that we didn't talk about this last night, Madam President, because I think the discussion might have been a little bit more richer. Thank you, Madam President.

THE CHAIR:

Thank you. Will you remark?

Senator Gerratana.

SENATOR GERRATANA:

Thank you, Madam President, yes, I will.

I want to speak in favor of this legislation and just share with the chamber a personal experience, a very, very dear friend of ours developed Alzheimer's, unfortunately at a very early age, and he and his wife were walking through a park conservancy area one day when he became medically ill and she called, of course, for service -- emergency service to take care of his illness, and unfortunately what happened is that a police officer went to respond to the call with the EMT, the Emergency Services Person and I guess to assist, I don't know what the purpose was exactly, and unfortunately what happened is that of course our dear friend reacted to the

police officer who then proceeded to take our friend down as they say in law enforcement. If that officer had had the training, and the knowledge to understand how Alzheimer's patients act and react, I think the protocols would have been a lot different. So, I appreciate very much this bill, and I thank Senator Ayala for bringing it out and of course I hope the chamber will vote favorably. Thank you.

THE CHAIR:

Thank you.

Senator Kane.

SENATOR KANE:

Thank you, Madam President. Through you, a couple questions to the proponent of the bill.

THE CHAIR:

Please proceed, sir.

SENATOR KANE:

Thank you, Madam President.

Both Senator Welch and Senator Gerratana just stood up and Senator Welch mentioned that he regrets that section 9 and 10 were removed and Senator Gerratana just gave a story of a couple that interacted with a police officer. Can you tell me, through you, Madam President, why those two sections were removed?

THE CHAIR:

Senator Ayala.

SENATOR AYALA:

Thank you, Madam President.

Through you, essentially the portion, Section 10, was removed because of the fiscal note that it

would have contained had it gone through and that was the portion on the police officers. Section 9, which covers the physicians, that was removed because after having some consultation and with doctors that may have been going for licensure or relicensing better said, there was a gap or time period between there that created a little bit of a gray area that caused concern amongst folks within that profession, so, in essence, we removed that to try to deal with that concern as we go forward.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madam President.

I appreciate Senator Ayala for that answer. And I, too, rise in support of the bill and look forward to its passage but it seems to me that we removed the fiscal note when it effects municipalities or the state of Connecticut but can you tell me if the remaining portions of the bill are mandates upon anyone?

Through you.

THE CHAIR:

Senator Ayala.

SENATOR AYALA:

Through you, Madam President, there are not mandates. Essentially, what it is, these groups of individuals kind of do their own in-service training already and the desire is to have that taken care of within that in-service that they do.

SENATOR KANE:

Great.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madam President.

I thank Senator Ayala for answering my question. Just want to make sure that we treat everyone equal and not set different standards for different individuals and I appreciate his answers and look forward to passage of the bill. Thank you.

THE CHAIR:

Will you remark? Will you remark?

Senator McLachlan.

SENATOR MCLACHLAN:

Thank you, Madam President.

I stand in firm support of the bill, I'd like to thank Senator Ayala and all who worked on the task force to study this issue. I believe this is a good first step on Alzheimer's and dementia education. I've experienced it first hand and I am hopeful that this will help many people in the future. Wouldn't it be wonderful if there were a cure for it? Thank you, Madam President.

THE CHAIR:

From your mouth to God's ears.

Would you remark?

Senator Ayala.

SENATOR AYALA:

Thank you, Madam President.

As the good senator mentioned, there isn't a cure

for this disease and my colleague, Senator Gerratana, also mentioned another piece that's really important to us and we -- we stand committed in the Aging Committee to continue to push forward and to move further initiatives in regards to this disease because of the fact that it's continuing to increase. We're not going to go backwards on this so we need to make sure that the state of Connecticut is prepared that everyone that works with our seniors, that has contact with our seniors, that they're -- they are best trained to handle that most terrible, terrible disease and, Madam President, if there is --

THE CHAIR:

Senator -- Senator, we have to vote on the amendment first.

So, I'm sorry we did. You're right, sorry. I apologize.

SENATOR AYALA:

No need to apologize.

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

THE CHAIR:

Seeing no objections, so ordered, sir.

Senator Looney.

SENATOR LOONEY:

Thank you, Madam President. Madam President, I believe that the next go item is one that we need to mark pass temporarily. That was Calendar page 38, Calendar 231. We've been waiting for an amendment on that item and do have some additional items to mark as go at this time, Madam President. Beginning --

THE CHAIR:

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THE CHAIR:

Senator McLachlan.

SENATOR MCLACHLAN:

Thank you, Madam President.

THE CHAIR:

Oops, I'm sorry, Senator McLachlan.

Senator Looney, why do you stand, sir?

SENATOR LOONEY:

Thank you, Madam President.

If this item might be passed temporarily. We will return to it shortly but first would ask the Clerk to read the items on the Consent Calendar so that we might proceed to a vote on the Consent Calendar.

THE CHAIR:

Mr. Clerk.

THE CLERK:

On today's Consent Calendar, page 4, Calendar 292, Senate Bill 438; on page 7, Calendar 335, House Bill 5149.

On page 12, Calendar 392, Senate Bill 261; Calendar 400, Senate Bill 155; Calendar 409, Senate Bill 491.

And on page 33, Calendar 45, Senate Bill 14.

On page 34, Calendar 130, Senate Bill 45; also on page 34, Calendar 133, Senate Bill 179; Calendar 100, Senate Bill 55.

On page 37, Calendar 195, Senate Bill 61; page 40, Calendar 271, Senate Bill 194; and on page 41, Calendar 285, Senate Bill 464.

THE CHAIR:

Mr. Clerk, will you call for a roll call vote on the Consent Calendar. The machine is open.

THE CLERK:

Immediate roll call has been ordered in the Senate. Immediate roll call on the first Consent Calendar for the day has been ordered in the Senate.

THE CHAIR:

Have all members voted? All members voted. The machine will be closed.

Mr. Clerk, will you please call a tally on the first Consent Calendar?

THE CLERK:

On today's first Consent Calendar.

Total Number Voting	35
Necessary for Adoption	18
Those voting Yea	35
Those voting Nay	0
Those absent and not voting	1

THE CHAIR:

The Consent Calendar passes.

Senator Looney, shall we return to page 42?

SENATOR LOONEY:

Madam President.

THE CHAIR:

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I'm chairing in, unfortunately. The cochair in that committee is not going to be in today, so I have to open that meeting. So I'll be leaving and the ranking chairs and the vice chairs will be running the meeting until myself and Representative Serra get back in. All right.

Thank you very much.

Our first speaker is Nancy Shaffer. Is Nancy here? There she is.

SB 179
HB 5222
HB 5226

NANCY SHAFFER: Good morning, Senator Ayala, and Representative Serra, and the members of the Aging Committee.

I appreciate this opportunity and I had asked permission if Brian Capshaw, Brian is a resident at Aurora East Hartford, if he could join me because we've collaborated on this testimony. If you don't mind indulging us in that regard.

My name is Nancy Shaffer and I am the Connecticut State Long-Term Care Ombudsman. Per the Older Americans Act and Connecticut General Statute 17b-400 through 417, it is the duty of the State Ombudsman to provide services to protect the health, safety, welfare, and rights of the residents of skilled nursing facilities, residential care homes and managed residential communities, or what we also call assisted living facilities.

As a state ombudsman, it is my responsibility to advocate for changes in laws and governmental policies and actions that pertain to the health, safety, welfare, and rights of residents with respect to the adequacy of long-term care facilities. And I do appreciate this opportunity to testify on behalf of the many

thousands of Connecticut residents who receive long-term services and supports.

I am testifying today regarding the following raised bills: S.B. Number 179, Raised, AN ACT CONCERNING THE ALZHEIMER'S DISEASE AND DEMENTIA TASK FORCE'S RECOMMENDATIONS FOR TRAINING. There's specific recommendations related to training, type of training, and schedule of training contained in this proposal.

Most skilled nursing facilities periodically do provide in-house dementia training to their staff. The recommendations in this legislative proposal will provide a framework and a schedule for the facility administer -- administrator to ensure that this training is provided. It provides a universal template for all facilities in the state.

Especially significant in this proposal is the requirement for each nursing facility to establish a dementia care committee and that's to review -- and this is a quote from the proposal, "To review and make recommendations to the administrator concerning residents with dementia, including but not limited to: (1) factors which affect person-centered care; wellness indicators, and staff training programs for dementia care capability."

I think this adds an aspect of resident-centered and facility-specific detail to the homes' plan that is really extremely important and beneficial. Not all homes nor all staff, and certainly not all residents with dementia, are the same. The individualized plan of care for the skilled nursing home is an excellent idea, I believe.

House Bill Number 5222, AN ACT CONCERNING A STUDY OF FUNDING AND SUPPORT FOR HOME AND

REP. JANOWSKI: You're quite welcome. And thank you so much for being a co-introducer on the bill.

A VOICE: Thank you for testifying today.

I want to acknowledge your leadership on a number of bills last session, ones that I certainly concurred on. I hope we can count on your leadership again this year, particularly as it requires us dealing with Appropriations and finding the money for this. I hope we can really build a strong coalition and I look forward to working with you to make sure these bills get passed.

SENATOR AYALA: Representative Janowski, thank you so much for your testimony. We appreciate it.

Any further questions by committee members? Seeing none at this time, thank you.

Our next speaker is Deb Migneault who is representing the Connecticut Commission on Aging.

SB177 SB179
HB5001 HB5222
HB5223 HB5228

DEBORAH MIGNEAULT: Good morning, Senator Ayala, Representative Adinolfi, members of the Aging Committee. Thank you for having me here today and offer me the opportunity to speak on several bills before you.

As you know, I'm the senior policy analyst for Connecticut's Legislative Commission on Aging. I have submitted written testimony that you should have in front of you on several bills. I will spare you from reading all of my testimony. I will try to keep it short and sweet.

So I -- I'm going to start with Senate Bill 174, AN ACTION CONCERNING FAIRNESS AND MEDICAID

Moving on to Senate Bill 177, AN ACT CONCERNING A COMMUNITY SPOUSE'S ALLOWABLE ASSETS. Connecticut's legislative commission on aging long-held principle to create a system through a series of policies, programmatic, and funding reforms that allows people to receive services and supports in the environment of their choice.

As couples age and they may have a need for nursing facility care and one of the couple may end up in a nursing facility, leaving one person home in the community, Senate Bill 177 would help ease the financial challenges of that community's spouse and we certainly support that.

Connecticut is making significant strides to help people age in their homes and communities and we should follow the lead set -- the example set by other states like Massachusetts, Vermont, Maine, California, Colorado, Arkansas, Hawaii, Illinois, Louisiana, Mississippi, to provide the maximum community spouse protection. So we are certainly supportive of that.

Senate Bill 179, AN ACT CONCERNING ALZHEIMER'S DISEASE AND DEMENTIA TASK FORCE'S RECOMMENDATIONS ON TRAINING. We are very pleased to offer our support of this training bill. Connecticut's Legislative Commission on Aging was proud to serve as the administrative staff of the task force on Alzheimer's disease and dementia.

The task force studied numerous areas including looking at -- I'm sorry, numerous services for people diagnosed with Alzheimer's disease and dementia. And the recommendations put forward in the report focused on public awareness,

encouraging and promoting early detection, and diagnosis and disease and addressing gaps in quality of care.

A cornerstone -- a recommendation of the task force's report where several recommendations supporting more comprehensive dementia training for several groups. I would like to first thank Miss -- the -- the support of this committee, public health committee, human services committee, and -- and the task force, and also state that it was really quite a pleasure to serve on that task force to be administrative staff.

The people around the table, many of whom are sitting in this room now and will be up before you to testify, are truly experts on Alzheimer's disease and dementia care. We had community-based service providers, for-profit nursing homes, non-profit nursing homes, physicians, probate court judges, you name it. They're all sitting around the table as well as many state agencies.

Many, many hours of deliberation went into the recommendations in that report, and specifically around the training recommendations that are now put forward to you in this bill. So you will see that the bill has several components. We are very supportive of all of them and I just want to kind of clarify a few things.

Currently there are no specific training requirements for nursing facilities outside of those providing -- that have a dementia-specific unit. We know that 68 percent of people living in nursing facilities have a -- some sort of cognitive impairment. However, not all the staff in those facilities are trained to -- to deal with people that have a

cognitive impairment.

Additionally, there are no specific training requirements for home and community-based providers. So there's, like I said, many components that tries to get at trying to prepare our workforce to be able to work with people that have a cognitive impairment. It helps to prepare them, it reduces retention, it provides for better quality care.

Just so many elements about providing more comprehensive dementia training to people in -- in all -- all these different areas. And I'll leave -- I'll leave my colleagues in the room that are really quite experts to -- to speak further on that. And I'll move on.

House Bill 5001, AN ACT PROVIDING RENTAL COST RELIEF TO ELIGIBLE SENIORS AND PERSONS WITH DISABILITIES, we are certainly supportive of the restoration of the renter's rebate program. As you know, the Governor put forward in the legislator pack -- legislature pack last year closing the program to new applicants and specifically excluding from eligibility any renter who do not receive a grant in calendar year 2011 and made budget adjustments based on that.

The renter's rebate program was originally intended as a companion piece to the circuit breaker program for low-income homeowners and has historically provided a partial reimbursement for rent and utility bills.

In my testimony you will see that average rent rebates are between 400 and 500 dollars for a married couple and 6 and 700 dollars for a unmarried applicant. The Connecticut elder economic security initiative, which we partnered with the permanent commission on the

ELIGIBILITY FOR ALZHEIMER'S DISEASE RESPITE. Certainly the work of the task force this last year put forward several recommendations that are aimed at trying to support our caregivers who provide an estimated $1 billion in unpaid care annually to Connecticut residents. They -- it's over -- it's said many, many times that they are the backbone of our -- our system.

And so anything that we can do to support caregivers, we should be doing. It is both -- it is cost effective for the state to be putting money in that area and also providing for higher -- higher quality of care.

It's important to note that the respite care program is not an entitlement program. It is a line item appropriation in the budget. So if you increase income limits on the program, you would also want to increase the line item appropriation so that we can continue to provide respite care to low income as well as a little bit higher-income people for respite care services. So I will end there.

Thank you for your patience in listening to me comment on all these bills. Certainly here to answer any questions you have either now or any time, give the office a call.

Thank you.

SENATOR AYALA: Deb, thank you for your testimony this morning.

SB179

I want to thank you for your leadership in the Alzheimer's Task Force and ensuring that that process went very well. And more importantly for all the assistance you've given to me as I've come on to this committee as a new chairman. You've been very available to help me understand the many, many issues of aging.

I have one question that I -- I just want to pose to you, and it come on the point where you were talking about the dementia training. Can you just tell me what is the -- what is dementia training in your eyes look like? What -- what -- how would that sort of roll out in a perfect world where it would make sense and really address the issues that we're looking at?

DEBORAH MIGNEAULT: Yeah, I -- I'll be happy to answer that, and I will also say there's many people that are going to come after me that are really quite experts in this and I'll let them speak to that as well.

But I think that what -- what we're talking about is really embedding within existing training when you're working with consumers that have Alzheimer's and dementia, what the challenges may look like. How -- how people -- different people react in different ways, being prepared for that as somebody that is providing services to somebody with dementia.

One of the things that was discussed quite -- quite at length in our -- in our subcommittee meetings with the task force was you have to provide fire safety training. You have to provide abuse and neglect training when you're a nursing -- nursing facilities have to provide all these different things.

How do you put a lens on all of that when you -- when you are working with somebody that has dementia? So if you have -- if the fire alarms are going off, you know you have to do certain things. You have to close the doors and you have to do all these things that are required. How do you work with the person with dementia who's also experiencing that fire alarm going

off and it's probably scaring them and they're not sure what's going on.

When you talk about abuse and neglect, again, having that lens. When you have 68 percent of people living in a nursing facility with a cognitive impairment, that lens almost always has to be on. And I think what's important is, you know, just specific to nursing facilities just because there's already some training around that and, you know, I can visualize it in a way, you know, you have staff in a nursing facility that some staff are -- is getting trained but others aren't.

It's not across the board and so you have housekeepers that are going into a room that are emptying a garbage can or cleaning the floors and you have a person with a cognitive impairment there. And if that housekeeper is not trained on how to interact with a person with -- with a cognitive impairment, you may be the -- putting that person at -- in a very uncomfortable position. They might not understand what's going on around them and so how do you approach -- how do you approach that person?

And same thing with dietary staff and you -- you been -- you could see, you know, how I'm thinking this through. So I think that it's with a -- it's training that's already provided with a lens on making sure that we're really focused on providing information to our -- our workers and preparing them in how to interact with somebody who has Alzheimer's or dementia or cognitive impairment.

SENATOR AYALA: Thank you for your answer.

Any questions from committee members?

Representative?

REP. HAMPTON: Good morning. Thank you for being here. Thanks for all your hard work and especially on the Alzheimer's Disease Task Force. I know Laurie's here and she's terrific, too.

On the training issue, I've been thinking more and more about how caregivers who are caring for their elderly parents, whether it's with Alzheimer's or anything else, did the topic come up of how that effects them in the workplace? So how do we train and make employers more aware of well, Mr. Smith is coming in tired and he's stressed and not maybe producing as well in the office because he had a bad night or she had a bad night caring for their parents.

Are we training the workplace to be more compassionate, more understanding, availing resources in the workplace for tired, weary caregivers, because there's going to more and more. Was that discussed (inaudible)?

DEBORAH MIGNEAULT: Oh, yeah. Right at my -- I think there's some recommendation in the task force report, and I can't remember -- I should have brought it up with me, around how do we prepare EAP, Employee Assistance Programs. How do we reach out to them and help inform them and be prepared for that exact situation? How do we, I think, you know, flexibility in -- in the workplace as far as caregiving, I think that's a challenge across the board.

How do we promote flexible work -- workplace policies that allow the people to have to leave to provide care and understanding of that was certainly discussed. Generally, there's a recommendation in the plan which isn't part of

this bill, but generally there was a recommendation, actually several recommendations, about raising awareness about Alzheimer's and dementia in our -- in our state in general.

There is not going to be a time -- oh, look at this. Oh, isn't that nice. These are good. They're good people.

Generally, raising awareness about Alzheimer's and dementia around -- there's not going to be -- every -- every person in this room is going to encounter somebody that they know and love dearly that has a cognitive impairment, and it's going to be when you go to the grocery store and when you go to the bank and when you -- everywhere you go.

And so how as a -- as a whole do we raise awareness about what's that like for that person and how do we prepare for that, how do we interact with people? And so there's lots of discussion around that. And so we hope that if we can do that as -- as a broad-based public awareness, that we will get to employers and help to -- help employers understand the -- the people that are -- these employees that are coming to their workplace tired and weary and exhausted and trying to provide care.

So, general raising awareness is a really important piece, and there was recommendations around employer EAP programs and things like that as well. Just not in this bill, and I will say this is -- this is really a first step with the report was released January, so we had sort of a short time frame to get this bill together, but there's -- there's more to do. You will see more bills.

SENATOR AYALA: No other questions? Comments?

SENATOR AYALA: Thank you.

KELLY SMITH PAPA: Good morning, Senator Ayala, distinguished members of the Aging Committee.

My name is Kelly Smith Papa. I'm a master's prepared registered nurse and I'm -- I'm the corporate director of Learning at Masonicare. I'm here today, I'm honored to be here today, in the capacity of the chair of the workforce training and development subcommittee of Alzheimer's and Dementia Task Force to testify and support a Senate Bill 179, AN ACT CONCERNING THE ALZHEIMER'S DISEASE AND DEMENTIA TASK FORCE'S RECOMMENDATION ON TRAINING.

I'm also honored to be here today to support -- I'm sorry, to submit and support the submitted written testimony of -- of Steve McPherson, the president and CEO of Masonicare to the Aging Committee in support of House Bill 5229, AN ACT CONCERNING THE EXPANSION OF SMALL HOUSE NURSING HOME PILOT PROGRAM, and I'd be happy to answer questions on that as they arise.

SB179

But -- but part of my -- my testimony here today that I'd like to speak about has to do with my experience on the task force. I was honored to be appointed by Representative Adinolfi and was inspired by the work of the entire task force. I was honored to serve this amazing group of people.

The subcommittee found that individuals with Alzheimer's disease served throughout the healthcare system as well as throughout our -- the community, in our opinion, many of them are not equipped to deal with the unique needs of individuals with dementia.

I had the honor of working in aging services

for almost 20 years as an educator, nurse educator, and many nursing leadership roles, and I've had the opportunity to teach and consult healthcare professionals across the country. I've seen many examples of the benefit of providing quality, meaningful education to staff who support people with dementia.

Senator Ayala, I enjoyed your question about what does this dementia education look like, and I believe I have a story to share a little bit about that.

I have an example of a nurse. She was a 3:00 to 11:00 RN supervisor. Her name was Rose, and every day when I'd see Rose, I'd say, Rose, how -- how are things going? And she'd say, Oh, oh, Mister, this gentleman who had dementia was causing her so much stress and anxiety.

She was -- she really (inaudible) capacity of her knowledge to be able to care for him night after night and the anxiety kept rising. Her frustration kept rising. He had fallen a bunch of times. He had hit staff. He was refusing to eat.

And Rose really felt like she had maximized any knowledge she would have to be able to care for him and his unique needs at this time of distress. Staff frustrations were rising. The resident was becoming more and more distressed. Family members were getting upset and staff morale was just low.

We were able to put together a day of training, a day of learning, I should call it, for this team of people. And the following day I walked over to this nurse, Rose, and I said, Rose, how is Mr. -- Mr. Smith, I'll say, last night? And she said, He was fine. And to my shock,

because her usual answer was filled with emotion and frustration, to my shock her saying he was fine, I said, Well, what changed? You know, kind of in an awe moment.

And she said, I changed. I changed my approach with him. I better understand what life is like through his perspective right now. I altered the way I usually go about my care and help directed the staff in that way. You know, if I had a fractured arm, you'd probably know how to support me right now. You'd probably know what I might -- you might -- I might need your help with the door, to get up from my feet.

But when somebody has changes in their brain that you can't see because you can't see through their hair and their skull, we need a different type of education, a different type of learning. So I was so appreciative of your question.

I do feel through Rose's example here the first thing I changed. We also see that there's a huge benefit and return on investment, not just for the elders that we're entrusted to serve, but also for the staff and the talented people who give their life to serve these elders who are in -- in their -- in their care.

I've also seen situations where better outcomes would have resulted had just minimal amounts of training been provided. This is why the subcommittee recommends that dementia-specific education and training be completed within 120 days for direct-care workers in specialized dementia care units, rather than their requirement of six months. It just feels too long.

Since there are currently limited training

requirements other than those working for people -- those working in special-care units, and there's a broad spectrum of workers that interface with individuals with dementia that are not cared for in special-care units, such as in the community, the task force determined that requiring minimum training in dementia care for all staff in these other areas upon hire and annually thereafter was appropriate and would go a long way improving patient care, safety, staff -- staff competence, and engagement.

Our intent was to create reasonable requirements and expectations that would not be costly or overbearing. We also felt strongly that the training requirements should be connected, as Deb shared, with existing training requirements, so as we are talking about fire safety or dining, that we're also integrating right into those conversations including their -- the needs for that person with cognitive impairment.

Thank you for your support in raising this bill and advancing the workforce training recommendations of the task force. And I'm happy to answer any questions on this, or and also the Act concerning the expansion of small house nursing home pilot program.

SENATOR AYALA: Kelly, thank you for your testimony.

And thank you for helping to provide a very clear example of -- of what that training looks like. Oftentimes when, as a legislator and we're looking at bills and we're looking at all of the -- the language that's before us, sometimes we lose the -- the forest for the trees, because those -- the language that's provided doesn't really give us a clear example of how that applies to real life. So you

helped me see the trees, so I -- I appreciate that.

One question that I would like to ask, and maybe it isn't specifically pertaining to this training, but you -- you made a comment that one or all of us will someday come in touch with this disease in a very personal type of a way, and it has happened to me. And one of the things that concerns me is what -- what kind of training happens to the family that may not necessarily be employees of a specific place to help them be able to cope with the family member that at one time was probably very independent and now is so dependent on others?

Is there any conversation or anything that you can lend or that you can tell me that I can bring back to people like that?

KELLY SMITH PAPA: Absolutely. I love this question because you're so right. Some of the -- the most simple tips and techniques to just help a family member get through the day better.

So for -- for a -- a -- an elder who is saying that they were looking for their mother and just to be able to have that one tip and technique to say, tell me about your mother, rather than saying, I'm sorry, your mother passed away 25 years ago, could help this family member so much.

We talked a lot on the task force, and especially in the subcommittee level about trying to find a way to (inaudible) and there is language to it in the -- in the recommendation, similar to the model of CPR. You know, the CPR model of we have BLS, basic life support, intense level of training for CPR. Then we kind of go down a little bit. We have heart saver which is just an in-between

for people who may come in contact with people that may need that.

And then we have a friends and family version. And we like that model as a way to say depending on what your connection with somebody with dementia would be, we want to find a way to match you up with the right amount of education and have it roll out in the right way. Because there is a -- over a week's worth of material to learn about caring for somebody with dementia, but what would be the most meaningful to you right now in the space where you sit and your connection with that elder with dementia?

So whether it's a family member or every single day you're working on a special care unit. So we really wanted to find a way to tier it out, have it be personally meaningful. We spoke a lot about the difference between competence and training, difference between education and training, and difference between finding a way to make people transform their approaches versus just sitting in a class and looking at a bunch of bullets on a PowerPoint slide. You know, really impactful education.

It had to be tiered out in the way, and there's language in the recommendations, tiered out in the capacity of which the amount of time you're spending with people with dementia would (inaudible).

SENATOR AYALA: Thank you so much for that response. That was very helpful.

Any questions? Let's go to my right and then we'll --

REP. ADINOLFI: Welcome. Good to see you.

Just a question I have. I've been at the facility you're associated with a number of times. And I know that you have a dementia and Alzheimer's facility there. About how many people are you treating there or taking care of would you say, approximately? I don't know if you know the whole number. I -- I -- my estimate is on that third floor there must be at least 150?

KELLY SMITH PAPA: Absolutely. You're probably right on for that -- for that one building in -- in Wallingford. I believe that there are -- I'd say 140 probably living on the -- on the three different areas. But out of the 4500 people that we serve every single day, and the majority of them are in the community, that the research will show over 68 percent of them have some form of dementia.

There is also people living in our assisted living in our areas there and in Newtown that also are at kind of early stages of Alzheimer's disease, in which can still be fairly independent with -- with maybe dining, being able to eat, but they wouldn't be safe, you know, to be in a car anymore. And they wouldn't -- they wouldn't know maybe how to dress for the -- for the right season or be able to find their way back to their bedroom.

The people who are living then in a skilled nursing site are requiring more of that hands-on. Maybe their -- their ability for vision has decreased down to just a monocular-type vision so we need to approach them a little bit differently.

But I would say out -- out of 4500 people, every day across all of our -- all of our towns and staff serving them, I would probably say probably about 3,000 of them have some form of

dementia. There's actually over 70 types of dementia, I believe, Alzheimer's disease making up the most frequent effect that we see so.

REP. ADINOLFI: Okay. Thank you very much.

SENATOR AYALA: Any other --

Representative Rovero.

REP. ROVERO: Thank you.

Thank you for your testimony. I think we all realize the importance of the training and so forth. And I'm especially concerned about the fact of the families that are trying to keep their loved ones at home that have no idea what to do to their loved one or help their loved with dementia.

And I -- I think it's an area where this family is keeping someone home, saving the state usually a lot of money by keeping them out of a rest home and so forth, and we don't seem to be providing the help that we should be providing to those people. And I think it's a very, very important -- probably more so than the person in the rest home because somewhere there's at least someone that has a little bit of knowledge.

But someone at home taking a husband or wife, a daughter or son or something, taking care of their loved one has no idea unless they're an RN, like yourself, or other training like that. Has no idea what to do. You know, they escape out of the house, where do they go? Who do I call? Do I want to put it on the -- on the police report that -- that this person, my loved one, has dementia? I'm afraid to say that. I don't want people to know that.

I think we have to go into the homes and try to give the training that -- that they need in these areas. And I thank you very much for all the work done on this.

Thank you very much, Mr. Chairman.

SENATOR AYALA: Thank you.

Any further questions or comments?

Thank you for your testimony.

KELLY SMITH PAPA: Thank you so much.

SENATOR AYALA: Next speaker is Pamela Atwood, followed by Kathy Null.

PAMELA ATWOOD: Good morning, Senator Ayala, and distinguished members of the Aging Committee.

My name is Pamela Atwood and I'm director of Dementia Care Services at Hebrew Health Care in West Hartford. I'm also a certified dementia practitioner and a certified dementia care trainer for the International Council of Certified Dementia Practitioners.

In my 25-year career in aging services, I've learned two important lessons. I learned from my grandmother who had Alzheimer's disease, you can only do what you can do; one of her repeated statements over and over again.

I also learned from my Maya Angelou when we know better, we do better. I'm here today to support Bill 179 to require education about Alzheimer's. I was honored to serve the State of Connecticut as a member of this wonderful, dynamic Alzheimer's task force. It's an important bill because when we know better, we do better.

In the late 1980s we recognized that healthcare-acquired infections were serious and preventable. We started educating everyone about preventing the spread of MRSA and AIDS and other viruses and bacteria through universal precautions. Today even my eight-year-old uses hand sanitizers. When we know better, we do better.

In 1987 the Federal Omnibus Reconciliation Act outlined residents' rights in long-term care settings. Although these rights are unchanged, we require annual education about them because when we know better, we do better.

In the 1990s when we learned more about ergonomics, we started mandating education about proper body mechanics and safe patient lifting. We do what we can do because when we know better, we do better.

In 2009 our state learned that some facilities and community providers were billing themselves as Alzheimer's specialty programs. When we knew better, we did better, and we required training, admissions and discharge criteria, and disclosure for specialty programs. You can only do what you can do.

We cannot yet stop Alzheimer's disease. We cannot yet prevent it. Until we can, we continue to learn about it, and now it's time to recognize we know better and it's time to do better.

More than 68 percent of all people in long-term care have dementia, yet most nursing programs only cover dementia in one evening on a health and aging course. Nurses need to know better. Licensed nursing home administrators get even less education about dementia. Administrators

need to know better.

More than 50 percent of all people over age 85 have some form of dementia. Law enforcement, probate appointees, and emergency medical technicians and homecare staff need to know better.

This bill is easily enacted through the established training programs which range in cost from nothing to a thousand dollars. Dementia-specific education is available through higher educational institutions, nonprofit organizations, such as the National Council of Certified Dementia Practitioners, the Alzheimer's Foundation of America, and the Alzheimer's Association.

In long-term care facilities training will be supported through the establishment of dementia care councils which, as the ombudsman pointed out earlier, allows a facility to make it as unique and specific to that facility's needs.

The council will keep abreast of changes in population-specific issues, trends in care approaches, and quality improvement. This is very similar to how we now handle infection control in long-term care.

When we know better, we do better. When she uttered that quote, Maya Angelou may have been teaching Oprah Winfrey how to live with the mistakes of her past, but today I hope it will resonate with everyone here that it's time to require dementia education and aging services. As my grandmother said, you only can do what you can do.

Together we can do this. We can teach people about behavior management techniques which help avoid anti-psychotic medications. We can teach

staffs how to identify pain in someone who denies that they have any. We can teach emergency responders to identify people who have wandered and how to help them. We can teach healthcare workers how to help people with dementia through retained abilities instead of demeaning quizzes to see if they yet remember the name of the President.

I support Bill 179 because I know we can do what we can do, because we know better and it's time to do better.

Thank you.

SENATOR AYALA: Thank you for your testimony, and I think that based on your phrase I think that we will do better. So I -- I appreciate that.

And I'd like to open it up to any comments from any members from the committee.

Seeing none at this time, thanks for the testimony.

PAMELA ATWOOD: Thank you.

SENATOR AYALA: Kathy Null.

And after Kathy Null, Lisa Labonte.

HB 5228
HB 5225

KATHY NULL: Good morning, Senator Ayala, and also esteemed members of the Aging Committee. Thank you for the opportunity to allow me to testify today.

My name is Kathy Null. I'm an AARP advocacy volunteer from Bridgewater, Connecticut. AARP is pleased that the Aging Committee has raised legislation Senate Bill 179, which would implement training requirements recommended by the Alzheimer's Disease and Dementia Task

Force.

We also support proposals to expand the Connecticut home-care program for elders and Alzheimer's respite care program. As a nonpartisan, social mission organization representing nearly 37 million members age 50 plus, and over 603,000 here in Connecticut, AARP is a strong proponent of accessible, affordable, and quality long-term supports and services.

We believe that the care provided in long-term care settings is only as good as the personnel who provide it. However, workforce challenges remain. Recent findings suggest that there are over 70,000 individuals age 65 and older living with Alzheimer's or a related dementia. Yet despite the growing need, there are few Alzheimer's and dementia training requirements for healthcare professionals serving our individuals in our state.

The competency-based training outlined in Senate Bill 179 would help build a high-quality workforce and improved care for individuals with Alzheimer's and dementia. Specifically, Senate Bill 179 requires a nursing home administrator to establish a dementia care committee at each facility to review and recommend changes to improve person-centered planning, monitor wellness indicators, and identify additional training needs.

The proposal would also ensure that nursing facility employees receive training upon employment and annually thereafter on the symptoms and appropriate care for individuals living with Alzheimer's or dementia. Senate Bill 179 is the result of collaborative discussions with providers, consumers, and advocates on the Alzheimer's Disease and

Dementia Task Force and we urge your support.

Note, AARP also supports expanding eligibility for the Alzheimer's Respite Care Program and the Connecticut Home-Care Program for Elders, provided the expansion does not negatively impact the ability of current enrollees to get services or supports. Both programs are cost effective investments that honor consumer choice and avoid premature nursing home placement.

(HB 5228)

H -- House Bill 5528 raises the income limit for the Alzheimer's Respite Care Program to $50,000 annually. This program provides overburdened caregivers with financial grants to help pay for services such as adult day care, in-home care, and short-term inpatient respite care.

In order to achieve the intended purposes, however, H.B. 5228 must include adequate additional funding so newly eligible individuals can actually receive services. Section two of the legislation suggests the need for more funding, but does not designate a specific amount. We urge support of your effort to secure the necessary funding.

AARP also supports the proposed outline in House Bill 5225 to reduce the copay from 7 percent to 6 percent, and expanded exit -- access to the state-funded Connecticut Home-Care Program for Elders.

This program provides vast resources of home -- of health and social services to individuals age 65 and older at risk of institutional care. The program allows thousands of vulnerable seniors to live independently in their own home and give family caregivers the peace of mind to know their loved ones are safe.

people. I can honestly say from an experience it's a life-saving thing at times, not just a meal for the elderly.

And I want to thank you very much and I sure hope that this increase goes through so you can serve more people because it's a -- I -- I don't how many times I've said this. It's not just a meal, it could be life-saving.

And thank you very much for your time.

TIMOTHY GRILLS: Thank you very much.

REP. ROVERO: Thank you, Mr. Chairman.

SENATOR AYALA: Representative, thank you for your comments.

Any further comments?

Thank you, sir.

TIMOTHY GRILLS: Thank you very much.

SENATOR AYALA: Bette Marafino, followed by Pahola Madera.

HB5222
SB179
HB5228

BETTE MARAFINO: Good morning, Senator Ayala, and distinguished members of the committee.

I'm Bette Marafino, and I'm president of the Connecticut Alliance for Retired Americans, and we represent about 50,000 seniors in the State of Connecticut. Our executive board endorses all the bills put forward by this committee, and we applaud your foresight in addressing the needs and the fears of the seniors in our state.

SB178 SB177
HB5226

We noted that some of these raised bills had been on the agenda of the last legislative

session and died somewhere in the session and are back again, including the senior safety zones and the spouses allowable assets and increase in the personal needs allowance for the nursing home residents. And -- and thank you for reintroducing them and I hope that they will succeed this year.

Today I'd like to focus on three bills all dealing with the care of people with Alzheimer's and dementia diseases, Raised Bill 5222, AN ACT CONCERNING A STUDY OF FUNDING AND SUPPORT FOR HOME AND COMMUNITY BASED CARE FOR ELDERLY PERSONS AND PERSONS WITH ALZHEIMER'S DISEASE; Raised Bill 179, which I'm happy to see has been talked about quite a bit this morning, A BILL CONCERNING THE ALZHEIMER'S DISEASE AND DEMENTIA TASK FORCE RECOMMENDATIONS; and Raised Bill 5228, AN ACT EXPANDING ELIGIBILITY FOR THE Alzheimer's disease RESPITE PROGRAM, which I can speak to that from personal experience.

That when my mother-in-law, who had been ill with dementia for -- for ten years, my brother-in-law needed help to even go out and pay his bills and get his car repaired and get a haircut when he took care of her until her dying day at home.

I recently heard a very sober report on NPR about a couple of weeks ago which said that cases of Alzheimer's and dementia are rising at a very rapid rate, and that society will need to address all of the attendant issues that come with these diseases. And training of personnel who care for these patients is crucial.

About a year ago at a visit -- when I visited my family physician she was telling me that she is on-call a couple of times a month to -- to

some area nursing homes if there is some kind of an emergency, and that she is very disturbed that when she goes to the nursing home she sees a lot of patients who are heavily medicated. And when she asks why, she's usually told to keep them quiet. And that is very disturbing to her. She said for many of these people that is not the way they should be living their life in a stupor.

And so I -- I am very happy to see that there is a bill that calls for training, and I was also impressed with, I think, Kelly's testimony about Rose needing some help to -- to deal with people and to get them through that very, very tough time in their life.

And so we applaud your -- your efforts on all of this, and we know that this is a short session. We know that money is tight in the budget, but we urge the committee to move as many of these bills forward in this session.

Thank you for your time.

SENATOR AYALA: Bette, thank you for your testimony.

And as noted on your earlier (inaudible) testimony, some of these bills are back and some of them got hung up because we just ran out of time. So, hopefully, we'll be able to address the issues that were here before. And sometimes it just kind of takes a little bit of time to get it through the process. But we're working at it and we're hopeful that it will get through.

Any questions from committee members?

Representative Hampton.

REP. HAMPTON: Good morning, Ms. Marafino. How are

you?

BETTE MARAFINO: Good morning, John.

REP. HAMPTON: I just wanted to say thank you.

I worked with the Connecticut Alliance of Retired Americans over the years. They are wonderful nationwide organization that is a strong voice for seniors on many issues. So thank you for all the hard work that you're doing and I want to acknowledge some of your board members here today; (inaudible) and Bill (inaudible) here. So your voice in all of our -- in all of these issues is so important, all your hard work.

So thank you for being here and -- and thank you for all your efforts.

BETTE MARAFINO: Thank you.

SENATOR AYALA: Next on our list of speakers is Pahola Madera, and after her we have a Pat Wallace.

PAHOLA MADERA: Good morning, Senator Ayala, and the rest of the team.

My name is Pahola Madera. I represent the Fair Haven Elderly Apartment at 25 Saltonstall in New Haven, and I'm coming to -- to speak in behalf on the 5001, the rent rebate.

And I did not prepare a paper now because I'm going to talk to you from my heart. I also wanted to let you know that we took some videos and we going to -- we going to email you that so you could watch out for that. Also, wanted -- I wanted to thank Governor Malloy for helping us to increase for the elderly people, you know.

he's been able to really educate me on what exactly the bill does.

So I appreciate you further educating me. And I probably will need even a little bit more, so I probably will reach out just to learn a little bit more of the intricacies of what -- how that bill really works and how it affects our seniors.

So thank you so much.

LINNEA LEVINE: May I just add, though, that Bill 177 is a life-saver. Okay (inaudible).

SENATOR AYALA: I -- I appreciate that and maybe if you can just contact my office, we can set some time to sit down and talk further on it. I mean, I don't want to do it right now, but there'll be conversation between you and I.

Any other comments between members of the committee; questions or concerns?

Thank you.

Next speaker Mag Morelli, followed by Sandra Pniewski. I hope I said that right.

MAG MORELLI: Good morning, Senator Ayala, Representative Serra, and members of the committee.

SB175 SB179 HB5223 HB5226 HB5229

My name is Mag Morelli and I'm the president of LeadingAge Connecticut, a membership organization representing 130 mission-driven and not-for-profit provider organizations serving older adults across the continuum of long-term care, services and supports, and including senior housing.

On behalf of LeadingAge Connecticut, I'd like

to testify on several bills. Today we have submitted testimony on many bills, and I will just comment on a few. I'd also like to offer the committee our assistance as you consider these various issues.

Senate Bill 175, no one has spoken on that yet, but I know that the issue of emergency power in senior housing organizations has been a concern of this committee over the years. And we would support this study and would offer our assistance to both the committee and to the commissioner of housing if the study goes forward.

On Senate Bill 179, AN ACT CONCERNING THE ALZHEIMER'S DISEASE AND DEMENTIA TASK FORCE'S RECOMMENDATION ON TRAINING, we are pleased that several qualified dementia care specialists from our member organizations were appointed to serve on the task force. We supported the creation of the task force and applaud its important work. The report that was produced by the task force should serve the state well as we move forward in planning the future needs of our aging citizens.

The bill before you today is very well-intended and we support the concept of enhanced training throughout the field of aging services, which would be beneficial to those we serve who are suffering from Alzheimer's disease and other dementia-related conditions. We do have some specific comments related to the proposal as written, and we submit the comments with our support of the bill and with our offer of assistance in working and moving it forward.

House Bill 5223, AN ACT INCREASING FUNDING FOR ELDERLY NUTRITION, we support strongly. Helping people to stay in the community is a basic goal of our state's long-term care plan

And finally just very quickly on 5229, THE EXPANSION OF THE SMALL HOUSE NURSING PILOT, as we move forward to redesign and rebalance our system of long-term care, it is the perfect time to expand the opportunity to develop the small house nursing home.

The small house nursing home is specifically designed to be resident centered, and it creates the modern-day nursing home environment that consumers are demanding and that the state is encouraging. Sometimes known as the Greenhouse Model, this model is in great demand across the country and we support this bill which would advance the model of nursing home care and expand the possibilities of aging in Connecticut.

I'd be glad to answer questions on any of these bills I spoke to or that I submitted testimony. Thank you.

REP. SERRA: Questions?

Thank you, Mag.

MAG MORELLI: Thank you very much.

SANDRA PNIEWSKI: Good morning, Representative Serra, and members of the committee.

My name is Sandra Pniewski and I'm employed in long-term care by Athena Health Care Systems. I've had the honor of serving on the Alzheimer's and Dementia Task Force, having been appointed by Governor Malloy as a representative of long-term care.

I'm speaking today in support of the Senate Bill Number 179, which is AN ACT CONCERNING ALZHEIMER'S DISEASE AND DEMENTIA TASK FORCE

RECOMMENDATIONS. I've been employed in long-term care for 28 years now and have first-hand witnessed an increase in the area of dementia and Alzheimer's-related cases and various behaviors that are brought about by the progression of the disease.

Training and oversight of the competency of staff in this area is imperative to alleviate the constant result of negative outcomes that are an apparent result of the lack of education and training specific to these related diseases.

Two of the most crucial areas are dealing with the various behaviors that result from the diseases as well as the approach of the staff. Lack of continuous and current training in competency of material in this area have proven to have negative impact in several areas, including but not limited to, the following.

An escalation of behaviors leading to an increase in avoidable accidents and incidents. Increase in unnecessary hospitalizations. Resident and staff injury leading to an increased risk for financial burden for the industry. Poor quality of care delivery for the population. Increased need for manpower in the community in regards to first responders, including but not limited to, emergency medical personnel, police force, fire, and rescue. Quality response to various avoidable incidents due to the escalation of the environment.

In addition, all of the above areas ultimately impact and result in an increased financial burden to all the industries involved, including but not limited to, the healthcare system and community-based entities which are already stretched and suffering results of the current economy.

In addition, the lack of training competency creates a negative infrastructure for healthcare workers not being provided the tools that they need to succeed in their chosen career.

In closing, the passing of this bill to regulate and mandate workforce training in this area is a small investment to make for the many positive outcomes that will be clearly seen. Most importantly, an increase in the quality of life and quality of service that we, as healthcare workers, strive to provide for one of the most fragile populations in our society today that is growing alarmingly in number.

I thank you for your time and attention to this most sensitive and important matter.

REP. SERRA: Any questions from the committee?

Thank you.

SANDRA PNIEWSKI: Thank you.

REP. SERRA: Next is Katherine -- is it, Swenser? Followed by Laurie Julian.

KATHERINE SWENSON: Thank you. SB179

My name's Katherine Swenson and I'm here on behalf of caregivers. I've submitted my written testimony and I would like to supplement my testimony by speaking before you today.

I served in the military, the Air Force trained me well. I was provided with the resources, tools, and training I needed to be effective in my job and in supporting our mission. So when I was entrusted with the care of a woman with

Alzheimer's, a disease that frightens me, I was instinctively sought training and educated myself.

My first call was to the Alzheimer's Association. I sought -- I sought training, support groups, lectures, seminars, videos, and conferences as I am an audio-visual learner. Beth, from our Alzheimer's support group shared books from her personal library, such as, "Learning to Speak Alzheimer's," "The 36-Hour Day," "Creating Moments of Joy," et cetera. Other resources I obtained through inter and intra-library loans as my local library had few resources.

The support that I received through the Alzheimer's Association support group was critically important. So I was shocked as to the lack of training and education provided to the staff and employees within the healthcare industry, which became readily apparent when Liz, the woman I cared for, required emergency medical care.

When Liz collapsed in my arms for the first of three incidences, I called 911. The first responders, EMTs, were obviously skilled, trained, knowledgeable, and experienced with neurocognitive disorders, dementia. They were professional and treated Liz with compassion, dignity, and respect.

Those in the ER were not as knowledgeable or as skilled. I had to educate them. When Liz was transferred to the hospital she was assigned an aide 24 hours as she was a fall risk. The daytime nurse was very knowledgeable and skilled as her grandmother suffered from a neurocognitive disorder. Unfortunately, the night staff were not so well trained.

When she tried to get out of bed to use the restroom, her behavior was misinterpreted as being agitation. She was sedated and catheterized, which led her to be incontinent for several days and contracted a UTI.

When Liz was in hospice care the care she received was inconsistent. The aides were phenomenal. They were compassionate, caring, and treated her as an individual with dignity and respect, whereas others treated her as a disease that needed to be managed and controlled.

I, as a caregiver, was ignored and not listened to. Their attitudes where they were medically trained and knew better than I.

Elizabeth died in November of 2012. Although I cared for her 24/7 for two-and-a-half years which was challenging, I was learning from her how to live in the moment and I experienced one of the most precious gifts, unconditional love.

I shall forever be grateful that she was part of my life. I submit this testimony to speak about the importance of expanding dementia and neurocognitive treatment so many more individuals like Elizabeth can live safely in her home.

I also want to express how unique Alzheimer's patients' needs are and extra care that is required. They (inaudible) caring (inaudible) individuals is enormous.

Thank you for allowing me to speak before you today.

REP. SERRA: Thank you.

Any questions from the committee?

I -- I just want to tell you that, and you heard it earlier, that the legislative task force on dementia and Alzheimer were well aware of the lack of training overall to the whole healthcare industry.

We're going to take steps to notify various organizations including medical schools to start to train people because we believe that this is going to become a major problem in this country as we all age and live longer.

So thank you for your testimony and we've heard other testimony similar to yours and -- and we appreciate you coming here --

KATHERINE SWENSON: Thank you.

REP. SERRA: -- this morning.

KATHERINE SWENSON: I would just like to reiterate, too, that it's really important for the caregivers to receive that support as well as the industry.

Thank you for (inaudible).

REP. SERRA: Well, that -- that's correct and what I meant by that just to clarify what I said, the -- the better trained this workforce is, the more caring and understanding, I believe, that they will be. And we're about to embark on this, not only here in Connecticut, but I'm sure in this country.

KATHERINE SWENSON: Thank you, Senator.

REP. SERRA: Thank you.

KATHERINE SWENSON: I really appreciate your time.

REP. SERRA: Laurie?

LAURIE JULIAN: Good afternoon, and thank you for staying. And thank you, Representative Serra, for your leadership and your cochairmanship on not only this committee but the task force and bringing attention to this.

As we saw this -- this morning, this very growing and important issue, and we heard -- so I'll try to just highlight some highpoints on the Senate Bill 179. You also have my written testimony in support of some other bills, but I will just speak on Senate Bill 179.

And just as -- as mentioned it was a 23-member task force comprised of long-term care facility providers, community-based providers, as well as other stakeholders who overwhelmingly agreed that there is a lack of training, specific dementia training, requirements in the healthcare field in Connecticut.

Specifically, only 19a-562 and 562a are the requirements for dementia-specific training in facilities. And if you compare, there's probably about -- we tried to do a count and so we're talking about perhaps 17 to 34 facilities that are required to have specific dementia training. Compare that with we have about 238 skilled facilities and over a hundred assisted living, so if you could just -- you can see the -- the gaps.

We heard today caring for an individual with Alzheimer's poses very, very specific, unique circumstances, and special skills. We heard today also that -- that the number is growing and currently that the number in -- in skilled facilities is about 68 percent have some form of cognitive impairment. And 70 percent of individuals with dementia live in the community

now and with the community rebalancing initiatives, that number is going to grow as well.

And unlike in skilled facilities, there's not that supervision that you have, so it poses even higher risks of -- of safety and -- and with more complex needs. And then finally we know -- we know dementia patients have a tendency to wander; 60 percent wander, so this -- this poses another increased risk. And we've also seen studies that demonstrate as we talked about today, that the -- that the -- the benefit to workers, you know, less turnover, higher skills, training, is -- is also very beneficial.

Also, I'd just like to -- to speak about a number of federal initiatives that this -- this legislation is really in accord with. The Affordable Care Act, Section 6121, talks about nurse's aide receiving training and preventing abuse as well with the elderly. CMS created hand-in-hand program and then, of course, the antipsychotic initiatives that have been in place for a while with CMS learning about patient history effective communication.

And then finally the -- the National Alzheimer's Project Act that was passed in 2011 also provides for curriculum for primary care physicians as well to build a workforce with the skills necessary for this burgeoning population.

So, again, I -- I thank you so much for -- for your attention and your leadership. And thank you, Representative Hampton, for introducing the bill last year to create the task force. Thank you.

REP. SERRA: Any questions from the committee?

Thank you, Laurie.

LAURIE JULIAN: Thank you.

REP. SERRA: I see that Matt Barrett's not here, so we're going to call on Marie Allen.

MARIE ALLEN: Good morning, Representative Serra. Thank you for an opportunity to address the committee. I'm speaking on behalf of the Connecticut Area Agencies On Aging.

We are five different agencies representing every citizen in the State of Connecticut helping them to meet the challenges of aging. We've submitted testimony and we thank the committee for its tenacity in reintroducing much of the legislation that did not make it through last year's process and we are very hopeful that it will make it through this year's.

(HB 5228)

I do want to speak to you, though, from the perspective on the -- the ground, particularly around the change in eligibility requirements for the Alzheimer's Respite Program. Right now in southwestern Connecticut we have a waiting list for Alzheimer's respite. The program opened up July 1st of 2013 and by mid-January, we were taking names and putting them on a -- on a respite waiting list.

So although we appreciate the attention and the opportunity to perhaps loosen the eligibility requirements, it must, must come with a corresponding increase in the amount of funds that we have; otherwise, we're giving our citizens a false sense of support. We're telling them that there is an Alzheimer's Respite Program. The eligibility has been relaxed; however, you're not getting it until

Testimony to the Aging Committee

Presented by Mag Morelli, President, LeadingAge Connecticut

February 25, 2014

Regarding

- **Senate Bill 173, An Act Concerning an Income Tax Deduction for Long Term Care Insurance Premiums**
- **Senate Bill 175, An Act Concerning a Study of Emergency Power Needs in Public Housing for the Elderly**
- **Senate Bill 179, An Act Concerning the Alzheimer's Disease and Dementia Task Force's Recommendations on Training**
- **House Bill 5222, An Act Concerning a Study of Funding and Support for Home and Community-based Care for Elderly Persons and Persons with Alzheimer's Disease**
- **House Bill 5223, An Act Increasing Funding for Elderly Nutrition**
- **House Bill 5225, An Act Increasing Eligibility for the Connecticut Home Care Program for the Elderly**
- **House Bill 5226, An Act Increasing the Personal Needs Allowance for Certain Long Term Care Facility Residents**
- **House Bill 5227, An Act Concerning Aging**
- **House Bill 5228, An Act Expanding Eligibility for the Alzheimer's Disease Respite Program**
- **House Bill 5229, An Act Concerning the Expansion of a Small House Nursing Home Pilot Program**

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, services and supports and 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

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

Senate Bill 173, An Act Concerning an Income Tax Deduction for Long-Term Care Insurance Premiums

LeadingAge Connecticut supports this effort to encourage individuals to purchase long term care insurance and to take personal responsibility for the financing of their future long term care expenses.

Senate Bill 175, An Act Concerning a Study of Emergency Power Needs in Public House for the Elderly

LeadingAge Connecticut represents many affordable senior housing organizations throughout the state including several state-assisted housing developments. We recognize and appreciate the fact that the issue of emergency power needs for such housing sites has been an ongoing concern for this Committee. We support the proposed study of emergency power needs in senior housing as outlined in this bill and offer our support and assistance to both the Committee and to the Commissioner of Housing.

Senate Bill 179, An Act Concerning the Alzheimer's Disease and Dementia Task Force's Recommendations on Training

LeadingAge Connecticut was pleased that four highly qualified dementia care specialists from member organizations were appointed to serve on the Alzheimer's Disease and Dementia Task Force. We supported the creation of the task force and applaud its important work. The report that was produced by the task force should serve the state well as we move forward in planning the future needs of our aging citizens.

The bill before you today is very well intended and we support the underlying concept that enhanced training throughout the field of aging services would be beneficial to those we serve who are suffering from Alzheimer's Disease and other dementia related conditions. We do, however, have some specific comments regarding the proposal as it is written which we have outlined below. We submit these comments and offer our assistance with this proposal in an effort to bring forth workable and appropriate training recommendations.

- In Section 1, the bill recommends that each nursing home establish a dementia care committee and appoint a designated staff person to oversee the implementation of dementia related care and training in the facility. While a committee may be appropriate for some nursing homes, it seems to be an excessive requirement. We would support the appointment of the designated staff person, but would not be inclined to support the mandating of a full committee for every nursing home.
- The phrase "training and education on Alzheimer's disease and dementia symptoms and care" is used throughout the statute. This phrase is somewhat vague as to what type of training is intended and what will be viewed as acceptable. This may be intentional so as to allow for a broad and flexible array of training opportunities and we would be very supportive of that concept. However, it may be also be the case that the interpretation of

this requirement will be solely dependent upon the regulatory authorities charged with enforcing it. We therefore would like to reserve our right to make additional comments once we hear from the Department of Public Health and other interested provider groups.

- There are different requirements for newly licensed administrators and those who are licensed by endorsement. We would recommend that those who are newly licensed be afforded the same opportunity to receive training within the prescribed time limit as those who are licensed through endorsement, until such time as the training programs are able to ensure their curriculum is in compliance with the mandate.
- It is our understanding that the dementia training could be incorporated into currently mandated units of training which we believe would be an extremely beneficial method of training. The needs and perspectives of the residents and clients with dementia could be incorporated into the training curriculum for mandated topics such as fear of retaliation, infection control and fire safety.
- In Section 7 we would object to the expanding the authority to grant Connecticut nursing home administrator CEUs to a national organization, the National Council of Certified Dementia Practitioners National organizations are specifically not included in this statute and should instead be working through the National Association of Long Term Care Administrator Boards (NAB) which provides accreditation for nursing home administrator courses on a national level
- The Committee should recognize that increased training will require additional resources on the part of the organizations and workers who are mandated to meet them. Every effort should be made to make the training affordable and accessible.

House Bill 5222, An Act Concerning a Study of Funding and Support for Home and Community-based Care for the Elderly and Alzheimer's Patients

We support this proposed study and would offer our assistance to the Commission on Aging if they are indeed charged with conducting the study. As we move toward rebalancing our long term care system and enhancing our home and community based network, we must look to strengthen the resources available in the community to individuals and their caretakers in need of dementia care services and supports We would assume that this study would enhance and not duplicate the work that was accomplished last year by the Alzheimer's Task Force.

House Bill 5223, An Act Increasing Funding for Elderly Nutrition

Thank you for raising this bill that acknowledges the need to increase funding for elderly nutrition programs. The costs associated with the delivery of congregate and home delivered meals have dramatically increased over the last several years while the rate has not been increased since 2007 It is critical that we increase the rate and ensure an adequate level of service because affordable, nutritious meals for seniors are essential for their health and well-being For many, the meal they receive at the congregate meal sites or through home delivery is the only nutritious meal they can afford That is why we strongly support an increase in funding.

Helping people to stay in the community is a basic goal of our state's long term care plan and a strong elderly nutrition program is central to the success of that goal. We urge the Committee to support the elderly nutrition program and the other community based services offered through

Connecticut's Legislative Commission on Aging
A nonpartisan research and public policy office of the Connecticut General Assembly

Testimony of

Deb Migneault
Senior Policy Analyst
Connecticut's Legislative Commission on Aging

SB174 SB177
SB179 HB5001
HB5222 HB5223
HB5226 HB5228

Aging Committee

February 25, 2014

Senators Ayala and Kelly, Representatives Serra and Adinolfi, and esteemed members of the Aging Committee, my name is Deb Migneault and I am the Senior Policy Analyst for Connecticut's Legislative Commission on Aging. I thank you for this opportunity to comment on several bills before your today.

As you know, Connecticut's Legislative Commission on Aging is the non-partisan, public policy office of the General Assembly devoted to preparing Connecticut for a significantly changed demographic and enhancing the lives of the present and future generations of older adults. For over twenty years, the Legislative Commission on Aging has served as an effective leader in statewide efforts to promote choice, independence and dignity for Connecticut's older adults and persons with disabilities.

SB 173: An Act Concerning Income Tax Deduction for Long-Term Care Insurance Premiums
~ Support by CT's Legislative Commission on Aging

This bill will provide a state income tax deduction for premiums paid for long-term care insurance policies. It is in the state's best interest to encourage and incent residents to plan for their long-term services and supports (LTSS) needs. Data show that 1/3 of CT residents have NO PLAN on how they will pay for their long-term services and supports as they age. Over 50% of people over the age of 60 erroneously believe that Medicare will pay for the LTSS needs. The lack of Medicare and private health insurance coverage for long-term services has created a LTSS system that is overly reliant on Medicaid.

Long-term care insurance policies are an effective and important way for some people to plan for their future needs. These policies allow people to receive services and supports in the environment of their choice and protect them for spending all of their

SB 179: An Act Concerning Alzheimer's Disease and Dementia Task Force's Recommendations on Training
~ Support by CT's Legislative Commission on Aging

We are pleased to offer our support for this training bill. CT's Legislative Commission on Aging was proud to serve as the administrative staff for the Task Force on Alzheimer's Disease and Dementia (SA 12-11). The task force studied the care and services provided to persons diagnosed with Alzheimer's disease and dementia in the state. The recommendations put forward in the Task Force report focus on strategies to increase public awareness, encourage and promote early detection and diagnosis of the disease and address gaps in quality of care. A key recommendation to address quality of care is work to build a capable and prepared workforce through dementia specific training.

This bill before you is a cornerstone recommendation of the task force. In other words it is a culmination of many months of work by a diverse group of dedicated individuals The task force members consisted of legislators, representatives for profit and non for profit nursing facilities, providers of home and community based services, experts on dementia and Alzheimer's, physicians, the probate court administration, and several state agencies and was led by-Representative Serra and State Department on Aging Commissioner Prague. Throughout the task force deliberation we heard over and over from task force members about the need for more comprehensive dementia training for skilled nursing facility staff, home health agencies, homemakers and companions, physicians, emergency responders, protective service workers, probate court judges, paid conservators, etc.

There are few Alzheimer's and dementia care training requirements for health care professionals and facilities serving individuals with Alzheimer's disease or dementia in Connecticut. It is estimated that sixty eight percent of nursing home residents in Connecticut have some form of dementia. Yet, Connecticut only requires Alzheimer's special care units or programs to provide dementia-specific training to their staff.

Of course, individuals with Alzheimer's or other dementias are served throughout the health care system and community. Many health care professionals and others are not trained to deal with the unique needs of individuals with Alzheimer's or related dementias. Enhanced specialist training is needed to prepare the direct care workforce for the unique challenges faced by people with Alzheimer's disease. Dementia specific capabilities need to be expanded and enhanced to ensure a dementia competent workforce with the skills to provide high quality care.

Currently, there are no dementia specific training requirements for home and community-based providers. Yet, Connecticut's aging population and re-balancing initiatives toward home and community-based services will increase demand for direct

care workers employed in community-based settings, such as home health aides, homemakers and companions and personal care assistants. Seventy percent of individuals with Alzheimer's or related dementias reside in the community, and this is likely to increase the demand for home care services and supports.

Additionally, emergency responders-often lack knowledge or training on how to respond to situations that involve a person with dementia. For example, when an individual with Alzheimer's disease has gone missing or is in a difficult situation, it is often a first responder's job to diffuse the situation and provide protective services. Therefore, the Task Force recommends the inclusion of training on dementia and Alzheimer's in the annual missing persons police training as well as dementia specific training for Emergency Medical Technicians.

CT's Legislative Commission on Aging 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.

HB 5001: An Act Providing Rental Cost Relief to Eligible Seniors and Persons with Disabilities

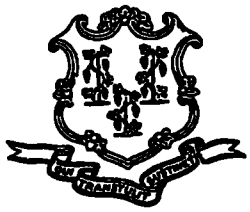
~ Support by CT's Legislative Commission on Aging

CT's Legislative Commission on Aging supports the restoration of the Renters' Rebate Program.

As you know, the Governor put forward (and the legislature passed) the FY '14 – '15 budget which closed this program to new applicants and specifically excluded from eligibility any renter who do not receive a grant under this program for calendar year 2011. The reduction in the program for FY '14 is by $2,208,781 and for FY '15 is by $3,843,774. The Governor in his mid-term budget adjustments recommended restoration of the Renters' Rebate program and additional funds to expand the program.

The Renters' Rebate program, originally intended as a companion program to the Circuit Breaker program for low-income homeowners, has historically provided a partial reimbursement of rent and utility bills to older adults and persons with disabilities who meet specific low-income guidelines. In FY 2013, the program served over 48,000 low-income renters. Rebate amounts can range from $50 to $900. The average married couple eligible for the program received a rebate of between $400 and $500 and the average rebate for unmarried applicants was between $600 and $700.

The CT Elder Economic Security Initiative – a partnership between CT's Legislative Commission on Aging, the Permanent Commission on the Status of Women and Wider Opportunities for Women, Inc. – has studied many of the compounding factors that lead to economic insecurity of older adults in Connecticut. The Elder Economic Security



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

TESTIMONY PRESENTED BEFORE THE COMMITTEE ON AGING

February 25, 2014

Jewel Mullen, MD, MPH, MPA, Commissioner, 860-509-7101

Senate Bill 179

AN ACT CONCERNING THE ALZHEIMER'S DISEASE AND DEMENTIA TASK FORCE'S RECOMMENDATIONS ON TRAINING

The Connecticut Department of Public Health (DPH) offers the following information concerning Senate Bill 179.

The Department is supportive of the concept raised in this bill and agrees that more widespread training in dementia care would not only benefit patients and their families, but also the various health care providers noted in the proposal. However we respectfully request the Committee consider the following proposed technical changes:

- Lines 34 and 35 contains outdated references to Section 19a-36 and the Public Health Code. The Department respectfully requests changing the language to the following: "(d) In accordance with section 19a-495, the Commissioner of Public Health may amend the Regulations of Connecticut State Agencies to implement the provisions of this section." Section 19a-495 is the enabling statute that allows DPH to create regulations pertaining to facility licensing.

- Sections 1, 2, 3, 8, and 14 mandate the Commissioner to create or update regulations to implement the provisions of this bill. DPH respectfully requests changing the "shall" to a "may" as DPH believes that regulations related to these provisions are unnecessary.

Thank you for your consideration of this testimony.

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Raised Bill No. 179
An Act Concerning the Alzheimer's Disease and Dementia Task Force's Recommendations on Training
Committee on Aging

Senator Ayala, Rep. Serra and members of the Committee on Aging, My name is Kripa Sreepada, and I feel very fortunate to admit that my interest in Alzheimer's disease and other forms of dementia did not come from an experience with a family member or other close person in my life. Rather, I had many co-curricular experiences during high school that pointed me toward its prevalence and devastation in the elderly population.

At a young age, I knew that I wanted to pursue a career in which I would serve older adults, in whom I find the greatest perspective on life, but also the greatest vulnerability and risk of being taken for granted. I provided respite care as a hospice volunteer, assisted in developing and implementing socialization activities for residents in Assisted Living and Skilled Nursing Facilities, and worked as an ombudsman advocating for the rights of residents living in nursing homes.

The earliest experience with these organizations is an orientation to Alzheimer's disease and other dementias, not only through initial training, but also through your experiences in getting to know the residents. It was so clear to me that residents with dementia were far more neglected and overlooked than others, especially when it came to socialization activities. Furthermore, I felt that family members and employees simply didn't know how to treat people living with Alzheimer's disease, pushing them into further isolation. I was so moved by the extra layer of vulnerability placed on residents with dementia that I made it a personal goal to always be their advocate in any situation. I believe I carry that with me in my job as an associate administrator at a Continuing Care Retirement Community (CCRC) today.

Speaking from the administrator's perspective, it is imminent that we provide appropriate and meaningful dementia training in long-term care facilities and hospitals. Public policy is already pointing us in that direction. In particular, the Patient Protection and Affordable Care Act created the Community-Based Care Transitions Program to reduce hospitalizations amongst high-risk Medicare beneficiaries. For long-term care facilities to contribute to the goal of reduced hospitalizations, staff development and training on how to care for behaviors of residents with dementia is key. With appropriate training, nursing home and assisted living staff would not have to send a resident with dementia to the hospital for behavioral outbursts and could rather use behavioral interventions to calm them down and ease their aggression. Other existing regulations also point long-term care toward development in dementia care. Facilities are being more scrutinized for the numbers of residents receiving psychoactive drugs for the purpose of chemical restraint or convenience.

From a management perspective, the regulatory requirements are already pointing long-term care toward reducing hospitalizations and reducing the use of chemical restraints for residents who exhibit particular "behaviors", such as those hosted by people living with Alzheimer's disease. What long-term care needs is assistance and aid in ensuring we provide the highest quality of dementia training to all staff members who may come into contact with people living with dementia. This is necessary not only to remain in line with regulations, but also to ensure that the loved ones of residents living

with Alzheimer's disease never have to see them like zombies in chemical straitjackets, even further removed from the person they used to know and still love. Ultimately, this is an ethical issue about prioritizing person-centered care for individuals with Alzheimer's disease and other dementias rather than strict adherence to protocols. Following the regulations accomplishes one thing, but hosting an effective dementia training program provides for another; that is, keeping people living with dementia as close to their person as possible.

For these reasons, I submit this testimony in support of Raised Bill No. 179.

Written Testimony of Christine Donovan
In support of Raised Bill No. 179 An Act Concerning The Alzheimer's Disease and Dementia Task Force's Recommendations on Training
Committee on Aging
February 25, 2014

My first experience with dementia/Alzheimer's disease was as a result of caring for two family members who were afflicted.

For five years I was a caregiver for my Mother. During this time I saw many changes take place. In the beginning she was able to take care of herself with only a little prompting for daily medications and exercise. As time went on she became more forgetful about things; such as what she had for lunch or activities she did during the day. She also developed anxiety about leaving the house for a medical appointment or to see the dressmaker. She required more supervision and care as time went on.

Taking care of my father-in law was a different scenario. He had accelerated memory loss over a two year period. He stayed in my home for a short time and he was becoming more confused by the day. He would go out for walks and not be able to find his way back home. He thought my husband and I were his brother and sister, after these occurrences we knew he had to be in a more secure environment, so we got him into a group home. He was functioning there for a while but then he had to be moved to an assisted living facility.

A few years later I became employed as a caregiver and began to work with dementia and Alzheimer's clients. I did not receive any formal training and feel it would have been beneficial despite my personal experiences. However, while attending a Therapeutic Recreation class at a local community college, I was taught about the effects of Alzheimer's disease on people and positive ways to encourage them during my visits. Much sensitivity, patience and compassion is needed. To treat each one with respect, to show love and caring is so very essential. These individuals need a touch, a hug, a smile, to let them know they are important.

It is essential for caregivers to be aware of potential safety issues in the home and take preventative measures to prevent falls, such as grab bars in bathrooms, safety gates, and clutter free walkways to name a few. It is also important to give them a stimulating environment as well. Music is soothing and therapeutic at the same time.

Presently I take care of two clients, one with dementia the other with Alzheimer's disease.

My client with dementia can live alone and requires companionship above all else. She enjoys talking about her family and friends, special holidays and meal planning.

She needs someone to prompt her to take medication, assist with showering and running errands to the grocery store. Other than that, she can prepare her own meals, dress herself and take care of her hygiene. She uses the phone to call her family if she needs any assistance or just wants to chat.

My client with Alzheimer's cannot live alone and requires constant monitoring and attention. She needs to be directed to take her medication, has incontinence issues and needs assistance with activities of daily living. She needs prompting with dressing and hygiene. She cannot make her own meals, use the microwave or stove. At times she has wandered out of the house and thinks she is in another location looking for her deceased husband.

Sometimes she has difficulty finding the appropriate word to use in a sentence and at times her sentences are not complete. When asked about family members she usually cannot remember in much detail about family situations or past events.

When viewing life through the eyes of Alzheimer's disease it is important to understand and effectively care for each person.

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TESTIMONY REGARDING RAISED BILL NO. 179

An Act Concerning the Alzheimer's Disease and Dementia Task Force's Recommendations on Training

Good morning Representative Serra, Senator Ayala and members of the Aging Committee.

My name is Pamela Atwood and I am the Director of Dementia Care Services at Hebrew Health Care in West Hartford. Since 1986, I have been dedicated to learning about, and working with people who have Alzheimer's. That's the year my grandmother was diagnosed with Alzheimer's. In my 25-year career in aging services, I've learned two important lessons. I learned from my grandmother, "You can only do what you can do," one of her favorite stereotypic phrases which she repeated – but which seemed profound as we struggled with the stresses of caregiving. I also learned from Maya Angelou, "When we know better, we do better."

I'm here today to support Raised Bill 179 to require education about Alzheimer's disease and related dementias. I was honored to serve the State of Connecticut as a member of the task force which has made the recommendations upon which this bill is raised. It's an important bill because when we know better, we do better.

In the late 1980s health care recognized that healthcare-acquired infections were serious, and preventable; we started educating everyone about preventing the spread of MRSA, AIDS and other viruses and bacteria through Universal Precautions. Today we all use hand sanitizer and are unfazed when we see someone in protective clothing in health environments. When we know better, we do better.

In 1987 the federal Omnibus Reconciliation Act outlined residents' rights in long-term care settings, ensuring residents' rights to vote, to have privacy, and to refuse treatments they do not want. Although these rights are unchanged, we continue to require annual education about them, because when we know better, we do better.

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In the 1990s when we learned more about ergonomics and OSHA required us to address workplace injuries in health care, we started to mandate education about proper body mechanics and safe patient handling. Although health care occupations still maintain some of the highest statistics in workplace injury, we do what we can do – because when we know better, we do better.

In 2009 our State learned that unique approaches matter in the care and treatment of people with dementia, but that some facilities and community providers were billing themselves as specialty programs without doing anything "special." When we knew better, we did better and began to require specialized training, admissions/discharge criteria and disclosure for programs which advertised as Alzheimer's specialty programs.

And in this decade, we recognized residents' fear of retaliation for reporting abuse or mistreatment. Updating the education requirement was the answer again, because when we know better, we do better.

You can only do what you can do. We cannot yet stop Alzheimer's disease. We cannot yet prevent it, and let me tell you, as someone in whose family it runs, I cannot wait until we can – that's right – I cannot wait to be out of a job. But in the meantime, we continue to learn, we continue to update and now it's time again to recognize that we know better about caring for people with dementia, and it's time to DO better.

More than 60% of all people in long term care have some form of dementia. Yet most nursing programs only cover the 3-D's, depression, delirium and dementia, in one evening of a "normal health and aging" course. Nurses need to know better. Licensed nursing home administrators get even less education. Administrators need to know better.

More than 50% of all people over age 85 have some form of dementia. That means a statistical probability that the majority of very old citizens have dementia. Law enforcement can receive specialty training through the

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Alzheimer's Association, but it isn't required. Law enforcement, probate appointees, and emergency medical technicians need to know better.

This bill is easily enacted through established training programs which range in cost from $75 to $1000. Dementia-specific education is available through higher education institutions, non-profit non-governmental organizations such as the National Council of Certified Dementia Practitioners, the Alzheimer's Foundation of American and the Alzheimer's Association. In long-term care facilities, training will be supported through the establishment of a dementia care council, similar to the way we handle infection control. The council will keep abreast of changes in population-specific needs, trends in care approaches and quality improvement.

When we know better, we do better. When she uttered that quote, Maya Angelou may have been teaching Oprah Winfrey how to live with mistakes of the past, but today, I hope it will resonate with everyone here that it is time to require dementia education in aging services. As my grandmother said, you can only do what you can do – and together we can do this!

- We can teach people about behavior management techniques which help avoid antipsychotic medications.
- We can teach staffs how to identify pain in someone who denies they have any.
- We can teach clinicians how to limit excess disability which increases confusion – from overhead paging to urinary tract infections.
- We can teach emergency responders who to identify people who have wandered, and how to help them.
- We can teach conservators how to effectively advocate for people who cannot speak up for themselves.
- We can teach health care workers how to help people with dementia through retained abilities instead of demeaning quizzing.

I support Raised bill 179 because I know we can do what we can do – because we know better It's time to do better. Thank you.

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Committee on Aging
Public Hearing
Tuesday, February 25, 2014
Testimony of Sandra Pniewski

Senator Ayala, Representative Serra, Commissioner Prague and distinguished members of the Committee on Aging, I thank you for allowing me to submit testimony in support of ***An Act Concerning the Alzheimer's Disease and Dementia Task Force's Recommendations on Training, Raised Bill No. 179.***

I speak to you today in support of Workforce Training. I have had the honor of serving on the Task Force on Alzheimer's disease and Dementia. I served on both the Workforce Training and Development and Quality Care subcommittees. I am also the Director of Therapeutic Recreation of Maefair Health Care Center located in Trumbull Connecticut as well as serving as a Regional Liaison within the Athena Health Care System.

I was appointed by Governor Malloy as a representative of a long-term care facility, and was among several providers from long-term care facilities and community-based healthcare services that were fortunate enough to get the opportunity to serve on the task force.

There was unanimous consensus amongst the sub-committee and Task Force members after much study, discussion and debate that the nature of the disease requires a heightened level of skill and training. The cognitive, behavioral and psychiatric disorders and eventual decline in functional, emotional and cognitive status require complex care.

The workforce training subcommittee found that individuals with Alzheimer's or other related dementias are residing and being served daily throughout the health care system and community, yet many health care professionals and ancillary workers are not appropriately trained in the medical and behavior issues that face individuals with Alzheimer's and related Dementia's experience daily, despite frequent contact with individuals with this disease. Having served on both Workforce Training and Quality Care subcommittees, I am able to speak about the positive outcomes and correlation between dementia training and the quality of care delivered. With the projected growth in the cases of Alzheimer's and other related dementias, it is imperative that we prepare the workforce and ancillary entities that provide this care.

Having been employed in skilled nursing facilities since the age of 16 and being employed for Athena Health Care Systems for 20 years, I recommend and support efforts to expand dementia training in chronic and convalescent nursing homes. I have experienced in my tenure in health care how the lack of training in this area can create negative outcomes when staff are not fully prepared and trained to respond to the complexity of care these individuals require, negative

outcomes may occur. It has been my experience that in many areas including regulatory code the area of training is not specified and is limited in nature. If in fact training is provided, it is often not conducted by an expert in this area and followed by competency and comprehension of the materials. These issues have supported the Task Force recommendation of the establishment of a "Dementia Care Committee "to ensure that all facility staff who provide care and are involved in the residents daily environment are receiving training and competency's upon hire and annually thereafter in Alzheimer's disease and dementia symptoms and care.

This small investment in training will reveal great returns in patient care and safety as well as overall quality of life for the individuals we live with and serve daily. Facilities that provide care to the growing number of individuals with the disease must keep up with the needs of its clients. Minimum training in dementia care for all staff in skilled facilities, residential care homes, assisted living facilities, adult congregate living facilities, adult day care centers, hospice, home health agencies and homemaker/companion agencies upon hire and annually thereafter is not burdensome and is minimal when considering patient safety and quality of care.

Thank you for raising and advancing the workforce training recommendations of the Task Force. If you have any questions, please do not hesitate to contact me.

Sandra Pniewski

Testimony of Katherine Swenson
In support of Raised Bill No. 179
An Act Concerning The Alzheimer's Disease and Dementia Task Force's Recommendations on Training
Aging Committee
February 25, 2014

I would like to share my story in support of training, education, and respite for caregivers of individuals who have Alzheimer's.

For many years I was your average caregiver – part of the "sandwich generation" -- the oldest daughter, single-parent, raising a child, working full-time, and caring for an independent aging parent.

In 2011, due to a series of events, I was in jeopardy of becoming homeless. Fortunately, I discovered a program called "Project Home Share." I submitted my application and stated on it that I was willing to live with anyone, except someone with Alzheimer's. This disease frightened me!

I received a call from a woman seeking someone to live with her mother -- someone who could be available in the evening and overnight -- in exchange for housing. However, her mother was in the early stages of Alzheimer's.

I reflected upon my past experiences when I had taken risks outside my comfort zone. Those experiences taught me so much about myself. So, I chose to embrace this opportunity with a spirit towards seeking personal growth, discovery, and development.

We decided to try it for a month. Although Elizabeth had been living independently, I requested that she be evaluated to ensure that she would be safe being home alone during the day. The evaluation revealed Elizabeth required 24/7 (168 hrs/wk) supervision. As our arrangement was working well and my position was ending, her daughter offered to pay me to care for her mother. After all, she needed to pay someone, why not me? That's how I became a live-in caregiver.

We created a mutually acceptable agreement. I became an employee; IRS's rules. I had unemployment and workman's compensation benefits as well as a temporary housing agreement for the day when Elizabeth's illness would become too difficult for me to manage or if she passed.

Knowing very little about this illness and being entrusted with the care of another, I educated myself. My first call was to the Alzheimer's Association. I sought training, support groups, lectures, seminars, videos, and conferences as I am an audio-visual learner.

Beth, from our Alzheimer's Support Group, shared books from her personal library such as: "Learning to Speak Alzheimer's," "The 36-hour Day," "Creating Moments of Joy," etc. Other resources I obtained through inter- and intra-library loans as my local library had few resources.

The support that I received through the Alzheimer's support group was critically important. The group provided care for Elizabeth so that I could attend. Otherwise, I would not have been able to participate. Agencies in my rural area charge approximately $25 - $35/hr for hands on care, and few, if any, employees had dementia training. A 4-hour respite would cost $100 - $140. Medicaid's daily rate was $240/day for 24 hours worth of care. Adult Day Care programs close at 5:00/6:00 p.m. Hiring someone privately imposes additional burdens – learning everything associated with being an employer -- taxes, training, finances, record keeping, etc. As if the "sandwich generation" caregiver is not juggling enough.

The wisdom that I gained from the stories, challenges, and struggles shared in these resources provided me with a unique understanding of potentially what lie ahead. I no longer feared the disease and the unknown. Therefore, I could focus my attention on Elizabeth's needs versus the disease itself.

It was easier for me to care for Elizabeth versus her daughter as I had no knowledge of who Elizabeth was before her illness or what she was capable of doing. This lack of knowledge allowed me to approach the situation with an eye for discovery. Who was she now? What was she capable of doing herself? How could we maintain her sense of autonomy and independence while keeping her safe? How was her brain interpreting her experiences? As a result, we were able to adapt to "what is" versus "what was."

Elizabeth enjoyed being physically active, being outdoors, watching and playing with animals, socializing with people, and admiring art. So, we spent our days walking the airline trails, picnicking, and conversing with pet owners who shared their pets with us. We spent hours observing nature, animals, flowers, etc. We engaged in yoga classes and activities with the Senior Friends of Hebron. They welcomed Elizabeth with warm hugs and embraces. We spent time with family and friends and went to museums (obtaining free/low cost tickets through the libraries), etc.

Elizabeth died in November 2013. Although caring for her 24/7 for 2 ½ years was challenging, I was learning from her how to live in the moment; and I experienced one of the most precious gifts -- unconditional love. I shall be forever grateful that she was a part of my life!

I submit this testimony to speak about the importance of expanding dementia (neurocognitive) training so many more individuals like Elizabeth can live safely in their homes. I also want to express how unique Alzheimer patients' needs are and the extra care that is required. The reward of caring for these individuals is enormous. Thank you for allowing me to speak in support of Raised Bill No. 179.

Testimony of Kelly Smith Papa, MSN, RN
To the
Aging Committee
Tuesday, February 25, 2014
In support of Senate Bill 179, An Act Concerning the Alzheimer's Disease and Dementia Task Force's Recommendations on Training.

Senator Ayala, Representative Serra and distinguished members of the Aging Committee. My name is Kelly Smith Papa, MSN, RN, and I am the Corporate Director of Learning at Masonicare in Wallingford, Connecticut. I am here today in my capacity as the Chair of the Workforce Training and Development Subcommittee of the Alzheimer's and Dementia Task Force to testify in support of Senate Bill 179, An Act Concerning the Alzheimer's Disease and Dementia Task Force's Recommendations on Training.
As you are aware, Special Act 13-11, which established the Task Force, required as part of the membership composition, the appointment of representatives from the provider community, and in particular several from long-term care facilities and community-based health care. I was honored to be appointed by Representative Al Adinolfi, and was inspired by the collaborative effort and work of the entire task force.

The Workforce Training and Development Subcommittee held numerous meetings, discussions and deliberations before we presented our recommendations to the full task force for adoption. The subcommittee found that individuals with Alzheimer's or other dementias are served throughout the health care system as well as throughout the community. It is in our opinion that many health care professionals and other professionals in the community are neither informed nor equipped to deal with the unique needs of individuals with Alzheimer's or related dementias. In particular, there was overwhelming consensus that enhanced training in dementia care is necessary to prepare the direct care workforce for the unique challenges in caring for these individuals. Dementia training will lead to the delivery of quality care, and ensures a dementia competent workforce.

Over the past 15 years I have had the honor of working in aging services in a variety of nursing leadership roles and have had the opportunity to teach many health care professionals across the county. Through my personal and professional life experience I feel I have many examples of the benefits of providing people who care for people with dementia meaningful education. For example I remember a 3pm to 11pm RN supervisor, named Rose. Every night when Rose worked she found herself overwhelmed by the actions of a male resident with dementia. Rose was getting frustrated that her interventions to keep this gentleman, and her staff safe, were not effective. He fell, he hit staff he wouldn't eat and Rose had reached her capacity of her

knowledge to provide him safe care. Every day Rose and her staff were frustrated and the resident was becoming more distressed. His family was upset and staff morale was low. At that organization, where I worked as a clinical educator, we were able to put together a day of learning for Rose and her team. They learned that there are countless reasons that can cause a person with dementia to feel distressed and overwhelmed. Through the learning experience, they understood how distress and a diminished ability to communicate verbally can lead to physical aggression. They learned skills to approach a person with dementia which were more dignified and person centered. One of the days following the education I went to see Rose to learn how the resident was doing. Her answer was one I will never forget, she said "He was fine last night." I was a bit shocked mostly because her answers to that question were always flooded with emotion and frustration. I asked her "what changed?" She said "I did, I changed my approach." Offering quality education for the people who support people with dementia has a large return on investment. Not only do we see results in quality of care as evidenced by a reduced use antipsychotic medications, hospitalizations and falls to name a few, we also see results in staff retention and engagement.

I have witnessed situations where employees working in skilled nursing homes who have not had dementia training have not been able to handle intense situations, and experienced staff had to be called. I have also seen many situations where better outcomes would have resulted, had the minimal amount of education in dementia care been provided. That is why the subcommittee recommends that the dementia-specific training should be completed within 120 days for direct care workers in specialized dementia care units rather than the current requirement of six months.

Many older adults who are receiving aging services in nursing homes and in the community are diagnosed with Alzheimer's or dementia. Since there are currently limited training requirements other than for those working in special care units, and there is a broad spectrum of aging services workers that interface with individuals with dementia that are not cared for in special units. Therefore the task force determined that requiring minimum training in dementia care for all staff in residential care homes, assisted living facilities, adult congregate living facilities, adult day care centers, hospice, home health agencies and homemaker/companion agencies upon hire and annually thereafter was appropriate and would go a long way in improving patient care and safety.

We proposed the training requirements in this bill with the goal of developing a dementia competent workforce throughout the aging services field. Our intent was to create reasonable requirements and expectations that would not be costly or overbearing for the workforce or the provider community. We also felt strongly that the training requirement could and should be interconnected with the existing training requirements, particularly in the nursing home

environment. For instance, nursing homes could develop a training curriculum that would modify other mandatory training modules, such as fire safety, to focus on the dementia resident's needs during a fire emergency.

Thank you for your support in raising this bill and advancing the workforce training recommendations of the Task Force. I would be happy to answer any questions.

SB21
HB 5227
HB 5228

TESTIMONY OF COMMISSIONER EDITH PRAGUE
AGING COMMITTEE

FEBRUARY 25, 2014

Good morning, Senator Ayala, Representative Serra, Senator Kelly, Representative Adinolfi and distinguished members of the Aging Committee. My name is Edith Prague. I am the Commissioner of the State Department on Aging. I am also the former Senator from the 19th district and former Senate Chair of the Aging Committee. I am pleased to be before you today to offer written testimony on a number of bills.

S.B. No. 179 (RAISED) AN ACT CONCERNING THE ALZHEIMER'S DISEASE AND DEMENTIA TASK FORCE'S RECOMMENDATIONS ON TRAINING

As a Co-Chair of the Alzheimer's Disease and Dementia Task Force and the Commissioner of the State Department on Aging, I am cognizant of the critical need for the State of Connecticut to respond to the needs of the burgeoning older adult population in our state that face the implications of living with dementia and Alzheimer's on a daily basis. The Task Force has provided an excellent pathway for us to be able to begin to address the needs of this population and their caregivers. The guidance provided to our Department will assist us in moving forward with our State Plan to address programming and to educate others about these needs. This bill proposes a first step to address concerns related to the many of these vulnerable elders who reside in some type of institutional or supportive living environment.

The Alzheimer's Association has documented that over 60% of individuals who reside in institutional care settings are living with a diagnosis of dementia. It is imperative that the employees of the facilities that care for those with dementia are trained and sensitive to the unique needs of this special population. This bill expands training requirements and ensures the consistency with which not only institutional facilities educate their employees, but also law enforcement and the Probate Court as well. I respect the hard work and bipartisan contributions of the varied members of the Task Force that contributed to the development of these recommendations and support increased training and education.

H.B. No. 5001 (COMM) AN ACT PROVIDING RENTAL COST RELIEF TO ELIGIBLE SENIORS AND PERSONS WITH DISABILITIES

I appreciate the efforts of Representative Janowski and the many co-sponsors in supporting the re-opening of eligibility for the Tax Relief for Elderly Renters program. As you know, Governor Malloy's proposed budget provides $6.5 million in funding to re-

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HB 5226
HB 5229

AGING COMMITTEE

Public Hearing, February 25, 2014

Good morning Representative Serra and Senator Ayala and members of the Aging Committee. My name is Nancy Shaffer and I am the Connecticut State Long Term Care Ombudsman. Per the Older American's Act and CT General Statute 17b-400-417, it is the duty of the State Ombudsman to provide services to protect the health, safety, welfare and rights of the residents of skilled nursing facilities, residential care homes and managed residential communities/assisted living facilities. As State Ombudsman it is my responsibility to advocate for changes in laws and governmental policies and actions that pertain to the health, safety, welfare and rights of residents with respect to the adequacy of long-term care facilities. I appreciate this opportunity to testify on behalf of the many thousands of Connecticut residents who receive long term services and supports.

I am testifying today regarding the following raised bills:

SB No. 179 (Raised) AN ACT CONCERNING THE ALZHEIMER'S DISEASE AND DEMENTIA TASK FORCE'S RECOMMENDATIONS ON TRAINING

There are specific recommendations related to training, type of training and schedule of training contained in this proposal. Most skilled nursing facilities periodically provide in-house dementia training to their staff. The recommendations in this legislative proposal will provide a framework and schedule for the facility administrator to ensure this training is provided. It provides a universal template for all facilities. Especially significant in this proposal is the requirement for each nursing facility to establish a dementia care committee "to review and make recommendations to the administrator concerning residents with dementia, including, but not limited to: (1) Factors which affect person-centered care, (2) wellness indicators, and (3) staff training programs for dementia care capability" (SB No. 179 Raised, lines 23-27). This adds the aspect of resident-centered and facility-specific detail to the home's plan that is extremely important and beneficial. Not all homes, nor all staff, and certainly not all residents with dementia are the same. An individualized plan for the skilled nursing home is an excellent idea!

HB No. 5222 (Raised) AN ACT CONCERNING A STUDY OF FUNDING AND SUPPORT FOR HOME AND COMMUNITY-BSED CARE FOR ELDERLY PERSONS AND PERSONS WITH ALZHEIMER'S DISEASE

In order to honor the expressed choice of individuals to remain in their homes and receive long term supports and services and, in order to achieve a cost savings to the state, Governor Malloy has fully committed to rebalancing Connecticut's long term care system. Over recent years a number of studies

Real Possibilities

Testimony of Kathy Null, AARP CT Volunteer

S.B No. 179: AAC the Alzheimer's Disease & Dementia Task Force's Recommendations on Training;
H.B. No. 5225: AA Increasing Eligibility for the Connecticut Home-Care Program for the Elderly; &
H.B. No. 5228: AA Expanding Eligibility for the Alzheimer's Disease Respite Program
Aging Committee
February 25, 2014

Good morning, Members of the Aging Committee, thank you for the opportunity to testify today. My name is Kathy Null. I am an AARP advocacy volunteer from Bridgewater, CT.

AARP is pleased that the Aging Committee has raised legislation, **S.B. 179,** which would implement training requirements recommended by the Alzheimer's Disease and Dementia Task Force. We also support proposals to expand the Connecticut Home Care Program for Elders and Alzheimer's Respite Care Program. As a nonpartisan social mission organization representing nearly 37 million members age 50+, and over 603,000 here in Connecticut, AARP is a strong proponent of accessible, affordable and quality long-term supports and services.

We believe that the care provided in long-term care settings is only as good as the personnel who provide it. However, workforce challenges remain. Recent findings suggest that there are over 70,000 individuals age 65 and older living with Alzheimer's or a related dementia. Yet, despite the growing need, there are few Alzheimer's and dementia training requirements for health care professionals serving those individuals in our state.

The competency-based training outlined in **S.B. 179** would help build a high-quality workforce and improve care for individuals with Alzheimer's and dementia.

Specifically, **S.B. 179** requires a nursing home administrator to establish a dementia care committee at each facility to review and recommend changes to improve person-centered planning, monitor wellness indicators and identify additional training needs.

The proposal would also ensure that nursing facility employees receive training upon employment, and annually thereafter, on the symptoms and appropriate care for individuals living with Alzheimer's or dementia. **S.B. 179** is the result of collaborative discussions with providers, consumers and advocates on the Alzheimer's Disease and Dementia Task Force and we urge your support.

Note, AARP also supports expanding eligibility for the Alzheimer's Respite Care Program & the Connecticut Home Care Program for Elders, ***provided*** the expansion does ***not*** negatively impact the ability of ***current*** enrollees to get services or supports. Both programs are cost-effective investments that honor consumer choice and avoid premature nursing home placement.

H.B. 5228 raises the income limit for the Alzheimer's Respite Care Program to $50,000/annually. This program provides overburdened caregivers with financial grants to help pay for services such as adult day care, in-home care and short-term inpatient respite care.

In order to achieve the intended purpose, however, **H.B. 5228** must include adequate additional funding so newly eligible individuals can actually receive services. Section 2 of the legislation suggests the need for more funding, but does not designate a specific amount. We strongly support your effort to secure the necessary funding.

AARP also supports the proposal outlined in **H.B. 5225** to reduce the co-pay (from 7% to 6%) and expanded access to the state-funded Connecticut Home Care Program for Elders. This program provides vast resources of home health and social services to individuals age 65 and older at risk of institutional care. The program allows thousands of vulnerable seniors to live independently in their own home and gives family caregivers the peace of mind to know their loved ones are safe.

It also provides services at a fraction of the cost of a nursing home and prevents premature institutionalization. On average, the cost of serving seniors in the community is approximately one third of the cost to serve them in an institution.

Connecticut can respect individual autonomy and independence while maximizing limited state resources if we expand home and community based options through respected programs such as the Connecticut Home Care Program for Elders and Alzheimer's Respite Care.

AARP looks forward to working with you to secure quality choices in long-term services and supports.

As a 68 year-old CT native and resident, I personally support these legislative bills. These will allow me, my spouse and other family members, and friends, to age with dignity in CT.

Thank you.

alzheimer's association®

the compassion to care, the leadership to conquer

SB 173 SB 177
HB 5223 HB 5225
HB 5228

Committee on Aging
Public Hearing
Tuesday, February 25, 2014

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:

S.B. 179 An Act Concerning The Alzheimer's Disease and Dementia Task Force's Recommendations on Training

The Association thanks the committee for its leadership on the task force. The 23-member task force comprised of state agency representatives, long-term care facility and community-based providers and stakeholders overwhelmingly agreed after numerous meetings and deliberations that it was essential to address gaps in the quality of care by building a capable workforce through dementia specific training. The task force further found despite the large number of individuals cared for with the disease throughout the health care system, there are few Alzheimer's and dementia care training requirements for health professionals and facilities serving individuals with Alzheimer's disease or dementia in Connecticut. In particular, Connecticut only requires Alzheimer's special care units or programs to provide dementia-specific training. (See CGS Sections 19a-562 and 19a-562a).

The number of individuals with Alzheimer's and other dementias will increase as the number of elderly people increases. By 2050, the annual number of new cases of Alzheimer's is

projected to more than double.[1] Caring for an individual with cognitive limitations poses particular challenges requiring special skills. Many health care professionals and others that interface with patients are not equipped to deal with the unique needs of caring for an individual with Alzheimer's or dementia.

Although it was found that sixty-eight percent of nursing home residents in Connecticut have some form of dementia, seventy percent of individuals with Alzheimer's or related dementias reside in the community. Given Connecticut's aging population and re-balancing initiatives toward home and community-based care services, demand for direct care workers employed in community-based settings, such as home health aides, homemakers and companion and personal care assistants will increase. Currently, there are no dementia specific training requirements for home and community-based providers, and it is likely that workers will tend to serve consumers with more complex needs with less supervision.

The training requirements set forth in S.B. 179 are not burdensome when balanced against patient safety. As noted, the task force comprised of provider experts in the field which overwhelmingly agreed dementia specific training would be an asset and investment. Wandering occurs in sixty percent of patients with Alzheimer's. Learning basic dementia skills in understanding aggressive behaviors, interacting and communicating with aggressive behaviors, and pain management has made a significant difference in the quality of life for both patient and staff.

Dementia training is not only necessary to prepare workers for the tasks they face and ensure a dementia competent workforce, but has shown to reduce turnover and increase job satisfaction. Studies in nursing homes have shown that higher turnover is associated with poor quality of care as measured by use of restraints, pressure ulcers, psychoactive drug use, and certification survey quality of care deficiencies.[2] Recent nursing home fines and violations in Connecticut have shown to include a significant number with dementia.

This bill is in accord with several federal initiatives. Specifically, Section 6121 of the Affordable Care Act requires the Centers for Medicare and Medicaid Services "CMS" to ensure that nurse aides receive regular training on caring for residents with dementia and on preventing abuse. CMS, supported by a team of training developers and subject matter experts, created *Hand in Hand: A Training Series for Nursing Homes*, to address the need for nurse aides' annual in-service training on these important topics. CMS also has an initiative to reduce the use of anti-psychotic drugs administered in nursing facilities and incorporates dementia training through effective communication and use of patients' history.

Finally, the National Alzheimer's Project Act, passed in 2011 created the National Alzheimer's Council. Several of the Council's strategies include provisions to educate health care

[1] Alzheimer's Association 2013 Facts and Figures.

[2] Seavey & Marquand, 2011; Castel, N.G., Engberg, E., Anderson, R.A. & Meng, A., (2007). Job satisfaction of nursing aides in nursing homes· Intent to leave and turnover. *Gerontologist*, 47:193-204.

providers to develop a primary care Alzheimer's disease curriculum to build a workforce with the skills to provide high-quality care.

Thank you for your leadership in implementing the task force recommendations. For the reasons stated, The Association urges passage of S.B. 179.

S.B. 173 An Act Concerning an Income Deduction for Long-Term Care Insurance Premiums

The need for assistance with daily living increases with age. Alzheimer's patients and individuals with dementia are high users of health and long-term care and as the disease progresses 24/7 care is required. In fact, Alzheimer's disease is the most expensive malady. Dementia care costs are significant and are often a burden to families providing unpaid care. Caring for people with Alzheimer's disease also strains health care and long-term care systems. As the number grows, which is projected to escalate rapidly in the next two decades, the disease will place a major strain on these systems as well as on Medicare and Medicaid, major funders of this care.

Few individuals with Alzheimer's disease and other dementias have sufficient long-term care insurance or can afford to pay out-of-pocket for long-term care services as long as the services are needed. One of the biggest challenges for people living with Alzheimer's disease and their caregivers is the financial burden of care. People living with Alzheimer's disease often rely heavily on government programs such as Medicare and Medicaid to mitigate these costs. Unfortunately, too often Medicare and Medicaid are inadequate, and the overwhelming costs of this disease exceed available personal funds, leaving families affected by Alzheimer's in the difficult position of struggling to balance care for their loved ones without impoverishing themselves.

Private health and long-term care insurance policies funded only about 7 percent of total long-term care spending in 2009. The private long-term care insurance market has decreased substantially since 2010, with major insurance carriers exiting the market or substantially increasing premiums, making polices unaffordable for many individuals.

Allowing a tax deduction for premiums on a long-term care policy 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.

This is in accord with the recent Task Force on Alzheimer's disease and Dementia recommendation to amend the state tax code to provide a deduction or credit for tax filers for the premiums paid for a private long-term care insurance policy.
http://www.cga.ct.gov/coa/pdfs/AlzheimersTF/AlzheimersTaskForceFINALREPORT.pdf

Connecticut Association of Nutrition and Aging Services Providers (CANASP)

Testimony to the Aging Committee

In support of HB 5223 An Act Increasing Funding for Elderly Nutrition

February 25th, 2014

Good morning Senator Ayala, Representative Serra, and members of the Aging Committee, my name is Lisa Labonte and I am here tonight to speak on behalf of the Connecticut Association of Nutrition and Aging Service Providers, the 9 regional providers of Elderly Nutrition Programs (ENPs) throughout the state of Connecticut.

As you know, as we age, the place we all would most prefer to be is at home. Fortunately, our state has strongly encouraged a sea change in recent years to rebalance the long term care system so that more individuals are cared for at home rather than in institutions. There have been many policy changes to achieve this and this is widely believed by both the long term care provider community, and of course consumers, to be a welcome change.

While the state has invested some financial resources towards this effort, they unfortunately have not invested in the home and community based providers who are essential to providing the care that allows individuals to remain at home and to age in place. Investment in home and community based provider rates is essential to the success of our state's rebalancing efforts and that is why we have joined with our colleagues in this field to encourage a focus on this need.

Elderly nutrition, often known as the Meals on Wheels program, is a key element in the home and community based network of care. Providing just one or in most cases, two, meals a day to an elderly person in their home helps ensure that they are not only eating, but eating food that meets the nutritional standards necessary to keep them healthy and active. Aside from the obvious nutritional benefits, elderly nutrition programs provide peripheral benefits such as having a person stop by the house each day. This daily contact is vital in recognizing signs that an elderly person is in need of more services. It also provides daily social contact for the elderly person, something that is essential to older adults living alone in the community. This simple and very inexpensive service can help prevent or delay the need for more costly services such as hospitalizations and nursing home care.

Unfortunately, reimbursement rates for services offered under the CT Home Care Program for the Elders, including Meals on Wheels, have not been increased since 2007. The ENPs rely on both federal and state funding, as well as private donations and suggested contributions, and that funding stream has been very uncertain over the last several years. While we recognize flat funding is better than a cut, it remains difficult because our private donations and client contributions have decreased and our costs to administer the program have gone up dramatically. The price of gas and food continues to rise, making it extremely difficult for meal providers to operate. One major provider has already discontinued providing meals and others are questioning their ability to continue