

Legislative History for Connecticut Act

PA 14-73

HB5227

House	2178-2183	6
Senate	3158, 3162-3164	4
Aging	89-89A, 91, 133, 134, 150- <u>159</u>	15
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		25

H - 1187

**CONNECTICUT
GENERAL ASSEMBLY
HOUSE**

**PROCEEDINGS
2014**

**VOL.57
PART 7
2024 - 2369**

voted?

Will the members please check the board to determine if their vote has been properly cast.

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

The Clerk will please announce the tally.

THE CLERK:

House Bill 5222.

Total number voting	144
Necessary for passage	73
Those voting Yea	144
Those voting Nay	0
Absent and not voting	6

DEPUTY SPEAKER RITTER:

The bill passes.

Will the Clerk please call Calendar Number 60.

THE CLERK:

On page 5, Calendar Number 60, Favorable Report of the joint standing Committee on Aging, House Bill 5227, AN ACT CONCERNING AGING.

DEPUTY SPEAKER RITTER:

Representative Serra.

REP. SERRA (33rd):

Thank you, Madam Speaker.

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

DEPUTY SPEAKER RITTER:

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

Representative Serra, you have the floor, sir.

REP. SERRA (33rd):

Thank you, Madam Speaker.

Madam Speaker, the Clerk has an amendment, 3908, and I ask that the amendment be called and I be allowed to summarize.

DEPUTY SPEAKER RITTER:

Will the Clerk, will the Clerk please call LCO 3908, which will be designated House Amendment Schedule "A."

THE CLERK:

House Amendment Schedule "A," LCO 3908, introduced by Representative Serra.

DEPUTY SPEAKER RITTER:

The Representative seeks leave of the Chamber to summarize the amendment. Is there objection to summarization? Is there objection?

Hearing none, Representative Serra, you may proceed with summarization.

mhr/gbr
HOUSE OF REPRESENTATIVES

157
April 24, 2014

REP. SERRA (33rd):

Thank you, Madam Speaker.

Madam Speaker, what this bill and this amendment requires the Department of Aging to conduct a study of state services for the aging population, report its findings to the General Assembly. Under the federal's Older Americans Act, the department is already mandated for research and development of the State Plan on Aging, periodically.

This, as this bill specifically under similar activities, there was no fiscal impact to the study and produced a report required by this bill, requiring such initiatives as affordable and access housing, community and social services, planning and zoning regulations, walkability, and transplated (sic) infrastructure.

And with that, Madam Speaker, I -- I move acceptance of the amendment.

DEPUTY SPEAKER RITTER:

The question before the Chamber is adoption of House Amendment Schedule "A." Will you remark on the amendment? Will you remark on the amendment?

Seeing none, I will try your minds. All in favor of the amendment please signify by saying Aye.

mhr/gbr
HOUSE OF REPRESENTATIVES

158
April 24, 2014

REPRESENTATIVES:

Aye.

DEPUTY SPEAKER RITTER:

Opposed?

A VOICE:

Nay.

DEPUTY SPEAKER RITTER:

The Ayes have it and the amendment is adopted.

Will you remark further on the bill as amended?

Will you remark further on the bill as amended?

Representative Adinolfi, you have the floor, sir.

REP. ADINOLFI (103rd):

Thank you, Madam Speaker.

This bill as amended, basically what it does is originally this bill was we were going to form a task force, and now it's going to stay all within the Commission on Aging, which is good. They have the staff and the skilled staff to take care of this.

And it not added looking into residences and so on being available, it's also looking in to make sure that are enough nutrition facilities to take care of the aging population that we're going to have in a few years. So I strongly recommend that we approve this bill.

Thank you.

DEPUTY SPEAKER RITTER:

Will you remark further on the bill as amended?

Will you remark further?

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

THE CLERK:

The House of Representatives is voting by roll.

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

(Deputy Speaker Orange in the Chair.)

DEPUTY SPEAKER ORANGE:

Have all the members voted? Have all members voted?

If all the members have voted, please check the board to determine if your vote has been properly cast.

If so, the machine will be locked, and the Clerk will take a tally, please.

And will the Clerk will please announce the tally.

mhr/gbr
HOUSE OF REPRESENTATIVES

160
April 24, 2014

THE CLERK:

House Bill 5227 as amended by House "A."

Total number voting	144
Necessary for passage	73
Those voting Yea	144
Those voting Nay	0
Absent, not voting	6

DEPUTY SPEAKER ORANGE:

Thank you, Mr. Clerk.

The bill as amended passes.

(Deputy Speaker Ritter in the Chair.)

DEPUTY SPEAKER RITTER:

We have announcements or introductions?

Representative Rovero.

REP. ROVERO (51st):

Good afternoon, Madam Speaker.

Purpose of introduction.

DEPUTY SPEAKER RITTER:

Please proceed.

REP. ROVERO (51st):

At this time, I'd like to present to you a former State Representative, former State Senator, and

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CONNECTICUT
GENERAL ASSEMBLY
SENATE**

**PROCEEDINGS
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vd/gbr
SENATE

234
May 6, 2014

THE CHAIR:

The Senate will stand at ease.

(Chamber at ease).

THE CHAIR:

Senator Looney.

SENATOR LOONEY:

Yes, thank you, Madam President. Madam President, some additional items to mark at this point. They may -- may be skipping around the Calendar a little bit.

But Calendar page 10, Calendar 415, House Bill 5518, move to place on the Consent Calendar.

THE CHAIR:

Yup.

SENATOR LOONEY:

And also, Madam President, Calendar page 18, Calendar 489, House Bill 5227, move to place on the Consent Calendar.

Madam President, Calendar page 19, Calendar 494, House Bill Number 5573, move to place on the Consent Calendar.

Calendar page 22, Calendar 513, House Bill 5353, move to place on the Consent Calendar.

Calendar page 28, Calendar 550, that's 5-5-0, House Bill 5514, move to place on the Consent Calendar.

Madam President, also moving back, Calendar page 20, Calendar 499, House Bill 5419, move to place on the Consent Calendar.

Back under Favorable Reports, Madam President, Calendar page 11, Calendar 419, House Bill 5477, move to place on the Consent Calendar.

vd/gbr
SENATE

238
May 6, 2014

Opposed. Reconsideration is passed.

SENATOR LOONEY:

Right now since the matter is before us again, Madam President, I would move to mark it passed temporarily.

THE CHAIR:

So ordered, sir.

SENATOR LOONEY:

Thank you, Madam President. Now if the Clerk would call those Consent Calendar items so that we might move to a vote on the Consent Calendar, and then we might proceed to the items that were marked go.

THE CHAIR:

Mr. Clerk.

THE CLERK:

On page 2 Calendar 166, Senate Bill 427.

Page 4 Calendar 300 Senate Bill 417.

Page 6, Calendar 331, House Bill 5248.

Page 7, Calendar 340, House bill 5273.

On page 10, Calendar 416, House Bill 5407. Calendar 415, House Bill 5518. Calendar 396, Senate Bill 114.

On page 11, Calendar 419, House Bill 5477.

Page 12, Calendar 426, House Bill 5023.

On page 18, Calendar 489, House Bill 5227. Calendar 470, House Bill 5506. Calendar 490, House Bill 5113.

On page 19, Calendar 494, House Bill 5573.

Page 20, Calendar 498, House Bill 5467. Calendar 499, House Bill 5419.

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And on page 22 Calendar 513, House Bill 5353.
Calendar 515, House Bill 5361.

And on page 24, Calendar 526, House Bill 5556.
Calendar 524, House Bill 5219.

Page 25, Calendar 4 -- sorry, Calendar 530, House Bill 5368,
page 27, Calendar 546, House Bill 5061.
Calendar 543, House Bill 5037.

On page 28, Calendar 550, House Bill 5514.

Page 29, Calendar 554, House Bill 5148.

Page 30, Calendar 563, House Bill 5554.

Page 31, Calendar 567, House Bill 5229. Calendar 565,
House Bill 5028.

And on page 42, Calendar 384, Senate Bill 442.

THE CHAIR:

Senator Looney, do you have any more good news for us?

SENATOR LOONEY:

Yes, thank you, Madam President. One additional item
to add before we call for the actual vote on the
Consent Calendar, and that is item an Calendar page
33, Calendar 575, House Bill 5359. With that one
addition it would call for a vote on the Consent
Calendar.

THE CHAIR:

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

THE CLERK:

Immediate roll call has been ordered in the Senate.
Immediate roll call on the second Consent Calendar
today has been ordered in the Senate.

THE CHAIR:

vd/gbr
SENATE

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May 6, 2014

If all members have voted? All membered voted, the machine will be closed. Mr. Clerk, will you please call the tally.

THE CLERK:

On the second Consent Calendar for today.

Total number voting	35
Those voting Yea	35
Those voting Nay	0
Absent not voting	1

THE CHAIR:

Consent Calendar passes. Senator Looney.

SENATOR LOONEY:

Thank you, Madam President. If the Clerk would call the first item marked go to follow the Consent Calendar.

THE CHAIR:

Mr. Clerk.

THE CLERK:

On page 33, Calendar 579, Substitute for House Bill Number 5348, AN ACT CONCERNING THE PAYMENT OF DELINQUENT PROPERTY TAXES. Favorable Report of the Committee on Planning and Development.

THE CHAIR:

Senator Kelly.

SENATOR KELLY:

Thank you. Thank you, Madam President. Pursuant to Rule 15 of the Joint Rules, I am recusing myself from consideration of this bill.

THE CHAIR:

Thank you, sir. Please leave the Chamber.

**JOINT
STANDING
COMMITTEE
HEARINGS**

**AGING
1 – 310**

**2014
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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

the Connecticut Home Care Program for Elders. The Connecticut Home Care Program for Elders is the heart and soul of our rebalancing plan and it is vital that we address the need for a rate increase for all of the providers within the program.

House Bill 5225, An Act Increasing Eligibility for the Connecticut Home Care Program for the Elderly

House Bill 5228, An Act Expanding Eligibility for the Alzheimer's Disease Respite Program

LeadingAge Connecticut believes in the principle of ensuring choice for persons seeking long term services and supports and we know that a strong and balanced continuum of care that provides the right care, in the place, at the right time will lead to a more efficient and effective care delivery system. It is for these reasons that we strongly support both the Connecticut Home Care Program for Elders and the Alzheimer's Respite Care Program.

While we would always support expansion of these programs, we are right now very concerned about the ability to serve those currently enrolled in the programs. Unfortunately, the funding for both programs was affected by budget rescissions in 2012 and many elderly clients had their services reduced as a result. We encourage the Committee to place a priority on restoring the funding to these programs so that the elderly that are currently eligible and enrolled can receive the services and supports they need to remain in the community.

House Bill 5226, An Act Increasing the Personal Needs Allowance for Certain Long Term Care Facility Residents

LeadingAge Connecticut supports the effort to increase the personal needs allowance for nursing home residents. The additional amount of allowance can enhance an individual's personal experience and quality of life as a resident of a skilled nursing facility.

House Bill 5227, An Act Concerning Aging

LeadingAge Connecticut supports efforts to enhance the quality of data available to the state regarding the needs of our older adults. We would offer our assistance to the Commissioner on Aging, Commissioner of Social Services and the Commission on Aging if they are indeed charged with conducting the study.

House Bill 5229, An Act Concerning the Expansion of a Small House Nursing Home Pilot Program

As the state moves forward to redesign and rebalance our system of long term care, it is the perfect time to expand the opportunity to develop small house nursing homes. 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 "Green House" nursing home, this model is in great demand across the country. We strongly support this bill which would advance this model of nursing home care and expand the possibilities of aging in Connecticut.

As we have stated earlier in our testimony, Connecticut has initiated a long term services and supports rebalancing strategic plan that includes resources to assist in the repurposing,



TESTIMONY OF COMMISSIONER EDITH PRAGUE
AGING COMMITTEE

SB21
HB 5227
HB 5228

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-

open intake of this program. In addition, Governor's Bill No. 21, *An Act Implementing the Budget Recommendations of the Governor Concerning General Government*, contains the same implementing language as H.B. No. 5001 to re-open the intake to the program. As the language implementing this provision is the same in both bills, I urge the Committee to support the Governor's budget, as well as his proposed bill No. 21, and to take no action on H.B. No. 5001.

Since 1974, the Renter's Rebate program has helped thousands of elderly and disabled people maintain their housing. Without this program, our most vulnerable citizens would face devastating housing hardships. Older adults depend on this rebate program to maintain their housing and stay in their communities. This program helps older adults preserve the quality of life that allows them to live with dignity and independence. Our senior population is proportionally one of the largest in the country and continues to grow. The Rental Rebate program is one of the programs which allow us to continue to support these growing needs.

H.B. No. 5227 (RAISED) AN ACT CONCERNING AGING

The Department certainly supports the objectives of this bill to study and make recommendations for services needed within the next two decades. In fact, it is within the Department's mandate under the Older American's Act to research and develop a State Plan on Aging relative to the age 60 and over population, including demographics, every three to four years. Although similar in structure, the study suggested by this bill is more comprehensive than what we are currently undertaking for the State Plan. The Department continues to transition, with further staffing enhancements recommended in the Governor's proposed midterm budget. As such, a study might be more appropriately undertaken in the following year, inclusive of additional collaborators who service the older population, rather than at this time. If this bill moves forward, we are prepared to work further with the Committee on more detailed suggestions.

H.B. No. 5228 (RAISED) AN ACT EXPANDING ELIGIBILITY FOR THE ALZHEIMER'S DISEASE RESPITE PROGRAM

I stand in opposition to this bill. Its content has been proposed in three prior sessions, while concurrently the Connecticut Statewide Respite Care program sustained funding cuts in both FY 12 and FY 13. In 2009, PA 09-75 introduced significant changes to the program, including increasing the income and asset levels from \$30,000 to \$41,000 and \$80,000 to \$109,000, respectively, as well as expanding the annual per client funding cap from \$3,500 to \$7,500. Additionally, the Act required adjusting the eligibility parameters to reflect increases in the Social Security cost-of-living adjustments. The income and assets limit effective 7/1/2014 will be \$43,846 and \$116,567, respectively. Since this is a respite program and it does not provide long-term services to clients, it is heavily utilized by younger and low income clients who may not be eligible for the Connecticut Homecare Program for Elders (CHCPE), or are in urgent need of services



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SUBMITTED TESTIMONY

**By Todd D. Rose, President & CEO
Visiting Nurse & Health Services of Connecticut, Inc.
Vernon, CT**

Aging Committee

February 25, 2014

IN SUPPORT OF:

HB 5222 - AN ACT CONCERNING A STUDY OF FUNDING AND SUPPORT FOR HOME AND COMMUNITY-BASED CARE FOR ELDERLY PERSONS AND PESONS WITH ALZHEIMER'S DISEASE

HB 5225 - AN ACT INCREASING ELIGIBILITY FOR THE CT HOME CARE PROGRAM FOR THE ELDERLY

HB 5227 - AN ACT CONCERING AGING

Good morning members of the Aging Committee. My name is Todd Rose, President & CEO of Visiting Nurse & Health Services of Connecticut, Inc.

Our home health care agency serves nearly 5,000 elderly, disabled and aging CT residents annually residing in north central Connecticut. We employ nearly 500 people and perform more than 175,000 home care visits each year. Our main office is in Vernon and we have a branch office in Enfield.

A viable and sustainable home health provider network is important in achieving the goals of the Aging Committee, the State's rebalancing targets, and the Affordable Care Act's triple aim of improved population health, improved patient experience and outcomes, and reduced cost of care.

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I support three raised bills being heard today – HB 5222, HB 5225, and HB 5227 all of which pertain to increasing home and community based care and access for elderly persons and persons with Alzheimer's disease.

Home care is the cost-effective means for the State of CT to successfully manage this growing and medically complex population of residents. I believe that the CT Home Care Program for Elders (CHCPE) is an excellent model and it deserves to be expanded, however, I have significant concerns about its viability and sustainability moving forward.

In its present form, a team of community-based service organizations work closely to manage the client's care. This is the correct approach to care for the elderly and for those with Alzheimer's disease.

The problem with the current model is that the providers of the care (home care agencies, access agencies, meals on wheels, and others) are being reimbursed only a fraction of their cost to provide care to the client. Home care agencies like mine are only reimbursed 58 cents on the dollar of care provided. We lose money on each client that we serve under the state Medicaid program and the CT Home Care Program for Elders.

While I support the intent of the raised bills, the expansion of the CHCPE is not financially sustainable for my and dozens of other CT home care provider agencies.

Home healthcare agencies are a business. Although my agency is not-for-profit, we can't keep our doors open to serve the people who need our services unless we can pay our employees, cover our costs, and have the resources to constantly improve our technology and meet the ever-changing regulatory and audit requirements.

Our ability to survive as an employer and provider is at a crossroads as the State Medicaid program and CHCPE reimbursement rates have not increased since 2007. My agency is under our second wage freeze in three years and our current business model is unsustainable. The day is coming, and is coming soon, where we will no longer have the ability to service MFP or CT Program for Elders patients.

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While your decision to expand these programs under these raised bills sounds logical. From the provider perspective, if provider reimbursement isn't addressed and increased accordingly with any future expansion, there will not be a provider network to care for these needy individuals.

Thank you very much.



CONNECTICUT ASSOCIATION FOR
HEALTHCARE AT HOME™

WRITTEN TESTIMONY

Submitted by Deborah R. Hoyt, President and CEO
The Connecticut Association for Healthcare at Home

Committee on Aging
February 25, 2014

IN SUPPORT OF:

HB 5222 - AN ACT CONCERNING A STUDY OF FUNDING AND SUPPORT FOR HOME AND COMMUNITY-BASED CARE FOR ELDERLY PERSONS AND PESONS WITH ALZHEIMER'S DISEASE

HB 5225 -- AN ACT INCREASING ELIGIBILITY FOR THE CT HOME CARE PROGRAM FOR THE ELDERLY

HB 5227 -- AN ACT CONCERING AGING

Good morning Senator Ayala, Representative Serra and honorable members of the Committee on Aging. My name is Deborah Hoyt, President and CEO of the Connecticut Association for Healthcare at Home.

The Association represents 60 Connecticut DPH licensed/Medicare certified home health and hospice agencies that foster cost-effective, person-centered healthcare in the setting people prefer most – their own home. Collectively, our agency providers deliver care to more CT residents each day than those housed in CT hospitals and nursing homes combined.

As a major employer with a growing workforce, our on-the-ground army of 17,000 home health care workers is advancing the State's goals of Aging in Place and Money Follows the Person (MFP) by providing high-tech and telehealth interventions for children, adults and seniors.

We are Connecticut's community-based safety net for the elderly and those with Alzheimer's disease. Through collaboration with the state Access Agencies, Meals on Wheels, Adult Day Care and other community-based providers, we manage the care of this medically complex and fragile segment of Connecticut's population.

The Association supports the expansion of services to this population through **HB 5222, HB 5225 and HB 5227**, however, have we serious concerns. The home care agencies that provide this care have reached a critical juncture in terms of business survival.



CONNECTICUT ASSOCIATION FOR
HEALTHCARE AT HOME™

The State reimbursement to providers is sorely inadequate to the point where home care providers have opted OUT of serving Connecticut Home Care Program for Elders (CHCPE) clients. Medicaid reimbursement rates to home health providers have not been adjusted since 2007, while regulatory requirements, cost of living and employee benefits have increased dramatically. The business model for providers in CT is no longer sustainable to meet the growing Medicaid population.

The expansion of community based services to elderly persons and those with Alzheimer's cannot be achieved until and unless the State of CT increases home health provider Medicaid reimbursement to cover the cost of care provided.

Currently, reimbursement only covers .58 - .60 cents on the dollar of care provided. Home care agencies can no longer sustain the financial losses on each patient that it serves under CHCPE and Medicaid. Additional volume of patients equates to exponentially greater financial losses.

In a survey of CT home care provider agencies that are members of the Association

- 75% of survey respondents said that they no longer provide care under the CHCPE due to inadequate reimbursement. Additional reasons include the punitive audit process, inequitable split cases and minimum hourly requirements.
- 58% of respondents that currently serve the CHCPE populations said that they will cease to participate as a provider in the near future due to inadequate reimbursement.
- On an encouraging note, 100% of survey respondents said that they WOULD continue or begin to participate as a home care provider under the CHCPE program if the state adjusted the reimbursement rate to cover the cost of care provided.

As the Aging committee addresses the future needs of our most vulnerable citizens, we urge you to weigh the value and cost savings that home and community-based care offers. Connecticut must invest in the survival and future of the providers that are enabling these significant savings to the Medicaid program.

Thank you.



SUBMITTED WRITTEN TESTIMONY

**Submitted by Ann M. Olson, President and CEO
Interim HealthCare of Hartford, Inc.
Farmington, CT**

Submitted to the Aging Committee

February 25, 2014

IN SUPPORT OF:

HB 5222 - AN ACT CONCERNING A STUDY OF FUNDING AND SUPPORT FOR HOME AND COMMUNITY-BASED CARE FOR ELDERLY PERSONS AND PESONS WITH ALZHEIMER'S DISEASE

HB 5225 - AN ACT INCREASING ELIGIBILITY FOR THE CT HOME CARE PROGRAM FOR THE ELDERLY

HB 5227 - AN ACT CONCERING AGING

SB 174 - AN ACT CONCERNING FAIRNESS IN MEDICAID ELIGIBILITY DETERMINATIONS FOR HOME CARE CLIENTS

Thank you for the opportunity to address the honorable members of the Aging Committee. My name is Ann Olson and I am the President and CEO of the Interim HealthCare of Hartford, Inc.

Interim HealthCare of Hartford, Inc. is a For-Profit Home care agency that services all of Hartford County, and parts of Tolland and Middlesex Counties. We have a daily patient census of 1800 clients. We care for all ages, from newborns to the elderly, and offer several specialty programs to meet the unique needs in the community. These include Medical surgical, Pediatrics, Behavioral Health, Cardiac Care, Wound Care and Rehabilitation Services. Last year we provided 187,396 visits to this diverse client population that we serve.

For over 45 years, our mission has been and continues to be, to provide a broad range of reliable and high quality home care services to CT residents in accordance with the highest ethical standards. We employ close to 1000 health care workers, and provide high-tech and specialized in-person and telehealth services to clients in

the comfort of their home. In the wake of health care reform, we are proud of our outstanding outcomes, demonstrating low rehospitalization rates and high patient satisfaction scores. Home care is proven to be the most cost effective means of delivering care. However, the current State Medicaid reimbursement rates are not adequate to continue to provide these critical home care services, amidst the regulatory and administrative burdens imposed on home care agencies in Connecticut.

As the Aging Committee considers the future needs of our most vulnerable citizens, I urge you to weigh the value and cost savings that home and community-based care offers. Connecticut must invest in the survival and future of the providers that are enabling these significant savings to the Medicaid program. I support the four raised bills being heard today - HB 5222, HB 5225, HB 5227 and HB 174 all of which pertain to increasing home and community based care and access for elderly persons and persons with Alzheimer's disease.

Since our inception, we have serviced all clients regardless of their funding source. State Medicaid and CT Home Care Program for Elders (CHCPE).represents almost 47 % of company revenue. Flat Medicaid reimbursement to our agency since 2007, with increased payroll costs, regulatory burdens and audit scrutiny, has caused employment instability for our workforce and challenges to the agency. The current Medicaid reimbursement rate does not cover the cost to provide care under the Medicaid and CHCPE program. With a projected increase of eligible CT Medicaid clients, servicing a higher percentage of Medicaid clients at the current inadequate rates would put our agency at risk.

There must be fairness in the Medicaid eligibility process, so that providers like us do not have to write off thousands of dollars due to changing eligibility and spend downs. Poor coordination on authorizations for payment between DSS, the CHCPE, and our staff trying to care for these patients has caused additional losses. The recent restructuring, where the CHCPE provides authorization for services, and DSS pays the claims, has caused increased operational and financial burden. **We strongly support SB 174 to promote fairness in this process and prevent additional financial hardship to our agency by having uncollected payments for necessary services provided in good faith.**

As a free standing agency, we are unable to be selective or impact referral patterns from large health care systems and hospitals. Our percentage of Medicare clients has been reduced in recent years, and the percentage of Medicaid has been on the rise. The percentage of Medicare clients that we currently do have does not offset the current underfunding by DSS for Medicaid clients. To compound this, as you are aware, with Medicare reimbursement cuts, totaling a 3.5% reduction each year from 2014 to 2017, the operating budget for home care agencies will be further challenged.

Interim HealthCare is one of many agencies in the State, who respectfully request that if there is expansion of these programs through the Bills before you, there must be an associated increase in Medicaid rates so that we can cover the cost of care and continue access for this needy population.

We are privileged to care for some of Connecticut's most frail residents. With the support of the Committee to approve these bills and advocate for an increase Medicaid reimbursement rates, we hope to continue our mission and remain viable.

Thank you for your attention to this matter.



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February 25, 2014

Testimony on Committee Bills 5001, 174, 5222, 5223, 5225, 5228 and 5229

Submitted by the National Association of Social Workers, Connecticut Chapter

Senator Ayala, Representative Serra and members of the Committee, I am Patricia Wallace, here as a member of the Legislative Committee of the National Association of Social Workers, which has 3000 members serving people throughout our State. We would urge your support for the restoration of the Rental Rebate Program as proposed in Committee Bill 5001. We would also support several bills that would support what our clients want: to remain in their homes and communities as they age, a cost-effective alternative to unnecessary institutionalization. We urge favorable action on Committee Bills 174, 5222, 5223, 5225, 5228 and 5229.

As described by the State Office of Policy and Management, the Rental Rebate program framework is this:

Persons renting an apartment or room, or living in cooperative housing or a mobile home may be eligible for this program. Renters' rebates can be up to \$900 for married couples and \$700 for single persons. The renters' rebate amount is based on a graduated income scale and the amount of rent and utility payments (excluding telephone and cable) made in the calendar year prior to the year in which the renter applies. Application may be made at the town social service agency, or the Assessor's Office, depending on the town, between April 1st and October 1st.

The original rationale for the program was that, built in to rental fees are the property taxes that landlords must pay. Just as the State provides tax relief to elderly homeowners, the Rent Rebate Program is a way for the State to provide tax relief for low-income elderly and disabled renters. A year ago, the Rent Rebate Program was sunset. Public Act 13-234 was passed in July 2013 and closed the Renters' Rebate Program to new applicants. Beginning April 1, 2013 any renter who did not receive a grant under the program for calendar year 2011 was not be eligible to apply for a rebate. Any renter who did receive a grant for calendar year 2011 continued to be eligible to apply. However, anyone who misses a year would no longer be eligible to apply.

If you restore the Rental Rebate Program, it would assist low-income seniors aged 65 and up who rent their homes, as well as people aged 18 through 64 who are permanently and totally disabled who live on a low, fixed income. This program provides a check once a year of \$50 to \$900 per year, based on income, family size, and the cost of housing and utilities. The people who benefit, struggle to pay their bills and to put food on the table. In the City of New Haven, a 2012 study conducted on behalf of the Department of Elderly Services found that 41% of these low-income seniors have a difficult time being able to afford to buy the food they need to eat in a healthy way. In FY 2012-13, the year before the sunset, payments statewide totaled \$24,803,337, paid to 48,140 recipients. The typical grant was in the \$400 to \$500 range. All but 9 communities benefitted: Bridgewater, Canaan, Eastford, Easton, Hartland, Salem, Scotland, Union and

Weston. After the sunset last year, total payments were \$21,471,187, paid to 40,878 persons., a decrease of 7,262 or 15% in the number of people served.

NASW also strongly supports State action to expand home care to keep at-risk older adults from unnecessary institutionalization in nursing homes. Older adults want to remain in their homes and communities. To adjust State policy to accomplish this requires a multi-faceted approach: shifting funds toward more community-based services; respite care to give family caregivers a break; more funds for adult daycare and elderly nutrition; residential care homes or smaller-scale nursing homes that fall somewhere in the middle between nursing homes and life at home with in-home care. Your willingness to lead and innovate is commendable and essential, and has the additional virtue of favoring the taxpayer, because these initiatives will save money if done right. We would like to endorse and associate ourselves with the testimony of the Commission on Aging on the Governor's Budget on these matters.

Thank you for your kind attention. I would be happy to respond to questions.