

Legislative History for Connecticut Act

PA 14-95

HB5229

House	5111-5116	6
Senate	3157, 3163-3164	3
Aging	36, 64-65, 70-71, 73, 89- 89A, 91-91A, 136, 137- <u>138, 158-159, 174-175</u>	17
		26

H – 1195

**CONNECTICUT
GENERAL ASSEMBLY
HOUSE**

**PROCEEDINGS
2014**

**VOL.57
PART 15
4809– 5187**

djp/gbr
HOUSE OF REPRESENTATIVES

48
May 3, 2014

SPEAKER SHARKEY:

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

Will the Clerk please announce the tally?

THE CLERK:

House Bill 5040, as amended by House "A".

Total Number Voting	138
Necessary for Passage	70
Those voting Yea	138
Those voting Nay	0
Those absent and not voting	13

SPEAKER SHARKEY:

The bill as amended passes.

Will the Clerk please call Calendar 87?

THE CLERK:

On page 31, House Calendar 87, favorable report
of the Joint Standing Committee on Appropriations.

House Bill 5229, AN ACT CONCERNING THE EXPANSION OF
SMALL HOUSE NURSING HOME PILOT PROGRAM.

SPEAKER SHARKEY:

Representative Abercrombie.

djp/gbr
HOUSE OF REPRESENTATIVES

49
May 3, 2014

REP. ABERCROMBIE (83rd):

Thank you, Mr. Speaker.

Mr. Speaker, I move for the joint committee's favorable report and passage of the bill.

SPEAKER SHARKEY:

The question is on acceptance of the joint committee's favorable report and passage of the bill.

Will you remark, Madame?

REP. ABERCROMBIE (83rd):

Yes, thank you, Mr. Speaker.

Mr. Speaker, the Clerk has an amendment, LCO 5237. I ask that it be called and I be granted leave of the Chamber.

SPEAKER SHARKEY:

Will the Clerk please call LCO 5237, which will be designated House Amendment "A".

THE CLERK:

House Amendment "A", LCO 5237 introduced by Representative Abercrombie, et al.

SPEAKER SHARKEY:

Gentlewoman has sought leave of the Chamber to summarize. Is there objection? Seeing none, you may proceed with summarization, Madame.

REP. ABERCROMBIE (83rd):

Thank you, Mr. Speaker.

Mr. Speaker, back in 2010 we approved a pilot program for small house nursing homes. This is an expansion of that. This will go through the CON process and there will be an RFP. I move adoption.

SPEAKER SHARKEY:

Thank you, Madame.

The question before the Chamber is adoption of House Amendment "A". Will you remark? Representative Adinolfi.

REP. ADINOLFI (103rd):

Thank you, Mr. Speaker.

This amendment clarifies the small home nursing homes, I should say and it becomes the bill. This is a great project that is moving along, you know? There are many of us in this room that are older and there's many of us in this room that are younger and have parents that might be, hopefully not, God willing that they don't have to go to a skilled nursing home. But as we get into the future, these nursing homes will have home like environments set up for them where the patients would have a private room, their own bathrooms instead of sharing it with three or four others, they will have a greenhouse in the place,

djp/gbr
HOUSE OF REPRESENTATIVES

51
May 3, 2014

they'll have a living room, there will be a kitchen that they could all combine in and come in and get together with people. This is important and I urge my colleagues to let's start thinking about our parents future and our future and let's make nursing homes a better place for our parents and ourselves. Thank you very much.

SPEAKER SHARKEY:

Thank you, sir.

Would you care to remark? Would you care to remark further on House Amendment "A"?

If not, let me try your minds. All those in favor please signify by saying aye.

REPRESENTATIVES:

Aye.

SPEAKER SHARKEY:

All opposed, nay.

The ayes have it.

The amendment is adopted.

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? Would the members please take your seats? The machine will be open.

THE CLERK:

The House of Representatives is voting by roll.

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

SPEAKER SHARKEY:

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

SPEAKER SHARKEY:

Representative Ritter, for what reason do you rise?

REP. M. RITTER (1st):

Thank you, Mr. Speaker, I wish to rise in the affirmative.

SPEAKER SHARKEY:

Will the Clerk please indicate Representative Ritter in the affirmative?

Will the Clerk please announce the tally?

THE CLERK:

House Bill 5229 as amended by House "A".

Total Number Voting	140
Necessary for Passage	71

djp/gbr
HOUSE OF REPRESENTATIVES

53
May 3, 2014

Those voting Yea	140
Those voting Nay	0
Those absent and not voting	11

SPEAKER SHARKEY:

The bill as amended is passes.

Will the Clerk please call Calendar 303?

THE CLERK

On page 10, House Calendar 303, favorable report of the Joint Standing Committee on Planning and Development. Substitute House Bill 5530, AN ACT CONCERNING THE PAYMENT OF REAL PROPERTY TAXES BY CERTAIN INSTITUTIONS OF HIGHER LEARNING AND HOSPITAL FACILITIES.

SPEAKER SHARKEY:

Representative Rojas, for what reason do you rise?

REP. ROJAS (9th):

Thank you, Mr. Speaker. I'm going to recuse myself to avoid the appearance of a conflict of interest.

SPEAKER SHARKEY:

Thank you, sir. The Chamber will stand at ease for a moment.

**S - 678
CONNECTICUT
GENERAL ASSEMBLY
SENATE**

**PROCEEDINGS
2014**

**VOL. 57
PART 10
2993 – 3245**

vd/gbr
SENATE

233
May 6, 2014

Next, Madam President, Calendar page 12, Calendar 426, House Bill 5023, move to place on the Consent Calendar.

Then Calendar page 20, Calendar 498, House Bill 5467, move to place on the Consent Calendar.

And Calendar page 24, Calendar 526, House Bill 5556, move to place on the Consent Calendar.

Also Calendar page 24, Calendar 524, House Bill 5219, move to place on the Consent Calendar.

Calendar page 25, Calendar 530, House Bill 5368, move to place on the Consent Calendar.

Calendar, page 29, Calendar 554, House Bill 5148, move to place on the Consent Calendar.

Calendar page 31, Calendar 567, House Bill 5229, move to place on the Consent Calendar.

Calendar page 31, Calendar 565, House Bill 5028, move to place on the Consent Calendar.

Calendar page 42, Calendar 384, Senate Bill 442, move to place on the Consent Calendar.

And if we might stand at ease for a moment, Madam President, to mark additional items.

THE CHAIR:

Stand at ease. The Senate will stand at ease.

(Chamber at ease).

THE CHAIR:

Senator Looney.

SENATOR LOONEY:

Thank you, Madam President.. Additional items, Madam President -- we might stand at ease for just a moment.

vd/gbr
SENATE

239
May 6, 2014

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

240
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
INDEX**

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

Do we have any further comments from our committee members?

Seeing none, I'd like to just make notice that my cochair, Representative Serra, has joined us and our Vice Chair, Senator Osten, has joined us as well. Thank you.

PAHOLA MADERA: Thank you.

SENATOR AYALA: Thank you, Ms. Madera.

Next speaker on the list is Pat Wallace, followed by Linnea Levine.

PATRICIA WALLACE: Good morning, Senator Ayala, Representative Serra, members of the committee.

My name is Patricia Wallace. I'm here as a member of the legislative committee of the National Association of Social Workers, which has 3,000 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 also would urge support for 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. The previous speakers for New Haven mentioned that the -- the drop in the numbers of people who were served after the sunset in New Haven, but let me just mention the statewide numbers. In FY 2012-13, the year before the sunset payments statewide totaled \$24,803,337 paid to 4800 --

59,
dr/gbr AGING COMMITTEE

February 25, 2014
10:00 A.M.

48,140 recipients. The typical grant was in the 400 to 500-dollar range. All but nine communities in the state benefited.

After the sunset last year, total payments were \$21,471,187 paid to 40,878 persons; a decrease of 7,262 people, or 15 percent in the total number of people served. These grants, though small, matter a lot to people who live on very, very low fixed income, which certainly describes the people in New Haven who I know best who count on that and look -- look forward to that help when they turn 65.

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 multifaceted approach.

You've heard detailed testimony about these bills. I'm not going to elaborate further just to associate our testimony with that of the commission on aging and others who have gone before us. Your willingness as demonstrated in the many committee bills before you this morning, your willingness as a committee 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.

Thank you very much.

SENATOR AYALA: Pat, thank you for your testimony.

Any members have any questions or comments?

Seeing none, thank you.

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



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,

modernizing and/or downsizing of existing nursing home facilities. Many of the nursing homes in our state have an outdated physical plant design as a result of our long standing nursing home moratorium. It is important that we move to *modernize* the nursing homes that will fit within the strategic plan so that we can create a modern-day nursing home environment that will meet consumer demand and market need. That is why we support the expansion of the small house nursing home pilot program.

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

**Mag Morelli, LeadingAge Connecticut, 1340 Worthington Ridge, Berlin, CT 06037
(860)828-2903 mmorelli@leadingagect.org**



STATE OF CONNECTICUT

STATE DEPARTMENT ON AGING

25 SIGOURNEY STREET • HARTFORD, CONNECTICUT 06106-5033

www.ct.gov/agingservices

Telephone: (860) 424-5274

Toll Free: 1-866-218-6631

FAX: (860) 424-5301

AGING COMMITTEE

Public Hearing, February 25, 2014

HB 5226
HB 5229

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-BASED 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

have been undertaken to achieve this goal. These important studies considered the state's readiness to rebalance the long-term care system, consumer needs and wishes, and provided recommendations to meet these goals. The information intended by this proposal may in fact already be available to the legislature. The Aging in Place Task Force most recently studied many of the same issues proposed in this legislation and made recommendations to the General Assembly. Review of the information currently available may be most helpful.

HB No. 5226 (Raised) AN ACT INCREASING THE PERSONAL NEEDS ALLOWANCE FOR CERTAIN LONG-TERM CARE FACILITY RESIDENTS

When an individual is deemed eligible for Medicaid in a long-term care facility a portion of the individual's income is set aside for the resident as a "Personal Needs Allowance" (PNA). This monthly stipend is for the express purpose of providing the resident funds to cover a variety of personal expenses, expenses which are not otherwise allotted for in the Medicaid reimbursement to the facility. Expenses paid for by the Personal Needs Allowance include haircuts and styling, clothing, television and telephone services, some over-the-counter medications, as well as simple pleasures of life such as an occasional meal outside the nursing home, a book, stamps and stationery, certain toiletries not provided by the facility. In some instances, some residents must also use their Personal Needs Allowance to cover such medical services as podiatry care.

The 2011 Connecticut General Assembly had many difficult economic decisions to make and reducing the Personal Needs Allowance by 13% was one of those tough decisions. A reconsideration of that decision is warranted. In 2011, the reduction was listed in the budget as a temporary measure. Mr. Capshaw will speak with you more about this. We also have brought you our "\$2 bills". As you will see, the residents themselves have articulated what it means to them to live on \$2 a day and what they are able to do or not do on \$2 a day. In their own words you will read how their quality of life is impacted by the items and services they must go without when their extra income is only \$2 per day. I'd like to read you just a few of these notes written by the residents themselves. Hopefully you will also have the opportunity to review the other \$2 bills we have brought with us.

In concluding my testimony regarding the Personal Needs Allowance I will quote the residents of Soundview Skilled Nursing and Rehab Center in a letter they wrote to Governor Malloy in 2011: "We are senior citizens who for many years contributed more to society than we are able to do now. Now we need the help in our golden years...we struggle to stretch every dollar of the money we receive to cover the necessities we have to take care of...please remember we senior citizens gave our lives, our money, our time and energy to make this country great. We are in your hands."

HB No. 5229 (Raised) AN ACT CONCERNING THE EXPANSION OF A SMALL HOUSE NURSING HOME PILOT PROGRAM

The small house nursing home model is a fine alternative model of care for persons who require a skilled nursing level of care. It provides the most home-like setting for residents other than home itself and has a strong emphasis on individualized care. In this model well-trained universal workers are able to provide more person-oriented care rather than task-focused caregiving. Studies indicate there are

improved resident outcomes and greater resident satisfaction with life and care for those individuals who reside in small house nursing homes.

Across the country there are 32 states with a total of 260 small house or greenhouse models of nursing homes. Connecticut does not have an existing small house nursing home though there is currently an approved plan for one small house nursing home project in Fairfield county. Connecticut is actively rebalancing its long term care environment. More people are moving out of nursing homes and into the community with services. Allowing for another such project in the state does not appear to have any negative drawbacks. It may be prudent to consider the number of beds for this new project and whether a plan for down-sizing current beds is included in the plan. The costs of building this project must also be considered as it is unlikely any current building could be retro-fitted to be a small house nursing home.

For consumers who are in need of skilled nursing care and choose a nursing home for their care setting a small house nursing home is a very good alternative to the traditional institutional nursing home model and worth the state's consideration.

Thank you again for this opportunity to testify on behalf of Connecticut's long term care consumers.



National Association of Social Workers / Connecticut Chapter

2139 Silas Deane Highway
Suite 205
Rocky Hill, CT 06067
(860) 257-8066

Raymie H. Wayne, Ph.D., JD, MSW, President
Stephen A Karp, MSW, Executive Director
naswct@naswct.net

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.

Testimony of Masonicare

to the

Aging Committee

In Support of

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

**Presented by Stephen McPherson, President and CEO of Masonicare
February 25, 2014**

Good morning Senator Ayala, Representative Serra, and members of the Aging Committee. My name is Steve McPherson and I am the President and CEO of Masonicare. Masonicare is headquartered in Wallingford, Connecticut and is the state's largest provider of healthcare and retirement living communities for seniors. A not-for-profit organization that dates back to 1893, the Masonicare continuum includes geriatric acute and psychiatric acute care, skilled nursing care, long term care, dementia care, assisted living, home health and hospice care, adult day services, residential care, senior housing and retirement communities.

We thank the Committee for raising this bill, which would expand the opportunity to develop small house nursing homes to more than one provider in the state, including the opportunity for Masonicare to pursue the development of such a model.

The small house model is in the forefront of the nursing home culture change movement. The culture change movement is guiding nursing homes toward a truly resident-centered structure of care with a goal of resembling home in every way. In nursing homes that have adopted culture change, outcomes show that residents are more satisfied, families are more involved and caregivers are more gratified and committed.

The small house nursing home model is a system of small, self-contained residences each serving as a home for up to 14 nursing home residents and providing a skilled nursing level of care. There are currently no small house nursing homes in the state, but there is an existing statute that would allow the Department of Social Services to establish one small house nursing home as a pilot.

The proposal before you today would amend that statute and allow for more than one pilot site. Originally passed in 2008 to allow for up to ten sites, the statute was amended in 2011 to limit the pilot to just one. It is our understanding that there is one small house project currently under development and therefore we are asking for your support to expand the pilot and allow Masonicare the opportunity as well.

Our healthcare facility in Wallingford is in need of renovation and modernization. With buildings 45 years of age and older we need the flexibility to meet the needs of current-day residents. We have the land and would like the flexibility to meet current needs in a modern environment. The cost of this type of project is difficult to estimate until the range of opportunities is known. A new structure is generally less expensive than a renovated model, thus the best economic decision is new versus refurbished both from a cost as well as functional perspective.

Now is the perfect time for the expansion of the small house pilot program. Connecticut is in the midst of a rebalancing effort that is encouraging nursing home providers to downsize and redesign their models of care to be more resident centered. The physical plant and care model of the small house nursing home are both specifically designed to be resident centered. This is the modern day nursing home environment that consumers are demanding and Masonicare would like the opportunity to replace some of our outdated nursing home physical plant with a new small house nursing home design and provide Connecticut's aging population with the care environment they desire.

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

Respectfully submitted by Stephen McPherson, President and CEO of Masonicare
22 Masonic Avenue, Wallingford