

Legislative History for Connecticut Act

SA 14-6

HB5222

House	2175-2178	4
Senate	2921-2923	3
Aging	8, 9-10, 18, 23-24, 58-61, 64-65, 89-89A, 90, 92, 97- 98, 136-137, 148, 150- <u>159, 162, 168, 169, 170</u>	35

H - 1187

**CONNECTICUT
GENERAL ASSEMBLY
HOUSE**

**PROCEEDINGS
2014**

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

mhr/gbr
HOUSE OF REPRESENTATIVES

152
April 24, 2014

Connecticut Child Abuse Prevention Month. And I certainly hope everyone will take just a few minutes out of your day to pop downstairs and say hello to them.

Thanks.

DEPUTY SPEAKER RITTER:

Thank you, Representative.

Will the Clerk please call Calendar Number 58.

THE CLERK:

Madam Speaker, on page 5, House Calendar 58, Favorable Report of the joint standing Committee on Aging, 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.

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.

REP. SERRA (33rd):

Thank you, Madam Speaker.

Madam Speaker, what this bill does, it's an act concerning the expansion of a study of funding and support for home and community-based care for elderly persons and persons with Alzheimer's disease.

Madam President, the other part of this is that the Commission on Aging is to conduct a study and seek a recommendation and report back to the committee of cognizance with regarding funding and resources available to provide home care, community-based care for elderly persons and those with Alzheimer's disease.

Madam Speaker, the commission has reported that they have the staff and the expertise to do so, and this will not result in a physical -- a fiscal impact.

Thank you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Will you remark further on the bill?

Representative Adinolfi, you have the floor, sir.

REP. ADINOLFI (103rd):

Thank you, Madam Speaker.

This bill I like not only for what Representative

Serra said, but it's planning for the future. As the baby boomers are becoming of age, every day the need for elderly care and places for them to live in the future is going to be well needed. So planning ahead and starting a study, what the needs will be -- because I believe, like, within the next ten years we'll be close to 40 percent of the people in this state will be over 65 years old -- so planning ahead is a good thing.

And I would ask my colleagues to support the bill.

Thank you.

DEPUTY SPEAKER RITTER:

Will you remark further on the bill before us?
Will you remark further on the bill?

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 RITTER:

Have all the members voted? Have all the members

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.

**S - 677
CONNECTICUT
GENERAL ASSEMBLY
SENATE**

**PROCEEDINGS
2014**

**VOL. 57
PART 9
2668 – 2992**

Also Calendar page 20, Calendar 488, House Bill 5222.

Moving to Calendar page 23, Calendar 504, House Bill 5309.

Also Calendar page 23, Calendar 505, House Bill 5484.

And on Calendar page 23, Calendar 506, House Bill 5487.

Moving to Calendar page 26, Mr. President, Calendar 519, House Bill 5375.

Also Calendar page 26, Calendar 520, House Bill 5471.

On Calendar page 30, Calendar 542, House Bill 5378.

Calendar page 33, Calendar 558, House Bill 5459.

And also we earlier today had placed Calendar page 37, Calendar 120, Senate Bill 237.

And one additional item, Mr. President, Calendar page 45, Calendar 158, Senate Bill 209.

So this would be our proposed Consent items at this time, Mr. President.

THE CHAIR:

Seeing no objection, so ordered, sir.

SENATOR LOONEY:

Thank you, and if the Clerk would then read the items on the Consent Calendar for verification so we might proceed to a vote.

THE CHAIR:

Mr. Clerk.

THE CLERK:

On Page 4, Calendar 273, Senate Bill 480.

Page 14, Calendar 435, House Bill 5044.

On Page 16, Calendar 450, House Bill 5371.

Also Calendar 451, House Bill 5373.

On Page 18, Calendar 464, House Bill 5293.

On Page 19, Calendar 471, House Bill 5374.

On Page 20, Calendar 472, House Bill 5380.

Calendar 488, 5222.

On Page 23, Calendar 504, House Bill 5309.

And Calendar 505, House Bill 5484.

Also Calendar 506, House Bill 5487.

And on page 26, Calendar 519, House Bill 5375.

Calendar 520, House Bill 5471.

Page 30, Calendar 542, House Bill 5378.

Page 33, Calendar 558, House Bill 5459.

On Page 37, Calendar 120, Senate Bill 237.

And on page 45, Calendar 158, Senate Bill 209.

THE CHAIR:

Thank you. Mr. Clerk. Please announce the pendency of a roll call vote and the machine will be opened.

THE CLERK:

An immediate roll call has been ordered in the Senate.
roll call on today's Consent Calendar has been ordered
in the Senate.

THE CHAIR:

Have all members voted? If all members have voted, please check the board to make sure your vote is accurately recorded.

If all members have voted, the machine will be closed and the Clerk will announce the tally.

THE CLERK:

On today's 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:

Consent Calendar Number 1 passes.

Senator Looney.

SENATOR LOONEY:

Thank you, Mr. President.

Mr. President, would move for immediate transmittal to the House of Representatives of Senate bills acted upon today.

THE CHAIR:

Without objection, so ordered.

SENATOR LOONEY:

Thank you, Mr. President.

Mr. President, would yield the floor to members for any announcements or points of personal privilege before adjourning and announcing tomorrow's Session.

THE CHAIR:

Any announcements or points of personal privilege? Announcements or points of personal privilege? Seeing none, Senator Looney.

SENATOR LOONEY:

**JOINT
STANDING
COMMITTEE
HEARINGS**

**AGING
1 – 310**

**2014
INDEX**

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 administrator -- 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

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 provide 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 that information currently available may be most helpful to the -- to the legislature.

And now Brian and I will talk to you a little bit more in depth about AN ACT INCREASING THE PERSONAL NEEDS ALLOWANCE FOR CERTAIN LONG-TERM CARE FACILITY RESIDENTS. That's House Bill Number 5226.

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 and that's known as a personal needs allowance, or a 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 covered in the Medicaid reimbursement to the facility.

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.

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.

SB177 SB179
HB5001 HB5222
HB5223 HB5228

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

status of women and wider opportunities for women a few years back, studied the compounding factors that lead to economic insecurity in older adults.

Certainly housing expenses is a major part of that. It eats up about half of many older adults' income. So providing public supports like a renter's rebate can help older adults fill the gap between what they earn and what is needed to be economically secure. I'll keep going.

House Bill 5222, AN ACT CONCERNING STUDY OF FUNDING AND SUPPORT FOR HOME AND COMMUNITY BASED CARE FOR ELDERLY PERSONS AND ELDERLY PERSONS WITH ALZHEIMER'S DISEASE, we certainly appreciate this committee's support to rebalancing the long-term care services and support systems. We are also very committed to rebalancing and their -- while the legislative commission on aging fully respects and appreciates the intent of this bill, this area has seen a lot of study in the last year, and there has been a lot in the last several years, and a lot of forward momentum with regards to rebalancing.

Before you are several studies that have taken place as in long-term care needs assessment in 2006, which was per legislative mandate and the commission on aging carried out in consultation with the UCONN Center on Aging.

In 2013, the long-term services and support plan was put forward. That's put forward every three years and has a set of recommendations to achieve the goal of having 75 percent of people receiving community services -- community-based services by 2025.

The Governor in -- also in January 2013

released a rebalancing plan with several goals, objectives, and specific timelines to meet these goals. And then we also have the two task forces, the Aging in Place Task Force and the Alzheimer's Task Force in the last year that have studied many areas associated with -- with the -- the intent of this bill.

So please know we are happy to share any of these plans to put anything together that would help you in -- in your work, and we will continue to work on these issues very, very diligently.

House Bill 5223, AN ACT INCREASING FUNDING FOR ELDERLY NUTRITION. All you here, I -- I know, are very much aware that elderly nutrition program is an important program to supporting older adults in the community. Over the last six years, the elderly nutrition program has not received any cost of living increases. They receive flat funding, which with the cost of living increasing, the cost of food increasing, the cost of transportation increasing, it actually comes to a -- they end up losing money over time.

In fact, according to the Connecticut -- the association of -- of the nutrition agency service providers, in fiscal year 2012, the program throughout the state operated with a 600,000 dollar loss. So we certainly support increasing funding for the elderly nutrition program.

Nancy Shaffer and -- talked about the personal needs allowance. I won't go into detail, but we certainly are supportive of that as we've testified -- we testify today and also in years past.

And finally House Bill 5228, AN ACT EXPANDING

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.

HB 5222
SB 179
HB 5228

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.

SB 178 SB 177
HB 5226

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

55
dr/gbr AGING COMMITTEE

February 25, 2014
10:00 A.M.

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.

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.



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	<u>SB174</u>	<u>SB177</u>
Deb Migneault	<u>SB179</u>	<u>HB5001</u>
Senior Policy Analyst	<u>HB5222</u>	<u>HB5223</u>
Connecticut's Legislative Commission on Aging	<u>HB5226</u>	<u>HB5228</u>

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

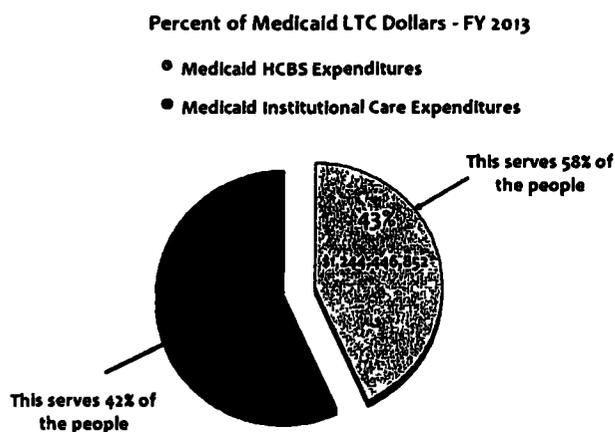
This bill will provide a state income tax deduction for premiums paid for long-term care insurance policies. It is in the state's best interest to encourage and incent residents to plan for their long-term services and supports (LTSS) needs. Data show that 1/3 of CT residents have NO PLAN on how they 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

Index measures how much income an older adults needs to adequately meet their basic needs – without public or private assistance. Given today's cost of living and premium of living in a high-cost state such as Connecticut, a range of stable programs is needed. Findings show housing costs (rent, mortgage, taxes and insurance) can eat up more than ½ of living expenses for older adults. Public supports, like the Renters' Rebate program, can help older adults fill the gap between what they earn and what is needed to be economically secure.

HB 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

~ CT's Legislative Commission on Aging Informs



We appreciate this Committee's commitment to "rebalancing" the long-term services and supports system with this proposal. CT's Legislative Commission on Aging is equally as committed to "rebalancing" and providing choice as to where people receive their services and supports as they age. Connecticut is indeed achieving cost savings with its related initiatives. In illustration recent data show that the costs of LTSS for people transitioned from

nursing homes under Money Follows the Person and into the community is less than 1/3 the cost of institutional care. At the same time Medicaid nursing home beds are being taken off line at a rapid pace, primarily due to nursing home closures. The Governor, in January 2013, released a Rebalancing Plan that sets the goal of reducing the number of Medicaid nursing home beds by over 7,000. Additionally, CT is receiving enhanced federal funds known as FMAP (close to \$200 million) through various rebalancing initiatives including MFP.

While the Legislative Commission on Aging fully respects and appreciates the intent of this bill, this area has been seen a lot of study in the last several years conducted by research centers, our Commission, paid consultants, the business community, etc. These studies include but are not limited to:

- **Long Term Care Needs Assessment (2006):** Per legislative mandate, the Legislative Commission on Aging, in consultation with the UConn Center on Aging, conducted a comprehensive long-term care needs assessment. The needs assessment identifies gaps and opportunities related to long-term care

rebalancing. Results of this needs assessment has helped to guide several plans that set rebalancing goals and recommendations for the state.

- **Long-Term Services and Supports Plan (2013):** Legislatively mandated plan, conducted every three years, sets the state goal of 75% of people receiving services in the community by 2025. The plan sets forth recommendations to achieve this goal.
- **Rebalancing Plan (2013):** The Governor released a Rebalancing Plan that established several goals and objectives for the state in this area, as well as specific timelines and tactics to meet the goals. The governor's budget appropriated funding to support the goals of this plan.
- **Aging in Place Task Force Report (2012):** Legislatively mandated task force studied many of components outlined in this bill and offered recommendations.
- **Alzheimer's Task Force Report (2013):** Legislatively mandated Task Force which studied forward several recommendations related to components of this bill.

Please know that we are happy to share any and all these various plans and reports with you. Our recommendations put forward in many of our publications – informed by data and national trends and best practices – continue to help inform critical policy, regulatory and implementation decisions. *All reform efforts should strive to create parity and allow true consumer choice for people regardless of age and specific diagnosis or disease, streamline systems and maximize state and federal dollars.*

HB 5223: An Act Increased Funding for Elderly Nutrition

~ Support by the CT's Legislative Commission on Aging

The Elderly Nutrition Program (ENP) is an important program in supporting older adults in the community. It provides adequate nutrition critical to health, quality of life and overall functioning to older adults via congregate meals and home-delivered meals statewide. In Federal FY 2011 almost 833,000 congregate meals were given to over 18,000 adults across 188 congregate meal sites. In the same FFY, 1.2 million meals were home-delivered to over 6,000 CT adults.

The ENP is primarily funded by federal and state dollars and partially funded by suggested contributions from participants and private donations. For the past several years, overall funding has been tenuous. While federal and state funds have remained flat, individual voluntary donations for each meal and private donations have decreased as a result of this prolonged troubled economy. Unfortunately, flat funding translates into a decrease as the costs associated with this program keep rising markedly (e.g. food, fuel, maintenance of vehicles).

As a direct result, elderly nutrition providers are now forced to utilize a variety of approaches in response such as – putting caps on the number of meals served at sites, closing sites one or two days a week and not offering home delivered meals on



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

AARP[®]

Real Possibilities

Testimony of AARP CT

H.B. # 5222: AAC a Study of Funding & Support for Home and Community-Based Care for Elderly Persons and Persons with Alzheimer's Disease; and

S.B. # 177: AAC a Community Spouse's Allowable Assets

February 25, 2014

Ageing Committee

AARP appreciates the opportunity to comment on H.B. 5222, AAC a Study of Funding & Support for Home and Community-Based Care for Elderly Persons with Alzheimer's Disease, and S.B. 177, AAC a Community Spouse's Allowable Assets.

AARP is a nonpartisan social mission organization with an age 50+ membership of nearly 37 million nationwide, and over 603,000 here in Connecticut. AARP believes that one's possibilities should never be limited by their age and that, in fact, age and experience can expand your possibilities, whether they be personal or professional. AARP is a network of people, tools and information and an ally on issues that affect the lives of our members and the age 50+ population in general.

H.B. 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

AARP strongly supports the objective of H.B. 5222 to gather additional information and policy recommendations to help older adults stay at home for as long as they wish. However, we believe the study should be broadened to include the essential function of unpaid family caregiving to support consumer choice.

The role of unpaid family caregivers is a key factor in helping individuals remain in one's home and in the community, but this critical family support comes at a cost to the caregivers themselves, their loved ones and to society. In 2009, about 711,000 family caregivers in Connecticut provided care to an adult with limitations in basic daily tasks. Their unpaid contributions were valued at \$5.8 billion in 2009. Given the importance of unpaid family caregiving to our long-term care system, AARP respectfully asks the Committee to expand the scope of the study to include the role, values and needs of family caregivers.



"Comfort of Home, Dedication to Care"

8 Keynote Drive, Vernon, CT 06066 • www.vnhsc.org • 860-872-9163
Business Fax 860-872-3030 • Referral Fax 860-872-2419

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.



"Comfort of Home, Dedication to Care"

8 Keynote Drive, Vernon, CT 06066 • www.vnhsc.org • 860-872-9163
Business Fax 860-872-3030 • Referral Fax 860-872-2419

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.

**Visiting
Nurse &
HEALTH SERVICES
OF CONNECTICUT, INC.**

"Comfort of Home, Dedication to Care"

8 Keynote Drive, Vernon, CT 06066 • www.vnhsl.org • 860-872-9163
Business Fax 860-872-3030 • Referral Fax 860-872-2419

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.



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.

T12

TO; Senator Ayala, Representative Serra and members of the Aging Committee
FROM; Bette Marafino, President, CT Alliance for Retired Americans
DATE: February 25, 2014

I'm Bette Marafino, President of the CT Alliance for Retired Americans which represents about 50,000 seniors in the state. Our Executive Board endorses all the Bills put forward by your committee and we applaud your foresight in addressing the fears and needs of the seniors in our state.

We note that some of these raised bills had been on the agenda of the last legislative session and are back again including senior safety zones, community spouses allowable assets, and an increase in the personal needs allowance for nursing home patients. Thank you for reintroducing them.

Today, I'd like to focus on three Bills all dealing with the care of people with dementia and Alzheimer's 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- 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.

I recently heard a sober report on NPR that said cases of Alzheimers and dementia are on the rise and society will need to address all the attendant issues that come with these diseases. Training of all personnel who care for these patients is crucial. A couple of physicians I have spoken to say that all too often patients are heavily medicated so they will be easier to handle by nursing home personnel. And this is not always the right approach. An increase in respite care support for the growing population of caregivers is also much needed.

We know that this is a short session and money is tight, but we urge the committee to move the Bills forward this session.

HB 5228 HB 5222HB 5001

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

Legislative Testimony, Aging Committee, February 25, 2014

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

H.B. 5225 - An Act Increasing Eligibility for Home and Community-Based Care for Elderly

An increase in the eligibility for the CT Home Care Program leads to concerns with delays in the processing of the current applications. It is taking on average four months to assess eligibility for Title XIX, an increase in applications and changes to the eligibility formula will result in expanded wait times. For many applicants coming into CHCP post hospital discharge, the wait period places the applicant in jeopardy of premature Institutionalization due to extended wait times. It would seem that our priority should be to first correct the extraordinary wait times and then increase the potential applicant pool via relaxed eligibility requirements.

H.B. 5228 – AN ACT EXPANDING ELIGIBILITY FOR THE ALZHEIMER’S DISEASE PROGRAM

C4A supports the increase in the eligibility for home and community-based services for elderly persons in the Statewide Alzheimer’s Respite Program but notes that increased eligibility without increased program funding results in waiting periods and service limits for clients and caregivers. This system provides a false sense of security for residents who assume they meet the eligibility requirements. The CT Agencies on Aging have less than \$2 million statewide to provide Alzheimer’s Respite services to nearly 1,000 residents. This program typically has waiting lists further exacerbated by long delays in Medicaid eligibility processing.

H.B. No. 5222 - AN ACT CONCERNING A STUDY OF FUNDING AND SUPPORT FOR HOME AND COMMUNITY-BASED CARE FOR THE ELDERLY AND PERSONS WITH ALZHEIMER’S Disease

The CT Association of Area Agencies on Aging supports H.B. 5222, An Act Concerning a Study of Funding and Support for Home and Community-based Care for the Elderly and Alzheimer’s Patients. The State would benefit from research that quantifies the savings gleaned by community-based services as compared to institutional care. In 2006, the Long Term Care Needs Assessment provided the foundation for much of the rebalancing work that is currently guiding policy decisions. A comprehensive study including an examination of the fiscal impact of the community-based supports is essential to control Medicaid expenditures and balance the State’s budget. The Study could also provide a public platform to enhance the education and awareness of retirees planning for their long term care needs.

HB 5001 (COMM) - AN ACT PROVIDING RENTAL COST RELIEF TO ELIGIBLE SENIORS AND PERSONS WITH DISABILITIES

Recently passed legislation (Public Act 13-234, Section 38) had closed the Rental Rebate program to any new applicants as of April 1, 2013 or previous applicants who did not receive a grant for calendar year 2011. Any individual who did receive a renter's rebate for the calendar year 2011 may continue to apply for a rebate. But, if a renter who received a rebate in calendar year 2011 does not receive a rebate in any subsequent calendar year, he or she becomes ineligible for the program. This means that an applicant who was hospitalized and unable to apply in any subsequent year is ineligible for the remaining years of CT residency.

The rebate is based on a sliding scale and weighs the applicant's previous year's income against the rent and utilities expense. The rebate allows many low income elderly and persons with disabilities to pay for needed items that do not fit within their fixed income budget. This rebate is critically important to many low-income residents.

For further information on programs and services offered through the Connecticut Association of Area Agencies on Aging:

Contact: Marie Allen, Executive Director
Telephone. 203-333-9288
Email: mallen@swcaa.org
Web site: www.ctagenciesonaging.org