



**Testimony of the Connecticut Association of Not-for-profit Providers  
For the Aging**

**Submitted to the Human Services Committee**

**Regarding  
House Bill 7323, An Act Concerning Long Term Care**

**March 13, 2007**

The Connecticut Association of Not-for-profit Providers for the Aging (CANPFA) is an organization of over 130 non-profit providers of aging services representing the full continuum of long term care including twenty-four non-profit assisted living facilities and seventeen residential care homes. CANPFA members believe in the mission of providing people the services they need, when they need them, in the place they call home. We are pleased to submit comments to the Committee regarding House Bill 7323, An Act Concerning Long Term Care.

**Regarding Section 2:**

CANPFA was actively involved in the development of Connecticut's assisted living regulations and strongly supported the progression of assisted living services into affordable settings such as state congregate and HUD housing sites and the subsidized assisted living demonstration developments. Our state's progressive model that separates the assisted living services agency (ALSA) from the managed residential community (MRC) has served the state's residents well over the years and has allowed us to transition the assisted living concept into these affordable settings.

Connecticut's ALSA regulations have been in effect for over twelve years now. As with any provider setting, it is helpful to periodically review the governing laws and regulations to ensure that they remain relevant and adequate to meet the needs of those they serve. Recently, the Department of Public Health convened a task force of providers and state officials, including the Long Term Care Ombudsman, to perform such a review of assisted living regulations. CANPFA is pleased to be participating in that task force. We are pleased to see that this bill does not propose to make any drastic changes to our current regulations before the task force completes its review.

CANPFA does not object to requiring the provision and posting of information regarding the availability of the Office of the Long-Term Care Ombudsman. We are hesitant to support granting sole authority to dictate the form and manner of the posting to the Office of the Long-Term Care Ombudsman without some

manner of review or input from the provider community. We would suggest that providing minimum requirements in statute should be sufficient.

**Regarding Section 3:**

CANPFA strongly supports the creation of a Residential Care Home (RCH) pilot program that will allow persons who are (or become) slightly over income for the State Supplement Program to be placed in (or remain in) a RCH rather than being forced to seek placement in a nursing home. CANPFA has long sought a solution to this problem and we hope that this proposed pilot program can be a step in that direction.

Background

Residential care homes are licensed by the Department of Public Health and provide room, board and personal care services to elderly and disabled individuals. The residents are much more independent than in nursing homes and do not require 24 hour skilled nursing care. RCHs can be the ideal residential setting for many lower income elderly or disabled individuals who are unable to live independently.

Funding is available through the State Supplement Program; however, the income eligibility for State Supplement is very strict and is set by the federal government at 300% of the maximum Supplement Security Income (SSI) benefit – a little over \$1,800 a month. To pay privately for staying in a residential care home can cost upward of \$3,000 per month in Fairfield County. The large number of people needing residential assistance whose income falls between \$1,800 and \$3,000 are forced to request placement in a nursing home. Since residential care homes cost approximately half of the cost of nursing homes, the cost to the state of this unnecessary placement in nursing homes can be extensive.

Last year we submitted testimony about a Scofield Manor resident who has been living at the Manor for the last three years and had done quite well. He was a former officer in the Army who suffered from major depression. He had been paying privately for his room, but, unfortunately, he had run out of savings. He has a monthly income of \$2,300 a month which put him over income for the State Supplemental Program, but did not give him enough to afford the private pay rate. There was nothing that could be done and his family was told that he would need to seek placement in a nursing home.

We also told you about an RCH applicant who had been a teacher in his late 50s. He was disabled by a mental condition and sat for hours in his apartment, forgetting to eat, change his clothes and take his medications. Although he had the services of a home health aide four hours a day, he would still forget meals and medication and had limited socialization. Unfortunately, his pension and disability benefits totaled \$95 above the limit for the State Supplement program.

His sons were unable to take him into either of their homes and were appalled that they had to consider nursing home placement, which is quite inappropriate for someone who needs minimal assistance.

Just last month we heard of another person in Cheshire who was faced with the same scenario. The preference was for the RCH, but the eligibility requirements forced a nursing home placement

Seeking a solution to this dilemma is not easy, but it is paramount if the state's goal is to provide individuals the opportunity to receive long-term care services in the least restrictive and most appropriate setting. And so CANPFA supports the establishment of this limited pilot program that would test whether the state can prevent the unnecessary placement of these individuals in nursing homes and also save the state money. The pilot data could be used to analyze the savings that might be realized making this a permanent policy change and could positively impact the quality of life of Connecticut residents.

We encourage the Committee to support this pilot program and thank you for your consideration of this testimony

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