



A nonpartisan research and public policy office of the Connecticut General Assembly

Testimony of

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Committee on Aging

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Good morning and thank you for this opportunity to comment on a number of bills before you today.

As you know, the Connecticut Commission on Aging is the nonpartisan state agency devoted to preparing Connecticut for a significantly changed demographic and enhancing the lives of the present and future generations of older adults. For almost twenty years, the Commission has served as an effective leader in statewide efforts to promote choice, independence and dignity for Connecticut's older adults and persons with disabilities. I'd like to thank this committee for its ongoing leadership and collaboration in these efforts.

In these difficult budget times, research-based initiatives, statewide planning efforts, vision and creative thinking are all needed. The Connecticut Commission on Aging stands ready to assist our state in finding solutions to our fiscal problems, while keeping commitments to critical programs and services.

Senate Bill 137: An Act Concerning Fear of Retaliation Training in Nursing Home Facilities
~CoA supports

CoA thanks this Committee and Nancy Shaffer, our state's Long-Term Care Ombudsman, for identifying this critical issue again this year. This bill garnered broad support last year and we urge you to support it once again.

Fear of retaliation is a real issue for residents of nursing homes, who are often afraid to exercise their rights. Imagine if you were reliant on someone else to schedule your showers, bring your meals and change your sheets. If an issue arose – for example, if you were upset that your medications were wrong or late – you might want to complain, and it would certainly be your right to do so. However, many residents bravely have come forward, indicating that complaining about one issue often has led to them receiving substandard care. Nancy's work with nursing home residents and staff has uncovered that staff are sometimes unaware that they respond in this fashion.

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This bill would require staff to be trained and could help reduce staff's tendency to retaliate. CoA believes this type of training would be valuable and not pose a burden for nursing facilities in our state.

Senate Bill 138: An Act Establishing a Task Force to Study "Aging in Place"

~ CoA Informs

Like you, the CoA is committed to helping individuals age in place; in fact, this has been the core of our work for the past 18 years. We lead such efforts in part through our role as co-chair the Money Follows the Person Steering Committee and co-chair and manager of the legislatively mandated Long-Term Care Advisory Council (CGS §17b-338). The Advisory Council is composed of consumers, providers, advocates and independent state entities and meets about nine times annually to discuss ongoing state efforts in the area of long-term care.

In addition, the Advisory Council collaborates with the Long-Term Care Planning Committee to develop a comprehensive statewide Long-Term Care Plan every three years. The Planning Committee (CGS §17b-337) is composed of designees from a variety of state agencies and is currently chaired by OPM. The most recent Plan, released in January 2010, is titled "*Balancing the System: Working Toward Real Choice in the Long-Term Care System.*" The plan continues to address the development and maintenance of a consumer-driven system of long-term services and supports across the lifespan and across all disabilities with the focus on informed choice, least restrictive and most appropriate setting, and community inclusion. We are in the midst of developing the next Plan, to be released in January of 2013 – the same timeframe as the report envisioned in this bill. The new Plan will incorporate data garnered from our state's experience with the Money Follows the Person program.

Additionally, in 2006 and 2007, the CGA mandated and funded – while the CoA oversaw – a LTC Needs Assessment, conducted by the UConn Health Center, Center on Aging which was exceedingly comprehensive with multiple components, wide-ranging issues, and a series of recommendations.

Therefore, we respectfully believe that the creation of a new task force to conduct this same type of work is not necessary at this time. The issue of helping people age in place has been well studied both in Connecticut and across the nation, and we are armed with a series of data-driven recommendations specific to our state. One alternative to the current proposal is to modify the authorizing statute for the Planning Committee to require implementation of the Plan, including a timeline. We would be most pleased to continue to work with this Committee and other policymakers to help realize the implementation of the Plan and other recommendations around aging in place.

Senate Bill 139: An Act Concerning Notification of Financial Stability of Nursing Home Facilities and Managed Residential Communities to Patients and Residents

~CoA supports

This proposal, a priority of the Long-Term Care Ombudsman, empowers nursing home and managed residential community residents, potential residents and their families by providing them with information about the facilities' placement into receivership or application for bankruptcy.

The Commission on Aging supports all efforts to educate and inform individuals who are seeking long-term care services.

Over the past several years, many skilled nursing facilities in Connecticut have faced financial difficulties. An unprecedented number have been placed into receivership or have faced bankruptcy. When these homes close, residents are uprooted and usually moved to other facilities; this move is disruptive to quality of life and can compromise individuals' health as well. This type of financial information would be particularly useful for families who have not yet chosen a facility. CoA supports providing this information to all residents and potential applicants.

Last year, this bill passed two committees and the full Senate without a "no" vote. CoA urges that the bill become law this session.

Senate Bill 140: An Act Concerning Grievance Committees in Nursing Home Facilities

~ CoA Supports

This bill, a priority of resident councils, would provide for additional consumer input in nursing home facilities. CoA supports this bill, including the language which would allow residents to appeal directly to the nursing home administrator. This language passed the House last session; CoA urges all of you to support this bill through the process this year.

Senate Bill 142: An Act Increasing Eligibility for the Connecticut Home Care Program for the Elderly

~ CoA Informs

CoA appreciates this Committee's commitment to the Connecticut Home Care Program for Elders (CHCPE), our state's hallmark program supporting home- and community-based services.

Over the past two years, this program has been modified a number of times: first, in January, 2010, when a 15% copayment was added to the state-funded portion of the program; six months later, in July, 2010, the legislature saw fit to reduce the copayment to 6%; finally, last July, the copayment was raised to 7%. Since the imposition of the 7% copayment, enrollment in the state-funded portion of CHCPE has dropped by about 10%.

CoA appreciates all efforts to enhance CHCPE. A priority of CoA is to streamline the waiver system for parity and easier access for all individuals with similar needs, regardless of age and specific disease.

Senate Bill 143: An Act Increasing Eligibility and Funding for the Alzheimer Respite Care Program

~CoA Informs

Approximately 70,000 Connecticut residents have Alzheimer's disease. Of those, about 600 received services through the Alzheimer's Respite Care program in the first half of Fiscal Year 2011. This worthy program provides a needed break for caregivers of individuals with Alzheimer's disease and related dementia who remain in their homes and communities. Some estimate that those caregivers in Connecticut provide over \$1 billion of unpaid care annually – and importantly, a higher quality of life to their spouses, neighbors, parents and friends.

One of the recommendations of the Long-Term Care Needs Assessment is to provide support for informal caregivers. Research clearly indicates that supporting informal caregivers with programs such as the Alzheimer's Respite Care Program is critical to keeping individuals out of nursing homes; it keeps caregivers healthy, and allows families to utilize various options in respite allowing for more cost effective solutions.

CoA recognizes the Committee's intent in raising SB 143. However, as the Committee knows, the Respite Program is not an entitlement; it is limited by its specific line item appropriation. Increasing the income limits, therefore, might simply have the effect of allowing a bigger pool to compete for the same money. CoA respectfully suggests that the Committee would make a bigger impact in the promotion of this program by focusing on the line item appropriation. Notably, the Governor's budget recommends cutting this program by over \$200,000 – about 10%.

The Alzheimer's Respite Care Program saves the state money by helping individuals with Alzheimer's disease remain at home instead of going to institutions and by helping their caregivers continue to provide their important support. The Connecticut Commission on Aging supports all efforts to fund the program, thus allowing individuals to receive the much needed respite that they require.

Senate Bill 176: An Act Concerning Air Conditioning in Nursing Homes

~ CoA Informs

As you recall, the summer of 2010 brought record-setting heat and with it a heightened discussion on air conditioning in nursing homes. This is a key quality of life issue for Connecticut's 26,000 nursing home residents who are generally older and frail with diminished physical ability to regulate their internal temperature, putting them at a higher risk of overheating and heat stroke.

As a reminder, this quality of life issue has been addressed by the General Assembly; PA 03-272 required the state Department of Public Health to adopt recommendations for minimum and maximum temperatures for areas within nursing homes. The recommendations could be based upon standards set by national public or private entities after research into appropriate temperature settings to ensure the health and safety of the residents of such homes. Unfortunately, though a minimum temperature has been in place for years (75° F), DPH has yet to recommend a maximum temperature. Instead, it annually issues general recommendations and guidelines nursing homes should take in hot weather.

Federal regulations do not require air conditioning, but they do require nursing homes to provide a safe, functional, sanitary and comfortable environment for the residents, staff and public. Newer facilities (those initially certified after 10/1/90) are required to maintain a temperature range of 71-81 degrees Fahrenheit. During rare, brief episodes of unseasonably hot weather, nursing homes in the most northern states are allowed to have temperatures exceeding 81 degrees, as long as resident health and safety are not adversely affected.

Over the past two years, DPH attempted to document the quality and quantity of air conditioning in state nursing homes thru a self-reported, online and telephone survey. It was found that all of Connecticut's 240 licensed nursing homes have some form of air conditioning, but about one-third

don't have it in every room, and 25 don't provide it in any resident rooms. Fifty homes cited the older design and electrical system of their facility as a reason for not being fully air-conditioned. It is estimated that the average Connecticut nursing home is about 40 years old. Cost will certainly be a factor if all nursing homes are to install air conditioning in every resident room.

House Bill 5215: An Act Increasing the Personal Needs Allowance

~ CoA Supports

Last year's state budget reduced nursing home residents' personal needs allowance (PNA) from \$69/month to \$60/month. As this Committee knows, the PNA is used for grooming, clothing, TV/phone service and other items that help to increase the quality of life for nursing home residents. CoA supports this initiative to increase the PNA from \$60 to \$65/month.

In these difficult budget times, research-based initiatives, statewide planning efforts, vision and creative thinking are all needed. The Connecticut Commission on Aging stands ready to assist our state in finding solutions to our fiscal problems, while keeping commitments to critical programs and services.

Thank you again for this opportunity to comment. As always, please contact us with any questions about this issue or other aging-related issues. It's our pleasure to serve as an objective, nonpartisan resource to you.

