



the compassion to care, the leadership to conquer

**Committee on Aging
Public Hearing
Tuesday, February 26, 2013**

Written Testimony of **Laurie Julian, Director of Public Policy, Alzheimer's Association**, CT Chapter (The Association).

Senator Ayala, Representative Serra and distinguished members of the Committee on Aging, on behalf of the Alzheimer's Association, CT Chapter, thank you for allowing me to submit testimony on several bills that are before you today.

The Alzheimer's Association is a donor supported, non-profit organization serving the needs of families, health care professionals and those individuals who are affected with Alzheimer's disease and related dementias. The Association provides information and resources, support groups, education and training, and a 24 hour, 7 day a week Helpline.

The Chapter submits comment on the following bills:

SB 883 (Raised) An Act Concerning a Community Spouse's Allowable Assets

Recognizing the high costs of long-term care, Federal Medicaid law provides certain financial protections for married couples, where one spouse is seeking Medicaid coverage of long-term care in a nursing facility or through home and community-based waiver services. These spousal impoverishment provisions, prescribe the amount of assets that the "community spouse" is entitled to retain when his or her spouse enters a nursing home and applies for Medicaid.

The community spouse must receive the maximum protected amount to avoid subjecting the community spouse to extreme financial hardship. Spousal impoverishment laws allow a healthy elderly spouse to maintain assets that generate income for his or her own living expenses and future long term care needs.

It is our understanding that Connecticut has adopted the most restrictive option, and only permits the community spouse to keep the lesser of one half of the couple's assets up to the maximum of the community spousal protected amount.

Alzheimer's disease or other dementias take a deep financial toll on spouses of individuals with the disease as most people survive an average of four to eight years after a diagnosis, but some live as long as 20 years. Only 4 percent of the general population will be admitted to a nursing home by age 80; but for people with Alzheimer's, 75 percent will end up in a nursing home by age 80.ⁱ Alzheimer's individuals are also most at risk for transition to skilled facility care.

Therefore, The Association supports SB 883 to allow the community spouse to keep the maximum community spouse protected amount.

S.B. 884 Raised An Act Increasing Eligibility for Home and Community-Based Care for Elderly Persons and Those with Alzheimer's disease

Alzheimer's disease is a progressive and degenerative disease. Community-based supports and services keep the individual with Alzheimer's and other dementia at home with their loved-ones where feasible often delaying costly institutional care.

The Statewide Respite Care Program continues to be a critical resource and offers assistance and support to caregivers in caring for their loved one. It also provides an effective plan of care for the individual with Alzheimer's Disease and allows the family caregiver much needed periods of respite to continue to care for their loved-ones. Without respite, family and other unpaid caregivers often must reduce their hours of work or even quit their jobs, resulting in a loss of job-related income and benefits.

The program continues to be a success as reflected by outcome measures: For the state fiscal year ending June 30, 2012, the Statewide Respite Program services were beneficial in assisting the client in remaining at home during some portion of the program year in 93% of client cases. In 84% of the cases, the care recipient was able to remain at home for the entire program year, and the program was effective in improving the caregivers and client's quality of life and reducing caregiver stress in 89% of the cases.

S.B. 886 Raised An Act Concerning Aging In Place

The Association supports this bill for residents to safely and effectively "age in place" where feasible, and to allow older adults and persons with disabilities the ability to live in their homes and community.

Section 1 and section 2 address nutrition and transportation, respectively. Adequate nutrition improves the overall health and quality of life. Although many people with dementia are able to perform basic aspects of self-care, several studies have found that people with dementia who live alone are at increased risk of inadequate self-care, including malnutrition.ⁱⁱ Inadequate self care has been cited as a cause of increased need for emergency medical services among people with dementia who live alone.

The available sources of information consistently indicate that at least 15 percent of Americans (or one out of seven) who have Alzheimer's disease and other dementias live alone in the community. ⁱⁱⁱ For many of the elderly, meal delivery is the only source daily check-up and contact.

The Association supports efforts to expand transportation options. Finding transportation alternatives is a challenge to Alzheimer's individuals, especially when it is medically and legally determined that it is no longer safe to operate a vehicle. Dependency on other modes of transportation and individuals become essential.

The need for assistance with daily living increases with age. Alzheimer's patients and individuals with dementia are high users of health care and as the disease progresses 24/7 care is required.

Section 3 allows a tax deduction for premiums on a long-term care policy and may provide an incentive to purchase long term care insurance which is often cost prohibitive and an unaffordable option. Since the repeal of the CLASS provision of the Affordable Care Act, which would of provided a voluntary incentive for the purchase of long-term care insurance, other options should be available to encourage saving for assistance with daily living supports to remain in the community and diminish the reliance on state funding of long-term care.

The Association supports section 7, to expand mandatory reporters of abuse, and training on detection of abuse. As the state transitions to community-based care, unsupervised care will become more frequent, and therefore a mechanism for oversight will be necessary.

The Association has been a long-time advocate for the heightened protection of individuals with Alzheimer's or related dementia from abuse and exploitation, and therefore supports section 8, 9 and 10.

We would like to take this opportunity to refer the committee to the GAO report on *Guardianships: Cases of Financial Exploitation, Neglect, and Abuse of Seniors (GA-10-1046)*. Although the GAO could not determine whether allegations of abuse by guardians are widespread, it identified hundreds of allegations of physical abuse, neglect and financial exploitation by guardians in 45 states, including Connecticut and the District of Columbia between 1990 and 2010.

In 20 selected closed cases, GAO found that guardians stole or otherwise improperly obtained \$5.4 million in assets from 158 incapacitated victims, many of whom were seniors or suffered from dementia or Alzheimer's disease.

Importantly, there were several common themes from courts failing to adequately screen potential guardians, appointing individuals with criminal convictions or significant financial problems to manage high-dollar estates and failing to oversee guardians once they were appointed.

The Association particularly supports the coordinated effort of the Commissioner of Social Services, in consultation with the Chief State's Attorney, the Attorney General and the Long-Term Care Ombudsman to establish a uniform recording system for complaints involving abuse and neglect of elderly persons and the creation of a database. The Association also recommends the system include the reporting of conservators appointed by the Probate Court.

Finally, the Association applauds the inclusion of voluntary training and reporting systems in section 9, under which personnel of banks and other financial institutions are trained to detect and report to the Chief State's Attorney financial transactions that may be warning signs of financial abuse of elderly persons.

H.B. 6461 (Raised) An Act Concerning Presumptive Medicaid Eligibility for the Connecticut Home-Care Program for the Elderly

The Home Care Program is an essential part of the long-term care safety-net. According to the Home Care Program for Elders 2011 Annual Report, 24.3% percent of the recipients in the program have Alzheimer's or other dementia. For many individuals with dementia, the Home Care Program has allowed them to remain in the community with its support services. It is one of the most cost-effective nursing home diversion programs.

Implementation and administration of presumptive eligibility will help stabilize an already fragile population in the community. Individuals with Alzheimer's are "at-risk" clients and expediting support services will greatly improve the quality of life for both clients and caregivers.

As noted previously, individuals with Alzheimer's or other dementia are most at risk for transition to skilled nursing care. Many long term care applications are filed when a person is in crisis or leaving a hospital. The time waiting for an eligibility decision is crucial in terms of the client's health condition and need for additional supports. Family caregivers caring for an individual with Alzheimer's are overwhelmed. If community-based services are not available due to eligibility delays, the client often re-enters critical care in either a hospital or nursing facility.

Thank you for the opportunity to submit this testimony. Please feel free to contact me at Ljulian@alz.org, or (860) 828-2828.

ⁱ Arrighi, HM; Newmann, PJ; Lieberburg, RJ. "Lethality of Alzheimer's disease and its impact on nursing home placement." *Alzheimer disease & Associated Disorders* 2010; 24 (1): 90-95.

ⁱⁱ Nourhashemi F, Moual-BarkateK, Gillette-Guyonnet S. Cantet C. Vellas B. Living alone with Alzheimer's disease: Cross-sectional and longitudinal analysis in the REAL FR Study. *Journal of Nutrition, Health & Aging* 2005; 9 (2):117-20.

ⁱⁱⁱ Medicare Current Beneficiary Survey 2008.