



## Legislative Commission on Aging

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

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Testimony of

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Legislative Commission on Aging

Committee on Aging

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Good morning Senator Ayala, Representative Serra and esteemed members of the Aging Committee. My name is Deb Migneault and I'm the Legislative and Community Liaison for the Commission on Aging. On behalf of the Commission, I thank you for this opportunity to comment on a number of bills before you today.

As you know, the 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 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 Legislative Commission on Aging is devoted to assisting you in finding solutions to our fiscal problems, while keeping our state's commitments to critical programs and services.

### ***Senate Bill 519: An Act Concerning Training Nursing Home Staff about Residents' Fear of Retaliation***

#### **~ CoA supports**

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

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 bathe you, 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.

**SB 522: An Act Increasing Funding for Elderly Nutrition**  
**~ CoA Supports**

The Elderly Nutrition Program (ENP) is a core 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 results, 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 weekends. It is important to note that unfortunately, it is a difficult cycle (a conundrum) ~ when fewer meals are served statewide, less money comes in from the federal government (as the federal government reimburses the state based on the number of meals served).

Clearly, the demand for the ENP will increase in concert with the soaring population of older adults and the major movement to keep people in the homes and communities. In light of changing times and to maximize state and federal resources, the CoA strongly and respectfully recommends that the state assess all the food security programs in Connecticut and implement a modernization plan. This will be no easy task as the U.S government administers food-related programs by various agencies with different funding streams and requirements. Consequently, coordination is limited and states are challenged to address broad goals

The State Unit on Aging (the administrator of the ENP) now also known as the State Department on Aging would be a key contributor among a multi-disciplinary group of stakeholders. The CoA offers its partnership with this most worthwhile endeavor ~ to

bridge gaps and identify ways to address interconnected issues and improve the food system ~ and to secure the future of the ENP.

**House Bill 5757: 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. It is a key component to the success of various "rebalancing" initiatives.

Over the several 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%; in July 2011 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. Prioritizing maintenance of current funding and reducing co-payments may be the wisest investment at this point in time. Additionally, a priority of the CoA is to streamline the waiver system for parity and easier access for all individuals with similar needs, regardless of age and specific disease.

**HB 5758: An Act Concerning an Income Tax Deduction for Long-Term Care Insurance Premiums**

~ CoA Informs

This bill will provide a state income tax exemption for premiums paid for long-term care insurance policies. It is in the state's best interest to encourage 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 older adults to plan for their future needs. These policies allow people to receive services and supports in the environment of their choice and protect them from spending all of their assets in order to qualify for Medicaid. Exploring various tax incentives for the purchase of long-term care insurance is a recommendation of both the 2013 Long-Term Services and Supports Plan and the Aging in Place Task Force (SA 12-6).

The state should make every effort to balance the ratio of public and private resources on LTSS. Creating tax incentives like the one proposed in this bill may help to do this.

## House Bill 5760: An Act Increasing the Personal Needs Allowance

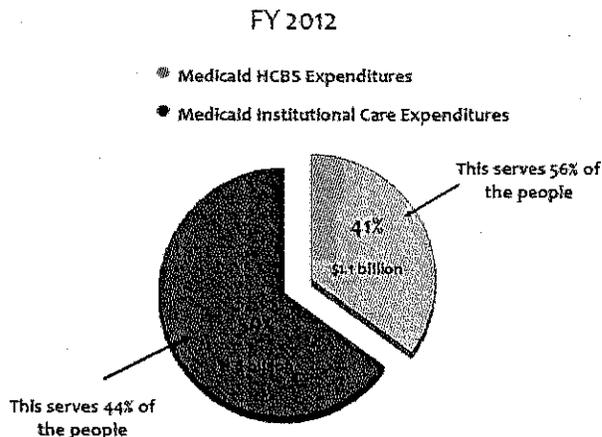
~ CoA Supports

The FY 12-13 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. Through the Coalition for Presidents of Resident Councils and the the annual Voices Forum, CoA has heard from residents themselves about this hardship and its impact on quality of life. CoA supports this initiative to increase the PNA from \$60 to \$72.75/month. This increase would reinstate the PNA back to the \$69 plus the cost-of-living increase that social security recipients received (but nursing home residents do not get to keep) which would total \$72.75/month.

## HB 5762: An Act Concerning a Study of Funding and Support for Home and Community-Based Care for the Elderly and Alzheimer's Patients

~ CoA Informs

This bill would mandate that the CoA perform a study to determine funding available to older adults and persons with Alzheimer's disease for care at home or in the community.



The CoA is fully supportive of increased funding for home and community based supports for older adults, including those with Alzheimer's disease, ~ actually for **people of all ages**. The most efficient and fair long-term care system is designed to meet the unique needs of individuals across the lifespan. To design a system based on need versus age or specific diagnosis is a guiding principle established in several state and national plans and widely held in regard. (In illustration, for people 65 years of age and older there is a CT Home Care

Program for Elders without waiting lists but for people under age 65 there is merely a pilot program with significant waiting lists.)

Specific to the increased funding aspect, the CoA and others have long recommended that the state implement global budgeting. States that have the greatest success in rebalancing pool state and federal funds for both institutional and HCBS services into one budget with an overall spending cap. This practice, also known as "global budgeting," gives them flexibility to transfer long-term care funds between different programs to promote cost efficiency, provide care in the most appropriate setting, and establish a suitable balance between institutional and HCBS services.

Connecticut is indeed achieving cost savings with its “rebalancing” initiatives. In illustration recent data show that the costs of LTC 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, on January 29, 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. So, instead of looking at it as an increase in funding – we’re suggesting that you consider it a necessary “reinvestment” of savings and enhanced federal dollars.

Regarding conducting an actual study, the CoA has the expertise to utilize various research studies and plans, consult with key stakeholders and provide a concise report with specific recommendations. Though highly capable, please be aware that there are certain realities we face – CoA is an agency of three employees with a broadened mandate as of 2009 and a meager budget. If you would like to better understand the breadth and scope of our work, do please review our 2012 Results-Based Accountability report submitted to the Appropriations committee on January 1, 2013.

***House Bill 5765: An Act Increasing Eligibility for the Alzheimer’s Disease Respite Care Program***

*~CoA Informs*

Approximately 70,000 Connecticut residents have Alzheimer’s disease. This important 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 (conducted in 2006) a recommendation of the 2013 Long-Term Services and Supports Plan as well as the Governor’s recently release Rebalancing Plan 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 HB 5765. 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. It is important to note, the Governor in past budget proposal’s has recommended cuts to this program. We will continue to monitor the status of the

budget regarding the Alzheimer's Respite Care Program and inform you if we see such a cut in Governor's FY 14-15 budget proposal.

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.

***SB 79: An Act Requiring Electrical Power Generators at State-Assisted Senior Housing Developments***

***~ CoA Informs***

As you are aware, this bill, as well as some other bills similar in nature that are being proposed this session, are the result of several natural disasters that have occurred in the last several years in our state. Sustained loss of power put people with compromised health conditions at further risk. Shelters and hospital emergency rooms were swamped with people that were in need of power to maintain their health.

Providing for generators at housing developments for older adults and persons with disabilities has the potential to limit the use of emergency rooms and emergency shelters during periods of prolonged power outages.

***Thank you again for this opportunity to comment. As always, please contact us with any questions. It's our pleasure to serve as an objective, nonpartisan resource to you.***