



# Connecticut's Legislative Commission on Aging

A Nonpartisan Public Policy and Research Office of the Connecticut General Assembly

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*With 21 volunteer  
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Testimony of  
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## Aging Committee

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Senator Flexer, Representative Serra 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 SB's 1002, 1003, 1004 and HB's 6892, 6893, 6894 and 6895 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 more than twenty years, the Legislative Commission on Aging has served as an effective leader in statewide efforts to promote choice and dignity and to enhance the quality of life for Connecticut's older adults and persons with disabilities.

### **SB 1002: An Act Concerning Senior Centers ~ CT's Legislative Commission on Aging Supports**

In 2011, the Connecticut Association of Senior Center Personnel in collaboration with CT's Legislative Commission on Aging surveyed senior centers across the state in order to better understand the range of services provided, funding and staff support of Connecticut's senior centers. The study ([Profile of Senior Centers in Connecticut](#)) found that among the 100 centers who responded to the survey the budgets, staffing levels, services offered, availability of training, hours of operation, etc., senior centers across Connecticut are extremely diverse. For example, in 2011 the median operating budget for senior centers was between \$231,000 to \$1.5 million.

Senior Centers, Municipal Agents, Resident Services Coordinators, Social Service Departments and many other municipal entities are often foundational elements of our services and supports system, particularly as it relates to information and referral. The Department of Social Services has received \$72 million dollars from the Center for Medicare and



Medicaid Services (CMS) through the Balancing Incentive Program (BIP) to develop the infrastructure necessary to support uniform access and streamlined processes for individuals seeking long-term services and supports (LTSS). A component of this initiative is No Wrong Door approach to services by offering multiple points of contact for those seeking LTSS information: online, over the phone and in person. Certainly, senior centers and municipal agents (as well the other entities mentioned above) should be key among the vast stakeholder network in the development of this system. We support the bill before you and look forward to task force recommendations on how to best to integrate senior centers and municipal agents into informational and referral systems.

**SB 1003 An Act Concerning Nursing Home Care and  
HB 6894: An Act Concerning a Study of Long-Term Care  
~ CT's Legislative Commission on Aging Informs**

Connecticut has dedicated a great deal of planning to address long-term services and supports (LTSS) in a multi-faceted way with individual choice and budgetary efficiencies as primary drivers. Several comprehensive reports and plans have been conducted in recent years by subject matter experts, stakeholders and state government innovators. Though not an exhaustive list of all the state LTSS related reports, below are those most prominent and utilized:

- **Home and Community-Based Care Study** (SA 14-6), January 2015. This report was submitted by Connecticut's Legislative Commission on Aging to the Connecticut General Assembly.
- **Connecticut Long-Term Care Planning Committee. Balancing the System: Working Toward Real Choice for Long-Term Services and Supports in Connecticut**, January 2013. The LTSS Plan is developed every three years by the Long-Term Care Planning Committee (comprised of various executive branch state agencies) in consultation with the Long-Term Care Advisory Council (comprised of consumers, advocates and providers) and submitted to the Connecticut General Assembly. It represents the foundation for LTSS planning in our State.
- **State of Connecticut, Department of Social Services (DSS). Strategic Rebalancing Plan: A Plan to Rebalance Long Term Services and Supports, 2013 – 2015**. January 29, 2013. This plan is a result of stakeholder briefings and engagement and data and systems analysis. It also met the requirements of Public Act 11-242, which requires DSS to develop a strategic plan, consistent with the LTSS Plan, to rebalance the Medicaid LTSS system.
- **Alzheimer's and Dementia Task Force Report (Special Act 13-11)**: Report of the Task Force was submitted to the Connecticut General Assembly in January 2014.
- **Aging in Place Task Force Report (Special Act 12-6)**: The report was submitted to the Connecticut General Assembly in January 2013. It examined 1) infrastructure and

transportation, 2) zoning changes to facilitate home care, 3) enhanced nutrition programs and delivery options, 4) improved fraud and abuse protections, 5) expansion of home care options, 6) tax incentives, and 7) incentives for private insurance.

- **Livable Communities Annual Report (Public Act 13-109)**: The first of these annual reports was submitted by Connecticut's Legislative Commission on Aging to the Connecticut General Assembly in July 2014.
- **Money Follow the Person (MFP) Quarterly Reports**: These detailed quarterly reports prepared for the Department of Social Services by the evaluators at the UConn Center on Aging, track the status of MFP benchmarks as well as other key data points.
- **Connecticut Home Care Program for Elders (CHCPE) Monthly Reports**: These monthly reports prepared by the Alternate Care Unit of the DSS include such information as number of participants on the various Medicaid HCBS programs and cost savings estimates.
- **Money Follows the Person Workforce Development Strategic Plan**: This plan, last updated in 2012, was developed by the Workforce Development Subcommittee of MFP... *"to build and support a robust LTSS workforce that is sustainable, respected and skilled. The workforce will support the dignity, choice and autonomy of older adult and persons with disabilities."*
- **State Plan on Aging**: The State Department on Aging (SDA) submits this plan every three years to the federal Administration for Community Living (which provides funding to SDA under the Older Americans Act). The most recent plan, submitted in October 2014, serves as a *"blueprint to goals and strategies to better serve older adults"*.

#### **SB 1004: An Act Concerning Senior Housing**

##### **Section 1 ~ CT's Legislative Commission on Aging Supports**

In light of demographic changes, ensuring that there is adequate supply of affordable, accessible, high-quality housing for older adults is more important than ever before.

As you know, for decades, older adults and younger persons with disabilities have both resided together in publicly financed housing projects. Through our work, we are aware of the robust discussion of both the potential opportunities and problems that can arise from the co-existence of these two tenant groups. For some older adults, the experience of living in close quarters with younger tenants enhances intergenerational connectivity, social supports and quality of life. For others, it can result in lifestyle clashes and fears.<sup>[1]</sup>

All people deserve to live in an environment where they feel safe and can retain choice, independence and dignity. Accordingly, we appreciate the challenges that

some people may experience in what is offered referred to as a “mixed population” setting, and we embrace thoughtful opportunities to expand housing options for older adults in Connecticut. It is equally important that policy strategies foster notions of shared fate, across age and other demographic characteristics, especially as the need for affordable housing continues to rise for the population as a whole.

To better understand these issues and to ensure adequate and safe housing for older adults and younger persons with disabilities, Connecticut’s Legislative Commission on Aging supports a study of public housing in the state. In light of present budget consideration however we support this study within available appropriations. Such a study should build on the research conducted by the Legislative Program Review and Investigations Committee in 2004<sup>[ii]</sup> and should reflect the new landscape of housing developments for the 50+ population.

### **HB 6892: An Act Concerning Hospital Training and Procedures for Patients with Suspected Dementia**

~ CT’s Legislative Commission on Aging Supports

According to the Alzheimer’s Association, in 2013, over 5 million people of all ages have Alzheimer’s disease. In Connecticut, there are an estimated 70,000 individuals with Alzheimer’s disease or dementia and this number is expected to increase as our population ages. CT’s Legislative Commission on Aging was proud to serve as the administrative staff for the Task Force on Alzheimer’s Disease and Dementia (SA 12-11). The task force studied the care and services provided to persons diagnosed with Alzheimer’s disease and dementia in the state. The recommendations put forward in the Task Force report focus on strategies to increase public awareness, encourage and promote early detection and diagnosis of the disease and address gaps in quality of care. A key recommendation to address quality of care is work to build a capable and prepared workforce through dementia specific training.

Last year, with this committee’s leadership, a comprehensive training bill was passed. The legislation was a culmination of many months of work by a diverse group of dedicated individuals. The task force members consisted of legislators, representatives for profit and non for profit nursing facilities, providers of home and community based services, experts on dementia and Alzheimer’s, physicians, the probate court administration, and several state agencies and was led by Representative Serra and former State Department on Aging Commissioner Prague. Throughout the task force deliberation we heard repeatedly from task force members about the need for more comprehensive dementia training for skilled nursing facility staff, home health agencies, homemakers and companions, physicians, emergency responders, protective service workers, probate court judges, paid conservators, etc.

Of course, individuals with Alzheimer’s or other dementias are served throughout the health care system and community. Many health care professionals and others are not trained to deal with the unique needs of individuals with Alzheimer’s or related dementias. Specialized training is needed to prepare the direct care workforce for the

unique challenges faced by people with Alzheimer's disease. Dementia specific capabilities need to be expanded and enhanced to ensure a dementia competent workforce with the skills to provide high quality care.

HB 6892 requires hospitals to provide Alzheimer's disease and dementia training to hospital employees who provide direct patient care to people with Alzheimer's disease and dementia. We are supportive of this bill and enhanced training on Alzheimer's disease and dementia across the health care delivery system.

**HB 6893: An Act Increasing the Personal Needs Allowance for Residents of Long-Term Care Facilities**

~ CT's Legislative Commission on Aging Supports

We appreciate this committee's commitment to the personal needs allowance for nursing home residents. 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 improve the quality of life and preserve dignity for nursing home residents. Through the Coalition for Presidents of Resident Councils and the annual Voices Forum, the Legislative Commission on Aging has heard from residents themselves about this hardship and its impact. We support the increase the PNA from \$60 to \$65/month and, at the very least, support maintaining the current level. (note: The Governor's recently released proposed budget reduces the personal needs allowance to \$50 for a projected savings of \$1 million.)

**HB 6895: An Act Requiring the State Ombudsman to Investigate Complaints Concerning Recipients of Home and Community Based Care**

~ CT's Legislative Commission on Aging Informs

Mandated by the federal Older Americans Act, the LTCOP safeguards the rights and quality of life for residents of skilled nursing facilities, residential care homes and assisted living. This proposal would significantly expand the role and work of the LTCOP to also safeguard the rights of those living in their homes and communities. In the 2013 CGA session, PA 13-234 established a pilot in Hartford to have the LTCOP available in the community and appropriated funding. Some initial work had begun. However, the funds were not released due to the hiring freeze. The Governor's proposed budget eliminates the funding for this effort (expected savings \$28,015). It is important to note that the LTC Ombudsman does not have the capacity to staff a pilot or this new mandate without additional funds. Existing federal funds for the LTCOP are restricted and are not allowed to be used for community-based ombudsman services.

**SB 1005: An Act Protecting Elderly Persons from Exploitation**

~Connecticut's Legislative Commission on Aging Supports

SB 1005 criminalizes the financial exploitation of older adults, creates a civil cause of action for recovery against a perpetrator, expands mandated reporters to include

financial agents and otherwise enhances protections for victims of financial exploitation. The need to address financial exploitation is more salient than ever more. According to a 2007 study by the Department of Justice, 11.2% of older adults report financial exploitation by a family member or stranger. Moreover, according to a 2011 Metlife study, the financial loss by older adult victims of financial abuse is \$2.9 billion annually.

The Connecticut Elder Justice Coalition (“the Coalition”) was created by the Governor’s Executive Order No. 42. With the support of the State Department on Aging, Department of Banking, the Department of Consumer Protection, the Department of Emergency Services and Public Protection, and the Department of Social Services, the Coalition, among other tasks, is considering ways to strengthen and improve the programs and services available to elder abuse victims in Connecticut, identifying and highlighting best practices and lessons learned in elder abuse prevention, detection and intervention in Connecticut and other states, and is preparing recommendations on governmental actions to be taken.

Among its other components, Section 8 of SB 1005 charges the Legislative Commission on Aging with conducting a study concerning best practices for reporting and identification of the abuse, neglect, exploitation and abandonment of elderly persons. We welcome the opportunity to further collaborate with the Coalition and its many stakeholders. Through the development of recommendations to standardize reporting and identification, we will better understand the nature and scope of the problem. Once established, consistent and reliable data will soon follow which would serve as a tremendous catalyst for effective policy and programmatic development in this area.

Additionally, SB 1005 offers enhanced protections of which we are supportive, including the Uniform Power of Attorney Act (Sections 9 – 53). These sections contain provisions that aim to promote choice and autonomy and prevent and detect Power of Attorney abuse. UPOAA creates greater transparency and oversight about the agent’s actions and set forth the powers that an agent cannot exercise unless specifically authorized to do so by the individual. Additionally, it lists circumstances under which a third party may legitimately refuse to accept a power of attorney or provide sanctions for unlawful refusals.

Finally, though such laws often target older adults over the age of 60, we would suggest that exemplary state policies offer protections for *all* people who are incapacitated or otherwise vulnerable and would recommend such an amendment.

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<sup>1</sup> Conn. Gen. Stat. § 8-114d

<sup>2</sup> Legislative Program Review and Investigations Committee. *Mixing Populations in State Elderly/Disabled Housing Projects*. 2004. Available at <<http://cga.c>  
[http://www.cga.ct.gov/2004/pridata/Studies/pdf/Housing\\_Populations\\_Final\\_Report.pdf](http://www.cga.ct.gov/2004/pridata/Studies/pdf/Housing_Populations_Final_Report.pdf)