



December 28, 2012

To: Members of the Joint Standing Committee on Aging:
Senator Toni Nathaniel Harp, Vice Chair, Aging Committee
Representative Michelle L. Cook, Vice Chair, Aging Committee
Senator Kevin C. Kelly, Ranking Member, Aging Committee
Representative John H. Frey, Ranking Member, Aging Committee
Representative David Aldarondo
Representative Livvy R. Floren
Representative Jonathan Steinberg
Representative Kathleen M. Tallarita
Representative Peter F. Villano

From: Senator Edith G. Prague, Task Force Co-Chair
Representative Joseph C. Serra, Task Force Co-Chair
Members of the Task Force to Study Aging in Place

Re: Task Force to Study Aging in Place

In accordance with Special Act 12-6, An Act Establishing a Task Force to Study Aging in Place, we hereby submit to the joint standing committee of the General Assembly having cognizance of matters related to aging, the final report of the Task Force to Study Aging in Place. The task force hopes the Aging Committee will consider these recommendations during its deliberations in the 2013 legislative session.

cc: Arthur Mongillo, Clerk, Aging Committee
Maria Grady, Legislative Commissioners Office
Nicole Dube, Office of Legislative Research



Connecticut General Assembly

Report of the Task Force to Study Aging in Place

Special Act 12-6

January 1, 2013

Task Force Membership

Special Act 12-6, An Act Establishing a Task Force to Study Aging in Place, established a task force to study issues related to aging in place initiatives.

The task force members are:

Senator Edith Prague, Task Force Co-Chair
Co-Chair Aging Committee

Representative Joe Serra, Task Force Co-Chair
Co-Chair Aging Committee

Senator Kevin Kelly
Ranking Member Aging Committee

Representative John Frey
Ranking Member Aging Committee

Kevin Lynch
appointed by Senate President Pro Tempore
Don Williams

Dianne Stone
appointed by President Don Williams

Deborah Hoyt
appointed by House Speaker Chris Donovan

Dwight Norwood
appointed by House Speaker Chris Donovan

Jane Jervis
appointed by Senate Majority Leader Martin Looney

Thomas Gutner
appointed by House Majority Leader Brendan Sharkey

Marie Allen
appointed by Senate Minority Leader John McKinney

Molly Rees Gavin
appointed by House Minority Leader Lawrence Cafero

Julie Robison
appointed by Governor Malloy

Julianne Roth
appointed by Governor Malloy

Julia Evans Starr
Chair of Long-Term Care Advisory Council; Executive Director Connecticut Commission on Aging

David Guttchen
Chair of Long-Term Care Planning Committee

Nancy Shaffer
designated by Department of Social Services Commissioner Roderick Bremby

Administrative Staff: Deb Migneault, Connecticut Commission on Aging

Aging in Place is defined as "the ability to live in one's own home and community safely, independently, and comfortably, regardless of age, income, or ability level" (according to the Centers for Disease Control and Prevention).

Overview

This report is the culmination of 5 months of work completed by the 17- member Aging in Place Task Force. The Task Force was established pursuant to [Special Act 12-6](#) and charged with examining:

1. Infrastructure and transportation improvements
2. Zoning changes to facilitate home care
3. Enhanced nutrition programs and delivery options
4. Improve fraud and abuse protections
5. Expansion of home medical care options
6. Tax incentives
7. Incentives for private insurance

The act requires the task force to submit recommendations to better allow Connecticut to meet the needs of residents who wish to age in place, to the joint standing Aging Committee of the General Assembly by January 1st, 2013. It dissolves by operation of law once it has done so.

Scope of Study as mandated by Special Act 12-6

1. **“Infrastructure and transportation improvements”**
Objective: Study public and private transportation options and models (e.g. ITN and accessible taxi options). Identify areas of potential coordination and improvement.
2. **“Zoning changes to facilitate home care”**
Objective: Study state and municipal- level zoning regulations for the building of new accessible units, remodeling of existing units (including in-law type apartments), home modifications and home share.
3. **“Enhanced nutrition programs and delivery options”**
Objective: Study existing nutrition programs (e.g. home- delivered meals, congregate meals, SNAP, farmer’s market) and identify recommendations to improve and maximize existing programs.
4. **“Improve fraud and abuse protections”**
Objective: Study existing protections. Identify gaps and opportunities to provide improved personal protections against financial, physical or emotional abuse so that people can safely remain in their homes and communities.

5. **“Expansion of home medical care options”**

Objective: Study the gaps and opportunities with regard to home- and community- based services and supports that allow people to receive services and supports in their homes regardless of age (young or old) or ability.

6. **“Tax incentives”**

Objective: Study existing tax incentives and identify models that would allow for people to stay in their homes as they age, including caregiver support incentives and business incentives that provide employer support to caregivers.

7. **“Incentives for private insurance”**

Objective: Study existing incentives and recommend new incentives to allow people to privately pay for long-term care insurance.

Recommendations

At the direction of its co-chairs, the Task Force in its deliberations and while trying to put forward meaningful recommendations, was especially mindful of Connecticut's current fiscal year deficit along with the even greater projected deficit for 2013-2015. While increasing funding for many initiatives was discussed, it was determined that putting forward high-cost proposals was not feasible at this time. Instead, the task force's recommendations are generally low cost ideas that could improve the ability of Connecticut residents to age in place without needing a budget appropriation.

In addition to the recommendations listed below, it should be noted that the task force believes consumer representation should be part of any decision making bodies that have oversight of programs and services.

After listening to presentations from many of Connecticut’s experts, sharing resources, and consulting reports, the task force is prepared to make the following recommendations:

Home Medical Care Options

Efforts should be made to improve education about services and supports, to update the infrastructure needed to support aging in place, develop the workforce needed to meet demands, and to partner with municipalities as they prepare for changing demographics. In addition to the recommendations listed below, the Task Force has reviewed and endorses recommendations set forth in the 2013 Long-Term Services and Supports Plan.

1. Education

- a. Set a clear vision for improved access to information about local, state and

- federal services and supports and coordinate existing resources. Interagency and intraagency leadership and coordination is necessary to set this vision and implement strategies. **(State departmental policy)**
- b. Develop and implement an aggressive public education strategy to expand the public’s knowledge about options related to long- term services and supports. **(May require legislation)**
2. Infrastructure
 - a. Simplify and expedite the Medicaid eligibility determination process. (State departmental policy)
 - b. Invest in coordination of existing structures to streamline access, eliminate redundancies, create parity and ensure effective utilization. **(May require legislation; state departmental policy)**
 3. Municipalities
 - a. Engage and prepare municipalities for changing demographics in their communities. Provide opportunities for training to municipalities on how best to prepare for the changing demographics. Develop a best practices template for municipalities. Strengthen the connection of State and local services by strengthening the relationship to senior centers, municipal government offices and services offered locally. **(May require legislation; state departmental policy)**
 - b. Review statutes in other states incentivizing “livable communities”.
 4. Workforce
 - a. Engage in long-term strategies to meet the demand for direct care workers, including formal paid workers and unpaid caregivers. Fully implement strategies outlined in the [MFP Workforce Development Strategic Plan](#). **(State departmental policy)**

Enhanced Nutrition Programs and Delivery Options

Efforts should be made to update the process in which seniors find out about nutrition services, the ways that they receive them, and the constructs within which they receive services.

1. Encourage the Connecticut Congressional delegation and the Administration on Community Living (ACL) to modernize core nutrition services to allow for flexibility between home-delivered meals and congregate meals, and the daily nutritional needs requirement. **(Federal)**
2. Establish a system of coordinated outreach for SNAP to senior/community centers, libraries, congregate meal sites, meals on wheels recipients, and current DSS recipients. Encourage nutrition program consumers to be pre-screened for SNAP eligibility. **(State departmental programmatic policy)**
3. The Executive Branch Departments that have administrative oversight of nutrition service and food security programs shall hold quarterly meetings with nutrition service and food security stakeholders (including Area Agencies on Aging, Access Agencies, nutrition providers, food security programs’ representatives and contractors, nutrition site coordinators, and consumers) to address complexities in nutrition services administrative

processes, establish quality control benchmarks and help move toward greater quality, efficiency and transparency in the program. **(May require legislation)**

Infrastructure and Transportation

1. Coordinate and expand an array of public and private transportation options (including volunteer driving transportation programs) through a regional approach. **(State departmental programmatic policy)**
2. Encourage regional transportation consortiums to utilize regional mobility managers and automated scheduling software to maximize capacity and funding. **(State departmental programmatic policy)**
3. Incentivize coordination and regionalization for the DOT municipal matching grant program services in order to meet the social, daily living and medical needs of individuals. **(May require legislation)**
4. The Department of Transportation shall hold quarterly meetings with transportation services stakeholders (including regional planning districts, municipal program representatives and consumers who utilize transportation services) to address complexities in transportation service processes, regionalization of services and help move toward greater quality and efficiency in the program. **(May require legislation)**

Tax Incentives and Tax Incentives for Private Insurance

- 1) Amend the state tax code to include a Dependent Care Credit so the tax filer can receive a credit for care expenses incurred so the caregiver is able to work. Home care and adult day care costs are examples of work-related expenses that may be eligible. **(Requires legislation - fiscal impact)**
- 2) Amend the state tax code to provide a deduction or credit for tax filers for the premiums paid for a private long-term care insurance policy. **(Requires legislation, fiscal impact)**
- 3) Encourage the Connecticut Congressional delegation to work towards passage of a federal “above-the-line” tax deduction for the premiums paid for a private long-term care insurance policy. **(Federal)**
- 4) Pass legislation in Connecticut that would allow the sale of annuity/long-term care combination insurance policies under similar rules currently allowed for the sale of life/long-term care combination insurance plans. **(Requires legislation)**

Zoning Regulations to Facilitate Home Care

1. Encourage municipalities to include planning for the needs of older adults and persons with disabilities, including those with low incomes, and their ability to age in place in their Plans on Conservation and Development (CGS § 8-23). **(May require legislation)**
2. Offer opportunities for municipalities to be recognized as “Aging in Place Ready Communities” by meeting certain required elements for recognition including but not limited to: Considering aging-in-place in their Plan of Conservation and Development; permitting home-sharing within the zoning regulations; allowing accessory apartments in all residential zones (with no exclusions on age of the home); exempting accessibility

features (e.g. ramps) from bulk requirements; sufficient availability of affordable housing and walkability. **(May require legislation)**

3. Define “Family” broadly when establishing zoning regulations for “single-family” homes. Ideally, the definition would allow for the inclusion of accessory housing units (in-law apartments) and such accessory units could be occupied by non-family members who are providing supports to a member of the household. The definition would also allow for temporary, stand-alone units on a family member’s property. **(Municipal)**
4. Exempt housing modifications for accessibility (e.g. ramps) from bulk zoning requirements. **(Municipal)**

Improved Fraud and Abuse Protections

1. Amend the statute that defines mandated reporters to protective services for the elderly (CGS § 17b-451), to include any person paid for caring for another person or a staff person employed by a community-based services provider, including senior center, home care agency, homemaker and companion agency, adult day, village-model communities and congregate housing personnel as mandated reporters for suspected elder abuse violations. Mandated reporting training must be provided and those affected informed of their obligation. **(Requires legislation, fiscal impact)**
2. To align with long-term services and supports Medicaid rebalancing efforts, expand the scope of the Long-Term Care Ombudsman program (CGS § 17b-400) to provide Ombudsman support to consumers receiving long-term services and supports regardless of setting. Additional appropriations to the Long-Term Care Ombudsman program would be necessary to expand beyond their current jurisdiction. **(Requires legislation, fiscal impact)**
3. Direct the Protective Services for the Elderly Program, in the Chief State’s Attorney’s office, to standardize elder abuse definitions and reporting mechanisms to accurately capture the nature and scope of elder abuse in Connecticut. Produce and submit an Annual State of Elder Abuse Report to the Connecticut General Assembly by July 1 every year. Also include in this report data that shows the number of referrals made from Protective Services to state programs and services. **(May require legislation)**
4. Develop a voluntary bank reporting project that includes bank reporting training programs. Bank personnel may be in the best position to detect financial exploitation of elders and persons with disabilities. Training should include types of financial transactions that should trigger suspicion. Potential triggers include: Recent changes to a person's will, misuse of Power of Attorneys, unusually high levels of activity or out of state charges. Consider adding bank personnel to the list of mandated reporters. **(May require legislation)**
5. Develop and implement a public education campaign that educates the public about the aggressive mail and telephone marketing tactics intended to exploit consumers. **(May require legislation)**

Activities and Deliberations of the Aging in Place Task Force

The Task Force met eight times from August 2012 through December 2012. The following are meeting highlights:

1. On August 13, 2012 the task force held an organizational meeting devoted to procedural decisions and definition of study areas. Members identified a list of additional resources for review in an effort to ensure the task force was well informed of the national, state and local landscape of aging in place initiatives.
2. The September 13, 2012 meeting consisted of presentations from multiple leaders in the field who were able to speak about the available avenues to expanding home care options. A significant part of this session focused on a presentation from Dawn Lambert, Money Follows the Person (MFP) Project Manager at DSS. MFP is a demonstration project that aims to restructure the long-term services and supports system to honor individual choice. The most well known benchmark of MFP is to transition over 5,000 individuals from nursing homes back into the community. Ms. Lambert gave the Task Force an in-depth update on its status. The Task Force also heard presentations from four Task Force Members: Julie Robison of the UConn Center on Aging; Deb Hoyt of the CT Association of Home Care and Hospice; Molly Rees Gavin of CT Community Care; and Marie Allen of the Southwestern CT Agency on Aging. They provided the Task Force analyses on existing gaps in the system and the urgent need to fix those issues first, the perspectives of home care providers and home care associations, and the need for an aggressive public education strategy about options for long-term care services and supports. The roles of senior centers and others working on a municipal level were also discussed. The presenters stressed the importance of workforce development in order to build the supply of workers and providers who are able and willing to work in the community setting.
3. The September 24, 2012 meeting addressed the study areas of transportation and nutrition. Presentations included Mike Sanders, Transit Administrator, Connecticut Department of Transportation; John Roode, Executive Director, Eastern CT Transportation Consortium; Joe Comerford, Executive Director, Estuary Transit District; and Margaret Smith Hale, Executive Director, North Central CT Independent Transportation Network. They spoke regarding existing options for adults to obtain transportation. Joel Sekorski, President, CT Association of Nutrition and Aging Services Providers; Lucy Nolan, Executive Director, End Hunger CT!; Debra Monahan, Executive Director, Thames Valley Council for Community Action Agency; and Dianne Stone, Executive Director, Newington Senior and Disabled Center (and task force member) spoke to the task force about how congregate meals, home delivered meals and nutrition programs like SNAP (formerly food stamps) can positively support one who is aging in place.
4. On October 16, 2012 Bonnie Gauthier, President and CEO, Hebrew Health Care, discussed various alternatives to facility-based nursing home care. These included the Program for All-Inclusive Care for the Elderly (PACE), Naturally Occurring Retirement Communities (NORCs),

nursing homes without walls, and elder co-housing. The Office of Legislative Research prepared a report regarding PACE that can be found here: http://cga.ct.gov/coa/pdfs/AginginPlaceTF/2012-R-0448%20_2_.pdf and a report about a New York= based program called “Nursing Homes without Walls,” that can be found here: http://cga.ct.gov/coa/pdfs/AginginPlaceTF/2012-R-0481%20_2_.pdf

The task force meeting originally scheduled for October 30, 2012 was cancelled due to weather.

5. The November 13, 2012 meeting included a discussion of the effects that zoning and community planning have on a municipality’s ability to support those who wish to age in place. This meeting included a presentation by Jason Vincent of the Connecticut Chapter of the American Planning Association. This meeting also included remarks from David Guttchen of the Connecticut Office of Policy & Management. Mr. Guttchen spoke of options for tax incentives.
6. The November 20, 2012 meeting addressed the study area of fraud and abuse protections. Laura Snow, Program Director, Center for Elder Abuse Prevention, The Jewish Home spoke about fraud and abuse protections for the elderly. A link to her presentation can be found here: http://www.cga.ct.gov/coa/pdfs/AginginPlaceTF/AginginPlace_ElderAbuse_10.30.12.pdf
7. On December 6, 2012 Al Norman, Executive Director of MassHome Care, spoke about the Massachusetts home- and community- based care delivery system. Al Lusignan, Director of Adult Foster Care, Group Adult Foster Care and the Caring Homes Program, from WestMass Elder Care, Inc. presented to the task force about the Adult Foster Care model in Massachusetts.
8. The final meeting of the task force was held on December 18, 2012. Task Force members reviewed the final draft of the Task Force’s report and unanimously approved it for submittal to the Aging Committee.

In addition to the meetings of the task force, members were mindful of various major state initiatives which relate to Aging in Place and also reviewed numerous documents and proposals shared among members via email.

Major State Initiatives related to Aging in Place

These state initiatives, funded by the Center for Medicare and Medicaid Services (CMS), are major infrastructure change projects aimed at rebalancing the long-term services and supports system, improving access to information, quality and coordination of care and employment for persons with disabilities.

- Money Follows the Person Demonstration Project (DSS)
- Integrated Care for Medicare Medicaid Enrollees: DSS proposal submitted to CMS

- Connect-ability (DSS)
- Balancing Incentive Payment Program (BIPP): DSS proposal submitted to CMS

Major Reports or Plans reviewed by the Aging in Place Task Force

- Long-Term Services and Supports Plan: developed by the LTC Planning Committee & LTC Advisory Council
<http://www.cga.ct.gov/coa/pdfs/Reports/LTC%20Plan%20-%202010%20PDF.pdf>
 note: next LTSS Plan due January 1, 2013
- 2011-2013 State Plan on Aging: Produced by Aging Services – Department of Social Services
<http://www.ct.gov/agingservices/lib/agingservices/pdf/ctstateplanonagingfy2011-2013final.pdf>
- Money Follows the Person Protocol & Quarterly Reports – Department of Social Services
<http://www.cga.ct.gov/coa/partner-mfp.asp>
- Aging and Disability Resource Center (ADRC) Five Year Plan: Produced by the Aging Services – Department of Social Services
<http://www.ct.gov/agingservices/lib/agingservices/pdf/connecticutaoaadrcstatewideplan042711.pdf>
- 2010-2015 Consolidated Plan for Housing and Community Development: Produced by Department of Economic and Community Development
http://www.ct.gov/ecd/lib/ecd/housing_plans/2010-15_cp_-_hud_approved.pdf
- 2011-2012 Action Plan for Housing and Community Development, July 5, 2011: Produced by Department of Economic and Community Development
http://www.ct.gov/ecd/lib/ecd/housing_plans/final_action_plan.pdf
- Long-Term Services and Supports Direct Care Workforce Strategic Plan
<http://www.cga.ct.gov/coa/pdfs/publications/2012/workforce%20plan%202.27.12.pdf>
- Conservation and Development Plan: Produced by Office of Policy and Management
<http://www.ct.gov/opm/cwp/view.asp?A=2990&Q=385370>
 2013-2018 Plan currently in development
- Long-Term Care Needs Assessment – UConn Health Center, Center on Aging
<http://www.cga.ct.gov/coa/ini-aginginplacetf.asp>

All agendas and materials from presentations can be found on the Commission on Aging website at www.cga.ct.gov/coa. All available audio and video coverage is also available on this site.

Further questions regarding the activities of the Task Force can be directed to Deb Migneault at the Commission on Aging by phone at (860) 240-5200 or email at deborah.migneault@cga.ct.gov