

**Testimony of Toni M. Fatone  
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**Public Health Committee  
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**Sen Handley, Rep. Sayers and the esteemed members of the Public Health Committee, I am Toni Fatone the Executive VP of the CT Association of Healthcare Facilities and I am here today to testify on SB 577, HB 5861 and HB 5864**

**SB 577 AAC The NH Financial Advisory Committee-** There has been much negative publicity of late regarding one nursing home company. They are an aberration and should be regarded as such. Heretofore the systems of regulatory oversight have worked and worked well. And have worked well since just recently reviewing another company and while finding some cash flow issues that they will continue to monitor found no need for a receivership after an intensive audit. This Advisory Committee duplicates the functions of key State agencies while giving the Committee no more authority than to make a recommendation. Will this really help a troubled company? How much duplicative reporting will facilities be asked to complete?

Additionally there are no protections for sensitive, private financial information regarding a company that is under investigation or has been investigated. We believe those protections of that sensitive financial information **MUST** be incorporated into this bill. And in that same vein **NO** nursing home representative should be on the

Advisory Committee privy to the detailed financial information of a competitor. That is simply not appropriate.

**HB 5861 AAC Mentally Ill in Nursing Homes-** these are important and credible protocols that should be put forth if we are not going to address the fundamental problem that the mentally ill should not be in nursing homes.

**HB 5864 AAC A NH Improvement Plan-** A statewide plan that maps out nursing home bed capacity and a correlating assessment on bed need based on census and other demographic data is an important component of the LTC Needs Assessment study that was just recently completed. Rather than the DSS and DPH completing the study the Legislature should ask the UCONN to compete the report in the same manner that it hired UCONN to do the LYC Needs Assessment Study.

Sec. 2- we support the philosophical intent of this section but caution that the Legislature should be aware of the significant increased costs of the Greenhouse/Small House model. Care in these setting is on avg. 20-50% more than the traditional model. If we are not appropriately funding the care in the existing model how can we expect the State will be there to fund a new more expensive model.

Sec. 3- Staffing Committees- let's say they do determine more staff is needed who is going to pay for it? This section establishes a committee to make determinations with NO resources to implement their findings. With a ZERO% Medicaid rate increase on the table any and all determinations for more staffing will be met with an inability to fulfill their recommendation. Then what?

Sec. 4- The eligibility system should be fixed in this State. If DSS doesn't have the right IT infrastructure or enough staff to process eligibility then we need to fix that. If families are not complying with requests for financial information to make eligibility determinations there should be penalties, if elder Bar attorneys are miring down the process unreasonably supplying one piece of information at a time

for months upon months then there should be sanctions. Everyone in the system has an important role in making it work in a timely manner including the nursing homes and they should be held to a high standard! A pilot won't help that. The DSS knows the pieces that must be fixed. Let's fix them. Non-compliant families and Elder Bar attorneys are a major part of the problem. Let's fix those pieces.