The Mary Wade Home, Inc.

Testimony to the Public Health Committee

Regarding House Bill 6593 - An Act Concerning Residential Care Homes

Submitted by David V. Hunter, Chief Executive Officer

March 23, 2011

Good afternoon Senator Gerratana, Representative Ritter and members of the Public Health Committee. My name is David Hunter and I am the Chief Executive Officer of the Mary Wade Home, a 145 year-old non-profit organization in New Haven, providing a continuum of care for seniors. We offer an array of services such as, senior transportation service, out-patient rehabilitation, skilled nursing home, medical model adult day center and a residential care home.

I support Section 7 of House Bill 6593, "To establish and operate a medical model pilot program in the licensed residential care home."

Mary Wade Home has provided residential care home services since the early 1900's. At that time it was called "A Home for the Aged." We currently accommodate 45 residents in our Residential Care Home. This supportive program is Connecticut's fore-runner of assisted living and served the chronically ill seniors prior to 1965, when Medicare and Medicaid programs were enacted and supported the development of the nursing home industry. Today, Connecticut has approximately 3,000 residential care beds, and the size of Residential Care Homes ranges from five to 115 beds.

I have been interested in developing a medical model level of residential care for several years since learning that the State of Vermont is currently providing various tiers or levels of residential care homes through a home and community based medical waiver program. This is a strategy to reduce admissions to nursing homes and provide a step-down opportunity for people who are discharged from nursing homes.

I am also interested in developing a medical model since Connecticut currently has experience with developing a social and medical for adult day services. This involves a different regulation for each level of care with a different daily rate. Providers choose the level they wish to provide and are held accountable for compliance during inspections. I believe this model can

be replicated to expand the medical services of the Residential Care Model. In fact, there exists today several Residential Care Homes in CT which currently provide medical services and the programs are working efficiently and effectively for seniors who age in place, but do not need admission to the nursing home.

In response to some advocacy groups concerned that residents of Residential Care Homes, who need nursing home services will not receive be afforded admission, I will state that each resident must have a physician, and it is the responsibility of the physician to certify the appropriate level of care when their patients require long term care services. Upon admission to the Residential Care Home, each resident must be seen by their physician, who provides written information which contains diagnosis, medical history and medication, following examination. This document includes the physician's certification of the level of care required and his/her signature. This procedure can be repeated when it is deemed the resident requires medical services within the Residential Care Home , and continue on a designated basis, IE, monthly.

I have had conversations with the Commissioner of Health in Vermont and staff members about their program of providing these various levels of care within their residential care homes and the respective reimbursement formulas for each level of care. I have also been speaking with several Connecticut State Legislators and government officials over the past several years because I believe this level of care in Connecticut has an important, albeit, overlooked role to play in Connecticut as policy makers grapple with plans to care for the growing senior population.

Thank you for the opportunity to testify and for your consideration of this testimony.
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