

Senator Gerratana, Representative Ritter and Members of the Public Health Committee

Re: Raised Bill 6593, AAC Residential Care Homes

My name is Elaine Cole and I am the owner of Mystic River Residential Care Home, a 25-bed residential care home in Mystic. I also am a member of the Board of Directors of the CT Association of Residential Care Homes (CARCH).

I want to speak about Section 6 and the issue of medication administration in residential care homes. Section 6 is an attempt to develop an alternative to legislation passed two years ago: Section 44 of Public Act 09-5 of the September Special Session (House Bill No. 7005). This has not been implemented because no entity has responded to an RFP for the new training requirements.

A little history. This statute was passed as a “cost-saving” measure with a basic “cause and effect” argument: If more residential care homes had non-licensed personnel certified to administer medications, the use of nurses to perform this service would be lessened. Medicaid costs would be decreased.

CARCH did not believe that Section 44 would address the issue especially with the regulations adopted by the Department of Public Health (DPH). In a survey of members, CARCH determined that there was not a clear correlation between a home not having certified personnel and the use of nurses. Some homes have certified personnel and also used a nursing service while other homes did not have certified personnel and did not use nurses.

CARCH also believes that the regulations adopted by DPH are excessive and will be burdensome for many homes to comply. It has not been demonstrated that the current training requirements for certification have resulted in many problems or a threat to the health and welfare of residents. The average capacity for a residential care home is 25 beds and there is limited staff with a wide range of responsibility. Many homes will have a difficulty to maintain staff while meeting the new mandates.

CARCH has analyzed data from DSS which clearly shows an interesting pattern and that the issue of nurses administering medications in homes is not occurring

throughout the state. The high cost for nurses is concentrated ONLY in the Greater New Haven area, the Lower Connecticut River Valley area and a few homes in the Greater Hartford area. And, many of these homes already have certified personnel. It's my belief that the residents in these areas do NOT have greater needs or problems than other residents throughout the state.

Section 6 of Raised Bill 6595 was proposed as an alternative to what was passed two year ago. It might be less costly to the state to pay one or two nurses directly to work with homes on medication administration.

Another alternative would be to require prior authorization when a nursing agency wants to administer medication to more than two or 10% of the residents in a home. As an industry, we understand that a resident may be having trouble and would occasionally need nursing services; however, it is probably not necessary to administer medication to every resident of a home.

A third alternative would be a targeted approach to work with those residential care homes in the two or three cluster areas of the state so that these homes know that they do not have to rely on nurses for this service. In fact, CARCH has begun an outreach effort to some homes to make them aware of how they might be able to do address this issue with their own staff as the majority of homes do. We also want to save the state money when appropriate and are willing as an industry to work with the high-cost homes.

We are prepared to work with the committee, departments and others to resolve this issue in a different way than what was previously initiated.