



# Saint Raphael Healthcare System

**WRITTEN TESTIMONY OF  
JOHN TARUTIS, EXECUTIVE DIRECTOR  
SISTER ANNE VIRGINIE GRIMES HEALTH CENTER  
BEFORE THE  
PUBLIC HEALTH COMMITTEE  
Wednesday, March 23, 2011**

**RE: SB 1185, AN ACT CONCERNING STATE PAYMENTS TO NURSING HOMES  
AND THE DUTIES OF NURSING HOME RECEIVERS**

Senator Gerratana, Representative Ritter and Public Health Committee members, I am submitting testimony today in support of Sections 1 and 2 of SB 1185, An Act Concerning State Payments to Nursing Homes and the Duties of Nursing Home Receivers. Section 1 would require fair rent increases to a facility's revised rate, and section 2 would allow nursing homes to request additional reimbursement to implement a business plan, with stipulations that the rate revision is either Medicaid budget neutral at the end of a five-year period or if the nursing home meets an unidentified unmet need. I see this bill as helpful to finding cost effective solutions, including addressing one issue I have raised before regarding the transition of certain hard-to-place hospital patients who wait weeks and, sometimes, months for a nursing home placement.

The Sister Anne Virginie Grimes Health Center is a 125-bed skilled nursing facility in New Haven and is part of the Saint Raphael Healthcare System. With the direct connection to the Hospital of Saint Raphael, I see, first-hand, the delays that many Medicaid patients face when waiting for a long-term care placement. On any given day, there are a number of Medicaid patients who wait in Connecticut hospitals for skilled nursing facility placement. These patients are medically cleared and able to be cared for in a less acute level of care, however, mitigating circumstances impede discharge. Often these patients require: complex nursing care or expensive intravenous medication, or require special equipment such as ventilators, or have behavioral issues, and, often, a combination of all of the above. Many extended care facilities are not equipped or lack the clinical model to care for the complex needs of such patients. So the patient lingers in the acute hospital consuming more costly resources while waiting for a long-term care placement. At the same time, hospital emergency departments are often not able to place patients into the acute hospital setting due to the lack of available hospital beds.

During the 2010 legislative session, we submitted a proposal (HB 5398), which passed the Human Services and Public Health Committees, which would have allowed for a more timely and cost effective manner of transitioning patients to the more appropriate level of nursing home care. This idea could save the Medicaid program a significant amount of dollars, but legislation is needed to allow for this collaboration between hospitals, nursing homes, and the Department of Social Services. Last year's legislation transitioned into a "study" bill which created a task force to look at the challenges with transferring hospitalized Medicaid patients to nursing homes.

John Tarutis, Page 2

The task force endorsed establishing a program to more easily place Medicaid patients into the most appropriate cost-effective setting.

Section 2 of SB 1185, which is before you today, would allow for last year's proposal and the recommendation of the task force to be implemented via a business plan. Section 2 of SB 1185 would allow "long-stay" Medicaid patients, who are consuming millions of dollars in healthcare resources and who, more importantly, have been waiting in a hospital bed for several weeks, and, sometimes, several months to transition to a skilled nursing facility. Section 2 of SB 1185 would relieve hospitals of millions of dollars in uncompensated care, create open bed space for emergency room patients who truly need to be placed in the acute setting, provide support to the state's struggling nursing home industry, and save the State money.

Please support sections 1 and 2 of Senate Bill 1185. Thank you.