

**TESTIMONY BEFORE THE GOVERNMENT ADMINISTRATION AND  
ELECTIONS COMMITTEE  
WEDNESDAY, MARCH 2, 2011**

**S.B. No. 1059 (RAISED) AN ACT IMPLEMENTING THE  
RECOMMENDATIONS OF THE COMMISSION ON ENHANCING AGENCY  
OUTCOMES.**

The Connecticut Association of Health Care Facilities (CAHCF), our state's 115-member association of for profit and not-for-profit nursing homes offers the following observations concerning *S.B. No. 1059 (RAISED) AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE COMMISSION ON ENHANCING AGENCY OUTCOMES*. Specifically, our testimony pertains to Section 302 of the bill, which implements the recommendation of the Commission concerning the rebalancing of the state's long term care system in favor of increasing the ratio of long term care recipients participating in home and community based services versus those receiving care in institutional settings, such as a nursing home.

There is hardly disagreement that Connecticut must continue to rebalance and enhance its home and community based systems given the dramatic aging of our population. There is a deep understanding in the entire long term care community, including nursing home advocates, that an over-reliance on institutional settings will be too costly for the entire system over the next decade and beyond. Connecticut should be fully exploring federal grants and other funding opportunities to further the rebalancing policy goal. Connecticut should also be fully exploring federal options to assist nursing homes in this regard with developing proposals that provide incentives for nursing homes to limit the supply of beds in parts of the state where there is sufficient bed capacity. Beds can be "inventoried" and brought back into the system in the future when there is a stronger demand in those areas. This will measurably advance the goals of rebalancing.

However, CAHCF cautions that policy makers have to proceed very carefully when too aggressively moving to rebalance the system. One need not look any further than the very recent decision of the Connecticut Department of Social Services (DSS) to deny a Stamford Connecticut nursing home's request to close based on a concern over a shortage of nursing home beds given the projected increase in the regional aging population. There are also examples of the state denying requests to reduced overall licensed beds for similar reasons. Aggressive rebalancing under these circumstances would jeopardize quality health care for seniors and there's no doubt that was the central concern on the minds of state decision makers. Put another way---dramatic rebalancing could very negatively impact access to quality health care for our seniors, now and in the future when beds may be needed to accommodate population growth.

But rebalancing is state policy already and nursing homes are at the table---positively engaged in efforts to transition residents to community settings in such programs as Money Follows the Person or in the state level of care screening efforts (PASSR) that transition nursing home residents to home settings. Nursing homes are contributing to rebalancing the system on a daily basis when they increasingly act as transitional care settings as residents return home after short-term rehabilitation and post acute care treatments in nursing homes.

We should also be careful of the characterization that rebalancing is an issue of home care versus nursing home care. We are very much talking about different level of care needs-----home care is intermittent care, whereas nursing homes provide 24/7 personal and nursing care, rehabilitation therapies, room and board, dietary, housekeeping, medication, laundry, medical equipment and other support for a fraction of what it costs to provide these services in home for those needing nursing home level care. It's wrong to compare a light care home care resident to 24/7 nursing home care. In fact, it is misleading to compare one hour of visiting nursing services at \$135 per hour against the full range of care and services provided in a nursing home setting 24/7, which is frankly a bargain to the taxpayers at a cost of approximately \$10 per hour. The centralized nursing home care model is very cost effective when residents have more complex needs. And the strong participation of family members to care for complex cases in the home is sometimes very difficult to achieve when families members have to work.

We hope that the Committee will considers these view as it endeavors to develop a long term care strategy that will address the full spectrum of needs in both the community and in institutional settings.

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