



**Heather Aaron, Leeway, Executive Director**

**Testimony in Support of**

**H.B. No. 6003 AN ACT AUTHORIZING BONDS OF THE STATE FOR THE  
EXPANSION OF A RESIDENTIAL CARE HOME IN NEW HAVEN.**

**Public Health Committee February 27, 2013**

Senator Gerratana, Representative Johnson and esteemed members of the Public Health Committee, my name is Heather Aaron and I am the Executive Director at Leeway. I am here today to testify in support of House Bill 6003- An Act Authorizing Bonds of the State for the Expansion of a Residential Care Home in New Haven.

Leeway is a 40 bed skilled nursing care facility located on Albert Street in New Haven. Leeway has been caring for those living with HIV for the last 18 years. Eighteen years ago there were no medicines so everyone with AIDS/HIV died. Today science has provided medication that allows the resident to live longer.

At that time Leeway was approved as a demonstration project using skilled nursing home as the health care facility that may fit. However, nursing home criteria based on Medicare regulations do not fit this population. Leeway residents are forced to conform to regulations that do not fit the residents' needs. The average age of a Leeway resident is fifty, unlike a traditional nursing home with an average age of 75 years old. Medicare states that you must be lacking in certain ADL's and need help with bathing, eating, and ambulating. Our residents are very ill and often in pain but they want to feed themselves and walk around while they can. The medications allow for longer life. For many of our residents that could be a year or an average of five years.

Leeway's residents have HIV/AIDS along with an average of six other co-morbidities. Nevertheless, many of them can ambulate and feed themselves and even though residents may have end of stage kidney and liver disease, CHF, cancer, HIV dementia, diabetes, substance abuse and/or mental illness these residents are not considered skilled and the state will no longer pay for their stays at Leeway.

Understanding our predicament and in evaluating our options, Leeway has submitted a CON to the state to approve the addition of thirty residential care beds. Although this setting is considered primarily housing it creates a level in the continuum that provides the resident an opportunity to prepare for independent living and for Leeway to provide medical oversight for the resident to recuperate sufficiently to be able to live independently. The plan will be to monitor the resident and teach them life skills and connect them with their providers in the community until they are fully inculcated into the routine of daily life living with HIV.

In Leeway's primary service areas there are approximately thirteen residential care homes. They are averaging a 96.2% capacity with no capacity for the residents seen at Leeway. Our facility is currently denying care to those individuals with HIV who also have cancer, kidney disease, heart disease, diabetes, mental illness and substance abuse because they are able to walk around even though they are very sick. Yale Hospital is Leeway's most significant referral base (50%) and has expressed concern that we are not accepting the residents we had accepted in the past. This is adding to the problem of overcrowding in our emergency rooms.

The state is now paying a premium for hospital beds instead of having the resident come to Leeway. If Leeway opened a residential care home today all thirty beds would be filled immediately and we would have a long waiting list just for the surrounding hospitals. We have over 900 possible referrals from the community. The approximate cost for this project is 5 million dollars and will create a minimum of thirty jobs in the community. Leeway reimbursement costs per day will decrease because the RCH beds cost significantly less than the skilled nursing home beds.

### **In Summary**

Our residents may not be considered skilled because they are able to ambulate, however, we should consider their day for a minute. Each morning you wake up with ongoing physical pain, you take more than 26 pills per day which cause ongoing nausea. Many also have to have dialysis three times per week. While you cope with this routine you are further challenged by mental illness and substance abuse. With this I discharge you into the community because you can stand. These residents' mental illness then takes over, substance abuse heightens and the resident ends up in the hospital or worse dead. This is what we are trying to avoid.

I thank you for the opportunity to testify on this important piece of legislation for Leeway and am more than happy to answer any questions you may have.

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