

**Testimony of Masonicare**

**to the**

**Aging Committee**

**In Support of**

**House Bill 5229, An Act Concerning the Expansion of a  
Small House Nursing Home Pilot Program**

**Presented by Stephen McPherson, President and CEO of Masonicare  
February 25, 2014**

Good morning Senator Ayala, Representative Serra, and members of the Aging Committee. My name is Steve McPherson and I am the President and CEO of Masonicare. Masonicare is headquartered in Wallingford, Connecticut and is the state's largest provider of healthcare and retirement living communities for seniors. A not-for-profit organization that dates back to 1893, the Masonicare continuum includes geriatric acute and psychiatric acute care, skilled nursing care, long term care, dementia care, assisted living, home health and hospice care, adult day services, residential care, senior housing and retirement communities.

We thank the Committee for raising this bill, which would expand the opportunity to develop small house nursing homes to more than one provider in the state, including the opportunity for Masonicare to pursue the development of such a model.

The small house model is in the forefront of the nursing home culture change movement. The culture change movement is guiding nursing homes toward a truly resident-centered structure of care with a goal of resembling home in every way. In nursing homes that have adopted culture change, outcomes show that residents are more satisfied, families are more involved and caregivers are more gratified and committed.

The small house nursing home model is a system of small, self-contained residences each serving as a home for up to 14 nursing home residents and providing a skilled nursing level of care. There are currently no small house nursing homes in the state, but there is an existing statute that would allow the Department of Social Services to establish one small house nursing home as a pilot.

The proposal before you today would amend that statute and allow for more than one pilot site. Originally passed in 2008 to allow for up to ten sites, the statute was amended in 2011 to limit the pilot to just one. It is our understanding that there is one small house project currently under development and therefore we are asking for your support to expand the pilot and allow Masonicare the opportunity as well.

Our healthcare facility in Wallingford is in need of renovation and modernization. With buildings 45 years of age and older we need the flexibility to meet the needs of current-day residents. We have the land and would like the flexibility to meet current needs in a modern environment. The cost of this type of project is difficult to estimate until the range of opportunities is known. A new structure is generally less expensive than a renovated model, thus the best economic decision is new versus refurbished both from a cost as well as functional perspective.

Now is the perfect time for the expansion of the small house pilot program. Connecticut is in the midst of a rebalancing effort that is encouraging nursing home providers to downsize and redesign their models of care to be more resident centered. The physical plant and care model of the small house nursing home are both specifically designed to be resident centered. This is the modern day nursing home environment that consumers are demanding and Masonicare would like the opportunity to replace some of our outdated nursing home physical plant with a new small house nursing home design and provide Connecticut's aging population with the care environment they desire.

Thank you for this opportunity to provide this testimony and I would be happy to answer any questions.

Respectfully submitted by Stephen McPherson, President and CEO of Masonicare  
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