



Health & Rehabilitation Center

February 20, 2014

Written testimony of Ann Rogers, Administrator, Candlewood Valley Health & Rehabilitation Center Concerning:

S.B. No. 104 (RAISED) AN ACT PROVIDING FINANCIAL RELIEF TO NURSING HOMES FOR UNCOMPENSATED CARE.

Good afternoon Senator Slossberg, Representative Abercrombie, and to the members of the Human Services Committee. My name is Ann Rogers. I am Administrator at Candlewood Valley Health & Rehabilitation Center in New Milford, Connecticut. Candlewood Valley Health & Rehabilitation Center is a longstanding provider of nursing care in the communities New Milford, Brookfield, Bridgewater, Danbury, Sharon, and Sherman, to name a few. The Candlewood facility has 148 beds, 217 employees, is the recipient of the 2012 Silver National Quality Award, and is a Five Star facility. I am here this afternoon to ask the Human Services Committee to ask for your support for S.B. No. 104 (RAISED) AN ACT PROVIDING FINANCIAL RELIEF TO NURSING HOMES FOR UNCOMPENSATED CARE. This bill is being advanced by the Connecticut Association of Health Care Facilities (CAHCF), of which our organization is a member.

This legislation is badly needed to address the persistent and worsening problem of excessive delays in the long term care Medicaid eligibility determination process at the Connecticut Department of Social Services (DSS) for skilled nursing facilities. Connecticut skilled nursing facilities and their residents are harmed by excessive delays in the eligibility determination process. As Medicaid applicants residing in nursing facilities await final disposition of their requests for state help, Connecticut nursing homes are simultaneously providing uncompensated care for periods of time often exceeding federal standard of promptness rules. This bill addresses this situation by requiring advanced payments for the money owed by the state. The bill also addresses the fundamental unfairness of requiring nursing facilities to pay provider taxes, penalties, interest and fees for care provided to Medicaid applicants and recipients, when no payment is being received from Medicaid for providing care due to excessive delays.

Our nursing home is harmed by these excessive Medicaid eligibility and payment delays. We have nine (9) pending accounts totaling \$183,859. Our cases take an average of 5 months to grant, which ensures a cash flow challenge. During this time we are required to pay almost two quarters of Provider Tax for these days. We also have an additional \$124,000 which was denied and was approved for applied income diversion.

The problem is that most of these balances are unpaid due to the resident expiring and most are reserved as bad debt. This process negatively impacts the facility's cash flow and collection ability.

CAHCF applauds and encourages the DSS efforts to modernize its eligibility systems and for their commitment to hire badly-needed eligibility staff to address delays across the entire public and medical assistance spectrum. However, the state's initiatives are not yet providing relief, and we are concerned the situation may continue to worsen. Please pass this bill. Our nursing home needs your help.

I would be happy to answer any questions you may have.

Sincerely,



Ann Rogers
Administrator



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