LeadingAge Connecticut

Testimony to the Human Services Committee

Presented by Mag Morelli, President of LeadingAge Connecticut

March 4, 2014

Regarding

- SB 253, An Act Concerning Temporary Nursing Home Bed Reductions
- SB 254, An Act Concerning Presumptive Medicaid Eligibility For The Connecticut
- Home-Care Program For The Elderly
- SB 325, An Act Concerning Medicaid Recipients With Complex Medical Needs
- HB 5322, An Act Concerning Nursing Home Facility Minimum Staffing Levels

Good afternoon Senator Slossberg, Representative Abercrombie, and members of the Human Services Committee. My name is Mag Morelli and I am the President of LeadingAge Connecticut, a statewide membership organization representing over 130 mission-driven and not-for-profit provider organizations serving older adults across the continuum of long term care, services and supports and including senior housing.

On behalf of LeadingAge Connecticut, I would like to testify on four of the bills that are before you today and offer the Committee our assistance as you consider these various issues.

SB 253, An Act Concerning Temporary Nursing Home Bed Reductions

Connecticut is currently transitioning our Medicaid program through several initiatives, including a rebalancing of the long term services and supports system so that more people may receive these services in community based settings. LeadingAge Connecticut members support this systems change and we continue to work with the state to find creative ways to achieve this balance.

Part of the state's rebalancing effort is the nursing home "right-sizing" initiative which is aimed at adjusting and redistributing the number of nursing home beds in the state to meet the changing consumer demand for nursing home care. Toward this goal, we have been advocating for a collaborative and flexible regulatory and reimbursement environment for all nursing home providers so as to encourage nursing homes to adjust, modernize and diversify their models of care. We believe that a regulatory environment that is adaptive and receptive to individual providers forward thinking ideas will encourage creative nursing home rightsizing initiatives.

While this specific bill was not our proposal, it does fit into this model of a collaborative and flexible regulatory environment. It could be one element in a variety of initiatives to assist existing nursing home providers in adapting to the current consumer demand while preserving the opportunity to adjust to future demand. This proposal could indeed be an opportunity to help appropriately adjust the nursing home bed supply and move us forward with our rebalancing plan.

Senate Bill 254, An Act Concerning Presumptive Medicaid Eligibility for the Connecticut Home Care Program for the Elderly

LeadingAge Connecticut supports this bill which would immediately address the eligibility determination backlog in the Connecticut Home Care Program for Elders by implementing a system of presumptive eligibility for applicants to the program. The delay in processing the long term care Medicaid applications for this segment of our vulnerable elderly population is preventing individuals in the community from receiving needed services in a timely manner and placing them at risk. We strongly support a resolution to this situation and encourage the Committee to support this bill.

While this specific bill addresses the Home Care Program for Elders, the problems with the eligibility system are affecting individuals throughout the entire continuum of care and services. The excessive delays in Medicaid eligibility determination are at a crisis level system-wide and we have attached a joint statement of LeadingAge Connecticut, CAHCF, the Connecticut Association of Healthcare at Home, and the Connecticut Hospital Association urging your immediate attention to this situation.

SB 325, An Act Concerning Medicaid Recipients With Complex Medical Needs

LeadingAge Connecticut supports this legislative proposal to the extent that it will protect the rights of nursing home residents with complex needs to access the complex rehabilitation technology that will meet their needs.

State and federal law requires a nursing home to care for its residents in a manner that promotes and enhances the quality of life of each resident, ensuring dignity, choice, and self-determination. All nursing homes are required to provide services and activities to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. The CMS survey agency, which in Connecticut is the Department of Public Health, ensures through inspection that all nursing homes residents are treated in this manner and are afforded these rights.

Medicaid reimbursement policies that limit a nursing home resident's mobility by denying them access to a motorized wheelchair or that endanger a resident's physical condition and/or skin integrity by limiting their access to a customized wheelchair threaten the rights of all nursing home residents and may prevent nursing homes from being able to provide the level of care and services that is required. We therefore support a clarification of the Medicaid policy that would ensure nursing home residents the access to the complex rehabilitation technology that is needed.

HB 5322, An Act Concerning Nursing Home Facility Minimum Staffing Levels

LeadingAge Connecticut does not oppose the intent of this bill which is to raise the minimum staffing requirements for nursing homes that are currently outlined in the Public Health Code, but we also do not see a need for the legislation since both the Public Health Code and federal requirements for nursing homes require that nursing homes staff to meet the needs of residents and already authorize the Department of Public Health to assess penalties in certain cases when facilities fall short of staffing requirements and fail to employ sufficient staff to meet resident needs.

We are also concerned that the bill proposes to merge the staffing requirements for the two distinct levels of nursing home care that are currently recognized in state licensure and regulation.

State nursing home licensure and the Public Health Code currently differentiate between a "chronic or convalescent nursing home" level of care and a "rest home with nursing supervision" level of care,

with the later having a lower staffing requirement because the residents have a lower level of care need. This bill is proposing to bring the staffing requirements for the rest home with nursing supervision up to the level of the chronic or convalescent nursing home. We are concerned that this increase would require most rest homes with nursing supervision to increase their staffing even if they are currently staffing to meet the needs of the residents.

The number of nursing home beds licensed at the rest home with nursing supervision level of care has decreased over the years and most are located in nursing home buildings that also have beds licensed at the higher chronic and convalescent care level. These nursing homes with both types of beds would have their staffing hours reported on the Nursing Home Compare website in a blended manner and would show an overall staffing level that would meet the new minimum. However, if the staffing hours are broken down by unit and a nursing home is required to meet that minimum requirement just on the rest home with nursing supervision unit, then there might very well be the need to increase the staffing hours on that specific unit.

For instance, based on their current staffing patterns, one nursing home with excellent quality ratings has calculated that they would need to add nine hours per day on the rest home with nursing supervision unit. Their hours reported on Nursing Home Compare do not reflect this need because the site reports a combined number of staffing hours divided by the total number of residents and this level is quite high because the nursing home provides a very high level of staffing hours on the chronic and convalescent care unit. They have estimated that to staff the lower care unit at this increase requirement would cost as much as an additional $44,000 in salary and approximately $10,000 in benefits a year.

This effect on the rest home with nursing supervision units may have been unintended and we would hope to work with the proponents of the bill to modify the proposal to reflect the current differentiation in requirements.

We would also request that the proposed legislation allow for the inclusion of hours of direct resident care that are provided by administrative nursing staff when the facility is of a certain size, similar to how they are now recognized in the Public Health Code.

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

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LeadingAge Connecticut is a membership organization representing over 130 mission-driven and not-for-profit provider organizations serving older adults across the continuum of care including nursing homes, residential care homes, housing for the elderly, continuing care retirement communities, adult day centers, home care and assisted living agencies. By continuing a tradition of mission-driven, consumer-centered management and competent, hands-on care, not-for-profits set the standard in the continuum of housing, care and services for the most vulnerable aging adults.

CONNECTICUT ASSOCIATION FOR HEALTHCARE AT HOME

CAHCF

CHA CONNECTICUT HOSPITAL ASSOCIATION

Connecticut State Medical Society

LeadingAge Connecticut

The Medicaid Eligibility Determination Crisis: Need for Immediate Remedies for Consumers and Providers Throughout the Continuum of Care and Services

As statewide associations representing providers of Medicaid services throughout the continuum, we urge the state legislature to immediately address the crisis caused by delays in the Medicaid eligibility determination process.

Delays in Medicaid eligibility determination are adversely affecting both the individuals desperately in need of services and the providers of medical care and long-term services and supports across the continuum.

We understand that DSS is attempting to find solutions to the issues and will continue to work with them toward long-term solutions, but the crisis is immediate and we are asking for system-wide attention and relief now.

The problems are system-wide:

- Older adults and individuals with disabilities who should be eligible for home and community-based services through the Connecticut Home Care Waiver Program are not receiving services due to the delays in processing their Medicaid applications. These are individuals who are at risk of nursing home placement or emergency hospital care if they are not able to receive services and supports through the home care program.
- Skilled nursing facilities are caring for residents with pending status for months and months without receiving any reimbursement. Meanwhile the state is continuing to collect a daily bed tax on those same residents.
- Home care agencies sit on phone lines for hours and hours, waiting to speak to eligibility workers to assist their home care clients who are seeking Medicaid coverage for desperately needed medical home care services.
- Hospital discharges are delayed for days, weeks, and months while patients wait for their Medicaid eligibility determination so that placement can be found in the next level of the continuum.
- Hospitals, physicians, home care agencies, and nursing homes are providing care without funding or reimbursement while patients wait for their Medicaid eligibility determination. Moreover, during that time patients have to rely on the Emergency Department for their primary source of care, since without coverage their access to care is limited.

The Medicaid eligibility determination problems are system-wide. We therefore need a system-wide approach to developing and enacting solutions. We urge you to take immediate action and we offer you our assistance in this endeavor.

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