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**Kathleen A. Pajor, LNHA, President/Executive Director, Beechwood: Post-Acute, Transitional and Long Term Care.**

**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 Kathleen A. Pajor, LNHA, President/Executive Director, Beechwood: Post-Acute, Transitional and Long Term Care, located in New London, CT. Beechwood has been a skilled nursing facility since 1955. It has been a CMS 5 STAR facility since 2009, a Bronze Quality Award Winner, AHCA's 4 Tier quality facility for 2013 and US World News and Report Best Nursing Homes since 2010.

I am submitting this testimony 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.

projections every six months. The current model detailed in the Plan projects a surplus of 5,000 institutional beds assuming barriers that prevent choice are removed. As demand for institutional care decreases, the plan details a proactive approach to reducing unneeded beds and building community capacity. Key strategies focus on partnerships with institutional providers who are interested in diversifying their business models to provide identified community LTSS as identified in town level supply and demand data maps. In support of this, the plan includes competitive procurements targeted to institutional providers for the purpose of building community LTSS which reflect the needs and preferences of the town. Additionally, the Plan explicitly contemplates a range of initiatives with respect to Medicaid waivers and State Plan amendments that will support evolving need for long-term care. Finally, the Plan flags and proposes strategies in support of addressing various procedural, capacity and/or policy barriers, including lack of sufficient service, supply, and information about home and community-based services; insufficient practices supporting self-direction and person-centered planning, and lack of housing and transportation. The Plan also addresses the need for a streamlined process for discharges to the community, accessing Medicaid as a payer, and promoting a sufficient workforce.

DSS recommends the Plan to the Committee as an existing source of the data that it seeks and therefore we do not support HB 6607, SB 1086 and HB 6610 as they are unnecessary and duplicative. The Plan can be accessed at [www.ct.gov/dss/rebal](http://www.ct.gov/dss/rebal).

Thank you for the opportunity to testify before you today. I welcome any questions you may have.