



State of Connecticut

HOUSE OF REPRESENTATIVES STATE CAPITOL

REPRESENTATIVE AL ADINOLFI
ONE HUNDRED AND THIRD ASSEMBLY DISTRICT

LEGISLATIVE OFFICE BUILDING, ROOM 4200
300 CAPITOL AVENUE
HARTFORD, CT 06106-1591

TOLL FREE: (800) 842-1423
CAPITOL: (860) 240-8700
Al.Adinolfi@housegop.ct.gov

ASSISTANT REPUBLICAN LEADER

MEMBER
AGING COMMITTEE
JUDICIARY COMMITTEE
PUBLIC HEALTH COMMITTEE
VETERANS' AFFAIRS COMMITTEE

Testimony in Support of

HB 5541: An Act Concerning a Pilot Program for Interim Care Facilities

Aging Committee

February 10, 2015

Good Afternoon Chairman Senator Flexer, Representative Serra, Vice Chairman Senator Osten, Representative Rovero, Ranking Member Senator Kelly, Representative Bolinsky, and the distinguished members of the Aging Committee. I am here on behalf of HB 5541, An Act Concerning a Pilot Program for Interim Care.

The goal of this bill is to create a pilot program to provide Medicaid reimbursement to individuals who do not require twenty-four-hour care, but have health conditions that make it difficult to live alone. This bill amends title 17b of the general statutes and would greatly affect the lives of those who need a supportive community setting. I believe that all individuals deserve to a quality of life, in which they have the opportunity to become flourishing and contributing members of society. Masonicare in Wallingford Connecticut has a plan to impellent such a program. Please see the attached materials for information on how this is already being done.

I thank you for the opportunity to submit testimony in support of this bill, and hope that we can work together as a committee to improve the quality of care for members of our community.

Thank you,

Representative Al Adinolfi
103rd- Cheshire, Southington, and Wallingford

The Wright Residence

The United States health care system is staggering under the increasing numbers of the population living past the age of 85 and the decreasing numbers of those under the age of 15. Where are the resources going to come from to support the growing numbers of people aging in place component of our national census? How to keep these individuals as independent as possible and out of the hospital longer is the conundrum.

What is the answer?

Population health, a component of the Affordable Care Act (ACA), has several models. In one model the suggestion is that "the health of a community depends upon the very presence of its residents and how they embody the values that they hold dear, not only for themselves, but on behalf of the entire community in which they live."¹

One example of a solution can be found in Residential Care Homes (RCH). The Wright Residence, part of the Masonicare continuum, boasts about this ideal setting for people who don't need 24 hour "hands-on" personal care, but may have health conditions that make it difficult for them to live alone. There is security and camaraderie in community living without the burden of home maintenance, grocery shopping, meal preparation, housework or laundry. At Wright the residents each have private bathrooms, no sharing of facilities. Laundry facilities are available just outside their private studios, one bedroom and two bedroom apartments. Linen services are provided once a week.

Marmot states that "the aim is to improve health of individuals by creating healthier societies."² He further believes that following are some of the contributing factors to the social gradient of health:³

1. Stress damages health;
2. Poverty and social exclusions cost lives;
3. Social supports and supportive networks improve health;
4. Alcohol, drug, and tobacco use are influenced by the social settings;
5. Healthy food is a political issue;
6. Healthy transport means walking and cycling and good public transport.

The added advantages of the Wright Residence being part of the Masonicare continuum address all of these issues. The stress of daily living is managed for them. There are no social exclusions. Everyone is treated the same and is free to make their own choices. The services provided include socialization beyond three meals a day being in a community setting. Every

social event offered within the continuum is available to the residents of Wright. This can be concerts on the lawn or piano concerts in the main hall. Residents are able to choose their own level of involvement. Masonicare is also a smoke free campus. There are specialty clinics such as podiatric, dental and rheumatology. There is twenty-four hour emergency response and twenty-four hour Campus security. Spiritual support is available with spiritual services conducted in our own chapel. A nurse is available in her wellness office Monday through Friday to guide residents and to touch base with them on a regular basis. Outpatient rehabilitation is available on campus. Masonicare's physician practice is also available to all members of the continuum. When services cannot be reached through the inter-connected buildings, transportation is provided by Masonicare's shuttle bus or livery service. The RCH is co-located with a chronic and convalescent nursing home and an acute care hospital unit. Wright residents have priority entry into any services provided within the continuum. All services needed by the residents are provided within the confines of the continuum campus.

The Wright Residence currently has capacity for 86 residents. The requirements to be eligible for this unique setting are as established by the Department of Health. Our current population is defined as follows:

Average age – 85

Age range 61-103

Males 25%

Females 75%

As part of an extensive continuum the residents of the Wright Residence have availability of services above and beyond those provided in other RCH's. Their priority status to enter into any of the services provided within the continuum is a distinguishing factor that adds value to their quality of life and years to their lives. These extra services do not come without a price tag. While the dedication is to keep residents safe and well cared for in their homes, to support their needs, keep them independent and out of hospitals we must recognize that the individuals themselves are not able to cover the costs of the services provided. Keeping residents healthy and out of hospitals saves them the experience of hospitalization and saves the state money.

Population health management is a set of strategies with a focus on the health resources, and concerns of groups within designated communities, and how to enact those strategies to achieve goals and objectives. 4

The Wright Residence not only far exceeds every requirement determined by the Department of Health but far also embodies the ACA's contention that population health management provides for the best resident values, satisfaction, and outcomes. The ability to combine the services throughout the continuum is the answer for these residents. There is no reimbursement for these additional services. They are unique to Masonicare. Ask any resident and they will share their story of what a huge difference living in the Wright Residence has made in their lives. They are the best example of living well in a community.

References

1. Rinpoche SM. *The Shambhala principle: discovering humanity's hidden treasure*. New York, N.Y.: Harmony Books; 2013
 2. Marmot MG. Creating healthier societies. *Bull World Health Organ*. 2004;82(5).
 3. Wilkinson RG, Marmot MG. *Social determinants of health: the solid facts*. Geneva, Switzerland: World Health Organization; 2003.
 4. Muhajarine N, Labonte R, Williams A, Randall J. Person, perception, and place: what matters to health and quality of life. *Soc Indic Res*. 2008;85(1):53-80
- Veenhoven R. Why social policy needs subjective indicators. *Soc Indic Res*. 2002;58(1-3):33-46.

Proposed time frame:

Months 1-3

Formulate job description

Recruit for position

Hire

Train

Months 4-6

Further development of program criteria

Program tool development

Interview and choose residents for core group

Design evaluation tools and tracking systems

Formulate weekly reports and data collection tools

Months 7-22

Implement pilot

Months 23 and 24

Analyze data

Prepare final reports and recommendations

Proposed Financial Requirement:

One time:

Create job description, recruit, hire, train	\$ 5000
IT work station	\$ 3000
Start up other (supplies)	\$ 2500
Total	\$10,500

Ongoing:

RN 32 hours per week per year (including overhead)	\$85,000
IT Support (license, maintenance)	\$ 2,500
Supplies	\$ 1,000
Year 1 total	\$98,000
Year 2	\$87,500
TOTAL for 2 year project	\$185,500