



February 5, 2015

Written testimony of Kathleen A. Pajor, LNHA, MS, FACHCA, FHFMA, President/Executive Director of Beechwood Post-Acute, Transitional and Long Term Care, New London, CT. Concerning:

***Proposed H.B. No. 5586 AN ACT INCREASING NURSING FACILITY RATES.** <http://www.cga.ct.gov/2015/TOB/H/2015HB-05586-R00-HB.htm>

***Proposed H.B. No. 5812 AN ACT CONCERNING A COST OF LIVING INCREASE FOR NURSING FACILITIES.** <http://www.cga.ct.gov/2015/TOB/H/2015HB-05812-R00-HB.htm>

***Proposed S.B. No. 231 AN ACT CONCERNING COST-OF-LIVING INCREASES FOR NURSING HOMES.** <http://www.cga.ct.gov/2015/TOB/S/2015SB-00231-R00-SB.htm>

Good evening Senator Moore, Representative Abercrombie and to the members of the Human Services Committee. My name is Kathleen A. Pajor. I am President/Executive Director at Beechwood Post-Acute, Transitional and Long term Care, in New London, Connecticut. BEECHWOOD has 30 beds dedicated to short term and transitional care. In 2014, over 300 patients were discharged back to their homes or to alternative care. The remaining 30 beds are dedicated to long term care. It has over 100 employees and is a preferred provider for Lawrence & Memorial Hospital, Hartford Health Systems and Yale Health Systems. Beechwood has won many awards such as being a CMS FIVE STAR since 2010, including a FIVE STAR in quality and staffing this year; US News World and Report's Top Nursing Homes 2010-2014; AHCA's Advanced Excellence Bronze Award winner and ACHA's 4 TIER Award winner.

First I want to publicly thank the state legislators who introduced these badly needed bills---House Republican Leader Klarides, and Representatives Perillo and Gentile, and State Senator Crisco. And thank you also to the Human Services Committee for including these bills at this public hearing.

The bills all get to the same issue. Medicaid Nursing facility rates have been basically flat since 2007, but costs have been dramatically rising. The bills recognize that just can't work over time and provide for increasing rates, by an annual cost of living adjustment or through a formula that increases rates based on the nursing facilities costs.



In order to maintain a stable census, Beechwood's short term unit admitted Medicaid patients (only) with high acuity nursing and rehab needs. And basically, Medicaid patients with high acuities are the only Medicaid patients going to nursing facilities due to changes in level of care approvals from DSS and the Ascends process and Money Follow the Person.

Since CT Medicaid is not on an acuity based reimbursement system, there was a great disparity in actual costs vs reimbursement for Beechwood 2008-2014. And, with the 2014 increased costs in property taxes, utilities, FICA and medical costs that disparity was over \$90 per Medicaid patient per day.

The message from the operator's point of view is simple----Our nursing facilities need your help. We just can't continue on a path where no help is provided without laying off our employees who are living in a high unemployment county and jeopardizing quality.

I am asking you to advance these bills and provide our nursing facilities the help they need to care for our residents.

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

RE: House Bills 5586 and 5812, and Senate Bill 231

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My name is Crystal Dimanno and I live in Naugatuck. I have been a Certified Nursing Assistant (CNA) for 10.5 years and I am a member of District 1199/SEIU Healthcare.

I work at Village Green of Waterbury. I normally work 32 hours per week, but because of the staffing challenges that my nursing home faces regularly, I often work 60 hours per week or more.

The nursing home where I work is one of two nursing home facilities in the state of Connecticut that includes a unit for tracheostomy and ventilator dependent residents. As you can imagine, my residents require extensive care throughout the day.

But the difficulties that have resulted from underfunding compound the challenges that I face as a caregiver. Sometimes, we lack the basic supplies to do our jobs as CNAs. We always seem to lack enough staff to provide good care.

Although I started working as a CNA making \$11 an hour more than a decade ago, I still make less than \$15 an hour. This means that I'm being paid just a couple dollars more than the state minimum wage in order to provide high quality professional care to the people in our society who need it most. These nursing home residents are my family; they don't deserve a lack of supplies, low staffing, or a workforce of caregivers who are underpaid and overworked.

I entered the health care field because I wanted to help those in need. And I love my job and the residents I take care of. But if we truly want to aid the elderly, the ill, and the injured, I think it is imperative that we assess our priorities as a community and choose to increase funding for our nursing homes. It's the right thing to do, because increasing funding will generate benefits for thousands of nursing home residents and caregivers across the state of Connecticut.

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