

SHAILEEN LANDSBERG
DIRECTOR OF ADMISSIONS
ORANGE REHAB AND HEALTH CARE CENTER
Testimony on HB5589

1. Medicaid rates for skilled nursing facilities have been stagnant for many years despite increasing costs of doing business.
2. The typical Medicaid resident in a skilled nursing facility is much more acute than in years past. Advances in medicine, including medications, medical equipment, and other supplies have allowed people with more severe illnesses and conditions to be able to be cared for in the skilled nursing facility, either for short-term rehabilitative or long-term care.
3. The cost of caring for these people has increased. While most medications are covered by Medicaid, most of the equipment (such as wound vacs, IV pumps, CPAP and BiPap machines, etc.) is not. Increased staffing costs due to the more intensive hands-on care by both licensed and non-licensed staff is not adequately covered by Medicaid reimbursement.
4. Facilities are reimbursed on Medicare and Managed Care clients based on the needs of, and the care and services provided to the patient. A patient with a higher acuity and more needs is covered at a higher rate than one requiring less care and fewer services.
5. Medicaid patients are covered at a flat rate, not taking into account what the needs actually are.
6. Each skilled nursing facility in the state of Connecticut is reimbursed at a different rate. This was done taking into account the facility costs at the time prior to the freeze on adjustments. A facility that previously accommodated mostly minimal-care patients but is now taking sub-acute Medicaid clients would not be reimbursed enough to meet the cost of caring for those patients.
7. An acuity-based system would take into account the actual needs of the patients being cared for and allow appropriate reimbursement.