March 3, 2016

Written testimony of Matthew V. Barrett, Executive Vice President of the Connecticut Association of Health Care Facilities (CAHCF):

Good afternoon Senator Moore, Representative Abercrombie and to the members of the Human Services Committee. My name is Matthew V. Barrett, Executive Vice President of the Connecticut Association of Health Care Facilities (CAHCF), our state's one hundred and sixty (160) member trade association of skilled nursing facilities and rehabilitation centers (SNFs). Thank you for this opportunity to offer testimony this morning.

S.B. No. 278 (RAISED) AN ACT CONCERNING NURSING HOME FACILITY MINIMUM STAFFING LEVELS.

This legislation reasonably provides that a nursing home facility must have sufficient nursing staff to maintain a daily minimum ratio of not less than two and three-tenths nursing staff hours per resident. We agree that the Public Health Code (PHC) is outdated and overdue for an update on minimum staffing requirements. For example, the PHC now only requires a minimum of one and nine-tenths hours per patient for a skilled nursing facility.

S.B. 278 is a reasonable and measured approach to increasing the staffing requirement. Moreover, the bill provides that if any nursing home facility experiences increased costs or expenditures complying with the provisions of this section, the Department of Social Services must provide Medicaid reimbursement associated with the new costs.

It is our belief that all Connecticut nursing facilities should at least be staffing at the levels prescribed in the bill. If there are facilities staffing below these levels, the bill will appropriately demand additional staffing. For these reasons, CAHCF supports the bill.

Section 2 of this bill proposes to increase current nursing home social work hour requirements in two stages. The first stage would increase the social work staffing from the effective date of the bill to September 30, 2020. The second stage would require additional increases to the required social work hours on and after October 1, 2020, as well as requiring a full -time qualified social worker for every 60 licensed beds. Current federal and state laws already include provisions to ensure appropriate levels of social work services are available to nursing home residents. Additionally, the bill fails to provide any funding for the significant increase in costs to nursing homes which would result from this bill and therefore CAHCF asks that no action be taken on this proposal as drafted.

Connecticut nursing homes provide a wide range of services to residents with varying needs. Some nursing homes may focus primarily on short-term rehabilitation while others may focus primarily on dementia and memory care. These variations in the types of residents and services provided by each nursing home require a more flexible approach to staffing than this bill permits. Current federal and state regulations already provide that flexibility. Connecticut regulations governing nursing homes require that all nursing homes employ social work staff to meet the social and/or emotional problems and/or needs of the patients based upon their medical and/or psychiatric diagnosis. Similarly, federal conditions of participation for nursing homes at

42 CFR §483.15(g)(1) require that facilities provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. These provisions recognize that social work staffing hours must be tailored based upon the needs and acuity of each facility's residents. As an additional measure, Connecticut regulations also set forth minimum social work hours based upon the number of licensed beds. Currently, the regulations require 10 hours by a qualified social worker or social work designee for each 1-30 beds, 20 hours for 31-60 beds and 10 hours for each additional 30 beds or fraction thereof. Nursing homes are regularly surveyed by the Connecticut Department of Public Health to ensure these requirements as well as other regulatory requirements are being met. These existing requirements are sufficient to ensure the availability of sufficient social work services to nursing home residents. Increasing the minimum social work staff hours will increase costs to nursing homes with no demonstrable evidence that such increases will improve the quality of the social work services being provided. Section 2, unlike Section 1, fails to provide any funding mechanism to reimburse Connecticut nursing homes for these significant increased costs at a time when most nursing homes are already being reimbursed by Medicaid far below the cost of providing care. For this reason, we do not recommending moving forward with Section 2.

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