Testimony to the Appropriations Committee

Presented by David Lawlor, President & CEO of United Methodist Homes and Chair of LeadingAge Connecticut

March 5, 2019

Regarding the Governor’s Budget Proposals Related to the Department of Social Services

HB 7148, AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNium ENDING JUNE 30, 2021, AND MAKING APPROPRIATIONS THEREFOR

Good evening Senator Osten, Representative Walker, and members of the Appropriations Committee. My name is David Lawlor and I am the President and CEO of United Methodist Homes in Shelton and the Chair of LeadingAge Connecticut, a statewide membership association representing not-for-profit provider organizations serving older adults across the continuum of aging services, including skilled nursing facilities, residential care homes, home health care and hospice agencies, adult day centers, assisted living communities, senior housing and life plan communities. I am joined by Mag Morelli, the President of LeadingAge Connecticut.

On behalf of LeadingAge Connecticut, I am here to testify on aging services as they are addressed in the Governor’s budget recommendations for the Departments of Social Services.

Our testimony tonight focuses on the Medicaid program, the rebalancing of our system of long-term services and supports, and the Medicaid rates of reimbursement. We have provided written testimony that I will summarize. And of course, we offer you our assistance on these and any other issues pertaining to aging services, supports, and long-term care that may not be addressed in our testimony.

As you know, Connecticut’s Medicaid program has successfully transitioned to a managed fee-for-service model and has developed several care delivery initiatives, including the strategic initiative to rebalance the state’s system of providing long-term services and supports. As a result, we have been able to control Medicaid costs and the rebalancing effort has allowed an increasing number of older adults to remain at home while receiving Medicaid funded services. We therefore support the Governor’s proposal to maintain the Medicaid program’s current managed fee-for-service system, as well as his proposal for enhancing the rebalancing effort.

LeadingAge Connecticut has long supported the rebalancing effort and we remain committed to working with the state on all of the various aspects of the rebalancing plan. Toward that goal, our written testimony outlines a proposal to encourage the voluntary reduction of an additional 3,000 nursing home beds in the next two years.
Not only will a bed reduction strategy facilitate the rebalancing effort, but we believe that a thoughtful reduction of the bed supply will also help bring financial stability to the nursing home sector; allowing it to maintain a stable workforce and provide quality resident care. We also will be better positioned to implement the new acuity-based rate system for nursing home reimbursement that the Department of Social Services is developing. While the Governor’s budget proposal does contain some elements of inducing bed reduction, we are suggesting additional tools and incentives to encourage voluntary reduction.

Regarding the Medicaid rates of reimbursement, let me begin by saying that LeadingAge Connecticut members appreciate the Governor’s proposal to annualize the rate increases granted during the previous administration and which were to be applied solely to direct care wages. Included are a 2% nursing home rate increase that went into effect on November 1, 2018, a 2% increase for providers of home and community-based services that went into effect on January 1, 2019, and a 1% increase for Residential Care Homes that went into effect on July 1, 2018.

Unfortunately, however, these increases were not enough to make up for years of receiving no increases. For instance, for home and community-based providers, this was the first increase authorized since 2015, and that increase was limited to 1%. Nursing homes have not had a general rate increase since 2012. That increase was the direct result of an increase to the nursing home provider tax, and then the following year the rates were cut. Meanwhile, as the rates remained stagnant, the costs associated with the delivery of quality care, both in the community and in the nursing home, continued to rise - causing the gap between rates and costs to widen.

Now, the gap could widen ever further if the General Assembly enacts the Governor’s proposed increase in the minimum wage, which will impact all of aging services. When the minimum wage is increased, it raises the entire wage scale and increases the cost of corresponding benefits. As a result, we anticipate a significant increase in our labor costs.

So, while we are appreciative of the recent increases, we urge the Committee to recommend an annual increase in the Medicaid reimbursement rates across the continuum of long-term services and supports, as well as increases to specifically address the additional costs due to a minimum wage increase if it is enacted. Quality services, supports and health care for aging adults cannot be sustained without rates of reimbursement that cover the cost of providing them.

Finally, as we have begun working with the Department of Social Services toward the development of an acuity-based rate setting system for nursing homes, we would encourage the Legislature’s involvement as this will be a major change to the nursing home reimbursement system and will potentially have a major impact on the industry. We believe that having the Legislature involved early on and throughout the process will be beneficial.

We have provided more detailed written testimony, but our closing message is this. Please stay committed to the vision and progress we have made in the area of aging services. Continue our Medicaid initiatives; invest in the rates of reimbursement to ensure a strong network of providers; and let us work together to provide a balanced system of long-term services and supports both now and in the future.

Thank you for the opportunity to testify this evening and I would be happy to answer any questions.
The Changing Landscape of Aging Services and Supports

The aging services and health care delivery systems in Connecticut and across the country are in the midst of positive transformational change. This change is being driven by the move to coordinate and integrate care, as well as by the Affordable Care Act’s triple aim of improving care quality and outcomes, and achieving positive patient experiences for all. The idea is that by providing better, more efficient and effective care, it will, in turn, slow the future growth of healthcare costs.

In Connecticut, this change is being implemented through several Medicaid initiatives, including a managed fee-for-service system and a strategic rebalancing plan that will allow more people the opportunity to receive aging services and supports in community-based settings. And it is working.

Nursing homes, home and community-based providers, physicians and hospitals are working hard on these Medicaid initiatives and they are making a difference in peoples’ lives every day. We urge the members of this Committee to agree with the Governor’s proposal and continue to support the current Medicaid initiatives that are providing effective care, slowing the growth of Medicaid spending, and rebalancing the system of long-term services and supports.

Increasing the Rates of Reimbursement for the Continuum of Long-Term Services, Supports and Health Care

Quality aging services – whether they are provided in the community or in the nursing home – cannot be sustained without rates of reimbursement that cover the cost of care. Medicaid providers are struggling to serve the older adult Medicaid client under the current reimbursement system and many providers are finding it increasingly difficult to stay in the program altogether. To maintain a strong network of providers, the rates of reimbursement must be increased. If not, we risk losing ground on the strides that have been made in transforming our Medicaid program and system of aging services and supports. We ask that the state stay committed to that transformational effort as our work intensifies and the older adults we serve become frailer, older, and in need of more care, not less.

Current rates of reimbursement are much lower than the actual cost of providing long-term services and supports and while this budget proposal would annualize the wage directed rate increases granted during the previous administration, it would then freeze the rates over the biennium. This practice of freezing rates is becoming unsustainable and we urge the Committee to develop a plan to adequately reimburse providers in this biennial budget and in future years.

We are also opposed to the Governor’s proposal to reduce the appeal rights of Medicaid providers. In fact, the budget implementer for human services proposes to shut down completely the rights currently available to home health care agencies and homemaker-home health aide agencies to appeal decisions to the DSS Commissioner. It also proposes to dramatically curtail the rights of nursing homes, residential care homes and other institutional Medicaid providers to appeal the DSS Commissioner’s decisions. We urge the Legislature to reject these proposals.
Impact of a Minimum Wage Increase

The Governor’s budget proposes an increase in the minimum wage to $15 an hour, phased in over five years. Such an increase would affect all providers of aging services.

When the minimum wage is increased, it raises the entire wage scale and increases the cost of corresponding benefits. As a result, we anticipate a significant increase in our labor costs. Doing our best to assess the impact on our membership of 35 non-profit nursing homes, we estimate the impact of the increase to the new minimum wage with 20% benefits for just these homes to be approximately $8 to 9 million. Our home health care members also report a significant impact, as do our community-based provider members.

For an estimate of the entire nursing home sector, we used wage and salary data reported in the 2017 cost reports and four job categories: dietary staff, housekeeping staff, laundry staff, and certified nursing assistants which have industry average salaries near $15 an hour. These four job categories account for $437 million in wages and salary and 27 million hours, which is almost 40% of all reported wage and salary costs. To move the employees in just these four categories to minimum wage and correspondingly move the base of other employees in the same job categories, we estimate it will cost a minimum of $2 an hour or $54 million. To fully fund the benefits related to those categories at a minimum of an additional 20%, it would cost an additional $10 million. In addition, there are certainly employees in administrative and recreational staff roles which are below $15 an hour that would need to be accounted for in this calculation.

Budget Proposal Impact on Nursing Homes

We urge the Committee to recommend a general Medicaid rate increase for the state’s nursing homes. While the Governor’s budget proposes to annualize a 2% wage directed rate increase granted in November 2018, he then proposes to freeze the rates for both years of the biennium.

Connecticut’s Medicaid program is aggressively pursuing a strategic rebalancing plan for long term services and supports and nursing homes are at the center. The state’s rebalancing plan calls for nursing homes to realign their structures, redesign their environments and reduce their bed capacity while intensifying their work as those they care for become frailer, older, and in need of more care. But the state must recognize that while they anticipate the need for fewer nursing homes, they must invest in the nursing homes that will still be desperately needed by those who cannot be cared for at home.

Medicaid is the single most important public source of funding for nursing home care, but the fact is that current Medicaid rates do not meet the cost of providing this care. 74% of residents living in nursing homes count on Medicaid to pay for their care, but the average daily Medicaid rate that is paid to a nursing home is significantly lower than the cost of providing that care. Connecticut’s current Medicaid rate structure is outlined in statute and is based on a calculation of the allowable costs of providing daily nursing home care – but the actual per diem rates paid are much lower than the calculated rates due to years of legislated rate freezes. In fact, the latest rate analysis data available from DSS shows that the paid per diem rates fall $91 million short of the actual calculated rates. Individually, LeadingAge Connecticut nursing home members are experiencing large gaps
between what the current rate system calculates and what the Medicaid rate system actually pays – some as high as $87 a bed day.

- [Link to an overview of Medicaid rate setting for nursing homes]
- [Link to the current nursing home rates that have been posted on the DSS site]
- [The calculated nursing home rate analysis from September 2017]

Nursing homes have not had a general nursing home rate increase since 2012. That increase was the direct result of an increase to their nursing home provider tax (which is now $21 a day), and the following year nursing homes received a rate cut. The subsequent rate increases that were given in 2015, 2016 and 2018 were specifically directed to wage enhancement and while 70% of nursing home costs are related to direct care personnel, there are other cost centers such as heat, utilities, food and medical supplies. All the costs related to resident care increase year after year and beyond the control of the nursing home providers, but only those related to direct labor costs have been recognized by the most recent rate increases. We ask that the Committee address the overall needs of our state’s nursing homes by recommending a general rate increase in both years of the biennium.

### Medicaid Nursing Facility Rate History

<table>
<thead>
<tr>
<th>Rate Period</th>
<th>Increase/Decrease</th>
<th>Cost Report Year</th>
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</thead>
<tbody>
<tr>
<td>1/1/05-6/30/05</td>
<td>1.0%</td>
<td>2000</td>
</tr>
<tr>
<td>7/1/05-6/30/06</td>
<td>14.0% (4.0% net - Rebase with Tax)</td>
<td>2003</td>
</tr>
<tr>
<td>7/1/06-6/30/07</td>
<td>3.0%</td>
<td>2003</td>
</tr>
<tr>
<td>7/1/07-6/30/08</td>
<td>2.9%</td>
<td>2003</td>
</tr>
<tr>
<td>7/1/08-6/30/09</td>
<td>0%</td>
<td>2003</td>
</tr>
<tr>
<td>7/1/09-6/30/10</td>
<td>0%</td>
<td>2007</td>
</tr>
<tr>
<td>7/1/10-6/30/11</td>
<td>0%</td>
<td>2007</td>
</tr>
<tr>
<td>7/1/11-6/30/12</td>
<td>3.7% (1.25% net w/Tax Increase)</td>
<td>2007</td>
</tr>
<tr>
<td>7/1/12-6/30/13</td>
<td>0.33% (.17% net w/Tax Increase)</td>
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</tr>
<tr>
<td>7/1/13-6/30/14</td>
<td>-0.273 (Decrease)</td>
<td>2011</td>
</tr>
<tr>
<td>7/1/14-6/30/15</td>
<td>0%</td>
<td>2011</td>
</tr>
<tr>
<td>7/1/15-6/30/16</td>
<td>$26 + 9 million wage/benefit enhancement</td>
<td>2011</td>
</tr>
<tr>
<td>7/1/16-6/30/17</td>
<td>0%</td>
<td>2011</td>
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<tr>
<td>1/1/17-6/30/17</td>
<td>6 month loss of fair rent component for some homes due to policy change</td>
<td></td>
</tr>
<tr>
<td>7/1/17-6/30/18</td>
<td>0% (Rebasing of rates with 1.6% stop loss)</td>
<td>2016</td>
</tr>
<tr>
<td>11/1/18-6/30/19</td>
<td>2% (Directed to go toward direct care wages)</td>
<td>2016</td>
</tr>
</tbody>
</table>

### Nursing Home Provider Tax

It is important to keep in mind that nursing homes are required to pay a nursing home bed tax rate of $21 per bed per day. The proceeds of this tax go toward funding of the entire Medicaid system of long-term services and supports, not just nursing home care, and must be paid even if the resident’s Medicaid application is pending and there is no payer source for the bed. This is one more cost burden placed on nursing home providers.

### The Development of an Acuity-based Rate System

The previous administration funded the development of a Medicaid acuity-based rate system for nursing homes. The statute implemented through [Public Act 15-5](#) (Section 394) currently allows for the implementation of such an acuity-based reimbursement system and the statute requires the Department of Social Services to consider recommendations from the nursing home industry when
developing the methodology. We have been in early discussions with the Department regarding a plan to develop this system and greatly appreciate their willingness to work with us.

We would encourage the Legislature to also engage in the process as the system is being developed. Acuity-based rating will bring a major change to the nursing home reimbursement system and will potentially have a major impact on the industry. We believe that having the Legislature involved early on and throughout the process will be beneficial, particularly since the statute will allow the final rate methodology to be implemented with just CMS approval.

The development of a new reimbursement methodology must be done in a thoughtful manner, addressing the unique needs of an increasingly frail nursing home resident population living with long-term and chronic conditions. As an example, dementia related care and chronic disease management require intensive resources, but these diagnoses may not be adequately captured in a traditional acute-care oriented acuity rating system and so we need to look for a more appropriate system. Medicare is currently in the process of moving toward a more reflective, person centered system of reimbursement for post-acute care called the Patient-Driven Payment Model (PDPM) and we hope to draw from that system as well as others as we develop our own.

Medicaid is the single most important public source of funding for nursing home care. 74% of residents living in nursing homes rely on Medicaid to pay for their care. Yet the current Medicaid rates do not meet the cost of providing this care and the average daily Medicaid rate that is paid to a nursing home is significantly lower than the cost of providing that care. The 2017 rebasing of nursing home rates again brought this to light as we saw LeadingAge Connecticut members rate calculations with large differentials between what the current rate system calculated and what the paid Medicaid rate actually was – some as high as an $87 difference. This makes us very cautious about a change to the rate structure and we urge the Committee to insist that the transition to an acuity-based system be done in a very thoughtful manner that includes the goal of providing adequate rates to all nursing homes.

We will be requesting a phased in implementation of the new reimbursement system with limits placed on the impact of reductions. This is extremely important because the transition to a new reimbursement system will more than likely result in a reapportionment of existing resources so that some nursing homes will increase their reimbursement rates while others have their rates reduced. We support a phased in implementation that would prevent devastating rate reductions within the system.

We anticipate the need for fewer nursing homes, but we must invest in the nursing homes that will still be desperately needed by those who cannot be cared for at home. That is why we ask that the acuity-based reimbursement system we design meet the needs of all nursing homes and be adequately funded to do so.

Nursing Home Rightsizing Proposal
The state’s long-term services and supports rebalancing strategy strives to increase the reliance on long-term services and supports (LTSS) that are provided in home and community-based settings while at the same time reducing the number of available nursing home beds. This strategy assumes that a smaller supply of nursing home beds will influence consumers to seek less costly home and community-based services and supports. However, while the number of nursing home beds has decreased in recent years, the state continues to forecast an excess supply of nursing home beds.
The Governor’s budget proposal calls for implementing a mechanism for forcing the reduction of beds in specific nursing homes through a onetime rate rebasing strategy. While we support that proposal, we believe that an even greater impact can be achieved by implementing a larger tool box of strategies and policies that will bring about a voluntary reduction of beds initiated by the nursing home sector itself.

Not only will a broader bed reduction strategy facilitate the rebalancing effort, but a thoughtful reduction of the nursing home bed supply will also help to bring financial stability to the nursing home sector; allowing it to maintain a stable workforce and continue to provide quality resident care. Finally, our state’s nursing homes will be better positioned to meet the future demand for higher acuity nursing home care when the system is rightsized and scarce resources are allocated accordingly.

Together with the Connecticut Association of Health Care Facilities (CAHCF), we recommend that the state work with our two associations to develop an aggressive Nursing Home Bed Reduction Strategy to be implemented over a two-year period and which is aimed at reducing the supply of nursing home beds while ensuring the remaining, necessary number of beds meet the needs of nursing home residents. We have set a goal of 3,000 beds and have focused on this two-year goal so as to be prepared for both the state’s new acuity-based reimbursement system that is being developed, as well as for the long-term care consumer needs of the next decade.

The Strategy should adopt a multi-pronged approach and include the following elements:

- A voluntary program of temporary bed reduction that removes unneeded beds from service and which would permit reentry at a later date, but only in response to clearly defined and pre-established market need indicators.
- A program of investing in the fair rent rate system to encourage renovations and physical plant improvements that will create updated, consumer-oriented nursing home environments.
- A voluntary program of permanent bed reduction and/or closure.
- Additional strategic elements to aggressively encourage rightsizing with the aim of fostering strong operations, enhancing resident care, maintaining a quality workforce, meeting unmet consumer needs and preventing costly state receivships.

The goal of 3,000 beds comes from the State of Connecticut Medicaid Long Term Care Demand Projections contained in the 2012 Mercer Report which estimate that our state will need 2,692 fewer beds by 2020. (Note: The Mercer projections are currently being updated. It should also be noted that Long-Term Care Planning Committee’s Long-Term Services and Supports Plan predicts that we will be serving 4,655 fewer Medicaid clients in the nursing home by 2025.)

The two-year time period was set to reduce the number of nursing home beds to the most efficient and effective number before we implement the acuity-based rating system that is being developed by the state. We believe that having the right number of nursing home beds will increase the financial stability of the entire sector, give us the opportunity to utilize the nursing home funding available in the most effective manner, and open the potential for additional investment into the rightsized nursing home field to update and modernize the physical plants while also expanding higher acuity-based service programming.
Part of the plan must focus on reducing the current barriers to bed reduction. While there are many nursing homes that are removing beds, barriers exist that are preventing others from doing the same. Therefore, attempts should be made to meet each of these barriers with some type of tool or incentive. **One tool that we propose to allow is the temporary removal of beds from service without the need to give up the license.** We understand that this raises the question of how and when these beds would be allowed to come back into service. We believe that it should only be allowed when a need is demonstrated and we are open to discussions on how this can be done, but the ability to temporarily remove beds from service could encourage operators who are reluctant to remove beds they believe might be needed in the future. It could also help nursing homes that have financing arrangements that are based on the number of licensed nursing home beds. They view this financing to be an impediment to reducing the number of licensed beds and a temporary reduction option could assist them in reducing their beds in service.

Other barriers exist that impede nursing home efforts to repurpose portions of (or entire) buildings. It may not be feasible for a nursing home to remove beds without replacing the lost revenue through another service or an enhanced payer mix. As we move toward a new acuity-based rate system, homes may also be able to maximize on fewer beds by redesigning their services to meet a pressing high acuity need. (For instance, we have been contacted by the hospitals about a pressing need for beds that can care for ventilator patients who also need dialysis.) But there are several issues that are holding homes back from repurposing their buildings, including a lack of financial resources, the inability to replace the lost revenue, the CMS home and community-based settings rule, and uncertainty around regulatory compliance. Therefore, we propose investing more resources into the fair rent system as a means of financially supporting physical plant renovations and improvements. We also will work with the regulatory agencies and others to foster and generate thoughtful planning.

### Residential Care Homes

The residential care home setting is both supportive and affordable and is a setting of choice for many older adults. It can be a valuable community-based housing choice for those choosing to receive Medicaid funded home and community-based services and supports and therefore we are currently working with the state agencies to ensure that residential care homes can choose to qualify as a community-based setting for the purpose of Medicaid funding. Residential care homes received a 1% rate increase on July 1, 2018 which was to be directed toward direct care wages. The Governor proposes to annualize this increase, but then freeze the rates for the biennium. We urge the Committee to recommend a general rate increase for this important residential setting.

### Home and Community Based Services

The Connecticut Home Care Program for Elders (CHCPE) is the heart and soul of our state’s rebalancing plan when it comes to providing home and community-based aging services. It is this program that helps eligible clients over the age of 65 who are in need of long-term services and supports remain at home. It is also the program that assists many older adults who return to home through the Money Follows the Person Program. **That is why it is vital that we continue to invest in this program and in the provider network that delivers the services and supports.**
Many providers are finding it more and more difficult to serve clients enrolled in this Medicaid waiver program. The rate structure for these services is not sufficient to meet the costs of providing the services and so many providers must restrict the number of waiver clients they serve. On January 1, 2019, the providers in the Connecticut Home Care Program for Elders received a 2% rate increase that was to be directed toward direct care employee wages. Prior to this, the last increase was 1% in 2015.

While the Governor’s budget proposes to annualize the recent 2% wage directed rate increase granted on January 1, 2019, he then proposes to freeze the rates for both years of the biennium.

While appreciative of these recent rate increases, many providers are still finding it to be financially difficult to care for these clients. Adult day centers alone have reported that the gap between the reimbursement rate ($72.34) and the actual cost of providing the service (which includes transportation) is between $7.50 and $63, depending on their location within the state. To meet this growing challenge, we propose that the state initiate an annual rate increase for home and community-based providers. Even if this increase is a small percentage, it will gradually build up the rate structure for this crucial network of providers. This annual investment will also work to build a strong network of home and community-based providers that will be needed to achieve a successfully rebalanced system of long-term services and supports.

Community based providers are meeting the growing needs of Connecticut’s older adults and their caregivers while preventing or delaying placements in skilled nursing facilities and helping to prevent the need for more expensive health care settings such as emergency rooms and acute care hospitals. The latest available annual report of the Connecticut Home Care Program for Elders describes the savings that are generated by use of the program as an alternative to nursing home care. These community-based services should be encouraged and we ask for your continued support.

The rebalancing process is working. More of our elderly are being cared for in the community. We must not stop now. This systems change is not only the right thing to do, but it is slowing the growth in Medicaid expenditures for long term services and supports. We urge the state to work with us and the other dedicated stakeholders to continue this progress.
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CROSBY COMMONS, INC.
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FAIRVIEW ODD FELLOWS HOME OF CT
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GRIMES CENTER
HARBOURSITE
HEBREW SENIOR CARE ADULT DAY SERVICES
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INGRAHAM MANOR
JEFFERSON HOUSE
JEROME HOME
JEWISH SENIOR SERVICES
JUNIPER HILL VILLAGE
KING’S DAUGHTERS AND SONS HOUSING
LEEWAY
LIVEWELL (FORMERLY THE ALZHEIMER’S RESOURCE CENTER OF CONNECTICUT)
LIVEWELL ADULT DAY CENTER AT JEAN STOLBA CENTER
LOCKWOOD LODGE
LOURDES HEALTH CARE CENTER
LUTHER RIDGE AT MIDDLETOWN
MANSFIELD CENTER FOR NURSING AND REHABILITATION
THE MARVIN/UNDER ONE ROOF
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MARY WADE HOME
MASONICARE
MASONICARE AT ASHLAR VILLAGE
MASONICARE AT NEWTOWN
MASONICARE HEALTH CENTER
MASONICARE HOME HEALTH & HOSPICE
MATULAITIS REHABILITATION AND SKILLED CARE
THE MCAULEY
MCLEAN
MCLEAN ADULT DAY HEALTH CARE

MCLEAN HOME CARE & HOSPICE
MEADOW RIDGE
MERCY COMMUNITY HEALTH
MISS LAURA M. RAYMOND HOMES
MONSIGNOR BOJNOWSKI MANOR
MOUNTAIN VALLEY PLACE
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MULBERRY GARDENS OF SOUTHTON
MULBERRY GARDENS ADULT DAY CENTER
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NEW SAMARITAN CORPORATION
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NOTRE DAME CONVALESCENT HOME
OGDEN HOUSE
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ORMONT COURT, INC.
PIERCE MEMORIAL BAPTIST HOME
POMPERAUG WOODS
POND RIDGE
THE RETREAT
SAINT JOSEPH LIVING CENTER
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VICTORY GARDENS
VILLAGE AT WAVENY CARE CENTER
WAVENY ADULT DAY PROGRAM
WAVENY LIFECARE NETWORK
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