CHAIRPERSON: Representative Toni Walker

SENATORS: Somers

REPRESENTATIVES: Lavielle, Abercrombie, Betts, Case, Currey, Dillon, Gonzalez, Johnson, Rosario, Simms, Tercyak

REP. WALKER (93RD): Good afternoon, everybody. Good afternoon. I'd like to call the Appropriations Subcommittee Human Services, the Appropriations Human Services Subcommittee Public Hearing to order. (I couldn't get the long title. It's a long title.) I just wanna remind everybody that they have three minutes when they come to testify, and that we ask everybody to try and be as clear and direct as possible and honor the time limit. We -- tonight we have in -- just in this room, we have 66 people, maybe 67. They usually add two or three at the end, just as I get close, so they don't tell me all of 'em. But they do -- so, I tell you that to let you know that that means that we will be here for quite some time.

So, I ask everybody to be mindful of that. The main thing that we wanna do is allow everybody to have their opportunity to voice their opinion and their testimony for the agencies that we heard from today. We heard from Department of Children and Families, Department of Rehabilitation, and Department of Social Services. So, I hope that whoever you're testifying about is one of those agencies. Please
make sure that your name is outside on the board, so that you're not in this -- the wrong room because there is room 2B that has the same number of people that are in there testifying also. So, with that, I'm going to start with Troy England. Is Troy England here? Good afternoon, sir. Come right on down. Somebody move those chairs to help him, guys. Thank you. When you get up to the front, make sure that you press the button in front so that your microphone should illuminate so it's red (like that). Pull the microphone to you, and everybody please make sure that you put -- give us your name so that it goes into the record. Thank you. Good afternoon, sir. Go right ahead.

TROY ENGLAND: Thank you, ma'am. My name is Troy England, spelled England. Nursing homes are vital to the communities that they serve. My experience with one of the nursing homes that is in Stratford, Connecticut, called Lord Chamberlain. I was there in 2012 for a foot surgery that I had due to a -- to a preexisting condition that I had, and Lord Chamberlain was very graceful, and again everyone was so gracious to me because they were actually very helpful for me to be -- not be home because my home is a two-bedroom -- or two-floor house, and like that would be very hard for me to get around in my house, 'cause Lord Chamberlain, which has one-floor places a lot. They also offered to me -- they offered me PT, OT, and sometimes they also -- they also offer speech therapy for people that have strokes and all that. And I was really, like it's a really awesome place, and I -- I hope you guys can find, like, the money to help us, like, fund these places 'cause it's a very better alternative to being stuck at home when home is not an option.
REP. WALKER (93RD): Thank you. Do you have more? Go ahead.
TROY ENGLAND: Yeah, I just -- I just wanna say thank you so much for your time, and I hope -- like I hope I put up -- put a little like thought in your head. Thank you so much.

REP. WALKER (93RD): Thank you. I need a lotta thoughts, trust me. [Laughing] Thank you for your testimony. You did a fantastic job.

TROY ENGLAND: Do you have any questions for me at all, ma'am?

REP. WALKER (93RD): No, thank you. Let me ask -- yes. ["Go ahead" in background]

REP. LAVIELLE (143RD): Thank you. Good evening, Troy and company. Thank you for coming to see me this afternoon. And I just wanna tell you, you did a great job and the folks who are with you do a great job, and we appreciate it very much. So, thanks for coming.

TROY ENGLAND: Thank you very much. Thank you.

REP. WALKER (93RD): Thank you and have a good afternoon.

TROY ENGLAND: You too. Thank you so much.

REP. WALKER (93RD): Next, John Visconti.

JOHN VISCONTI: Good afternoon. My name is John Visconti. I'm from Hamden, and I just wanna say
that I oppose any budget cuts to hospitals because they're very important. My experience is with Yale New Haven. In 2001, I was having trouble speaking and was concerned. So, I went to the hospital to get checked out. I had a rare cancerous tumor on one of my vocal cords. I had great care. I was diagnosed with a type of cancer called leiomyosarcoma. So, that's always a little scary, and you want someone that's gonna take of you, and Yale did. My tumor was removed.

I spent about 20 days in the hospital. I was trached. I had tubes coming out of everywhere. And you get concerned. Am I gonna be able to talk at the end of this? What's my long-term prognosis? I had wonderful care at Yale, from the surgeons right on down to the nurses and my voice therapy, which I had after my surgery. They took great care and helped me get through this terrible experience but in the end uplifting because here I am talking to you, and I am now cancer free. And now, I give back by volunteering at the hospital in a couple of different ways -- at Smilow, as a floor navigator, chatting with patients and delivering meals. I go to new employee orientations and speak about my experience. I perform reiki. I was trained in reiki. So, I do reiki at the hospital, and I also appear on patient and family advocate committees to give input when Yale's opening new facilities and starting new projects. So, I would hate to see any cut because hospitals are very important, and the care they give is really important.

REP. WALKER (93RD): Thank you, and thank you for your testimony. What level of reiki?
JOHN VISCONTI: Level two.

REP. WALKER (93RD): Level two. I'm doing level two too. ["Oh, okay" in background] I like reiki. Thank you so much for your testimony.

JOHN VISCONTI: Thank you for your time.
REP. WALKER (93RD): And we understand the importance of hospitals, not only for healthcare but also for employment.

JOHN VISCONTI: Yes, absolutely.

REP. WALKER (93RD): Thank you. Have a good evening.

JOHN VISCONTI: You too.

REP. WALKER (93RD): Next, we have Amanda Houston. (I like your hair, it's pretty.)

AMANDA HOUSTON: Thank you. Good afternoon.

REP. WALKER (93RD): Good afternoon.

AMANDA HOUSTON: My name is Amanda Houston. I am here today to thank you for your continuing funds to the Supportive Housing for Families programs.

REP. WALKER (93RD): Bring your microphone closer to you so that we can hear your beautiful speech. Thank you.

AMANDA HOUSTON: And I'll start over. ["Okay" in background] I am here today to thank you for your - - for continuing the funds to the Supportive Housing
for Families program at The Connection. I can tell you that it really helps family in need of support. I entered a Supportive Housing for Family program on June 26, 2017. I have two sons, age three and four. My four-year-old is diagnosed with autism. At the time I came to the program, I was a victim of domestic violence and was living in the shelter in the Meriden area. Supportive Housing for Families helped me to find an apartment, and I signed my first lease on August 4, 2017. I am currently working to find a bigger apartment for my family. Since I started working with the program, I obtained a Violence Against Women Act visa in 2018 of August, and I was able to find full-time employment within a week. I meet with my caseworker weekly, and she helps me with budgeting and to collect -- and to connect me and my children with community services providers.

The program has helped me to develop a budget where I can manage my own income, pay my own rent and expenses, and remain within my budget. The program has also given me the resources that I need that can help me to be confident and become independent. I fully appreciate the efforts that have been put in place to assist me in achieving my goals. I appreciate the encouraging interaction with my case manager, who inspires me and motivates me to do well for myself and my children. I am confident that I will achieve all my goals due to the support that I receive. Once again, thank you for giving me the opportunity to speak here today.

REP. WALKER (93RD): Thank you. Great job. Great job. You did a great job. Have you testified before?
AMANDA HOUSTON: No. I have never.

REP. WALKER (93RD): Good job. Good job. Thank you. Have a good evening.

AMANDA HOUSTON: Thank you so much.

REP. WALKER (93RD): Next we have, Diane Weaver Dunne. Diane? ["I'm right here" in background] There you go. And after Diane will be Tameisha. Tameisha? Good evening.

DIANE WEAVER DUNNE: Good evening. Thank you so much for giving me the opportunity to come to you tonight. My name is Diane Weaver Dunne. I'm the Executive Director of CRIS Radio, Connecticut Radio Information System, and I do wanna thank you for continuing to appropriate funding to CRIS Radio. We are a line item in the DoRS budget. In 19 -- well, not 19 -- in 2014 (that was a long time ago), we were appropriated $83,000 dollars, and for several years it was $83,000 dollars. When the state began to experience the severe budget cuts, we were -- had budget cuts down to, I believe, actually -- I actually have it -- we received a budget cut down to $79,000, then the following year $66,000, the following year $27,000, and for the last two years and also what's proposed $20,194 dollars.

So, I'm here tonight to ask you to please consider appropriating or reinstating even a portion of that funding, hopefully back to $60,000 dollars, which would be about a 28 percent cut. Right now, CRIS Radio has experienced a 76 percent cut, and that is really significant. It has impacted us to the point
where we have four full-time employees, or we had four full-time employees. I've had to lay off one of those individuals, and so it is impacting our -- our programming.

One thing about CRIS Radio, and a lot of folks don't realize is that additional to broadcasting 24 hours a day for people who are blind or print-disabled, we also provide CRISKids programming, which is human-narrated classroom materials for kids who have special needs, who have reading disabilities. We have an audio library of classroom materials, over 1,300 titles. We are now in a hundred schools. We also are making our service available at 116 assisted living facilities and nursing homes. We are streaming to inpatients at Saint Francis Hospital, Connecticut Children's Medical Center, in English and in Spanish, and we about to add two more hospital partners where we will be streaming CRIS Radio in English, Spanish, and also our children's programming.

The one thing that's important to know about CRIS Radio is that we're not just about the numbers. It's not just about that we're making our service available to more than 85,000 people. It's really about the impact we have on the quality of lives. We received a letter last month from one of our listeners, and I'd like to read it to you very quickly. This is from the Frank Marek family, and he wrote, "We are a grateful recipient of CRIS Radio."

"To Whom it May Concern: My brother Frank is of special needs. He was born blind, and he has a diagnosis of MR or mild retardation. Despite his
disability and never having the divine luxury of seeing a red flower, green grass, [ringing in background] or his mom and dad's loving smiles, whom have now both passed, Frank has always been the apple in our family's eyes, a most amazing, precious gift. Still, we have those, to this day, who stare because we look out of place, but thanks to CRIS Radio, devoted staff and providers, Frank can converse intellectually and get it right. He enjoys immensely the information, then communicating his knowledge with others. He is very interested in the goings on and current events. He knows who is our president and our governor of the state. CRIS Radio provides that fundamental learning tool and enhances greatly Frank's quality of life. In fact, CRIS Radio is an essential part of it. Words cannot express how truly appreciative we are. Most sincerely, Frank, Don, and family. The world's a better place thanks to CRIS Radio and our shining star."

Thank you. Thank you very much for this opportunity.

REP. WALKER (93RD): Thank you, and thank you for your testimony. Thank you.

DIANE WEAVER DUNNE: You're welcome. Any questions?

REP. WALKER (93RD): No. Thank you.

DIANE WEAVER DUNNE: Thank you.

Is Chelsea -- I have a bad feeling about this. I bet you they're in the wrong room. Chelsea Daniels? Okay, Tiffany Moye. Ah, okay. Okay, Tiffany. Go right ahead, Tameisha.

TAMEISHA MARAGH: Hi, good evening. My name is Tameisha. I am here to thank you for continuing to fund the Supportive Housing for Families --

REP. WALKER (93RD): Tameisha, could you please give me your full name, please?

TAMEISHA MARAGH: Tameisha Maragh.

REP. WALKER (93RD): Okay, thank you.

TAMEISHA MARAGH: And I am here to thank you for continuing to fund the Supportive Housing for Family program at The Connection. I can tell you that it really helps family in need of support, such as myself. I entered the Supportive Housing for Families program on October 9, 2018. I have two children. I have a son, who is two, and a daughter, she's nine. At the time I came to the program, I was a victim of domestic violence, livin' in a shelter in the Hartford area. After my time expired at the shelter, I began living with a family -- my family member and her two children.

Since I started working with the program in October, I have been meeting weekly with my case manager and the vocational specialist. My case manager works with me to help me with budgeting and connect me with -- connect me and my children with community service providers. I signed my first lease on February 27. ["Congratulations" in background] I
fully appreciate the efforts that have been put in place to assist me with achieving my goals. I have been working with the vocational specialists to achieve employment, to get my driver's license, and to further my education. I am also working towards getting a pardon. I recently obtained my social services assistant certification and completed my first internship at the American Job Center in Hartford. ["Oh, wow" in background] Yeah, and um, I am currently enrolled in -- at Capital Community College, where I am starting my administrative medical assistant certification program, and I have a few interviews scheduled in the upcoming month -- in the upcoming weeks.

I appreciate the encouragement that my case manager gives me, and she also motivates me to take it one day at a time when life gets a little rough. I am confident that I will achieve all my goals due to the support that I am receiving from my case manager. Once again, I thank you for giving me the opportunity to speak today.

REP. WALKER (93RD): Congratulations. That's your first time testifying?

TAMEISHA MARAGH: Yes.

REP. WALKER (93RD): Fantastic. You did fantastic. And congratulations being in school.

TAMEISHA MARAGH: Thank you.

great. I just want everybody to know that we've got very dedicated people in the government system, and I'm not going to stick the person out, but I will say that the Commissioner of DCF is here sitting with us, listening to our testimonies tonight. So, go right ahead. So, that means you gotta really be good, okay? [Laughing] Okay.

TIFFANY MOYE: I'll try. Good evening, Representative Walker and members of the committee. My name is Tiffany Moye, and I'm from New Haven. I've been a certified nursing assistant at Orange Healthcare for the past 15 years. I take pride in my work and working with my residents. Each resident is different in their own ways and has their own needs. They're people just like you and I. In all honesty, nursing homes need more funding. Let's face it, society has changed dramatically. In our nursing homes, the average resident requires, at most, two CNAs to provide care. If the facility is not short-staffed that day, we have the proper necessities, we can do our jobs to their minimum requirement. That does not mean residents get the quality time they deserve. We don't have time to actually have a proper conversation with them.

There have been times when I had to watch a resident all day to keep her from falling, while taking care of my other residents. Often I feel like a robot. When I walk into work, I feel like I never stop. Nursing homes are now taking patients with addiction, patients with extreme falls -- fall risks, abusive patients, wanderers, screamers. I feel bad knowing that these residents can't help themselves. They wouldn't be at a nursing home if
they could. I know they need me and that they can't do this by themselves. This is their home, and I'm like family to them. I love that feeling, but honestly, I'm worn out too. I go home exhausted every day. The worst part about it is that I don't -- I don't wanna feel this way. I want to be able to do my job without going home at night worrying about not only my residents but also my family.

Caregivers like me haven't had a raise in four years, and staffing levels are horrible. I have already been hurt twice on my job, and if I get hurt, four staffing levels get worse because I either have to take time off or work hurt. Every day costs of living expense change right along with society. We all understand the struggle in life because we're livin' it now. I'm here today to ask you to hear us, plead with us -- plead with you to fund us. We want you to be able to provide the level of care that we know our residents deserve. We will continue to keep coming here and letting you know how we feel, but if we are not heard, we are not afraid to make our voices heard by standing together for us and our residents in strike.

[Ringing] We will stand as one for the sake of our residents we care for each day. Thank you for my time.


MICHAEL RAYE: Good afternoon, Ladies and Gentlemen. My name is Michael Raye. I’m just recently working
again as a vocational counselor with the deaf community. I am in one of the independent living centers here. I work with the population of deaf people in Hartford and in seven other towns. I began working at this location back in November. Before working as an advocate, I worked at FedEx, and I was getting disability income, all the while looking for a supervisory position. Since November, I am now working and being able to give back to my community.

I am here to tell you that it is a very hard thing for a deaf and hard-of-hearing adult because we face many challenges finding jobs. I don't want to be on disability income forever, and since I have started working, I have been -- at the independent living center, I am now blessed and lucky enough to work in a professional role and be able to give back to my own community. I have had many challenges throughout my life. I was labeled special, and that was because I was not able to hear. That stigmatized me, and it has affected me my entire life. I hate that label. I know that feeling of not being good enough. I don't view myself that way, however. I know that a person who has the same -- I am the person who has the same rights, dreams, hopes, and skills, and the ability to become a productive, viable citizen within my community.

I am here to tell you to please not cut our centers any longer. We need that budget to help our people. You know there's a mantra that we hear that we do not leave one child behind -- no child left behind. However, that same mantra within the deaf community is that we need those resources to allow the appropriate services for our people who are deaf and
hard of hearing. Lastly, I would like to say, please restore the funding to us so that we may be able to achieve our potential. Thank you. Any questions for me?

REP. WALKER (93RD): Thank you. Thank you for your advocacy, and thank you for coming tonight and sharing our story with us.

MICHAEL RAYE: Thank you.

REP. WALKER (93RD): Have a good evening. Thank you. And we didn't cut the budget. It's the same budget.

MICHAEL RAYE: Good to know. Thank you.

REP. WALKER (93RD): Richard Jennings. Richard -- okay. You left us, huh?

RICHARD JENNINGS: (I'm on?) Hello, Chairs and members of the Appropriations Committee. I'm here to speak in favor of Senate Bill 837, which allows DSS to pay midwives equally.

My name is Richard Jennings. March 10 will mark the 40th anniversary of my being certified nationally. So, during 38 of those 40 years, I've been director of a variety of practices in Philadelphia, New York, and here in New Haven. I've been -- my practice has been responsible for over 16,000 births, and for those 16,000 births, our C-section rate is less than ten percent.

I'd like to tell you the story about Saint Raph's. In 2013, Yale New Haven Hospital purchased St.
Raphael's Hospital. January 1, 2014, Saint Raph's became a midwife-led unit, which means that any woman admitted to Saint Raphael's is assigned to a midwife. A midwife is a part of a midwife, an attending OB/GYN, and an OB/GYN resident in addition to our supportive, wonderful nurses and staff. So, in those last five years, we've been responsible for 5,102 births, and our C-section rate during those five years is 21.8 percent. This compares very favorably to DSS rate last year of 34.1 and our state rate of 34.8. So, my calculation -- and it costs DSS $3,100 dollars more per caesarean birth than for vaginal birth, so we're basically -- have saved the state over 125 C-section's costs per year, which is about $387,000 dollars we're saving them. However, that means that 78 percent of the births are attended by a midwife, and our employers get 90 percent of reimbursement as we are saving the state -- state money. So, we'd like to get that corrected.

The way we -- any practice that has a low caesarean section rate does it by having a collaborative team of midwives and doctors. So, this is not an anti-obstetrician bill in any sense of the word. You can only achieve great outcomes with a strong collaboration and support. The key to a low C-section rate is treating normal pregnant women differently than women with problems. So, the standard in our country, if a woman comes in in labor, she has an IV started. She's put on a machine. You can imagine your impression of me if I was sitting in front of you with an IV in my arm and being attached to a machine that was keeping track of my heartbeat every second.
So, we believe that when you do that to a normal laboring women, everyone perceives her, including herself, as having something wrong with her, and that contrasts sharply with a woman who's being allowed to walk and move and do whatever she would like. So, I thank you for your time and attention, and I hope you support our bill. Thanks.

REP. WALKER (93RD): Thank you for your testimony. Might I say, my last four grandchildren, I barely saw doctors, I only saw the midwives.

RICHARD JENNINGS: Oh, that's nice, yeah. And Happy Mardi Gras.


DANIELLE GUY: Hi, my name is Danielle Guy. Since 2018, I was hired as an advocate for Disabilities Network of Eastern Connecticut in Norwich, one of the five independent living centers in Connecticut, and I am so proud to work with them. I am here today to speak as a deaf advocate and why that -- an increase in budget could be beneficial to our program and our agencies, so that we can provide the continued supports needed to the deaf community. Those especially are in need of more services. Unfortunately, there are severe communication access barriers for many of them.

Back in September 2018, I received a phone call from a deaf women who has a brain injury. She was staying with her sister, and she was thrilled that
there was a deaf advocate at our agency, and she asked for my help. We looked and applied for assisted living, so that we could help her to become more independent. That was her goal. That was her wish. The waiting list was quite long. She has been now waiting for -- actually a total of three years. We needed to make sure that she had appropriate reevaluation of her brain injury, but unfortunately they did not provide any interpreters, and it kept getting delayed. That increased her stress and anxiety level, her isolation, and unfortunately that individual then had to move to another state, where there were more services that were available that met her needs.

In November of 2018, I was working with a deaf gentleman who had been in a car accident, and he needed a vehicle to be able to get back and forth to work. He is quite independent and he did find his own car, and at that time, unfortunately, the dealer took advantage of him. Because again, there was no communication access in that process. And we -- we need to make sure that this is prevented in our community. If we can make sure that our members who have special needs, who have mental health issues, are provided with supports.

Currently, I'm advocating for an elderly gentleman who now resides in a nursing home and has been since November of 2018, but does not understand why, doesn't understand why they can't go home, and has not had an interpreter since being placed in that home. My job as a professional is to educate the community.
As a deaf individual myself, I find it hard too. So, my job, in making sure that we are helping our community achieve their goals is to also make sure that our funding is supported. Thank you. Have a good evening.

REP. WALKER (93RD): Thank you, and thank you for your testimony and advocacy. Have a good evening also. Thank you.

DANIELLE GUY: Thank you. Bye.

REP. WALKER (93RD): Deborah Torrey. After Deborah, Barbara Cassin. Barbara Cassin? [Background talking]

DEBORAH TORREY: Good afternoon. My name is Deborah Torrey. I'm the Administrator at Shady Knoll Health Center in Seymour, Connecticut. Shady Knoll just celebrated our 25th anniversary of providing quality care for our residents, both short-term rehab, long-term care, and hospice care in the Naugatuck Valley. Shady Knoll is home for up to 128 residents and employs 220 employees from the Valley, New Haven, Bridgeport, and Waterbury areas. Shady Knoll is managed by Athena Healthcare Systems. One of the nation's premier skilled nursing facility management companies. As a company, we boast the highest census in Connecticut, largely due to the quality of the care we provide and the quality of our facilities. I represent the devoted caregivers, the RNs, LPNs, and CNAs, the dining services, therapy, therapeutic recreation, social services, housekeeping, and laundry workers who all want what I want, the ability to deliver the highest quality care experience to anyone who comes to Shady Knoll.
As a team, we have worked hard to partner with Griffin Hospital to reduce hospital readmissions, to learn and to provide specialized clinical services, such as cardiac rehabilitation, stroke recovery, IV therapy, joint replacement, and dementia care and respite care. These people do an amazing job, and I am so grateful to them and proud of them for everything they do, especially since Connecticut has not made nursing home funding a priority for a very long time. We are challenged every day with providing quality care that our elderly deserve and our short-term rehabilitation demands. With constraints coming from multiple directions, both financial and regulatory, we fight to do our jobs well.

We cannot continue down this road without Connecticut policymakers recognizing that substantial Medicaid help is overdue to assure the quality care we all want to provide. The elected leaders need to hear loud and clear that delivering the care everyone wants for their loved ones is getting harder and harder to provide. Elected leaders need to understand that the nursing home population is more clinically complex than it was 20 years ago. Gone are the days of the cute little gray-haired ladies that lived in our facilities that just needed some help with medication management.

Our residents require our services due to clinical conditions. We see more chronic disease, much more dementia, and Alzheimer's disease than in past years. Nursing home residents also have greater behavioral health needs. Mental health and substance use disorders are common. We cannot
compete to retain or recruit staff to serving a more complex population with unemployment so low without more Medicaid help. The minimum wage increases proposed alone will require substantial new Medicaid funding for nursing homes. Please help us deliver the care we all want and our residents deserve. Please make long overdue nursing home funding a priority in this year's budget. On behalf of everyone at Shady Knoll Health Center, thank you for your support. Our residents, their families, and our employees are counting on you. And I also want to shout out Tiffany Moye. Her testimony brings it down to the face of the person providing that care. It's difficult.

REP. WALKER (93RD): Thank you, and thank you so much for your testimony. Have a good day. Thank you. Barbara Cassin, and after Barbara, Yuri Westry. Is Yuri Westry --? Great, come on down. Go right ahead.

BARBARA CASSIN: Okay, good evening. My name is Barbara Cassin. I retired from the state of Connecticut almost three-and-a-half years ago. I worked for a vocational rehabilitation, BRS, for 28 years. In my role as a vocational rehabilitation counselor, my primary responsibility was to make sure that my deaf, hard-of-hearing, and deaf-blind clients, and hearing clients would secure substantial and gainful employment. Oftentimes, securing employment was less difficult than assisting my clients in maintaining their positions.

As we all know, many things happen in our lives that can interfere with or really impact our ability to focus on our work. Some of these personal issues
may be financial, such as difficulty with budgeting due to a history of limited financial resources, or due to a lack of understanding of governmental expectations and policies that result in moving much needed supports, such as SNAP, subsidized housing, and health insurance. It is not -- it was not uncommon that this misunderstanding was a direct result of a lack of appropriate communication access for various government agencies and programs.

During my time in Norwich, I became familiar with our local independent living center and DNEC. They were known to provide support to people with disabilities, but members of the deaf, hard-of-hearing, and deaf-blind community did not see them as an accessible resource. Together, with the American School for the Deaf and DNEC, they applied for a grant. They wanted to apply for an on-site office and staff person fluent in American sign language, and that saying, "If you build it, they will come," this is exactly what happened. Slowly, the members of the community came to DNEC. The deaf, hard-of-hearing, and deaf-blind members of our community saw this as a strong resource and a strong advocate.

The first year was extremely successful, and we were able to see people obtain and maintain employment. The second year, we decided to reapply again for the same grant. This time, DNEC was able to establish a fee-for-service program approach to job coaching and job placement. Due to the community's experience with them and the many independent living skills they were gaining, a long-standing confidence in and trust with DNEC was forged and continues to this day. However, over the past 15 to 20 years, we have
watched as financial support for severely needed services for many of our most vulnerable citizens has been reduced. In addition, we've seen many programs trimmed or cut. For members of our deaf, hard-of-hearing, and deaf-blind community, we've lost the Commission on the Deaf. The support services at LifeBridge in Bridgeport are just a few to name. It's had a tremendous and devastating impact on members of our community, and we cannot afford to continue with this trend.

I'm asking you here tonight to please restore funding to all of our independent living centers. The services they provide are life supporting and life affirming. I also believe that DNEC serves as an exemplary model in providing full communication access to those in the community who would like to utilize their services. I thank you all for your time this evening.

REP. WALKER (93RD): Thank you, and thank you for your testimony. We understand the importance of the independent living centers. They are critical for all of us to learn to live together. Thank you.

BARBARA CASSIN: Thank you.

REP. WALKER (93RD): Next is Yuri Westry. And after Yuri Westry, Sandy Inzinga. [Background talking/laughing] Go right ahead.

YURI WESTRY: Good evening, Ladies and Gentlemen, Senator Osten, Representative Walker, and members of the committee. My name is Yuri Westry, Sr. I am a CNA at Touchpoints at Manchester. I have been employed at this facility for 18 years. Throughout
my years, I have seen and have personally had to acquire other employment in other avenues to provide for my family as a single parent. But, on a good note, recently I got married, last year, so I'm happy about that. It is very challenging and disappointing, but there is hope if the state of Connecticut and their leaders dig deep enough to find the necessary resources so that we do not have to go out and find two or three other jobs to provide for our families.

We also need to ensure quality benefits, health care to make sure our workers are provided a pension for retirement security. It makes it difficult if tomorrow doesn't look as if we'll have the necessary means to take care of ourselves and our family when the time comes. The state of Connecticut has always been known to be a small state but powerful. We have to step up to the plate and become a powerhouse state again.

During my 18 years, the workload has increased, and it has been difficult to work, not only financially but staffing-wise, and yet you say that we are the backbones of this system. Not all of my 18 years have been horror stories, but I have witnessed my coworkers, friends being abused, mentally abused, verbally abused. There is no price tag on servitude, none.

But I do have a testimony on why I love what I do. I once had a girlfriend who was 95 years old. Yep, she told me, I was her boyfriend. I couldn't argue with her. For months, while working second shift, my 95-year-old girlfriend would lift her feet up to let me know what she wanted, and that was her
nightly foot massage. Every night, I would massage her feet, and for some reason, it always happened around eightish, during snack time. She was always so kind. She'd sing songs. She prayed and let me know what a wonderful job I am performing. I remember the day she went home. I was happy for her, but sad. I would miss her kind words and her beautiful smile. A few years later, she returned back to our rehab unit. She wasn't doing the -- doing as well. She made sure to tell me the reason why she came back to our rehab unit -- because of the quality care that not only myself but my coworkers had provided. [Ringing]

I remember we took a picture together, with her and her family putting the picture up next to her as a constant reminder. I remember she called me into the room, she rang the bell, "Yuri, Yuri, come here, I wanna talk to you." She didn't need anything. She just wanted to talk to me, and she told me, "I pray every day, every day, that the day that I go that the Lord takes you with me." It was the most sweetest, yet terrifying thing. But, in the back of my mind, I sat there and I said, Lord, please give her another 50 years. [Laughing] A short time later, she passed away, and it felt like my heart went with her, and it did.

These are the little stories that keeps me coming back to work every day. I was very honored when her family invited me to the wake service and the funeral service. It's an amazing feeling to be blessed in that capacity. But through all of that, there's always a constant conflict of good times and bad times, people battling back and forth, and for what? You can't put a price tag on servitude. You
just cannot put a price tag on servitude. That's why it's important to make sure that we have the necessary resources, benefits, so those there can ahead and see someone if need be, make sure that we have vacation time so we can get away and recuperate, personal time.

REP. WALKER (93RD): Sir, could you sum up for us please?

YURI WESTRY: Excuse me?

REP. WALKER (93RD): Can you sum up for us? The bell rang already.

YURI WESTRY: Oh, absolutely.

REP. WALKER (93RD): Yeah.

YURI WESTRY: In closing, there was poem written by the unknown poet, "They say that we are the angels to those in need, but to those in need are the angels to our soul of compassion."

Connecticut, step up, and be the angels to our needs. Thank you.

REP. WALKER (93RD): Thank you. Thank you so much, and thank you for sharing that story with us. Thank you. Have a good evening. Sandy. And after Sandy, Lauren Ruth. Come on down. Come on down. Go right ahead.

SANDY INZINGA: Good afternoon. My name is Sandra Inzinga. I am the President of the Connecticut Association for the Deaf. The state of Connecticut
has had significant and prominent place in the history of deaf America. Connecticut was the first state to establish a school for the deaf, the first to establish a commission on the deaf, and the first to establish telecommunication relay services. Connecticut was also the second state in the nation to obtain grant funding to provide TTYs and other adaptive equipment for deaf and hard-of-hearing consumers.

The Connecticut Association of the Deaf has been a partner in promoting and protecting and preserving the rights and quality of life for deaf and hard-of-hearing citizens for Connecticut for the past 80 years. We've worked closely with the Connecticut General Assembly to establish the Commission on the Deaf and Hearing Impaired and the Mental Health Services for the Deaf and Hard of Hearing. We've been a partner to pass laws and legislations that assist with a deaf child's rights, with receiving hearing aid insurance coverages, and improving interpreter qualifications and standards.

I, myself, have worked in the state of Connecticut serving deaf, deaf-blind, and hard-of-hearing citizens for well over 35 years. I've worked as a rehabilitation counselor for the deaf with the state of Connecticut and later as the Director of the Adult Vocational Services AVS Program at the American School for the Deaf. At that time, we partnered with the independent living centers to provide the most accessible programs in the state of Connecticut to serve the deaf and hard-of-hearing people across the state.
I've also worked with many boards and task force -- task forces to ensure that we establish services to make sure that the deaf and hard-of-hearing services -- citizens of Connecticut have and receive accessible services. Now my program, AVS, was closed due to cuts in funding, but since they closed in 2015, I have seen communication, access, and services for the deaf, deaf-blind, and hard of hearing gradually decline statewide. The number of community rehabilitation programs that can work with the deaf, deaf-blind, and hard-of-hearing consumers continues to decline, and many of them do not hire communication-fluent staff to serve this population.

The state of Connecticut has continuously closed or eliminated funding to services and programs. I have watched the significant accessible services and programs that I worked for during my 35-year career be stopped, cut, or closed. With the closing on the Commission on the Deaf and Hearing Impaired, Connecticut deaf citizens have not advocates, no counselor, or consultants. Our deaf citizens continue to be denied access to public services ready available to the non-disabled population.

At this point right now, it seems like the only way to receive services is through a series of lawsuits. Connecticut used to be the leader in serving the deaf community. We have fallen so far behind. We need to continue to promote awareness and equal and accessible services for our deaf and hard-of-hearing citizens statewide. Thank you so much for your time.

REP. WALKER (93RD): Thank you. Thank you, Sandy, and thank you for your testimony today. Have a

LAUREN RUTH: Hello.

REP. WALKER (93RD): Go right ahead.

LAUREN RUTH: Representative Walker, Representative Lavielle, and distinguished members of the Appropriations Committee, my name is Lauren Ruth. I'm testifying today on behalf of Connecticut Voices for Children, a research-based child advocacy organization working to ensure that all Connecticut children have an equitable opportunity to achieve their full potential. Thank you for indulging me a second night in a row. Tonight I'd like to testify in support of the Governor's proposed budget for the Department of Children and Families. Voices supports the Governor's proposed appropriations insofar they help the state to accomplish the really important goals established under the Juan F. Consent Decree.

Briefly, the Juan F. Consent Decree is the result of a 1989 federal class action law suit filed against the state of Connecticut calling for reforms to Connecticut's child welfare system to better meet the needs of children who had been abused or neglected or were at risk of being abused or neglected. Page 114 of the original 1991 consent decree mandates that the state must provide funding and other resources necessary to comply with and maintain all aspects of the decree.
In recent years, Connecticut has made great progress towards meeting the goals laid out within the Juan F. Consent Decree, but the five goals that remain to be met are fundamental goals of a child welfare agency: Completing investigations in a timely manner, drafting case plans that are appropriate for the child and family, meeting the needs of the children in care in many different respects, visiting in-home cases at least twice a month, and maintaining but not exceeding a reasonable case load. The Governor proposes increasing DCF's overall budget, and this funding was determined by the federal court monitor, by representatives for the case plaintiffs in collaboration with DCF to be necessary to help DCF meet the five remaining goals. One part of increasing DCF's overall budget was to factor $4.7 million into DCF's baseline funding calculations. DCF is projected to run a net deficiency this year, due in part to needing to hire additional social workers (I believe it was 120 that they needed to hire) and to contract with increased community-based services to implement the Juan F. mandates. This is not discretionary overspending. Connecticut is federally required to provide these services to children in care, even if appropriating funding does not fully cover what is needed.

Additionally, the Governor's proposed budget includes $9.1 million each year to maintain critical programs and expand programming in geographical locations where services are lacking. The most recent report by the Juan F. court monitor indicates that the most needed services for expansion include dental screenings, substance abuse screenings, counseling for children, mental health screening, and clinical support consultations. In fact, these
services are so direly needed that the Planning and Development Committee had a hearing on this last week.

As the parent to children in the foster care system, it is incumbent upon the state of Connecticut to provide needed services and attentive care to its sons and its daughters. We applaud the Governor for reflecting this commitment by appropriating needed funding to DCF in his proposed budget, [ringing] and I'm happy to answer any questions you may have.

REP. WALKER (93RD): Thank you, and thank you for your testimony. I believe we -- we did address the 120 last year, so we're --

LAUREN RUTH: We did.

REP. WALKER (93RD): -- we're pretty far along in that, and I think ["Absolutely" in background] if you read the -- if you listened to the testimony today from the Commissioner, she did a great job of connecting the dots. And it sounded very plausible, everything that she said, so I think we're in a good shape.

LAUREN RUTH: Wonderful. Thank you.

REP. WALKER (93RD): Thank you, and thank you for your testimony. Mona. After Mona, Dr. Glenn Focht. Dr. Glenn Focht? Dr. Glenn -- oh, come on down. Go right ahead.

MONA FRIEDLAND: Thank you. Good evening, Representative Walker, Representative Abercrombie, and members of the Appropriations Committee. My
name is Mona Friedland, and I'm an AARP Connecticut volunteer. On behalf of nearly 600,000 AARP members in Connecticut, I am here to urge you to support a state budget that protects older Americans -- excuse me -- older Connecticut residents and continues support for Money Follows the Person and does not apply an asset test to eligibility for the Medicare Savings Program.

We would like to applaud the Governor's proposal to support 800 additional transitions into the community through Money Follows the Person. MFP has successfully transitioned more than 5,000 Connecticut residents into the community, which provides people services in their preferred setting and results in a cost savings to the state. We're pleased that the Governor wants to build on this success. However, we are very concerned that the Governor's proposed budget would apply an asset test to eligibility for the Medicare Savings Program. MSP is funded 50/50 by states and the federal government and helps Medicare recipients pay for their Medicare expenses. There are three levels of MSP benefit. All three levels cover an individual's Medicare Part B premiums, and the Qualified Medicare Beneficiaries Program also helps pay for Medicare Part A premiums, deductibles, coinsurance, and co-pays. In addition, when an individual enrolls in MSP, they are automatically enrolled in a federally administered program called the Low Income Subsidy, also called Extra Help, which pays for a Medicare Part D benchmark plan, a portion of a non-benchmark plan, deductibles, coinsurance, and co-pays.

We have several concerns about the proposed asset test. Asset tests are burdensome to administer.
They typically require additional staff resources at state agencies, and they are invasive and time consuming for potential benefit recipients. Asset tests disincentivize savings and keep people on the edge of financial hardship. The proposed asset limits [throat clearing] (excuse me) represent enough savings for a minor home repair or a used vehicle. Without money in the bank, routine home maintenance or needing to replace a vehicle can become a catastrophic event for low-to-middle income seniors.

Because the cost of MSP is split -- is split 50/50 between states and the federal government, having fewer MSP enrollees means that Connecticut will lose out on federal funding that is currently coming into the state. Enrolling in MSP automatically enrolls a person in the Low Income Subsidy, LIS, or Extra Help. As previously mentioned, LIS pays for expenses associated with Medicare D. LIS is federally administered and saves enrollees an estimated $4,900 dollars per year on expenses related to prescription drugs. (May I finish this sentence? Thank you.) If Connecticut imposes an asset test on MSP, not only will up to 18,000 people lose that important benefit, they will also lose their extra help. We appreciate that Connecticut is in a difficult financial position and that elected officials, such as yourselves, will be required to make tough decisions with this budget. As budget negotiations unfold in the coming months, we hope that Connecticut's older residents will be considered, valued, and supported. Thank you for the opportunity to participate in this important conversation.
REP. WALKER (93RD): Thank you, and thank you for your testimony. And we're just starting to hear about the different avenues -- or the cuts that are in the budget, so we will stay tuned and listen for us. Okay? ["Thank you" in background] And keep writing. Thank you. Dr. Glenn Focht and Sheldon Toubman. Do I see Sheldon? Oh, come on over Sheldon. Good evening. Go right ahead.

DR. GLENN FOCHT: Good evening, Representative Abercrombie, Representative Walker, members of the Appropriations Committee. Thank you for the opportunity to speak with you this evening about the Department of Social Services budget.

My name is Dr. Glenn Focht, and I'm President of the Connecticut Children's Specialty Group. And I'm here to share with you tonight the challenges faced by children across Connecticut facing behavioral health crisis and how the relationship and Connecticut Children's and HUSKY is so critical to maintaining our ability to care for these children moving forward. The reality today is that the children of Connecticut are facing increasing struggles in their ability to receive timely access to emergency behavioral health services and the followup care that's required. Solving this will require ongoing work not only between organizations like Connecticut Children's but work that will coordinate those efforts with the Department of Social Services.

There are currently three factors that are increasing the gap between the ability to provide care for these children safely and effectively. The first is that there is more than a ten-year national
trend in the United States of increased suicidality among adolescents and young adults. A study published in 2018 demonstrated more than 100 percent increase in ER visits by children in their teens for a complaint of suicidality. Much of the care that they require during that emergency behavioral health evaluation, stabilization, and triage process is time consuming, expensive, and important to provide, but unfunded by current HUSKY benefits.

The second contributing factor to the crisis is that the number of beds available to adolescents and young adults for inpatient psychiatric care decreased in 2018. As a result, there were 3,900 children who came to our ER in 2018, and many of them spent more than 24 hours in our emergency room until available care was provided to them in inpatient beds. In addition, children who could safely be cared for in the community also experienced delays due to the lack of timely access to those programs in the community.

Finally, there are some HUSKY policies and procedures in place that are antiquated and continue to contribute to problems that other states have solved for. One example is a lack of access to telemedicine for behavioral health, a tactic which is endorsed by the American Academy of Pediatrics, the American Psychological Association, and the American Telemedicine Association. It's rare for any of these groups to agree on anything, and we're an outlier among other states now in our failure to have a benefit present.

The second thing is that there continue to be legacy policies and procedures that take time away from
clinicians because of required prior authorizations and other paperwork that add no clinical value to the care of children provided. I would urge the Department of Social Services to continue to work with organizations like Connecticut Children's to relieve this burden, move forward, and to make a difference that will significantly increase the needed access to care for these children. Thank you.

REP. WALKER (93RD): Thank you. Can you give me an example of prior authorization that you're talking about?

DR. GLENN FOCHT: I can share one that was solved for and one that persists. So, for many children, when they have an emergency evaluation, there's a need for followup within 24 to 48 hours. Some of the current policies cause a problem that if there's not an authorization obtained for that second visit immediately, then there will be problems with access to certain providers, or the care that's provided in a short amount of time will just simply not be paid for. The claim will be rejected. In other states, there's an ability to have a first and a second visit that happens without prior authorization, so we can have a more complete view of the child's behavioral health needs and planning, prior to the need for any additional authorizations. And for some commercial insurers, for comparison, there are up to 12 visits that can be obtained prior to the need for authorization. So, children who are cared for under a Medicaid HUSKY benefit are disproportionately disadvantaged by that paperwork, and it takes away the time and attention of their
clinicians to provide needed care and care coordination to the child and their family.

REP. WALKER (93RD): Thank you, and thank you for -- for your testimony, and we have your stuff and I hope we have your contact information. We may have to follow up with you, okay. Thank you.

DR. GLENN FOCHT: You do. Thank you so much.


SHELDON TOUBMAN: Good afternoon, Representative Walker and other members of the Appropriations Committee. My name is Sheldon Toubman. I'm a staff attorney in the benefits unit at New Haven Legal Assistance. I'm here to testify in opposition to certain provisions of the proposed budget concerning DSS.

I think, though, it's important to first recognize the great job that DSS has done under the Medicaid program. Since 2012, since capitated managed care was removed, we have saved hundreds of millions of dollars, and the services have improved as well. So, I think that we want to maintain that, but we should also recognize we've saved a lot of money by moving beyond the capitation.

Given the success of the Medicaid program, we should not make any further cuts either to eligibility or services under any part of the Medicaid program. That includes HUSKY A, Medicare Savings Program, etc. I'm just going to mention a few of the ill-advised cuts that are in the budget, and I'm also
gonna state opposition to spending, which may be a little unusual coming from me.

First, some of the cuts. Prior authorization -- you've already heard about it -- projected to save almost $30 million dollars, including the federal part. Prior authorization is an obstacle to care. If we're honest about it, that's what it does. And it is an obstacle to care right now in Medicaid. For example, in the dental benefit, we have a $1000 dollar cap. People don't get services because dentists don't ask for prior authorization. So, sure, you can maybe save some money, but at what cost to quality of care. Again, given the success of the Medicaid program, we shouldn't be doing there.

Similarly, there is a proposal to impose step therapy more thoroughly on prescription drugs. Step therapy is beyond prior authorization. That's where you can't get it, even after your doctor requests prior auth with medical justification. Rather, you have to have first been tried and failed on at least one other drug. We're already doing that. It's already causing problems. Let's not make a bad situation worse by extending to other categories of drugs.

The cost-of-living adjustment -- we've testified years and years about this. It's now been years that people have gotten no cost-of-living increase. That means they're living on way less than they were living on before. SAGA is $219 a month -- no cost-of-living adjustment -- so each year they have less and less to live on. It's really the time -- this
is the year to stop that and at least allow these folks to keep up with the cost of living.

So, those are just some of the cuts that -- that we're opposed to, but there's expenditures in here that don't need to be made. Specifically, under the PCMH Plus Shared Savings Program, this program is costing more money than we are paying for it. It's supposed to be called -- it's called Shared Savings. It's not saving money, and there's some evidence of access issues, which advocates warned about. The SIM grant is going away, and so the proposal is that taxpayers should now pick up the bill. We really should not be spending that money. But, in addition, even if we're gonna keep what we have, don't put 70,000 vulnerable, dual-eligible, low-income, Medicaid/Medicare enrollees into this program. We already don't know what's happening except that it's not saving money, and it's an experiment. Let's just first see what's happening here before taking this extremely vulnerable population and put them into this as well. So, that's gonna be $750,000 dollars just for the, you know, consulting cost to expand it. Let's first [ringing] see what we have.

Just to wrap up. The money to prop up PCMH Plus could be much better spent helping to avoid some of the harmful cuts, like I mentioned before and my colleagues have talked about. Thank you very much.

REP. WALKER (93RD): Thank you, and I think Representative Johnson wants to talk to you right over there. She asked me if she could speak to you very briefly over there. Thank you. Thank you for your testimony.
REP. JOHNSON (49TH): Thank you, Madam Chair. Just a quick question. You've been studying the PCMH Plus Program, and could you just tell us about the data that you've explored and --

REP. WALKER (93RD): That is not brief. [Laughing]

REP. JOHNSON (49TH): Quickly, very quickly.

SHELDON TOUBMAN: Very quickly. So -- so we spend money on the PCMH Program in two different ways. One is there is some grant money, federal money expressly, for certain services that we're giving to these combo-care organizations. In addition, we're paying them a member per month fee. But, for example, it costs an extra $5 million dollars than otherwise just from -- just in the case of federally qualified health centers. So, if the goal is to save money, it's not saving money. And then, we're getting reports of people going to providers who are in these -- these entities and are reporting the doctors are acting like -- like it's coming out of their pocket. Like, what's that about? Like, these are nonprofit providers, why are they acting like that? So, that's sort of the anecdotal stuff we're starting to hear. But again, if the idea is to save money, and the data from DSS shows it's not, why are we doing it?

REP. WALKER (93RD): Thank you.

REP. JOHNSON (49TH): Thank you so much, Madam Chair. Appreciate it.
REP. WALKER (93RD): Thank you. You can go finish that conversation over there, okay.

SHELDON TOUBMAN: Thank you very much.

RHONDA BOISVERT: Members of the Appropriations Subcommittee on Human Services, thank you for the opportunity to offer testimony specifically on the Department of Social Services budget for residential care home funding. My name is Rhonda Boisvert. I own and oversee Pleasant View Manor in Watertown, and I'm here to testify on the need to uncap residential care home rates.

My home has 18 residents between the ages of 34 years old and up to 80 years old. The residents require assistance with meal preparation, medication monitoring, laundry, and help navigating medical appointments. Our home also has a strong component of recreation provided, which includes indoor and community activities. Every resident we serve has a psychiatric diagnosis. Our goal is to provide a stable, healthy, and clean atmosphere and demonstrate that the residents can live successfully in a community setting.

We do all this for a rate -- my home specifically $86 dollars a day -- but the average rate of a residential care home is about $92 dollars a day, a similar cost to an adult daycare despite providing full-time oversight. For the last 10 years, I have consistently come before the Appropriations
Committee to testify on our capped rates. In fact, for about seven of the last ten years, our rates have been completely frozen. In the other years, our rates have been only minimally increased, which do not nearly keep up with the rate of inflation. I am proud of how my home and other residential care homes in the industry have worked our budgets to get by despite a challenging decade.

On a few occasions, I -- it meant not personally taking a salary. On other occasions, I had to put operating expenditures on my personal credit card. Most importantly though is the ability to pay our employees a fair wage. We value all our employees, who deserve so much more for the work they do with a challenging but rewarding population. I employ eight people, and they make me proud. I can't expect to keep employees that don't get a raise when they can turn to alternative jobs with less responsibilities. This is especially true since over the last five years our employees have been given increased responsibilities, such as taking a medication course and being responsible for administering medications to our residents. By the way, I would like to state that that has saved the state significant dollars. One home that I know of saved the state $660,000 dollars alone by just going to -- sending their staff to medication -- to get certified.

Unfortunately, paying employees the necessary wages to attract new people to our industry continues to be a challenge, resulting in employee turnover for many homes. Our industry strives to employ people in long-term careers so that they can establish and maintain relationships with our residents. This
leads to better long-term health outcomes, [ringing] stability in the home, and savings to our state. The inconsistent funding also makes running our business difficult to run. We are constantly having to make repairs that are subject to state inspections. Personally, my family has loaned money into the facility. We have been unable to obtain loans in the past several years because the banks don't think our business is stable enough. My accountant has even gone so far as to recommend selling the business -- something that I do not want to do.

To wrap it up, I believe that we are really undervalued in the state of Connecticut. It's come down to that. It's been so long since we've -- you know, that we've had any improvement in our rates. Ten years is a -- is just a long time, you know, and -- and I just think we're undervalued because we have -- there's a hundred homes in the state of Connecticut, and we've all had to really work hard to get our budgets to just feed people and give them the necessities that they need. I wanna invite any of you to visit my home. Without a doubt, I think you will be pleasantly surprised. So, just come by, you don't even have to call.

REP. WALKER (93RD): Thank you very much. Thank you for your testimony, and thank you for your passion for your industry. Judy, and after Judy, Kelley Hall. Is Kelley Hall here?

JUDY STEIN: Good evening. Thank you for the opportunity to provide this testimony and for your service. I am really inspired by sitting here all day today with the attention of the representatives
and the senators who were here earlier and who are
still here, and by the testimony that has come
before me. It's really quite impressive and
heartwarming.

I am Judy Stein, Founder and Executive Director of
the Center for Medicare Advocacy, which I began with
a loan on my home in 1986. The Center is a
nonprofit, nonpartisan law organization, unique in
this country, that works to advance access to
Medicare and quality healthcare for older people and
people with disabilities. I am here to speak to the
state budget as it relates to both the Department of
Rehabilitation Services and the Department of Social
Services. Among other things, we at the Center urge
you to protect and fully fund nonprofit
organizations, such as ours, that work tirelessly
and cost-effectively to improve the quality of life
for Connecticut residents. The Center for Medicare
Advocacy has two contracts with the state of
Connecticut, one now with the Department of
Rehabilitation Services and one with the Department
of Social Services. For over 30 years, we have
provided free legal assistance for thousands and
thousands of Connecticut's older and disabled
residents and their families, education and
technical support through the Choices Program, as
well as federal policy analysis, engagement,
litigation on behalf of all the state's Medicare
beneficiaries.

During this time, the Center has also represented
tens and hundreds of thousands of dually-eligible
Medicare beneficiaries and the state Department of
Social Services, largely home health and nursing
home. Unfortunately, due to annual funding cuts to
both of these programs, the Center has lost nine positions: one -- two nurses, five attorneys, and two advocates. Like all of the agencies you've heard before, my organization does the best we can with these cuts, but necessarily our work is constrained. We bring far fewer appeals, resulting in less Medicare recoveries for residents, and ironically also for the state. While we work tirelessly to diversify our funding from foundations, donors, writing and creative services, -- everything but tag sales, I say -- the state cuts we have experienced simply can't be replaced.

Now we understand that Connecticut is still in difficult budget times, but it's important that we invest in the state and in the people who serve vulnerable older, disabled and young people. The Department of Rehabilitation contract, which the center has, is authorized under Connecticut General Statute to provide a comprehensive Medicare advocacy program.

We created this project in 1986 and are nationally known for the work we do. However, we've experienced almost annual cuts to the funding since 2008. Ten years ago, our funding for this work was $455,348 dollars. [Ringing] Today, it's $283,000 dollars. At the time, our work is increasingly -- Was that the end of my time? I'm so sorry.

REP. WALKER (93RD): That's okay.

JUDY STEIN: I also want to let you know that we have a very unique program that brings millions of dollars to the state under a contract with the Department of Social Services to a tune of $350 million dollars over the course of our project,
$52.5 million dollars in the last five years. We hope that this work to maximize coverage for Medicare for dually-eligible residents and for all of the families of older and disabled people throughout the state can be fully funded, or at least better funded, and continued in the years ahead. Thank you.

REP. WALKER (93RD): Thank you, and thank you for your testimony. Could you go right over here 'cause Representative Abercrombie would like to ask you some questions?

JUDY STEIN: Yes, I'd be delighted to. Thank you.

REP. WALKER (93RD): Thank you, and thank you for your testimony.

JUDY STEIN: My written testimony also speaks to some of the other programs that have been talked about tonight.

REP. WALKER (93RD): Awesome.

JUDY STEIN: And thank you. You all are really quite remarkable.


KELLEY HALL: Good evening, committee members. My name is Kelley Hall, and I'm the Development, Communications, and Grants Manager for the Connecticut Association for Community Action, CAFCA, the state association for Connecticut's nine
community action agencies or CAAs, the state and federal designated anti-poverty agencies. I'm here tonight to express our support for the Governor's proposed budget, especially the portion that deals with our line item, Human Services Infrastructure-Community Action Program, or HSI-CAP, in the Department of Social Services budget. I am also here to request the cost-of-living adjustment or COLA for HSI-CAP.

As the largest statewide health and human services safety net provider, Connecticut's Community Action Network provides limited-income individuals, children, and families in every city and town with essential services like food, shelter, heating assistance, housing, and childcare. Through a comprehensive customer-focused, service-delivery system approach called the Human Services Infrastructure, or HSI, anyone that comes through our doors gets connected to the tools, programs, resources, and services they need to move toward short and long-term economic independence. We also administer the low-income Home Energy Assistance Program, the Social Services Block Grant case management program, and the SNAP outreach program, and by June 2019, we'll have 114 community health workers trained to better address Social determinants of health with a goal of promoting health outcomes and reducing healthcare costs.

HSI-CAP is really the core funding for our CAAs and allows us to provide our customers with multi-generational bundled services like case management, employment, education and training, and information and referral to community, local, state, and federal organizations. Last year, we helped over 293,000 of
your constituents solve problems, avoid crises, and save money. CAAs are well known and trusted in their communities as a place to go when people struggle to pay their bills, put food on the table, or find a job.

One of the key elements of our network's success is the outstanding staff at each CAA. Day after day, they are on the frontlines, helping families through extremely difficult financial times, and they truly are the backbone of our agencies. The HSI budget line has significantly decreased over the past decade, and our expenses have increased. Applying the COLA to HSI-CAP will help CAAs in their ability to retain and support their staff if the state minimum wage increases, and it really is an essential thing for us. We're also one of the only service provider networks in the state to use a results-based accountability or RBI framework, like the one endorsed by the legislature, and we use it to track, measure, and report customer, agency, and community level change outcomes and results, ensuring a positive return on investment for the Network and the state. Our annual report, Impact and Outcomes, highlights this work and can be found on our website at www.CAFCA.org.

Finally, HSI-CAP is a smart investment in our human services delivery system because it's used as a state match for federal funds, which essentially doubles its value. Lastly, for every $1 dollar of HSI, $83.19 dollars was leveraged for programs to help our state's families and communities. That's an additional $221 million in local, federal, and private funds for needed programs and services. Thank you all for your time and consideration and
for understanding the vital role community action agencies play in the lives of those facing financial hardship here in Connecticut. We look forward to working with you and the administration to continue serving our state's poorest residents. Thank you.

[Ringling]

REP. WALKER (93RD): Oh, wow, that was perfect. Thank you for your testimony and how you --


PAMELA CLARK: Good evening. My name is Pamela Clark, and I'm a nurse manager at the Brownstone Clinic, Hartford Hospital. I'm here to testify in opposition to HB 7148, AN ACT CONCERNING THE STATE BUDGET. Hartford Hospital opposes any change to the terms and conditions of the current agreement in place between hospitals and the state pertaining to supplemental payments, as those payments impact the care we provide to Medicaid patients.

The Brownstone Clinic has been in existence for about a hundred years, treating the medically underserved, underinsured, and uninsured in the Hartford area. We provide adult primary care, dental care, access to specialists for chronic and infectious diseases, and a unique clinical training experience for physicians and nurses. The Brownstone Clinics, in total, had over 40,000 patient visits last year, with 85 percent of our patients receiving Medicaid coverage. The dental clinic alone had 20,000 patient visits in 2018.
The patients I see at the clinic are individuals with very complex chronic conditions, almost always with comorbidities. These patients are referred to the clinic through word of mouth, post a hospital stay, or from the emergency visit at Hartford Hospital. In fact, if a Medicaid patient needs to see a specialist, the Brownstone is often the only way a patient can access the specialist they need to see. Through our clinics, we operate pulmonary, endocrinology, urology, cardiology, ophthalmology, neurology, and surgical clinics that enable our patients to get the highest quality specialist care.

As I stated earlier, the patients we treat at the Brownstone have complex conditions. We need time to spend with our patients. They are not the quick 15-minute, even 30-minute checkup often. We have patients struggling with mental health issues combined with chronic physical illnesses and often struggling with homelessness, drug addiction, and poverty. One of our biggest issues with our patients is missed appointments -- no shows. It is not the patient's fault, as they face a myriad of socioeconomic factors: lack of adequate housing, transportation, food. They have so many challenges on a daily basis that it is an unrealistic expectation to think they are always going to make their appointments.

For most of our patients at the Brownstone, we provide them a certain quality of care and with dignity in that care and that they can rely on us whenever they do make it in for their appointments. So, I thank you for this opportunity to speak to you this evening, and thank you. [Ringing]
REP. WALKER (93RD): Thank you. Perfect. Thank you for your testimony, and we are working on that. Matt Barrett, followed by Matt, Robert Smanik.

MATTHEW BARRETT: Good evening, Chairman Walker, and to the distinguished members of the Appropriations Committee. My name is Matthew Barrett. I am President and CEO of the Connecticut Association for Health Care Facilities in the Connecticut Center for Assisted Living, which is a trade association of 160 members, nursing facility members and assisted living communities in our state. I've submitted longer written testimony for the record, but I did wanna point out that this year marks another year of flat funding for Connecticut nursing homes in the state budget. Our association is very mindful and understanding of Connecticut's fiscal challenges. However, we think it remains critically important to express to the Appropriations Committee this year that investing in our state's skilled nursing facilities must be a priority.

Regrettably, the proposed biennial budget removes all statutory and regulatory inflationary increases for nursing homes in a year where this help is essential. This amounts to $90 million dollar reductions for nursing homes during the biennial budget period. It effectively means that nursing home general rates have been flat funded for now 12 years.

In addition, Medicaid expenditures for nursing homes will be reduced another $10.7 million in 2021, where new recalculation, also referred to as the rebasing of nursing home rates, in the Governor's proposed
budget in an effort to reduce the excess supply of nursing home beds by another 2,200 beds.

I'm one of the early speakers tonight, but Connecticut nursing homes are testifying from all across the state in this hearing room and in hearing room 2B. But, I did wanna generally state that I know what they're here to testify about because what they wanna talk to you about is what they talk to me about every single day, and that's mainly that it's getting very challenging to deliver the high quality of care that they want to deliver under these circumstances and what's proposed in the budget. I've got the bigger policy issues, I guess, in my testimony, but I wanted to point out that we're in a period of ongoing financial stress. Bankruptcies and state receiverships are -- continue to be in the news. Over the last 8 years, 26 nursing homes have closed, and the budget again furthers the policy of an aggressive attempt to continue to reduce nursing home bed supply, including nursing home closures, in a very aggressive rebasing of the rates. Technically, it includes a two percent stop loss, but this committee knows that a two percent increase amounts to about $24 million dollars in additional expenditures. Conversely, a two percent reduction in the rates could amount significantly in the other direction. We have recommended in the past, and I'm grateful for the opportunity to appear with -- before Representative Abercrombie, the distinguished member -- Chairman of the Human Services Committee -- because we have had the opportunity to discuss more planful [ringing] bed reduction strategies. And one recommendation we have for this budget is to have the -- the full effect of the rebasing (and I'll summarize with your permission, Chairman
Walker) take effect in 2022, and nursing homes be given another opportunity to voluntarily reduce bed supply, taking licensed beds offline but not in such a harsh way where financial instability would result in potential closure for the facility.

And so, again, I've submitted written testimony for the record. I think more important than my comments on the budget are what you're gonna be hearing from our nursing home operators, including so many of the CNAs, who deliver very inspiring messages about how important nursing home care is. And thank you very much for the opportunity to testify.

REP. WALKER (93RD): Thank you, Matt. Thank you for your dedication in this. You have worked hard at this area. Thank you. Thank you for your testimony. Robert, and after that David Bitter -- Bittner, I'm sorry. David Bittner? Yes, come on down, sir. Come on down.

ROBERT SMANIK: Good evening.

REP. WALKER (93RD): Good evening.

ROBERT SMANIK: My name is Bob Smanik. I'm Vice-President of Operations at Bristol Hospital and Health Care Group. I'm here today to testify in opposition of HB 7148, AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIAL ENDING JUNE 30, 2021, AND MAKING APPROPRIATIONS THEREOF.

Bristol Hospital and Health Care Group opposes any changes to the terms and conditions of the current agreement in place between hospitals and the state pertaining to supplemental payments. Before
commenting on the bill, it's important to point out that Bristol Hospital provides high quality care for everyone, regardless of their ability to pay.

In 2017, Connecticut faced operating deficits projected to be as high as $317 million dollars in that current fiscal year and $3.5 billion over the next biennium. At the same time, Connecticut hospitals were plagued by an onerous hospital tax that was never intended to be a direct tax on healthcare services. Rather than shying away from the dual challenge of placing government on a path forward to fiscal stability and addressing what had become a direct tax on healthcare services, Connecticut hospitals stepped forward and volunteered to work with legislative leadership and administration. The results were a historic bipartisan three-year agreement, one that received overwhelming support from a majority of the members of all four caucuses and one Connecticut hospitals continue to support strongly.

The 2017 agreement has helped address the chronic, persistent operating deficits in the state budget by enabling the state and hospitals to benefit from increased federal reimbursements, while diminishing the state's reliance on direct tax of healthcare. HB 7148 proposes to abandon the agreement between hospitals and the state during its third and final year. If enacted into law, hospitals will experience a $516 million dollar increase in the hospital tax with corresponding reduction in supplemental payments amounting to $43 million dollars.
Even though it is early in the budget process, we hope the General Assembly realizes that the hospital tax is not a solution to the state's budget problems. Last year, Bristol Hospital was charged just under $14 million dollars in taxes. The state also cut our Medicare rates unilaterally last October due to a mistake that has resulted in millions of dollars of underpayment. There has been no resolution to this costly error. All this can all affect our ability to address community needs for access to healthcare services and key investments in healthcare technology and facilities. We implore the General Assembly to honor the state's commitment to hospitals by keeping our agreement in place. [Ringing] Thank you for your consideration.

REP. WALKER (93RD): Thank you for your testimony, and I believe the conversations have become very, very clear, and I think we are moving in the right direction. That's all I can say right now.

ROBERT SMANIK: Thank you, Representative.

REP. WALKER (93RD): Okay. Thank you. Have a good evening. Thank you. [Crosstalk] Thank you. Thank you. I'm sure he'll be glad to talk to you right off to the side and ask the questions. [Crosstalk] I just don't want -- I want everybody to have a chance to -- to do testimony tonight. ["I understand" in background] Thank you. David Bittner, and then Carl Schiessl. Carl? There you go. Go right ahead.

DAVID BITTNER: Good evening. My name is David Bittner. I'm the Chief Financial Officer for Trinity Health of New England, and I'm here to
testify in opposition to House Bill 7148. Trinity Health of New England, just so the committee is aware of, is a conglomerate of a health system that represents Saint Francis Hospital Medical Center in Hartford as well as Mount Sinai Rehabilitation Hospital, Saint Mary's Hospital in Waterbury, and Johnson Memorial Hospital in Stafford Springs. In addition to that, we also have a health system in Springfield, Massachusetts, Mercy Medical Center.

I'm somewhat surprised to continue to be here. I've testified, I think, every year for the last four or five years in opposition to the -- to the Governor's budgets relative to the provider tax, and I did wanna make reference -- and I have my written testimony, but I wanna make reference before you today of a Connecticut Hospital Association document that shows the state expenditures versus federal expenditures and the enrollment in the Medicaid program from 2007 to 2018. And I don't know if you've seen this before, but I'd highly recommend that you look at this kind of information. But the Medicaid enrollees went from 424,000 Medicaid enrollees to over 826,000 in 2018, and in that time, the state spent about $412 million dollars back in 2017, and the federal government matched that $412 million dollars. In 2018, the state actually paid zero dollars relative to the Medicaid program. It's all coming from the federal -- federal government. So, the $1.4 billion dollars that's spent on the Medicaid program is coming from the federal government and the $900 million dollars from taxes on the hospitals. Now, supplemental payments are then paid back to the hospitals, but the hospital tax was $150 million dollars higher than needed to
cover 100 percent of the state's share. So, as the Medicaid enrollees have gone up, a lot of that tax, if you will, and the programs that have been enacted have been on the backs of the hospitals within the state of Connecticut. So, not only that component of it, but there's also -- you may be aware of the APR-DRG, the diagnostic related group issue in which the state actually reduced the waitings of all the inpatient reimbursement in the state of Connecticut, reducing reimbursement by 26 percent without any indication to hospitals of that reduction. And so that represents to me -- just the region in Connecticut alone of over $22 million dollar annual impact in reduction reimbursement. And for the Governor to include -- this was kind of a mistake, if you will, on the part of DSS, who admitted kind of this was a mistake, but to make a mistake of this kind of magnitude and not correct it, and then to include it in the budget to me is -- a way to mistrust, I guess, if you will, what the state's doing relative to how it corresponds its reimbursement is what the hospitals plan on using relative to their budget and planning their salaries and supplies that they need to run high efficient and quality care for our patients. So, I do appreciate the time and would be glad to answer any questions that you have. [Ringing]

REP. WALKER (93RD): Thank you, and thank you for your testimony. And I believe your testimony is online, correct?

DAVID BITTNER: Yes.

REP. WALKER (93RD): All testimonies should be online so that we can follow up with everybody
afterwards.  ["Great, appreciate it, thank you" in background] That's important. So, thank you very much for your testimony.

Carl, and then George Kingston. George Kingston? Come on down, sir, please. The reason why I'm asking everybody to come on down is because I'm trying to move it along so that hopefully we'll have everybody heard by 10 o'clock tonight. Thank you. [Laughing] If you think I'm kidding -- no. ["We'll do our best" in background] This is a process. Thank you, sir. Go right ahead.

CARL SCHIESSL: Thank you, Representative Walker, Representative Lavielle, members of the committee. I'm Carl Schiessl. I'm the Senior Director of Regulatory Advocacy at the Connecticut Hospital Association. We oppose any changes to the three-year agreement between hospitals and the state. Our written testimony provides additional details for your consideration.

Your Economic Growth and Fiscal Stability Commission reported that Connecticut's largest and most important economic sectors are healthcare, finance, and manufacturing. We agree. Connecticut's hospital health systems employ over 100,000 people, contribute $27.7 billion dollars to our economy, and anchor the healthcare sector. When it was enacted in 2011, the state planned to use hospital tax money to make supplemental payments to hospitals for services provided to Medicaid patients. These payments would qualify the state for increased federal reimbursement.
Unfortunately, the previous administration abandoned this strategy within a year of its adoption, keeping larger portions of the tax each year, cutting Medicaid payments to hospitals, and losing federal matching funds. Bob Smanik of Bristol Hospital characterized the circumstances in 2017 quite well, a $317 million dollar current year operating deficit and a $3.5 billion dollar deficit projected over the next biennium, and our hospitals were plagued by what I'll call a failed experiment in federal revenue maximization that had now become a direct tax on healthcare services. But, as Bob mentioned, rather than shying away from these ominous challenges, Connecticut hospitals stepped forward and volunteered to work with legislative leadership and the administration, forging a historic bipartisan three-year agreement, overwhelmingly approved by majorities of legislators in every caucus and signed into law by the Governor, one that Connecticut hospitals continued to support.

The 2017 agreement helped address the chronic and persistent budget deficits by enabling the state to benefit from increased federal reimbursement while diminishing its reliance on a direct tax on healthcare services. HB 7148 would abandon our agreement during its third and final year. If enacted into law, hospitals will suffer a $516 million dollar increase in the hospital tax in each year of the biennium. Ladies and gentleman, that's a billion dollar tax increase.

So, that's the bad news. Here's the good news. We have an opportunity, hospitals and the legislature, to continue to stand together, to stay true to the terms we agreed to in 2017, to say no to this part
of the Governor's proposed budget, to make those 100,000 people working in Connecticut hospitals [ringing] and their families sleep a little more soundly at night knowing that they live in a state that continues to support hospitals, to tell everyone everywhere that Connecticut is a fair and honorable place to be, a land of steady habits, where government keeps its word and honors its commitment. And to give us the courage to find a new path forward together, I hope you'll take advantage of this opportunity and stand with us. Thank you.

REP. WALKER (93RD): Thank you. Thank you for your testimony, and we look forward to working with you.

CARL SCHIESSL: Thank you.


GEORGE KINGSTON: Good evening, Representative Walker and to the members of the Appropriations Committee. My name is George Kingston. I'm the administrator of Trinity Hill Care Center, located in Hartford, Connecticut. We are a 144-bed skilled nursing facility, and we have 165 employees working in our facility.

I want to begin by letting you know how proud I am to be here with some of my colleagues from Trinity Hill. Present with me are representatives from nursing, dietary, and our housekeeping departments. While our roles in the care center are different, we all have the same goal, and that is to provide the
best possible care to the people that we serve. I am very proud of the level of care, compassion, and empathy that my staff deliver on a daily basis.

In August 2014, Trinity Hill created a program called iRecovery, which provides intensive group and individual substance use disorder counseling while receiving medical care in the nursing home. Upon discharge, they are connected with community resources to continue their journey of sobriety. Sadly, we quickly realized that this is a service in high demand in our community. The program has been a success in helping to reclaim lives while saving the Medicaid system tens of thousands of dollars in reoccurring emergency room visits, hospital, and nursing home stays. It's not just Hartford residents benefiting from this program. Trinity Hill is admitting patients from across the state. We have served residents of New London, Willimantic, Norwich, Bridgeport, and Bristol.

With the development of the program, we have increased costs, both in labor and non-labor. Given the complexity of this population, social workers and other allied personnel were added to the payroll. The overwhelming majority of these patients are Medicaid, so these incremental costs have been absorbed into our current reimbursement. Without additional funding, our ability to provide this valuable service remains in doubt. I personally feel that the elimination of this program would result in more lives lost as well as the escalation of emergency room and hospital inpatient Medicaid expenses across the state. I ask for your help in helping us deliver the care our community so desperately needs. On behalf of everyone at Trinity
Hill Care Center, thank you, and I would be happy to answer any questions that you may have.

REP. WALKER (93RD): Thank you, and thank you for your testimony, and we will get in touch with you if we have some questions.

GEORGE KINGSTON: Thank you.


CATHY ZALL: Good evening. My name is Cathy Zall from the New London Homeless Hospitality Center. Thank you for hearing my testimony today in support of the Medicaid Supportive Housing Benefit through the Department of Social Services, which would expand the tools available to improve health outcomes.

In many ways, Americans enjoy the best healthcare in the world. Yet, at the same time, we are sometimes spending too much and achieving too little with our healthcare dollars, especially for the very poor. I see this firsthand in my work at the New London Homeless Hospitality Center. Day after day, we see Medicaid paying thousands of dollars for ambulance transports, emergency room care, inpatient hospitalization, treatment programs, and prescriptions that stabilize a person but do not improve the underlying health status.

The pattern plays out in dozens of different ways, but I want to just share one specific and common
situation. A gentleman in his late 50s, who in his 20s and 30s and 40s worked hard doing manual labor, somewhere along the line an injury, usually to knees or back, takes him out of the labor force. Surgery helps but, combined with increasing age, does not allow him to get back into the workplace. Opioids initially given to treat pain get out of control. Occasional drinking that was no problem when he was younger gets worse as a way of treating growing depression and to dull the chronic pain. Homelessness is not far behind, along with multiple emergency room visits, hospital stays, treatment programs enrollments, and often over a dozen expensive prescription medications. Given the person's unstable living situation, however, this investment in healthcare produces very limited health improvement. So, the cycle of expensive healthcare interventions is repeated again and again.

Healthcare alone cannot break this cycle, but national research and our own experience has shown us what can help. Housing is key. The stability of a home makes it possible to take medications properly, to follow a diet, to rest, and to rebuild a sense of self-worth. Along with housing, helping people secure income, even the modest $700 dollars a month that SSI provides, positions people to address their health challenges. And after housing and income, we have seen the impact of connecting people to primary care, health education, money management, and access to healthy food. With these supports in place, we have seen dramatic reductions in emergency room and inpatient hospital stays. Other will document these savings more scientifically, but I
just wanted to come here today to say that I have seen it happen.

We do not need to continue spending precious tax dollars for expensive medical care when lower cost, common sense steps could have a bigger impact on health outcomes for some of those most in need. The proposed Medicaid housing benefit would allow us to implement these proven interventions for targeted people with the highest healthcare costs. [Ringing] This will return -- there will be a return, both financial and human on this invention -- investment -- and I urge you to support this effort. Thank you.

REP. WALKER (93RD): Thank you, and thank you for your testimony. Have a good evening. Giovanna. Kevin McVeigh. ["Thanks" in background] Good evening. Go right ahead, ma'am.

GIOVANNA GRIFFIN: Okay. Good evening, Chairperson Walker, and to the members of the Appropriations Committee. My name is Giovanna Griffin, and I am Meriden Center's Senior Center Executive Director in Meriden.

Meriden Center is owned and operated by Genesis Healthcare and has been providing nursing home care in our Meriden community for 40 years. We are 130-bed skilled nursing home, and we employ 100 staff, not including physicians, vendors, consultants, and volunteers. Meriden Center is a five-star rated facility with CMS, has less than a five percent turnover of staff, and prides itself on a low hospitalization rate below ten percent for those newly admitted for short-stay care.
I am especially proud of the work our nursing home has done during a long period where Connecticut hasn't made nursing home funding a priority. I fear that Meriden Center is now at a critical juncture, that we are clearly at a point where we can't go another year without Connecticut policymakers recognizing that substantial Medicaid help is overdue to assure the quality care we all want to provide. Policymakers need to hear loud and clear that delivering the care everyone wants for their loved ones is getting harder and harder to provide.

There has been almost no additional Medicaid help in the state budget for now over 12 years. Elected leaders need to hear that the nursing home population is older and sicker than it was 20 years ago. Today's nursing home residents have greater behavioral health needs. Mental health and substance use disorders are common on top of the skilled nursing care that today's nursing home residents need. It is really beyond my ability to understand how our nursing homes can compete to retain or recruit staff to serve more complex population with unemployment so low without more Medicaid help. The minimum wage increases proposed alone will require substantial new Medicaid funding for nursing homes in Connecticut. Please help us deliver the care we all want, and please make long overdue nursing home funding a priority in this year's budget. On behalf of everyone at Meriden Center, thank you, and I would be happy to answer any questions you may have.

REP. WALKER (93RD): Thank you, and thank you for your testimony. Have a good evening. Thank you. Kevin McVeigh, followed by Dana McLean. Is Dana

KEVIN McVEIGH: Good evening. My name is Kevin McVeigh, and I work for Western Connecticut Health Network as a high risk navigator. In my job as a high risk navigator, I help manage the community care team. The Network has three community care teams that are in Norwalk, New Milford, and in Danbury, Connecticut. I'm here to testify in opposition to HB 7148, AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2021, AND MAKING APPROPRIATIONS THEREAFTER.

WCHN opposes any change to the terms and conditions of the current agreement in place in the hospital pertaining to supplemental payments. Danbury and New Milford Hospitals also oppose sanctions of HB 7148, which propose to reduce hospital inpatient payments due to the grouper mix up, link hospital payments to readmission rates, set a ceiling on the maximum price that a state employee health plan will pay for services, and increase utilization management in the Medicaid program.

Should this agreement be abandoned, programs like the one that I work for in the community care team, we may lose funding and actually ultimately shut down. For instance, the community care team is not a reimbursable service. That is funded solely through ancillary operational revenues. The community care team provides successful intensive case management to more than 225 homeless or high risk individuals who have previously repeated through the emergency room.
Today, as a result of our efforts, more than 225 patients/clients are carefully navigated through their care process, connecting them to needed services and a more stable environment. All additional clients in -- we have a lot of mental health patients, substance abuse patients, and basically our team meets every week and we have employees that dedicate their time and resources to these individuals working in an outreach capacity in the community. So, we're working outside in the community. So, between all the community care teams, we're looking at almost 500 individuals that we give intensive case management to.

Some of the outcomes of what we've done is we've had the smallest reduction in ED utilization is 30 percent. If focusing amongst our -- you know, I could speak to Danbury, as we have 225 individuals. We run at about 44 percent reduction yearly in our ED utilization. So, you know, we're making a lot of savings that way. You know, we're fearful that, you know, without us many of these people would be left to fend for themselves on the street, help navigate through the system. It'd just be, I think, a disaster for the community that we live in. So, we implore the General Assembly to honor the state's commitment to the hospitals by keeping our agreement in place. We urge you to reject any and all efforts from our 2017 agreement. Please help keep my program in running and helping in the community. Thank you very much.

REP. WALKER (93RD): Thank you, and thank you for your testimony. And we will -- we will fight for that. Thank you. Dana McLean, followed by Evette

DANA MCLEAN: Good evening, Senator, Representative, and members of the committee. My name is Dana McLean, and I have been employed as a CNA, certified nurse assistant, at Bloomfield Healthcare for 30 years. I sit before you as an advocate for my residents and my coworkers. We want better staffing conditions. Right now, it is very difficult. We have 12 to 15 residents per CNA. If you take the calculator and do the maths, you have eight hours to take care -- not to mention 11 to 7, they have 20 residents each -- you take the calculator and you work out how many time do I have allotted to one resident. It's ridiculous. We cannot do it, but we find a way, and we do it. I don't think the owners for the nursing home have any respect or regards to CNA. You come to work, you do your work. You don't ask a question. You get a paycheck, and that's it. For me to ask for a raise, I think it's embarrassing and insulting. The utility company never asks me if they should raise the utility bill. I hear it on the news. The bill is going up. Of course, yes, the bosses, they cut staff. They give themselves a raise. They never ask me if they should give themselves [applause] a raise. And here I am, I'm begging for a raise.

It is very insulting to my coworkers and my family. I work -- hard, taking care of resident. It takes special people to do that. There's a lot of people get CNA license, never work a day, and here I am sitting 30 years taking care of these people. I promise you, I sit here, it was not promised to anyone to be rich, but I promise you, I promise you
you're gonna get sick, and you're gonna need somebody to take care of you. [Applause] So, why not show some respect to the people that are taking care and being a part of these elderly people to make their life a little better so that they can laugh -- they can tell you a story of their past days -- they can tell you where they've been. Why not?

We are not any hindrance to anybody. You open your business. We apply. You hire us. Why should I be on my knee. I come to work. I do my work. I go home. It is embarrassing. For staffing, I would really like for staffing to go up [ringing] because they cut the staff, and you are doing twice another -- you're doing another body -- another person's work because it's an additional resident on to you. How do we do it? I don’t know. But, at the end of the day, I can't tell the boss I didn't have enough time to finish 20 residents. I have to do it. So, I plead with you. I would like for you to understand that we are human beings taking care of human beings, and we would like to live a decent life.

REP. WALKER (93RD): Thank you.

DANA MCLEAN: Thank you. [Applause]

REP. WALKER (93RD): Evette, after Evette, Pat Rehmer. That's a hard act to follow. Lift the microphone up so I can hear. Thank you.

EVETTE BROWN: Good evening, Representative Walker and members of the committee. My name is Evette Brown, and I'm a certified nursing aide employed at Chestnut Point long-term care in East Windsor,
Connecticut. I have come here today to ask you for increased Medicare funding for the residents that I care for and for caregivers like myself.

A crucial part of my job is to provide care to my residents and help them to maintain their dignity. I provide basic but crucial care with tasks of dressing, grooming, repositioning, feeding, toileting, incontinent care, catheter care, bathing, and vital signs. I also -- I'm also responsible for documenting on my residents at the end of my shift. I'm a direct caregiver. I'm a person who the patients interact with most. I give them emotional support, and they do rely on me. I spend more time with the residents than the nurses and the doctors do. I care on an average of 15 residents on my eight-hour shift. Seven of these residents need assistance of two people to take care of them. One of my residents takes an average of 45 minutes to an hour to be fed, and this because she eats slowly and sometimes she pockets the food in her mouth, and it's my responsibility to make sure she's not aspirating. So, I have to spend more time with her.

I work hard to give my residents a pleasant evening, but I do -- but it can be very challenging at times. I've been employed at this facility since 2016. I am currently making $14.62 dollars an hour and have not had a wage increase since. Currently we are in negotiations, and it does not look very promising at this point. Certified nursing assistants -- we do twice the work, caring for these residents, and not being paid accordingly -- not to mention, the cost of living increase every day. So, I ask now that the members of the Appropriations Committee to increase funding so that caregivers like me can
provide a level of care that we can -- that we have been trained to give. The level of care that we desperately want to give our residents. We do not need -- we not only need better staffing, but we need to be able to keep the current workers at the facilities by making [ringing] this a career that is worth investing in. Thank you for listening to my testimony. [Applause]

REP. WALKER (93RD): Thank you. Thank you for your testimony. Pat Rehmer, followed by Erica Roman. Is Erica Roman here? Yes, come on down. Go right -- go right ahead.

PATRICIA REHMER: Good evening, Representative Walker and members of the Appropriations Committee. My name is Pat Rehmer, and I'm the President of the Behavioral Health Network for Hartford Healthcare. BHN is comprised of the Institute of Living, Rushford Center, Natchaug Hospital, and Behavioral Health Services at Backus Hospital, the Hospital of Central Connecticut, and Charlotte Hungerford Hospital.

I am here this evening to make you aware of an ongoing issue that we have with Natchaug Hospital and our Medicaid rate. Natchaug Hospital is the largest provider of behavioral health services in eastern Connecticut. In addition, we really are the only behavioral health provider that serves children and adolescents. We have 24 beds, six for children, 18 for adolescents. We have provided care for 760 children and adolescents in the past year. We take patients from anywhere in the state, but we are clearly the provider for Backus Hospital, Windham Hospital, Lawrence and Memorial, Day Kimball, and we
do take referrals from Connecticut Children's Medical Center when we have beds.

For many years, the Department of Social Service and Natchaug Hospital had rate agreements that provided outpatient rates for partial hospital and intensive outpatient services, which were higher than general hospitals in reflection of inpatient rates, which were lower than general hospitals due to our IMD, Institute of Mental Disease, federal designation. In 2016, DSS made a decision in the implementation of its hospital modernization project to move all hospitals to the same system and implemented an ambulatory payment classification methodology for paying hospital claims. So, in this instance, Natchaug Hospital was treated the same as all other acute hospitals, but for our inpatient care, we're not because we're an IMD.

Natchaug currently is paid $829.96 dollars a day for services. The current cost is over $1,100 dollars a day. You have the exact figures in my testimony. In 2018, we delivered 5,408 patient days, resulting in a $1.7 million dollar unreimbursed cost for caring for these kids.

Natchaug provides all the necessary and appropriate services for children and adolescents that are provided by all general hospitals and that are required by CMS and JCAHO. In addition, Natchaug provides on-site school for these patients, so they do not fall behind in their education, and this is not required. We receive payment for about 32 percent of those school days.
Finally, it's really important, as you heard from Dr. Focht from CCMC earlier, to recognize that child and adolescent beds are increasingly limited in this state. I have not been able to negotiate a new inpatient rate with DSS. They have agreed to pay us on a pay-for-performance, [ringing] but it's $500,000 total, half of that coming from the state and half coming from the feds. So, we're looking for $350,000 dollars to make us whole. It's the end of my testimony, and I know you're not taking questions, but you have the written.

REP. WALKER (93RD): Thank you. Thank you, Commissioner, for visiting us again. Thank you. Thank you for your testimony. Erica Roman. After Erica Roman, is Chelsea Daniels here? Chelsea, come on down. And after Chelsea is Lourdes Borrero here? Lourdes? Come on over here and have a seat. Go right ahead. Go right ahead. Thank you.

ERICA ROMAN: Thank you. Good evening, Representative Walker and to the members of the Appropriations Committee. My name is Erica Roman, and I am the Administrator of Northbridge Health Care Center in Bridgeport, Connecticut.

Northbridge has been dedicated to providing nursing home care in our community for 34 years. We are a 145-bed nursing home, and we employ 248 of the most hard-working people in the nursing home industry. I would have loved to have had the Northbridge CNAs and nursing staff here with me tonight, but many of them do work two jobs and were not able to make it this evening. I met with them prior to coming today and asked them what type of message they would want me to send. The theme I gathered from listening to
them was that they truly wanted to deliver the highest quality of care to anyone that comes to Northbridge, and these workers are doing that.

Based on that hard work and dedication, Northbridge was given the honor of receiving 2018 Bronze Commitment to Quality Award. This award is directly correlated to the compassionate quality care that Northbridge gives every day.

I fear that our nursing home is now at a critical point in history. We have to start thinking about the impact that over a decade of no Medicaid rate increases had on our facility, that we are clearly at a point where we cannot go another year without Connecticut policymakers recognizing that substantial Medicaid help is overdue to ensure that the quality of care is able to be given. Please hear me loud and clear. We need the support. We need the Medicaid help in the state budget because of now over 12 years we have not had an increase. Please help us deliver the care that we all want, and please make long overdue nursing home funding a priority this year. [Applause] Thank you.

REP. WALKER (93RD): Thank you, and thank you for your testimony. Thank you very much. You look terrified.

ERICA BROWN: I am. [Laughing]

REP. WALKER (93RD): Good evening. Go right ahead.

CHELSEA DANIELS: Good evening, members of the Appropriations Committee. My name is Chelsea Daniels, and I've been a licensed nurse at Fresh
River Healthcare for about seven years. I regularly work the 3 to 11 shift, also known as second shift. I'm here today to ask for increased Medicaid funding for nursing home employees like myself.

On a daily basis, I work with 25 to 35 patients. I make sure that their meds are given to them in a timely way, and that evening care allows the residents to have a great night. These days, many of the residents I work with at Fresh River have behavioral health issues and are suffering from mental health and addiction. Residents who are dealing with behavior issues are challenging, especially without the adequate resources for training and staffing. Having enough staff is vital to making sure that everyone is getting the time and energy to make sure their quality of care is of the highest level. Without enough staff, we typically take on additional burdens and work at a pace that is unhealthy for us as caregivers. And while our pace has increased, our pay has remained stagnant, and in some cases, management has refused to provide additional resources for things like retirement security and health benefits. This is not right.

Recently, I was charting in medical records at a nursing station around 4 a.m. A resident who was younger and more aggressive broke through the gate and he assaulted me. I was eventually able to call for help and get the resident to redirect his behavior, but these types of incidents are becoming more common with each passing day. Without adequate resources from the state to pay for training and staffing in the nursing home, we as caregivers are left to ourselves. I have been advocating for advanced training and have been leading a fight with
my union to try and bring higher quality behavioral health training to myself and my coworkers, but we can't make progress without resources from the state.

Increased funding for things like more staff on the floor would provide more focused, individualized care that could drastically improve the outcomes of the residents at Fresh River and nursing homes throughout the state. It would also provide a safer place for both staff and residents. We love our residents. It's hard to see them struggle with their addictions and medical issues. My coworkers and I are reaching a critical point. If the state cannot offer more resources for things like staffing, training, wages, and benefits, we are prepared to strike to protect our clients. We know what quality care looks like, and we are prepared to fight to defend the lives of both the residents and caregivers. Thank you. [Applause]

REP. WALKER (93RD): Thank you for your testimony. Lourdes. After Lourdes, Lucy Potter. Lucy Potter? There's Lucy. Come on down, Lucy. Go right ahead, Lourdes. You gotta pull the microphone to you, and you gotta speak into the microphone. Thank you.

LOURDES BORRERO: Okay. Good evening, Senator Osten, Representative Walker, and members of the Appropriations Committee. My name is Lourdes Borrero, and I work at Autumn Lake at Waterbury as a certified nursing assistant. I have worked in Autumn Lake for ten years, and I have worked in a healthcare field for over 20 years. I work the third shift, which is typically 11 p.m. to 7 a.m. I have 18 to 24 patients a night. Today I'm here to
ask you to increase Medicaid reimbursement rates for nursing home residents and caregivers like me.

I started my career following in my mother's footsteps. She is a retired nurse, and her capacity to care for people is something that I saw as I was growing up. I do this work now because I love my patients. The satisfaction of knowing that I am helping someone is what motivates me to do this kind of work every night. It is incredibly rewarding to be able to help people.

I like working night shift because I can connect in the patients in a different way than I was working the first shift. Many patients are sleeping, so I can talk to the ones that need it, and I can spend more time giving attention and care to the ones that are awake, especially those in hospice. I enjoy spending time with patients and their loved ones. I live my life by the motto, "Do unto others as you would like others to do unto you." I wanna give my best care to them, as if they were my family. They deserve that kind of respect.

Good staffing levels means I have time to groom a patient, put lotion on their feet, talk to them, or even sing to them. It means I have time to develop bonds with patients. When there's a patient that is going to die, it means I can be a comfort for the family and get the patient ready. Every time I have been able to do this, it brings peace to the families.

Low staffing, because of low funding, means I don't take breaks. My break is when I'm doing my paperwork for the night. I spend time changing and
toileting, repositioning my patients so much more. That means I don't get time to care for my own needs. Sometimes I do not have time to even eat. Many workers like me are barely making $15 dollars an hour, and we are struggling to care for ourselves and our families. We wanna be able to give the care we know our residents need without having to also worry about our own families when we go home.

Proper funding matters to me because it would enable us to give the care that patients deserve. They deserve to be comfortable and loved. It would also enable us as caregivers to take care of ourselves, which benefits everyone. One of my stories are that when we have enough people at our job place, [ringing] we could spend more time. Thank you for your time and God bless you all.

REP. WALKER (93RD): Thank you, [applause] and thank you for your dedication to your -- to your job and to the people you serve. Thank you. Lucy Potter, followed by Lucy, Patricia Quinn. Is Patricia Quinn here? Patricia Quinn, come on down. After Patricia, Anna -- Anna Doroghazi. Kristie Ricker. Kristie Ricker. Go right ahead. [Background coughing]

LUCY POTTER: Good evening, Representative Walker and members of the committee. I'm Lucy Potter. I'm an attorney at Legal Aid, and I've been representing families getting Temporary Family Assistance and SAGA and State Supplement for a long time.

So, for an example, in 1989 in the AFDC program, a family of three in Hartford got $581 dollars per month. Thirty years later, now, that family gets
$597 dollars. That's a $16 dollar increase in 30 years. I just wanted to give you that. You know, how can that be? We've got a statute that requires an annual cost of living. Well, what happened was that in 1995, the grant was reduced by $40 or $50 dollars, and since then, in almost every year, this cost-of-living increase has been frozen, all but a few years. So, as you all know, over in Human Services there is now a bill to try to figure out how to pay for diapers for people.

I wanna remind you of the TANF Block Grant. The very first purpose of the TANF Block Grant is to provide assistance to needy families so that children can be cared for in their own homes. That is the very first reason that that block grant exists. In 2017, Connecticut had $486 million dollars from the TANF grant. Back in '96, all of that money went to families. Now, 11 percent of that money goes to families. More money goes to DCF, more money goes to the State Department of Education than goes to families on Temporary Family Assistance.

Attached to my testimony is a little sheet that the Center on Budget and Policy Priorities prepared, and they did this for every state in the country. Connecticut ranked fifth from the bottom on that. Even when you put together all of the money for basic assistance, work activities, work support, childcare, we only spend 25 percent of that grant on the TANF families. So, something is very out of whack here, and I just think it's absolutely time to not freeze the cost-of-living adjustment.
Sheldon Toubman also testified, and we also have a similar problem with SAGA, which now pays $219 dollars per month for people, all of their needs, and State Supplement has been frozen, and what that means is that each year when Social Security benefits go up, the State Supplement benefit goes down, so people don't experience any benefit from the cost of living. So, I urge you not to again freeze the cost-of-living adjustments for these bare bones subsistence programs, especially while diverting the TANF funds to other state expenditures. Thank you.

REP. WALKER (93RD): Thank you, Lucy, and thank you for your testimony. And the chart's in your testimony?

LUCY POTTER: Yeah, take a look at the attachment. It's pretty startling.


PATRICIA WORHUNSKY-QUINN: Good evening, Representative Walker and members of the Appropriations Committee. My name is Patricia Worhunsky-Quinn, and I have worked within Connecticut skilled nursing centers for over 30 years. I am currently the Administrator and this evening representing our employees caring for clinically complex patients within Lord Chamberlain Manor, located in Stratford, Connecticut. Thank you for permitting me to be here today to have you
further understand the fiscal challenges we confront.

I will begin by acknowledging the most important resource within our nursing center is our dedicated employees. There is no doubt the employees working within Lord Chamberlain Manor and within all skilled nursing centers provide care and services that require an employee to be ever patient, ever respectful, knowledgeable -- knowledgeable about the individual needs of our patients, and resourceful. Our cost of care continues to increase, and we ask the state legislators' commitment and help to keep us providing quality of care. Year over year, increases to expenses, such as utilities, food, medical supplies, oxygen, recreational supplies, housekeeping supplies -- to list a few -- have caused owners and administrators to trim expenses to the point that we worry -- yes, we worry -- that we will be able to continue to provide the level of care and services that our patients need and deserve. The need to stay current with computer software and programming, telephone upgrades, call bell systems are infrastructure costs that have skyrocketed over the past years due to technology improvements -- all areas that require funding.

Our stakeholders, the state of Connecticut, federal agencies, insurance companies, and hospitals have expectations of care and services that demand the quality of care, we, as skilled nursing centers, strive to provide every day. The quality of care is measured by updated equipment that our nurses and CNAs depend upon to assess our patients. It's measured by the products that we have for our patients to continue to have intact skin. Quality
of care is measured by the therapeutic mattress services that our patients lay on so that they will prevent wounds. It is measured by the physical therapy equipment that is available to assist with a thorough recovery so our patients remain as independent as possible. It's measured by the recreational programs that we have available to enrich our patients' lives.

I can go on and on to explain how important it is [background noise] that our patients we care for deserve quality of care and services each day. To deliver this quality our skilled nursing patients deserve and our stakeholders [inaudible-02:23:28] funding that I am asking the state legislators to provide us. [Ringing] As members of the Appropriations Committee, you will hear over and over again that our skilled nursing centers in Connecticut have been underfunded by many years. Our skilled nursing employees and center management should be applauded for the care and services they have consistently provided to our complex patients despite the underfunding. Please, on behalf of our employees working within skilled nursing centers, please increase our Medicaid funding so that our patients will continue to receive quality of care and deserve. Thank you very much. [Applause]

REP. WALKER (93RD): Thank you. Thank you for your testimony.

KRISTIE RICKER: Hi there. Good evening. My name is Kristie Ricker. I'm a CNA at Vernon Manor Healthcare Facility in Vernon, Connecticut. Vernon Manor has been providing nursing care -- sorry -- nursing home care in our community since 1977, for
over 42 years. We are a family-owned and operated nursing home of 120 beds, and we have nearly 200 employees working at our facility. In addition, we accept and discharge nearly 600 patients per year, 500 per month coming and going. It takes a lot of work, training, and teamwork to have successful outcomes. I have many colleagues from around the state joining me today. We are here because we all want the same thing. That is to deliver the highest quality care experience to anyone who comes into our buildings.

For many years, it has been a struggle to achieve this goal because the legislature has not made funding in our sector a priority. Medicaid funding has been inadequate. The lack of funds mean that we struggle to maintain the building, to increase wages and benefits, until it is the patient who is affected by this funding shortfall. The fact is that for over a dozen years, the Medicaid funding has not kept pace with inflation. This financial stress cannot continue. Providing patient care in a long-term care setting is difficult. Policymakers need to hear loud [inaudible-02:25:33] and delivering care for anyone -- for everyone wants for their loved ones to get is harder and harder to provide. There are no robots to care for people, to shower them, to assist them with the most personal of daily acts. It is people caring for people.

Patients are coming from hospitals with complex medical conditions. They are coming from home with advanced dementia. They come to us in great need, no longer independent. They are dependent on us for everything, and they come with greater behavioral health needs, like mental health and substance use
disorders. I know you understand how [inaudible-02:26:09] want, and please make long overdue nursing home funding a priority, providing a meaningful Medicaid increase to nursing homes in this year's budget. On behalf of everyone at Vernon Manor, thank you, and I'd be happy to answer any questions.

REP. WALKER (93RD): Thank you, and thank you for your testimony. You did a good job.

KRISTIE RICKER: Thank you. Have a great night.


CURTIS RODOWICZ: Good evening, Representative Walker and other members of the committee. My name is Curtis Rodowicz. I'm the Administrator of Colonial Health and Rehab, a 90-bed skilled nursing facility located in Plainfield, Connecticut. We're -- we have 115 employees. You're hearing a lot from nursing homes today because basically we're not being paid attention to.

When you look back -- I'm here to talk to you about the Governor's proposed budget with a zero percent increase in the next two years. I can tell you that's just an absolute horrible plan in terms of what we have coming down the pike. You've heard about inflationary costs of real estate, property, medical supplies. All these things have not been touched for over 12 years. There's been marginal small increases that were directly put through for direct care workers only at one point in time.
Primarily just focusing on that, it's not a fix. It's a small Band-Aid that was put on there for that period of time.

So, we have this two-year problem that we're basically facing down the pike. And as we continue to look at the deficits we have in my particular facility, there's a calculated rate and a paid rate for the facilities that you actually get. My particular facility is actually short-paid, based on the calculation of allowable costs, by $15 dollars a day, which with 22,000 roughly patient days that I have in my center, that's $330,000 dollars that's cut right out of the facility, just as a result of not paying what the cost of care is for a Medicaid recipient in a facility. So, it's a substantial thing just for my facility, and it's shared among all the others.

When you look at the other problems that we have that are coming down the pike, it's not necessarily a problem in a sense that the entire state advances when we increase the minimum wage. But, if we don’t focus on allocating the funds, you're not gonna have that wage variance between a CNA and a service worker that may be stocking shelves. These are qualified staff members that have care and compassion for your mother, for your father, for your aunt and for your uncle, and if you don't pay attention [applause] to the care workers in the facility, and we don’t allow for them to have this difference in terms of their wage rate, we're gonna have a problem where people are gonna leave. Good, qualified people are gonna leave the healthcare sector to work in other areas, already adding to a
shortfall in terms of staffing that we have in our area. It absolutely is important.

Right now, we all -- not to use, like, a baseball analogy for it, but -- we all wanna hit a home run for healthcare, and right now we're lucky if we can make a base hit. And the reality is, as things go on here, if we continue to neglect this, you know, zero percent increase going forward, we're basically looking at, you know, being adults blindfolded swinging at a piñata, okay. It's gonna be laughable, okay. This needs to be fixed. You need to pay attention to the nursing home facilities and these workers that are in here that are also testifying on behalf of all their centers. We need some attention paid to this. Thank you for your time, and if you have any questions, happy to answer 'em.

REP. WALKER (93RD): Thank you for your testimony, and thank you for your dedication to the industry itself. Thank you very much. Have a good evening.

CURTIS RODOWICZ: You too. [Applause]


KIM Lumia: Good evening, Representative Walker and the Appropriations Committee. I'm laughing to myself. I had to put glasses on. I was here before you in 2011, and I wasn't wearing glasses then, so I've aged a bit.
So, my name is Kimberly Lumia. I'm a registered nurse, and I'm the Regional Chief Performance Officer for Prospect Medical Holdings, which owns and operates three hospitals in Connecticut: Waterbury Hospital, Manchester Memorial, and Rockville General Hospital. Our three hospitals are critical financial engines to the state's economy as they collectively employ over 5,000 people, contribute $46 million dollars in community benefit, which includes charity care, pay $41 million in hospital provider taxes to the state of Connecticut, pay $3.2 million dollars in sales tax, and pay $6.3 million dollars in property taxes in the municipalities.

As you can see, our three hospitals are significant tax payers. They provide substantial community benefit to the state and the communities in which we serve and provide care, in addition to employing a large number of highly qualified people, who not only deliver world-class care but also contribute to their communities in so many ways. Our core mission is to provide patients with world-class care in a comfortable and friendly environment in the communities that we live -- that they live in.

We are a system of three community hospitals. As a for-profit, tax-paying operator, the hospital provider tax is just one of the substantial taxes Prospect Medical Holdings is paying to the state and our towns. The state of Connecticut continues to make changes to the payment structure for Connecticut hospitals, which is disruptive to the leadership and management of those healthcare facilities. Hospital leadership is spending far too much time on expense cost reduction programs
measures to stay afloat and seems to be a constant theme of deciding which jobs to eliminate, when this has detrimental impact on the healthcare organization and the surrounding economy -- a very vicious cycle.

The Governor's budget with the combination of additional cuts, which we are speaking in strong opposition of here today, and the corresponding tax increases, which we will be testifying in front of your colleagues on the Finance, Revenue, and Bonding Committee, will significantly negatively impact our ability to provide access and care to our patients. We ask that the Appropriations Committee reject all attempts by the Lamont Administration to deviate from the bipartisan 2017 hospital agreement that the legislature adopted last year. Do not impose additional cuts to healthcare that impact the most vulnerable populations of our state, and Prospect Medical Holdings would welcome the opportunity to work collectively with this committee, the legislature, and the Lamont Administration on mechanisms to improve [ringing] healthcare quality, reduce costs, and enhance patient care, while not decimating the vitality of this state's outstanding healthcare system. Thank you for your consideration and the legislature's history of fighting for Connecticut hospitals. Thank you. [Applause]

REP. WALKER (93RD): Thank you, and thank you for your testimony. I wanna thank you also for doing something that I hope everybody else does, which is testify in front of Finance, Revenue, and Bonding because they're the ones that have to raise the revenue in order for us to pay you. ["Understood" in background] Thank you. Yes, Christi. And after

CHRISTI STAPLES: Okay, sorry. Good evening, Representative Walker, Representative Lavielle, and distinguished members of the Appropriations Committee. Thank you for hearing my testimony in support of Medicaid's Supportive Housing Benefit through the Department of Social Services to assist high-need, high-cost Medicaid beneficiaries, who are experiencing homelessness, in accessing and retaining stable housing and meaningfully engaging with their health goals. My name is Christi Staples, and I'm the New England Regional Director for the Corporation for Supportive Housing.

CSH, the Corporation for Supportive Housing, is a nationally recognized expert on supportive housing. We offer knowledge and technical assistance and training on housing services and programs for homeless and vulnerable individuals and families. We also keep our ears in the statewide Reaching Home and Home Connecticut campaigns to create affordable housing and prevent and end homelessness.

You've heard a couple of testimonies around supportive housing, so I thought I'd just take a moment to explain what that is. Supportive housing pairs permanent affordable housing with tenancy support services and care coordination to help people who face the most complex challenges live with stability, autonomy, and dignity.

Research demonstrates that supportive housing reduces cost -- system costs and improves health outcomes for people who have complex healthcare
needs and housing instability, including people who are experiencing chronic homelessness, people living in institutions, and people who are at risk of institutionalization. By providing stable, affordable housing, tenancy supports, and care coordination to connect tenants to primary and behavioral health services, supportive housing can improve physical health, foster mental health recovery, and reduce alcohol and drug use among formerly homeless individuals.

As many of you know, in Connecticut, supportive housing has proven to be an important tool in reducing homelessness among individuals that are diagnosed with mental illness and/or substance use disorders. As an early adopter of the permanent supportive housing model, Connecticut has had great success in creating an effective and coordinating -- coordinated housing system that includes the development of new supportive housing units, funding for rental and service subsidies for scattered site supportive housing, and the creation of a statewide coordinated access network, or a CAN, that provides standardized access to housing and homelessness services as well as the development of universal protocols and assessment tools.

This initiative that I'm here to support is formed by years of applied work funded through private philanthropy, the DMHAS -- the Department of Mental Health and Addiction Services Supportive Housing Agenda, and the Money Follows the Person strategy of pairing vouchers with community-based services.

In October of 2018, a data match was conducted between the Connecticut Homelessness Management
Information System, HMIS -- many of you know -- and the Connecticut Medicaid claims data. The data match conducted between the Department of Social Services and HMIS has helped provide the evidence to support the business case for the cost effectiveness of supportive housing services package proposed in the Governor's budget.

By using system's data to identify this cohort of beneficiaries and their utilization costs in Connecticut [ringing] provides the empirical basis for which to build a discussion of justification based on this. So again, we strongly urge this committee to support the Medicaid Supportive Housing Benefit through the Department of Social Services to assist high-need, high-cost Medicaid beneficiaries who are experiencing homelessness. Thank you. In the testimony, I've also included some examples of the cost utilization, so -- if you're interested.

REP. WALKER (93RD): Thank you, and tell Cam [phonetic] said hi.

CHRISTI STAPLES: Thank you, Representative. Have a good one.


RAY HACKLING: Hello. Good evening, Chairman Walker, Representative Abercrombie, members of the Appropriations Committee. My name is Ray Hackling. I am the Administrator at Silver Springs Care Center in Meriden, Connecticut.
Silver Springs has been providing nursing home care in our community for 49 years. We are a 150-bed nursing home, and we have 180 employees working at our facility. About half of these employees have worked at Silver Springs for over ten years. Many have reached milestones of 20, 30, and we even have a few employees that have worked at Silver Springs for more than 40 years. I'm proud to say we have very dedicated employees with lots of longevity there for our employees.

I have been a nursing home administrator since 1982, and I've never had to ask my staff to do so much with so little, as we have over these past 12 years. I've seen it all from -- you know, for 37 years now. Our employees are doing an amazing job. I am so grateful, so proud of them for everything they do for our residents. They really go out of their way to provide that extra -- or they try to go out of their way to provide that extra help for the -- for the residents of our facilities. Due to the hard work and dedication, Silver Springs is a CMS five-star rated facility. We also won the American Healthcare Association's Silver Award for 2018. I give all the credit to that to our employees. It's certainly not an easy feat for them with no real Medicaid increases over the past 12 years.

One of our charge nurses who works up on our memory care unit and deals with our dementia and Alzheimer's residents, she's been an employee at Silver Springs Care Center for 32 years, started as a CNA. She was recognized by the National Council of Certified Dementia Practitioners as the 2018 Certified Dementia Practitioner of the Year for all
her hard work in the field of dementia care, a national award brought to the state of Connecticut by our employees.

Silver Springs is clearly at a critical point, where we can't go another year without Connecticut legislators' recognizing that substantial Medicaid help is overdue to ensure the quality we all wanna provide for our residents. I am hoping that legislators can understand that delivering the care everyone wants for their loved ones is getting harder and harder to provide. The reason isn't really hard to understand. There's been almost no additional Medicaid help for over 12 years now. Elected leaders need to hear that the nursing home population is much more complex and challenging than it was 37 years ago, when I started in this business.

Silver Springs -- just a little background -- has a 39-bed memory care unit. We have a 60-bed behavioral unit. Particularly the behavioral unit, these residents are very difficult for our staff to deal with. There's a lot of residents with drug addiction, mental health issues, alcohol issues, a whole different population than we dealt with years ago. It's really hard -- it's really beyond my ability to understand how the nursing home can compete to retain or recruit these staff members. As Curtis had said, when, you know, just stocking shelves can pay as much or more than these qualified certified nurses' aides and licensed practical nurses that we have. [Ringing] I'd like to thank you on behalf of Silver Springs and my staff, and if you have any questions, I'd be glad to answer 'em.
REP. WALKER (93RD): Thank you. Thank you for your testimony, and it has changed. You have 60 beds for mental health issues now ["Right, yep" in the background], which is very sad. ["Yes, it is" in background] Thank you for your commitment. [Applause] Tina Richardson. And after Tina, Richard Cho. And just know -- nothing -- they've finished in the other room. Okay. [Laughing] Go ahead.

TINA RICHARDSON: Good evening, members of the Appropriations Committee. My name is Tina Richardson. I am the Administrator at Avon Health Center in Avon, Connecticut. Avon Health Center is a family-owned nursing and rehab facility, and we have been providing nursing home care to our community for 45 years. We are a 120-bed nursing home, and we have 200 employees working at our facility. My staff are doing an amazing job, and I am so grateful to them and proud of them for everything that they're doing and the quality care that they provide to our residents.

We are a CMS five-star rated facility and nationally recognized by US News and World Report as a top performing facility, both in long-term and in the short-term rehab. Our hospital readmission rates are below the state and national averages. We successfully discharge over 67 percent of our patients home from our short-term unit, that's compared to the national average of 49 percent. We work hard to have positive outcomes. I'm especially proud of the work our nursing home has done during this long period when nursing home funding has not been a priority.
A very large part of our success is due to the efforts of our owner and director of operations. He has made efforts to decrease our costs through many energy efficiencies. These efforts have worked thus far; however, we are running out of cost-saving options to put in place.

I fear that our nursing home is now at a critical juncture. We are clearly at a point where we can't go another year without Connecticut policymakers recognizing the substantial Medicaid help is overdue to ensure the quality care we all want to provide. Delivering the care everyone wants for their loved ones is getting harder and harder to provide. The reason isn't hard to understand. There has been almost no additional Medicaid help in the state budget for over 12 years.

The nursing home population is older, a lot sicker. Our residents have many more comorbidities than ever before. We see so much more dementia, Alzheimer's disease, and today's nursing home residents also have greater behavioral health needs. Mental health and substance use disorders are common on top of the skilled nursing care that today's nursing home residents need. Many nursing homes are having a difficult time retaining and recruiting staff to serve more complex population with unemployment so low without more Medicaid help. Please help us deliver the care we all want, and please make nursing home funding a priority in this year's budget. On behalf of everyone at Avon Health Center, thank you, and I'd be happy to answer any questions.

RICHARD CHO: Good evening.

REP. WALKER (93RD): You were here the other night.

RICHARD CHO: Yes. [Laughing] Representative Walker, Representative Lavielle, members of the committee, thank you for hearing my testimony. I'm Richard Cho. I'm the CEO of the Connecticut Coalition to End Homelessness. I'm here speaking on behalf of our more than hundred members who are working collaboratively to end homelessness in the state of Connecticut.

And, as you heard before, I think, you know Connecticut's made significant progress in reducing our rates of homelessness, and we've been a nationally recognized leader in our efforts to end homelessness. Homelessness has dropped 34 percent since 2012. Chronic homelessness has gone down 62 percent, and we've been recognized by the federal government as having achieved an effective end to veteran homelessness.

And we can really boil our success down to three factors and three reasons. One is that we focused our system on evidence-based programs, like permanent supportive housing and rapid re-housing that are based on the housing first philosophy.
That is that people who are homeless should be provided with housing first, and then we use that housing as a platform for success in terms of their health and well-being, economic success, as well as their other goals.

Second, we've created coordinated systems that ensure that there's a streamlined centralized front door to accessing housing services. We're matching people to the right level of interventions that they need, and we're also prioritizing the most vulnerable people for housing assistance first.

Third is that we're using every available state and federal dollar that we can in the most innovative and efficient ways to maximize our outcomes, and that's not only the state general fund dollars or targeted homeless programs that we see from HUD, but also mainstream federal programs like Medicaid. So, within the Governor's proposed biennial budget for the Department of Social Services is a proposal to invest $580,000 in FY '20 and $3.1 million in FY '21 for a new Medicaid Supportive Housing Benefit that would serve up to about 850 individuals with chronic health conditions and who actually consume currently more than $40,000 dollars in Medicaid-funded services through mostly hospitalizations and emergency services. The benefit would provide the wrap-around case management services that would be paired with rental assistance to provide supportive housing for this population. That would not only help them achieve stable housing but also stabilize their health.

We urge the committee to support this proposal, which I think is really the latest and best example
of how the state of Connecticut can use federal dollars in innovative ways to cost-effectively improve outcomes for its most vulnerable residents. There's four specific benefits of this proposal. One is that it would expand the supply of permanent supportive housing by 850 additional units for people with disabilities and chronic health conditions. Our ability to end homelessness for that population is contingent on our ability to expand supportive housing.

Second, it will enable our coordinated access networks to be able to house and reach some of the most vulnerable folks who have complex health needs, people with multiple co-occurring disorders, serious mental illness, substance use disorder, chronic medical conditions. These are the folks who cycle in and out of emergency rooms, detox facilities, hospitalizations. These are the ones who touch multiple funded -- state-funded services, but whose outcomes don't get any better. They really need a multidisciplinary approach.

Third, it would enable us to open up a new pathway for financing services in supportive housing that we've never been able to use before, which is really through the Medicaid program. CMS, the federal government, has already clarified that states can use their Medicaid programs to cover wrap-around case management services paired with housing, and by adopting this, we can actually find a way to finance supportive housing services but allow the federal government to share the costs. In other words, for people who are non-disabled, the federal government will cover 90 percent of the cost. For people with
disabilities, the federal government will cover 50 percent of the cost of these services. [Ringing]

And fourth, this is really one of those instances where the right thing to do is also the fiscally smart thing to do. There have been projections that show that with this investment, we'll not only cover the cost by offsetting hospitalizations and other Medicaid-funded services to cover the cost of the housing services, but we could actually save the state a net $4 million dollars per year by reducing hospitalizations for this population. So, thank you very much for hearing my testimony.


DARLENE DEPREY: Good evening, Representative Walker and to the members of the Appropriations Committee. My name is Darlene Deprey. I am a nurse working at Westside Care Center in Manchester. I've been a nurse for ten years practicing in long-term care. I'm here today in support of increased Medicaid funding first and foremost for my residents, but also for my coworkers and myself. Each resident I serve is my mother, my father, my brother, and my sister.
Interesting reality story that I'd like to tell: Once a year for four days, we get to experience full staffing [applause/laughing]. When -- for four days, it is pure joy. Every resident's meal is served in a timely fashion. All call bells are answered in a timely fashion. I have personally been thanked by residents for this all of a sudden windfall of staffing. It's no secret that during our DPH annual reviews, all hands are on deck -- [applause] all administration, all management, and everything looks good. After that four days and for the other 361 days a year, I have an average of 30 to 35 patients in an eight-hour shift. I have not had a lunch break in ten years. [Applause] I work tirelessly for my patients because, as I said, every person there is my mother, my father, my brother, my sister. We are one car accident away from needing skilled nursing facility care. [Applause]

REP. WALKER (93RD): Let her finish please. Let her finish. Let her finish.

DARLENE DEPREY: It is important for me that you know I am here representing my coworkers and myself for an increase in our pay. I am concerned when I've sat here for hours this evening when I've heard administrators from other facilities talk about the need for income for Medicaid money for their nursing homes. I am in fear that not a cent of that money will ever reach the people who directly care for their patients. [Applause] Sorry. ["No, no" in background] I'm very passionate about this. That's why I'm here. I knew I would have a hard time sticking to the script ["Don't worry" in background] because I'm a shoot from the hip kind of a person. That's how I roll. [Laughing]
All of our patients deserve quality care. I guess not only in having the opportunity to speak here, I've also gotten a little bit of education. Every day is an opportunity to learn -- opportunity to learn something new. I thank you all for listening, and I thank you for all of my coworkers that are here representing us today. Thank you. [Applause]


LURLETTE NEWELL: Good evening, Representative Walker and members of the committee. My name is Lurlette Newell. I'm a certified nursing assistant employed at Westside Care Center in Manchester, Connecticut. I am here today to testify in support of increased Medicaid funding for nursing home residents and workers like me.

I became a nurses' aide 20 years ago. I entered the field because of my grandmother, who was very dear to me. I loved her tremendously. I had cared for her in her final years, and it became apparent that I enjoyed caring for the elderly, so I decided to make caring for the elderly my career. My job as a CNA has been very rewarding, but it has changed drastically over the past 20 years. I am no longer able to sit with my residents when they need to talk, or I am able to soak their feet and care for them the way I want to take care of them. I am constantly running from one resident to another to get the basic care completed. My average day at the nursing home on first shift, which is 7 to 3 -- 7
a.m. to 3 p.m. -- has me carin' for 10 to 13 residents per day. My day consists of washing, dressing, and getting these residents out of their beds daily. Things that we take for granted. Residents need to be toileted on a two-hour schedule. I also have two meals to assist them with. Feeding can take up to 20 minutes per resident for the ones that need to be fed. I usually have at least four residents that I must feed -- feed two meals a day.

It is time that we realize that the nursing home of 20 years ago that cared for people who needed basic personal assistance has evolved in a complex clinical setting with individuals who require much more care and supervision than years past. Funding staffing must reflect the needs of the population we now care for. It is not uncommon to have a mix of residents, Alzheimer's, behavioral, substance abuse, and alcohol abuse residents, coming from the hospitals. The residents that were once cared for in hospital settings are now being sent to the nursing home. The residents need our love and affection, and we are not able to give this to them due to the lack of time that we have at current staffing levels.

Connecticut residents living in a nursing home should be a priority to the legislature of Connecticut. We are asking you to raise the reimbursement rate for nursing homes to improve the lives of residents and caregivers. Our workload is twice what it was, and we cannot give residents the level of care that they deserve. We have not received any pay raises since 2015. If something is not done soon, I fear that we will have to resort to
ZINA BENNETT: Good evenin', Representative Walker and members of the committee. My name is Zina Bennett. I am a certified nursing assistant in both a 279-bed nursing home, Saint Joseph's Center in Trumbull, Connecticut, and an assisted livin' facility. I am here today to ask you to increase funding for nursing homes, so that caregivers like me can have relief in staffing and wages. This increase in funding would help caregivers like me deliver quality care and would help to increase the staffing levels. It would also provide relief to workers like me who go home every night and struggle to make sure we take care of our families.

We all know that if Medicaid rates increase that means more money for the nursing homes. The question now is how would that help the residents, my coworkers, and myself. I'm here to tell you. First, we'd be able to provide quality care for residents because we would be able to increase staffing levels. As it is right now, we are barely providing the minimum care that our residents deserve. We all got into this work because we care for our residents, and we love what we do. I love spending time with the residents I care for every
day. I would love to have more time with them for smaller things, a laugh, a story, a smile. These are the things that increase the quality of life for anyone in a nursing home. Don’t our residents deserve that level of care?

Second, caregivers shouldn't have to work two, sometimes three jobs to be able to feed our families, but that is the reality of my care -- of many caregivers like me. Four years ago, we had to threaten a strike to get funding for raises, better healthcare, and even retirement security in some cases. I really hope we don't have to go that route again. I, myself, have loved ones in a nursing home. Do I believe that the care they receive is terrific? No, I don't, but I know an increase in funding would help them receive much better care. I know the residents who I provide care for and truly care about don't get the much desired care and attention they need due to financial restraints. You can help change that. Please increase funding for nursing homes. Thank you for your time tonight. [Applause]

REP. WALKER (93RD): Thank you so much. Thank you for your testimony. Jeff Turner. After Jeff, Dave. Good evening.

JEFF TURNER: Good evening, Representative Walker and members of the Appropriations Committee. My name is Jeffrey Turner. I am the Nursing Home Administrator at Quinnipiac Valley Center in Wallingford, Connecticut.

Quinnipiac Valley Center has been providing nursing home care in our community for over 45 years. We
are a 120-bed nursing home, and we have over 100 employees working at our facility, from physicians, nurses, CNAs, dietary personnel, and housekeeping/laundry staff to rehab staff, recreation, social services, maintenance, and business personnel. All are vital to our success. I am pleased to be here representing the dedicated staff of Quinnipiac Valley. We are a proud member of the Genesis Healthcare Community, and I know all of my Genesis peers with me today are as dedicated to the elder community as I am.

I am the Director, but the devoted caregivers, including RNs, LPNs, and especially CNAs, physicians, and volunteers, all strive for the same thing -- to improve the lives we touch to the delivery of high quality healthcare and everyday compassion. I strongly say to you that these workers are doing an incredible job. I am as grateful for them as I am proud of them. It is their blood, toil, sweat, and tears that is the cornerstone of our success. For example, through their hard work, we are a four-star rated facility with CMS. In our recent long-term satisfaction survey, our residents rated us in the 90th percentile related to their satisfaction with staff, with our compassion towards them, and our ability to address concerns in a timely manner. Those are just to name a few.

I am concerned about nursing home funding. Here's the root of the root and the bud of the bud. I fear that our nursing home is now at a crossroads. We are clearly at a point where we can't go another year without Connecticut officials recognizing that substantial Medicaid help is long overdue. Your
attention to a more robust Medicaid reimbursement program is needed to ensure that our quality care we all want is provided to our frail elders.

The delivery of high quality healthcare everyone wants for their loved one is getting harder and harder to provide. Please take notice that the nursing home population is older and sicker than it was when I started 31 years ago at Greenwood Health Center in Hartford. As a consequence, we are seeing more and more examples of the devastating effects of dementia and Alzheimer's disease. As noted earlier by others, nursing home residents have greater behavioral health needs, and we would do well to remember that on top of the valuable skilled nursing care that today's nursing home residents receive, mental health and substance use disorders are more prevalent and require more attention. I ask you to help us deliver the care we all want and please make nursing home funding a priority in this year's budget. It is long overdue. On behalf of everyone at Quinnipiac Valley Center and on behalf of all individuals who are proud to be healthcare providers and workers in a nursing home, I thank you.

[Applause]


DR. DAVID SANTIS: Representative Walker and members of the Appropriations Committee, good evening. I am Dr. David Santis, the Executive Director of Covenant
to Care for Children, and I'm here tonight to ask that you support the funding proposal for our organization at the level proposed by the Governor.

Covenant to Care for Children provides a safety net for abused, neglected, or impoverished children in Connecticut by providing essential support in moments that are critical for a child's ability to thrive and a family's ability to stay together. In 2018, some of our successes included over 11,000 children in Connecticut receiving the basic essential goods that they needed, and I'm talking about beds, cribs, and car seats. Seven hundred sixty-five received a school backpack, while 135 received assistance to purchase a school uniform. Four hundred fourteen children received gently used clothing from our community closet. Over 2,300 children received holiday gifts, and that's a record in the 14 years that I've been at Covenant to Care for Children. Four hundred thirty-eight individuals in the Hartford and the New Britain areas received food assistance that included staples and fresh fruit -- I'm sorry, excuse me -- and fresh food through our collaboration with Asylum Hill Congregational Church and Kensington Congregational Church, and the list could go on. Now in its 32nd year, Covenant to Care for Children has provided basic essential goods to over 818,000 kids throughout the state of Connecticut, and our goal is a million.

Covenant to Care for Children strives to allow kids to be kids in all the positive ways that make for a promising life. Our goods and services are provided to kids that are more likely not to graduate from high school, more likely to face chronic
unemployment or underemployment, kids that have a high likelihood of being homeless at some point in their lives without our intervention. So, again, I ask on behalf of the children for your support this budget season. Thank you.

REP. WALKER (93RD): Thank you. You're in DCF's budget, right?

DR. DAVID SANTIS: We are. Yes, we are.


DENICE ANN PANELLA: Good evening, Representative Walker and the members of the committee. My name is Denice Ann Panella. I am a registered nurse and have worked at the same nursing home facility for the last 18 years. I started my career there as a CNA, graduated to an LPN, was honored in becoming a Connecticut Florence Nightingale, and graduated to become an RN. I know firsthand the struggles we -- the direct hands-on caregivers' struggle, not only on the job struggles, but in our personal lives as well. I understand that healthcare is a business, but I will never understand how budgets and limitations are placed on caring for human beings.

Our patients deserve better quality care, which means increased staffing. We work one nurse to 32 patients, and on third shift, one nurse to 64 patients. Our CNAs are caring for 12, 15, 20, 32 patients, and every single department is affected.
I could not imagine working my whole life and having to lose everything I own to live in a facility where strangers have to care for you. I would never wanna hear, "You have to stay in bed today because no one's here to take care of you."

Working at the state minimum requirements increases the risk of on the job injuries. Nursing homes are no longer just caring for the elderly. We're accepting heavier, younger, more challenging patients, and we're not equipped for that -- psychiatric patients with behavioral issues, obese patients, and substance abuse detoxing patients -- and home care is not the answer either. Most people cannot care for their loved ones at home when in order to survive all household members have to work. There's a misconception that caregivers get yearly raises, and many are not even making $15 dollars an hour. This needs to change.

We're tired of the excuses -- it's not in the budget. The budget needs input from frontline workers most, and corporate bosses don't have a clue as to what the job entails. They shouldn't have a say. I'm sure that they were warm and snug at home with their families during this last snowstorm, while we were the ones risking our lives driving in the snow on the dangerous roads to care for others. Our current staff is burnt out, and no one is choosing nursing home careers anymore, mainly because of the staffing and funding issues. Assignments are too heavy, patients are sicker, and the risk of injury is at an all-time high. We need more staff and deserve raises in order to continue to live in Connecticut. Our residents and us caregivers deserve better. Thank you.

JAIME FAUCHER: Good evening, Representative Walker and to the members of the Appropriations Committee. My name is Jaime Faucher, and I've submitted written testimony, but I'd like to talk a little bit about the reason I am here -- increased Medicaid funding for nursing homes. I am the Administrator at Touchpoints of Bloomfield in Bloomfield, Connecticut. Touchpoints at Bloomfield is part of the Star Network with Saint Francis Hospital and is one of their preferred providers. The reason is that we specialize in heart failure and respiratory disease. These are the residents that are extremely sick, vulnerable, and need a lot of care and attention. Most of these residents come to us with Medicaid insurance.

As you know, Medicaid funding to skilled nursing facilities has been flat over the last 12 years. Over that time, the demands and needs of the residents have only increased. It seems every year that the facilities are expected to have increased capabilities by caring for sicker residents without additional funding. It is exceptionally difficult to manage a building with the care of the residents going up, labor going up, and Medicaid funding stagnant. Touchpoints at Bloomfield has come -- has some of the most caring, hardworking staff that I have ever met. The staff have been working harder and harder every year to meet the needs of the current population, and every year it is difficult
to offer increases to these hardworking employees because there is no -- literally no funding for it.

I would like to thank you for giving an opportunity for everyone to voice their concerns with the budget and implore you to do the right things for the residents of Connecticut nursing homes, the employees of Connecticut nursing homes, and the future of skilled nursing facilities. Give nursing homes the increase that they need. On behalf of Touchpoints at Bloomfield, I'd like to thank you for the testimony and if you have any questions.

REP. WALKER (93RD): Thank you, and thank you for your testimony. Drive home safely. [Applause] Let me just go through -- make sure. Joel Carmichael? Deb Polun? Brunilda? Nope, she's not here. I don't see her. Is there anybody whose name I did not call that was here -- that was here for testimony? Is there anybody here that was here -- that was here that wanted to testify? Well, if not, I wanna thank everybody for -- this is the biggest crowd we've ever had at the very end of our public hearing -- that's how committed you are. So, thank you very, very much for staying here. Thank you for supporting each other. [Applause] And I close this public hearing. Thank you.