SENATOR OSTEN (19TH): I’m going to call this portion of today’s public hearing of the Appropriations Human Services Subcommittee to order and we will be moving forward with our signup list for testimony this evening. We are going to start with the person for special needs. First is Santina Ragonese. I hope I said that right. Welcome.

SANTINA RAGONENESE: Good afternoon. My name is Santina Ragonese and I am a resident of Old Saybrook, Connecticut. I am the mother of a medically complex child. His name is Gabriel. I’m here today to testify today to House Bill 7148. I oppose the budget because it cuts hospitals. At 9 weeks old my son was diagnosed with William’s Syndrome. It’s a rare life-threatening, genetic disorder that affects all areas of the body, primarily his cardiac as well as cognitive and developmental delays. At the time, we were living in Florida the doctors who were treating him at the Children’s Hospital told us to take our son home or find another hospital because his condition was beyond the scope of what they could do. They gave
him a year to live. I was not giving up on my son and I knew I needed to find someone who could help him.

I’m originally from Connecticut so after researching his condition I knew that Connecticut Yale Children’s Hospital would provide him the best possible care. I solely moved back to Old Saybrook for his medical care. When you have a child with so many specific needs, the care has to be 100 percent perfectly coordinated. My son has had more than 18 doctors at one time; anesthesiologist, cardiologist, cardiac anesthesiologist, endocrinologist, geneticist, and more. The entire team has to be in perfect unison. There can be no room for mistakes. We spend a great deal of time at Yale Children’s Hospital and we will continue to for my son’s entire life. The feeling I get is that the doctors and the staff are here because they are genuinely, deeply committed to working with these children and they sincerely care about the families. It’s imperative you have a team who has both the competencies and the heart and who connects with the families. This is what we’ve always received at Yale Children’s Hospital. Today Gabriel is eight and he is doing beautifully, and he is thriving, but it will be an ongoing journey. I attribute that to the exceptional care and support we receive from his medical team at Yale Children’s. My son recently had his eighth surgery in December. When you let go of your child’s hand in the operating room and you turn him over to the doctors and medical staff you need to know and feel they are the best of the best and I feel that at the Children’s Hospital. And it scares me to know that care could be jeopardized by these hospital budget cuts.
I’m here today as a mother and also as an advocate for the care that my son receives. We need Yale Children’s Hospital to remain strong with excellent staff and care that is highly coordinated as my son’s life literally depends upon it, so I ask you today for myself and for my son and for all the other families like ours please do not support a budget that cuts hospitals. Thank you for your consideration on my position and your time today.

SENATOR FLEXER: (29TH): Thank you. Thank you for your testimony. Are there questions from members of the committee? Seeing none, thank you again for your testimony this evening.

Next is Rob Baril who will be followed by Joe Shortt who will be followed by Marc Anthony Gallucci.

ROB BARIL: Good evening to members of the Appropriations Committee. My name is Rob Baril. I am the President of District 1189 New England Healthcare Employees Union. We represent about 26,000 healthcare workers across the state of Connecticut including about 7,000 nursing home workers at 65 different nursing homes around the state. These are caregivers who work with nursing home residents, nurses, CNA’s, LPN’s, dietary, and housekeeping workers. The vast majority of these workers are women and the majority of them are black and brown and they’re the backbone of the healthcare delivery system here in Connecticut for our elderly for folks with Alzheimer’s, dementia, and folks who are in their golden years.

I’m here testifying today to ask for a substantial increase in nursing home funding. We believe it’s the right thing to do for residents. It’s the right
thing to do for the caregivers who serve them every single day. In many of our nursing homes in Connecticut we have members who are dealing with workloads that are increasing almost daily because of low staffing in nursing homes. Many of our members are underpaid. They’ve not seen a raise in many cases in up to four years and our members are often times barely making $15 dollars an hour and in some cases are below it. The members are taking members in many cases who are much sicker than they’ve been in years past. And we are sadly looking at the budget that the Governor has put together and it contemplates closing [Inaudible-00:05:35] nursing homes that are located in Connecticut service centers. It freezes rate reimbursements so it’s going to become impossible for those members to get raises in most cases in the next two years. And these cuts to the nursing home budget are going to disproportionately impact, we believe the urban centers in Connecticut which tend to be the nursing homes that have the highest Medicaid populations. Those homes in the cities are places where folks are going to have to travel quite far to suburbs if their loved ones are transferred out to the suburbs and we believe these proposals are pennywise perhaps, but certainly pound foolish as we look at the fact that Connecticut’s baby boom population is rapidly aging. The racial and wealth gaps in our cities mean that a high proportion of minority residents in those cities are going to have fewer resources to support the care management of their family members and sadly based on the budget cuts that we’re facing we believe that we may be headed towards strikes in Connecticut’s nursing home in up to 20 facilities so we’re asking that you make
a substantial increase in the nursing home budget. Thank you.

SENATOR FLEXER (29TH): Thank you. Thank you for your testimony. Other questions from members of the committee. And I apologize for mispronouncing your name Mr. Baril. I apologize. Next is Joe Shortt followed by Marc Anthony Gallucci followed by Josiane Ailx.

JOE SHORTT: Good evening. My name is Joe Shortt. I’m a resident of Southbury. I’m here to testify on behalf of five Centers of Independent Living in Connecticut and for restoration of their full funding of $529,000. I’ve been an Independent Living Advocate at one of the Centers of Independent Living since 2011 and I’ve seen first hand the importance of providing services that promote independence for individuals with disabilities. I, myself have been a quadriplegic since 2002 because of the negligence of a drunk driver. After my accident I was determined not to let my disability interfere with my quality of life and eventually I was able to regain my independence and continued to do many of the same activities I did prior to injury as well as earn a Master’s Degree in social work and I have a job that allows me to help others with disabilities overcome their own obstacles towards independence. The Centers for Independent Living offer essential services such as peer mentoring, independent living skills training, transitional services, information on referrals and advocacy for children, adults, and elders with all types of disabilities. The centers provide citizens with disabilities with access to critical support services so they can remain independent in their own
communities which literally save the state thousands every year. The cost-effective programs provided by Centers for Independent Living such as the Money Follows the Person program saved the state enormous amounts of money but centers need to have their budget fully restored in order to continue to provide these valuable programs. Thank you for your valuable time and consideration. Thank you.

SENATOR FLEXER (29TH): Thank you for your testimony. Are there questions from members of the committee? Seeing none, thank you again for your testimony. Next is Marc Anthony Gallucci followed by Josiane Ailx followed by William Horgan.

MARC ANTHONY GALLUCCI: Good evening. My name is Marc Anthony Gallucci. I am the Executive Director and Chief Advocate at the Center for Disability Rights which are based in West Haven and Clinton. I’m pleased to be before you for the first time in many years where we don’t have to face a zero-line item in our budget. Yay! I have testified many many times in the past how in 1989 when the funding for centers came about we had about $800,000 in appropriations from the state and over the years has been cut and cut and cut and the cost of delivering services is going up and up and up and I’ve also testified numerous occasions on how centers provide cost effective and naturally save the state millions of dollars in long term care costs. That’s been documented by state agencies and we have provided that documentation. I appreciate the difficult job that you have to do but the cut to the state’s many services we have all these people shifting onto the centers for help because they have nowhere else to go. Precisely at the time we just don’t have the
resources to meet that demand. Now case and point and I can cite numerous cases of people but just one case and point as you know through the years the state has decimated the services to people who were deaf and hard of hearing. There is practically no deaf services infrastructure left in the state even interpretive service are gone. So, what’s happening? People who are deaf and hard of hearing are looking around and they’re coming to the centers and we have to somehow help them out. We’re struggling to keep it together, but we really need your help. We need to have our funds restored. I have written here on the second page a sample of what other states are doing for funding their centers. I just want to point out too in the state of Massachusetts to qualify on a loan and there’s other state funding above $500,000 per center in Massachusetts. There’s 10 centers. That’s $5 million. It just got increased last year of $1.5 million, an increase of $150,000 per center. No new services have to be provided. It’s just to make them sustainable and enable them to meet the increased demand and in New York both houses of legislature have put in $4 million increase for the centers in New York. There’s 41 centers in New York. They have $15 million in funding and that will bring them up to $18 million so that just gives you two examples. Now I will close. Some years ago, Connecticut did a study of what the base needs for funding are for centers here in Connecticut and it was determined that $550,000 was the minimum needed to effectively run a center. So, we get about $60,000 in funding from the state of Connecticut for each center and we get $180,000 in federal funds so that’s $240,000. We are $311,000
short of what we need. Or times 5 we are $1,560,000 short of what we need so I just share that with you.

SENATOR FLEXER (29TH): Thank you. Thank you for your testimony. Other questions from members of the committee? Seeing none. Thank you again for your testimony this evening. Next is Josiane Ailx followed by Dr. William Horgan followed by Alicia Woodsby.

JOSIANE AILX: Good evening. Good afternoon. Sorry. My name Josiane Ailx. [Inaudible-00:13:09] I was in Supportive Housing Program sponsored by Centers for Independent Living from July 2014 to December 2018. My life trajectory was very best when I qualified for the services for Centers for Independent Living. You see, several years ago the general side in my country of Rwanda had forced me to flee my home and spent years in refugee throughout Africa without access to education. After arriving in the United States in 2000, my lack of college degree hindered me as I moved from jobs to jobs. I relocated to Connecticut and enrolled at a community college in New Haven while working as a banquet server at the local downtown hotel. Being in a new city and working full time while going to school is hard enough but managing an HIV diagnosis is challenging and stressful on top of that. I soon found myself struggling to take care of my health and to make ends meet. I could not keep my doctor’s appointments or remember to take my medication. In addition, I was concerned about falling behind in my bank payments and almost dropped out of college. Thankfully, Independent Living Center supported and connected me to the services I needed to make my life stable and healthy. Since being accepted into
the program I have secured payment and housing support and an Associate Degree and participated in Academic engagement programs at [Inaudible-00:15:08] and at Harvard. Also, I’m soon to be graduate from the University of Connecticut with a Bachelor in Biological Science and Global Health. Following graduation, I hope to study medicine and public health. When I reflect on my life, I see that all I have achieved has been possible because of the support of this program. I pray that in the future I will support others who may be in a similar situation I was once in and to give them hope as the Centers for Independent Living has given me. I am asking you today to fully fund the Independent Living Centers. Thank you for your valuable time.

SENATOR FLEXER (29TH): Thank you. Thank you for your testimony. Are there any questions from members of the committee? Thank you again for your testimony this evening. Next is Dr. William Horgan followed by Alicia Woodsby followed by Gerry Rivero.

DR. WILLIAM HORGAN: Good Evening, Senator Flexer and fellow committee members. My name is William Horgan. I’m the Regional Medical Director for Quality and Safety for the east region for Hartford Healthcare. I am also a practicing Emergency Medicine physician and Pediatric Medicine physician for the Windham and Backus hospital. Thank you for the opportunity to come before you this evening. This is to discuss some of the governor’s budget proposals concerning our state’s Medicaid program. In my experience, the Medicaid patients that I treat in the Emergency Department are coming in with illnesses that could have been treated a week earlier in a doctor’s office but by the time the
patient arrives in the Emergency Department their illnesses have gone untreated for too long requiring a much higher level of care and cost, not to mention more pain and suffering for the patient. For example, I’m seeing more dental emergencies than ever before. The lack of access to routine dental care means that I end up with patients that have bad dental infections that are beyond just a filling and a prescription of antibiotics and may now require surgery, sometimes even admission to the hospital. Over the past two to three years, I’ve witnessed a spike in the severity of illness among Medicaid patients such as uncontrolled hypertension, what’s known as the silent killer leading to stroke or to heart attack because of the lack of safety net provider care within our community, diabetes out of control causing diabetic ketoacidosis requiring an Intensive Care Unit stay for a prolonged period of time and patients in need of dialysis from lack of primary care treatment of their chronic medical illnesses. The opioid crisis, while cutting across all segments of our society has an even harsher impact on the poor causing more overdoses as they are using less refined and tainted Heroin. Intravenous drug users have severe complications from infections that they acquire such as spinal epidural abscesses which we’ve seen cause paralysis in some of our patients and endocarditis requiring open heart surgery to repair. In today’s healthcare world the goal is to get patients out of the hospital as quickly as possible and that works well for patients if they have access to robust outpatient care. For Medicare and Medicaid patients that is practically non existent in our region. There are patients with limited funds that most
often lack adequate housing, food, and transportation. For those with chronic conditions like diabetes, maintaining a healthy diabetic diet is expensive and most likely impossible for them resulting in repeated trips to the emergency department. Many of our Medicaid patients come to the Emergency Department with illnesses that could be taken care of in a less costly outpatient setting but they lack access to primary care doctors in part due to shortage in primary care providers in the southeastern Connecticut area. The proposed budget contains provision that would tie readmission rates to hospital payments. I’ve just explained to you that the Medicaid patients that I see everyday that have little control over their own lives and we as providers have even less. There is no benchmark or metric to prove that a readmission within 30 days was because of inappropriate care. The Federal Government --

SENATOR FLEXER (29TH): Summarize your testimony please, Dr. Horgan.

DR. WILLIAM HORGAN: Hmm?

SENATOR FLEXER (29TH): Please summarize your testimony, please Dr. Horgan.

DR. WILLIAM HORGAN: Okay. The proposed budget that we have would harm the safety net which is the hospitals that care for these underserved people. Thank you.

SENATOR FLEXER (29TH): Thank you. Thank you for your testimony. Other questions from members of the committee? Thank you again for your testimony.
Next is Alicia Woodsby followed by Gerry Rivero followed by Erica Bromley.

ALICIA WOODSBY: Good evening, distinguished members of the committee. My name is Alicia Woodsby. I’m the Senior Policy Advisor at the Partnership for Strong Communities where a statewide nonprofit policy and advocacy organization. We staff and manage the statewide reaching home campaign to end homelessness in Connecticut. I thank you for hearing my testimony today in support of a very important proposal in the Department of Social Services budget to develop a Medicaid supportive housing benefit for people who are high cost, high need, and experiencing homelessness. We ask that you support this proposal. It has been many years in the making. It’s work that’s been done across the country to utilize Medicaid to cover supportive housing services that can be combined with the rental assistance needed to create a supportive housing unit. Supportive housing is the best-known solution to ending homelessness for people with serious mental illness and disabilities and for ending chronic homelessness. It’s a cost-effective solution and it costs much less to provide supportive housing than it does to allow someone to continue to remain in homelessness where many people in homelessness with high needs often utilize crisis, institutional care, and criminal justice, and shelters, and many other settings that are very costly.

And so, this proposal is based on data that was matched between the Medicaid system and the homelessness system that identified a cohort of individuals that were utilizing a lot of crisis
services and high cost services, over 40,000 a year whereas the average Medicaid beneficiary is around somewhere between $7,000 and $8,000 dollars. So, this proposal is a win win all around. The state can save costs in Medicaid. It can provide a solution. Housing stability have better outcome in overall wellbeing for a very vulnerable population and potentially end homelessness for people with serious mental illness in our state. So, I’ll keep it brief, but I can’t say enough about how strongly we support this and hope to see Connecticut finally take this path. Thank you for the opportunity to speak to you today. Happy to answer any questions that you may have.

SENATOR ABRAMS (13TH): Thank you very much for your testimony. Are there any questions or comments? Thank you. Gerry Rivero followed by Erica Bromley. Welcome.

GERRY RIVERO: Hello. My name is Geraldine Rivero and I am a registered voter in Groton. I am the vocational lead for the Disabilities Network for Eastern Connecticut. We are one of five independent living centers. My job as a vocational lead is to assist people with disabilities in the southeastern corner to maintain and obtain competitive employment. My consumers strive not only to contribute to their community but to become tax paying citizens just like you and me. Apart from vocational services with your funding I assist my consumers with independent living skills such as teaching my consumers good communication skills to be able to go on interviews, develop a cover letter or resume’. I also educate my consumers on how to create documents and I advocate with them and show
them kind of how to ask for reasonable accommodations within the workplace. With the assistance of an independent living center, my consumers can accomplish their goals and, in the process, save the state money. Please don’t cut our funding for HB number 7148 as independent living centers keep people in the community safe and teach them independent living skills to remain in the community and an integral part of our society. Do you guys have any questions?

SENATOR ABRAMS (13TH): Thank you. Are there any questions or comments? Thank you very much. Erica Bromley followed by Cindy Guerreri. Welcome.

ERICA BROMLEY: Senator Abrams and members of the committee, my name is Erica Bromley and I am the Juvenile Justice liaison for the Connecticut Youth Services Association. The association leads, strengthens, and supports the unified network of youth service bureaus who are bound by a general Connecticut statute section 10-19m. YSBs are dedicated promoting the wellbeing of Connecticut’s children, youth, and family. CYSA is a professional organization that advocates for and works with its members to best serve youth and families across the state. I’m here today to discuss the Governor’s proposed budget for DCF which includes $4.1 million dollars to “maintain important clinical interventions and other services utilized by non-delinquent youth and the reallocation of juvenile justice funding by the legislature to the judicial branch further enabling the department Juan F. requirements”. These services are important for the support of youth and families in need however it does not appear to include the funds required to
restore funding to the juvenile review boards or to fund the full JRB system. Juvenile review boards are front end community-based diversion process designed to keep youth from entering the juvenile court system. JRB’s have been in existence for over 50 years and there are currently 88 JRB’s statewide serving 135 towns.

Instead of referring youth to court, police or schools can refer the youth to a JRB where the youth is held accountable for their actions and are provided services to help prevent future problem behaviors. JRBs are widely seen to be one of the key reasons why the size of juvenile court caseloads have been shrinking over the last decade. There’s widespread agreement on the success and value on the JRB system, however previous funding for the JRBs was one of the casualties of the funding cuts made when the responsibilities of committed delinquent youth was transferred from DCF to the court support services division. Previously DCF provided funding for the 35 of the 88 JRBs statewide including rural, suburban, and urban JRB’s in the amount of $1.26 million dollars. For fiscal year 19, those funds were zeroed out in the state budget. One-time federal dollars were pieced together for fiscal year 19 to partially fund the JRBs that were previously being funded through DCF. Several communities were still forced to scale back on services, shut down for a portion of time, or accept less cases because of the timing and modification of the stop cap funds for the current year. There is currently no plan for ongoing funding when these federal funds run out in mid 2019. Funding must be restored for the JRBs in order to provide police schools and families more effective, appropriate, and less expensive ways to
address youth misbehavior. Sending them to court is not the best option both for the youth and for the fiscal health of our state. Funds for the JRB’s must be a priority if the state of Connecticut wants to continue to prioritize diversion and community-based services for youth. Thank you.

SENATOR ABRAMS (13TH): Thank you very much. Are there any questions or comments? Thank you for your testimony. Cindy Guerreri followed by Karen Siegal. Welcome.

CINDY GUERRERI: Good afternoon, honorable members of the appropriations committee. My name is Cindy Guerreri and I am the Director of programs for the Connecticut Council of Family Service Agencies. I am here today to ask you to support the Governor’s budget for the safety net and community service line items in the DSS budget which support the TANF Case Management Program. About us briefly CCFSA is a statewide network of nationally accredited family service agencies that work collectively to provide multiple programs in support of the overall health and well being of families across Connecticut. The TANF Case Management Program also known as the Safety Net is one such program that provides intensive homebased case management support to families living in poverty. We serve as navigators helping the parents identify that dot on the horizon which they hope to reach on the road to self sufficiency and we help them to manage the detours along the way. We serve as coaches helping parents develop habits for overall family health and economic stability and we are quite literally the safety net for families who have exhausted their cash benefits and we provide for basic needs such as
rent, utilities, food, and other household items. We employ the two generational approach which as you know is proven affective at insuring a return on investment for generations to come. The Safety Net TANF Case Management Program funds serve not only as a critical investment for the families themselves but is an investment for the communities in which they live and for the state of Connecticut as a whole. More important than the mechanics of the program is a story of success of one of the women in our program that couldn’t be here today. When she came to us, she was a 26 year old mother with two children under the age of five and pregnant with her third. Her disabled father was living in New Haven and her mother had died when she was a young child. This young family was living in a filthy roach and bug infested multi apartment building and she feared for her children and her own safety as there were drug deals and drug use prevalent in the building. She had exhausted all of her cash assistance already at that young age and was asking for help getting into a safer apartment. The case manager began to coach the mother on how to get on the list for the housing choice voucher program. She taught her how to apply for assistance with utility services and support from existing community resources. She helped her with budgeting to better understand how to manage her expenses against any limited income. The mom began to look for jobs and applying for jobs. The success story is she got a new apartment, safe, clean. She has a job and the hospital that she is working for is supporting her getting her CNA and staying employed there.

KAREN SIEGAL: Good evening, esteemed members of the Appropriations committee. My name is Karen Siegal and I’m testifying today on behalf of Connecticut Voices for Children. We are a research-based child advocacy organization working to ensure that all Connecticut children have an equitable opportunity to achieve their full potential. We urge the committee to maintain the provisions of the Governor’s budget recommendations that protect family access to Medicaid and CHIP and the provisions that recommend a series of strategic investments and cost saving measures for the Health and Social Services agencies. For example, the Department of Social Services would see an increase in eligibility staff. This step could alleviate some of the concerns voiced at a number of recent events about difficulty in renewing and applying for services. Issues with call center wait times and similar things that have been talked about quite a lot in the recent past.

To evaluate whether or not that increased staffing addresses these concerns the Department of Social Services should report to me back on Medicaid disenrollment reasons on a monthly basis. The budget recommendations also include applying several cost saving measures to Medicaid. Innovative efforts such as the supportive housing for high cost high need individuals included in the proposed budget could offer a path to better addressing social determinants of health through the HUSKY Health programs. The support of housing initiative
is an example of a kind of whole person delivery model that has the potential for dramatic improvements and health outcomes and savings in state spending at cross sectors. The impact of other measures intended to maximize efficiency depends heavily on how such measures are operationalized and to that end we recommend transparency in the design and the evaluation particularly or utilization management and hospital readmission rate reduction initiative. Finally, the governor’s budget does maintain current Medicaid eligibility limits but does not reverse the cut made in 2015 to eligibility for parents and caregivers.

Restoring eligibility limits to 201 percent of the federal poverty limit would alight eligibility for parents and children addressing the needs of families that have an insurance. As the state considers raising the minimum wage we must make certain that families can remain insured as their income increases and for parents in the 155 to 201 percent of the federal poverty limit range restoring Medicaid is the most immediate and feasible way to do that so thank you all for your time and please let me know if you have any questions.

SENATOR ABRAMS (13TH): Thank you. Are there any questions or comments? Thank you very much for your testimony. Eileen Healy followed by Judy Konow.

EILEEN HEALY: Good evening. Thank you all for this opportunity to speak with you. My name is Eileen Healy. I live in Woodbury, Connecticut. I’m here tonight to urge you to support funding for the Independent Living Centers at $529,000. The Governor’s budget has put us in at $312,725 which we are appreciative of because over the last several
years we have been battling a zero-line item but we can’t continue to function with the money at that level. We need to be able to increase that line back to where we were at $529,000 and keeping in mind that’s the money that’s for all five for centers. It’s not $529,000 per center. The Independent Living Centers provide essential services for people with all types of disabilities and of all ages. We are people with disabilities providing assistance to other people with disabilities and we are unique because we have the experiences that provide and support real life how to’s that are frequently low-cost solutions to obstacles people with disabilities encounter daily. We provide peer mentoring, information referrals, skills training, youth transition, transition from nursing facilities back to community living plus many other services including vocational services assistive technology, aging in place, services to veterans, people living with HIV and AIDS. Our services are individualized to the needs of the person and their goals. We assist people to obtain access to transportation, housing, education, employment as well as many other activities that result in community based independent living and self-sufficiency. State independent living dollars ensure that our services are free and are available throughout the state reducing yet another barrier to independent living. I think it’s really important that I say to all of you that we’re the place that folks with disabilities call when they can’t get through to DSF, when they’ve been told by other programs, you’re not eligible because of income or the type of disability you have. We serve everybody and we try very very hard to tell people we will
help you. We may not provide it ourselves, but we’ll help you figure out how to get to it. However, because of funding reductions in the last several years we cut back on the towns we serve, instituted waiting lists, laid off staff, reduced salaries. In order for the ILC’s to assist people with disabilities across the state we must be funded at a minimum of $529,000. According to an independent study conducted by the governor appointed State Independent Living Council who I used to be the Chair of, the state really should be paying $5.5 million. That’s what the state needs. Money follows the person returns about $10 million dollars. It returns about $10 million dollars to the state in the work that we do in The Money Follows the Person. I would also ask you to strongly look at depth services. It is so lacking in this state with the closure of the Commission on the Deaf and Hearing Impaired and the centers are a logical place for that so I would urge you to fund us at $529,000. Thank you.

SENATOR ABRAMS (13TH): Thank you very much. Are there any questions or comments? Thank you for your testimony. Judy Konow followed by Pat McCabe please.

JUDY KENOW: Good evening. My name is Judy Konow. I’m Administrator at Chelsea Place care center in Hartford, Connecticut. Chelsea Place has been providing nursing home care in our community for more than 40 years. We are a 234-bed nursing facility and we employ almost 300 employees. I want to begin by letting you know how proud I am to be joined by many members of Chelsea Place today. We are here today because we fear that our nursing
home is now at a critical juncture. We are at a point where we can’t go another year without Connecticut policymakers recognizing that substantial Medicaid help is overdue to assure quality care we all want to provide. Delivering the care that everyone wants for their loved ones is getting harder and harder to provide. Nursing homes strive to provide quality and compassionate care with almost no additional Medicaid help in the state budget for over 12 years but the nursing home population who is sicker with more complex comorbidities and diseases that it had 20 years ago. We’ve seen more residents with dementia and behavioral health needs. The days of a resident only requiring skilled nursing is behind us. 95 percent of the residents at Chelsea Place have mental health and/or substance use disorders. At Chelsea Place we provide a stigma free, compassionate, holistic care approach to residents living with all of these diseases. We have developed specialized services, provided additional training to our staff, and added on many resources to be able to meet the complex needs of these residents. We have a memory care unit and a behavioral health unit. Most recently we have developed a 34-bed unit dedicated to providing skilled care and recovery assistance for residents struggling with substance use disorders. We’ve added so many services to treat the diversity of diseases that face our residents and we do this being almost entirely 98 percent Medicaid funded. The typical Medicaid resident residing at Chelsea Place comes to us at multiple comorbidities and co-occurring disorders. That’s requiring skilled nursing and sub-acute care in addition to mental
health and/or substance use recovery counselling and services. A typical resident in our substance use recovery program will need physical, occupational, and speech therapies, IV therapy supplies, and [Inaudible-00:40:13] supplies, all of which are not covered by Medicaid. It is truly hard to understand how our nursing homes can continue to retain or to recruit staff while caring for this complex population without more Medicaid help. The minimum wage increases proposed will require substantial new Medicaid funding for nursing homes. Please help us to continue to provide compassionate, quality care and enhance the lives of the residents we serve by making nursing home funding a priority in this year’s budget. On behalf of Chelsea Place Care Center, thank you for your time.

SENATOR FLEXER (29TH): Thank you. Thank you for your testimony. Any other questions from members of the committee. Thank you again for your testimony. Next is Pat McCabe followed by Tatum Marocchini followed by Kathy Flaherty.

PAT MCCABE: Good evening, my name is Pat McCabe. I’m a Senior Vice-President at Yale-New Haven Health. I am here to testify on behalf of our 25,000+ employees, our 7,000 active medical staff members in opposition of House Bill 7148. I’ve submitted written testimony, so I am not going to burden you with reading that to you. I’d just like to summarize some of the [Inaudible-00:41:35] points. I’ve been doing this for a long time, and it’s been a long time since I can remember coming up to testify positively relative to a budget proposal. I’m particularly disappointed in having to come up this year. As you’re probably all aware in the last
biennial period we reached a historic, I believe, agreement which helped close the state budget gap leverage federal dollars but still left a considerable tax burden for Connecticut’s hospitals in excess of $225 million. As part of that agreement the legislature passed an act to actually reduce the tax burden in fiscal year 2020. The Governor’s proposed budget walks away from that agreement. It’s actually quite frankly a betrayal of the agreement that was put together. In addition to that what’s also going on is not only leaving that tax in place but further reducing reimbursement therefore giving up some federal matching dollars to the tune of about $43 million dollars. That added to the fact that as part of that agreement there were rate increases which have been negated by a change in a Medicaid grouper which is really an item that can be fixed relatively easy but is taking away almost $200 million dollars of additional dollars from the hospitals in the state. The budget proposes putting back some of that but not all of it. So, to continue to work this way, to continue to attack the hospitals who are providing the safety net of care for the most vulnerable patients across the state is not something that can continue. So, I’m going to stop there but would be willing to answer any questions you might have.

SENATOR FLEXER (29TH): Thank you. Thank you for your testimony. Are there questions from members of the committee? Representative Betts.

REP. BETTS (78TH): Thank you, Madam Chair and thank you for your testimony. You’re keenly aware of what’s been going on with the hospitals but if you can share with the committee the hospital’s response
if an agreement or resolution is not reached in this session.

PAT MCCABE: I am not sure what avenues of opportunity we have. As you may be aware, there are some pending litigation. The talking about that litigation, the industry would be open to talking about that litigation but we need to do that with a partner we can trust and the walking away from the agreement that was put in place before, it’s hard for us to continue to build that trust and come back and actually have meaningful conversations about how we could work together to actually make sure we’re leveraging all of the federal dollars that we can and providing the best benefit for the Medicaid patients across the state.

REP. BETTS (78TH): Are you currently meeting with the administration to try and sort out these differences?

PAT MCCABE: So, members of the Connecticut Hospital Association, I believe are having those meetings. I believe someone is testifying later from the association. As an individual hospital we are not or as an individual health system we are not meeting with anybody from the administration. We continue to do that through our association.

REP. BETTS (78TH): Okay, thank you very much.

SENATOR FLEXER (29TH): Thank you again for your testimony. Next is Tatum Marocchini followed by Kathy Flaherty followed by Kim Carlson.

TATUM MAROCCHINI: Good evening, members of the Appropriations Committee. My name is Tatum Marocchini. I’m a 19-year-old nursing student at
Goodwin College and a Certified Nursing Assistant at Manchester Manor Healthcare Facility in Manchester, Connecticut. Manchester Manor has been providing nursing home care in our community since 1966. We are a family owned and operated facility with over 200 hard working employees and 126 resident beds. We have approximately 80 long term residents who call our facility home and 36 short term residents that come to Manchester Manor for rehabilitation before returning to their homes in the community. Over 500 admissions per year arrive at Manchester Manor and most of them return home after only two to three weeks. We come to work no matter the weather even when the government is shut down due to bad snow. We always provide the best care for our residents and patients no matter how complex or demanding their case may be. The job of a CNA is very demanding mentally and physically. We have multiple residents on our assignments and we often get pulled in a thousand different directions at once. We are very fortunate that Manchester Manor has a five-star staffing rating but if the Medicaid funding does not increase our owners may not be able to afford to keep staffing levels this high. I love being a CNA and I love my patients as if they were my own family. I want all my patients to receive the best care but without more funding we may not be able to repair and replace crucial items like patient lifts. These lifts are not cheap and many of our residents require them to get out of bed or to use the bathroom. If we cannot replace them, we may have to share one or two lifts amongst our patients which will also cause delays in patient care and if you’ve ever had to wait for somebody to help you use the bathroom you would understand how
difficult this can be. Medicaid funding won’t just affect that patients and the care that they receive. It will also affect the CNA’s and nurses who care for our patients. I had to go to special training and become state certified to get this job. I receive over 40 hours of training per year and as of right now I am making the same amount that I was making at a Subway Sandwich shop which does not require any specialized training at all. I feel that since I have been specifically trained to do this job, I should make more than a 16 year old kid making sandwiches or working a register. I don’t fully understand Medicaid funding, but I do understand that the funding hasn’t kept up with inflation over the past several years and I’ve learned that the state doesn’t even pay us what it costs to care for our residents. How that’s possible is beyond me and I understand that there are a lot of deserving individuals in organizations that need more state funding but please consider that at some point you or your loved one may end up in a home like ours and consider giving us more funding.

SENATOR FLEXER (29TH): Thank you. Thank you for your testimony. Other questions from members of the committee. Thank you again. Next is Kathy Flaherty followed by Kim Carlson followed by Ken Kopcheck.

KATHY FLAHERTY: Good afternoon Senator Flexer and members of the Appropriations Committee. My name is Kathy Flaherty. I am the Executive Director of the Connecticut Legal Rights project. I’m co-chair of Keep the Promise Coalition of Mental Health advocates and also a member of the Cross Disability Lifespan Alliance. I appreciate the difficulty that
the committee faces in putting together the appropriations budget but I ask you to remember that the Department of Social Services and the Department of Rehab Services fund the services and support that help some of our most vulnerable and marginalized residents remain in the community. The Safety Net is called that for a reason. It’s there to provide the critical support when people do not have other alternatives. The Safety Net is already worn and I beg you not to tear additional holes in the fabric. I am in favor of the proposal to implement the new Medicaid supportive housing benefit for high cost high need individuals. I think it will truly be a game changer in being able to provide additional supportive housing for the 850 people who would use that program. As a governor’s appointee of the Personal Care Attendant Workforce Council I appreciate the funding for the raises in their collective bargaining agreement because I’ve witnessed firsthand the valuable services they provide to enable people with disabilities to live and work and go to school in the community but I’m really concerned that some of the proposed reductions to the DSS budget will cause harm to the people the department serves. I know there’s a proposed asset passed for the Medicare savings program and the disabled and elderly people who receive services paid or by MSP have significant chronic health issues and if people are no longer eligible for that program and have to pay out of pocket for things that are currently covered my worry is that they will not get preventive care and will not be able to address their problems timely.

Recipients of public assistance have not received a cost of living allowance in the last several
budgets. You guys are expecting people on SAGA to live on $219 a month. I don’t know how anybody in this state is able to live on $219 dollars a month. Some of the proposed changes to Medicaid like imposing prior authorization requirements and step therapy limits Medicaid requires coverage of medically necessary treatment. Putting barriers in the way of that seems counter to that. I also think that putting people into some of the other proposals like that shared savings shared risk puts an undue burden on the people who are least able to afford it and might result in providers cherry picking the people they serve because they will have to lose money providing that care. I know there’s a ton of people who are here to testify so I’ll wrap up.

SENATOR FLEXER (29TH): Thank you. Good timing. Are there questions from members of the committee? Seeing none, thank you for your testimony. Next is Kim Carlson followed by Ken Kopcheck followed by Ellen Casey.

KIM CARLSON: Good evening members of the Appropriations Committee. My name is Kimberly Carlson. I am the Administrator at Bayview Healthcare at Waterford, Connecticut. Bayview Healthcare has been providing nursing home care in our community for 30 years. We are 127 bed skilled nursing home to include a 37-bed dementia unit and we have 245 employees working at our Athena home. I want to begin by letting you know how proud I am to be here with some of the key people from Athena Healthcare Systems. As the administrator of Bayview Healthcare our mission is to provide the highest quality of life and the highest quality of care for all our residents no matter what their payer source.
We pride ourselves on maintaining a 96 percent average census due to the excellent care we provide and often need to turn away those due to our full census who need placement in a nursing home. We have additionally partnered with Lawrence Memorial Hospital in New London, Connecticut where we receive 90 percent of our admissions to reduce our hospital readmission rates to as low as 2.7 percent for seven-day readmissions and 17.9 percent for 30 day readmissions in 2018. According to data from CT.gov state website there were 14 nursing home closures in 2016 until June of 2018 resulting in a loss of 1,617 beds. Medicaid being the highest payment source for nursing homes. If nursing homes are unable to sustain the financial impact of the rising costs of healthcare due to expensive medications, proposed increase to minimum wage to $15 per hour, the complexity of clinical care needed including the rise of dementia and Alzheimer’s Disease, substance abuse, and behavioral health needs. What will happen to those folks who rely on state funded Medicaid as their only payer source to obtain skilled nursing care? Who will care for our families, even for ourselves as we age? There has been almost no additional Medicaid help in the state budget now for over 12 years. Substantial Medicaid funding is essential to the continued care of our loved ones. Without it more nursing homes will be forced to close. As policymakers it is your responsibility to ensure nursing homes have the funding needed to provide the skilled nursing care to meet the needs of our ever-growing population. We’re at a critical 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. As a nursing home administrator, I am passionate about and have a responsibility as do all of you to ensure that the needs of our Connecticut residents at large are afforded the opportunity for skilled nursing care. I ask you to make nursing home funding a priority in this year’s budget in order to continue the work of caring for those who require skilled nursing care. On behalf of our dedicated staff at Bayview Healthcare, thank you and I’d be happy to answer any questions you may have.

SENATOR FLEXER (29TH): Thank you. Thank you for your testimony. Other questions from members of the committee? Thank you again for your testimony. Next is Ken Kopcheck followed by Ellen Casey followed by Pete Mongillo.

KEN KOPCHECK: Good evening, esteemed members of the Appropriation Committee. My name is Ken Kopcheck and I’m the administrator at Mystic Healthcare and rehab center in Mystic. Mystic Healthcare has been providing nursing home care in our community for the last 13 years. We are a 100-bed nursing home and we have 115 employees working at our facility. Mystic Healthcare has earned the Bronze National Quality award for our commitment to quality and is rated five stars by the centers for Medicare, Medicaid, and the State of Connecticut Department of Public Health. Thank you for allowing me this opportunity to present along with the administrative team who are representing Mystic Healthcare and part of the writer’s health management group. With us tonight we have social workers, RNs, LPNs, and some CNAs. All want what I want and that is to deliver the highest quality care experience to anyone who enters
Mystic Healthcare. Mystic Healthcare has been awarded the 219 Pinnacle Customer Service Award for patient satisfaction survey scores among the top 15 percent in the country. These workers are doing an amazing job and I am grateful to them and proud for their hard work and dedication. Mystic Healthcare was recently recognized by the 2018 and 2019 US News and World Report as one of the top nursing homes in Connecticut. The ranking was based on an overall rating and a short term stay rehabilitation rating. Lawrence and Memorial our community hospital has chosen Mystic Healthcare as a preferred provider. As part of our community involvement Mystic hosts a monthly Parkinson’s support group open to the public. We continue to improve our capabilities by developing clinical programs such as our stroke program overseen by the head neurologist overseen by the head neurologist affiliated with Lawrence and Memorial Hospital. It runs twice a month and our Congestive Heart Failure program by a cardiologist affiliated with Hartford Hospital. This generally runs weekly. These programs along with continued staff and patient education contribute to our lower than national average hospital readmission rates. The national average for a 30-day rehospitalization rate for all payers is 18.2 percent. Mystic Healthcare’s average is 11 percent. Our hospitalization rates by clinical cohorts is also lower than national average in each category. For instance the national average rehospitalization rate for heart failure patients is 22.9. Mystic Healthcare is 11.3. I am especially proud of the work that Mystic Healthcare has done during a long period where Connecticut hasn’t made nursing home funding a priority. Mystic Healthcare is part of
writer’s health management working with the [Inaudible-00:58:40] family I can attest.

SENATOR FLEXER (29TH): Please summarize. Please summarize.

KEN KOPCHECK: During our good times profits went back into the facility and to the most important asset we have and that’s our staff. I hope you consider increasing the Medicaid rates. You know we have no received an increase in over 12 years.


TERESA SANDERSON: Good evening. My name is Teresa Sanderson. I’ve been the administrator at West Hartford Health and Rehab for 17 years. West Hartford Health and Rehab is 160 bed home in West Hartford Center and we have 230 staff. We are independently owned and have been owned by the same person for the past 40 years. I am very proud of the excellent care the residents at West Hartford Health and Rehab enjoy. We are the recipient of the American Healthcare Association silver quality award. We have a five-star CMS rating. We have low rehospitalization rate. You’ve heard this from others who have been here. And we also enjoy over a 90 percent satisfaction rate from our residents, families, and staff members and as a result of that we do have a very low turnover in staff of less than
10 percent. In the last decade of declining reimbursement, the owner and management have been creative with reducing expenses. We’ve refinanced a couple of times. We’ve partnered with green energy initiatives. We use cogeneration and unfortunately yes, we’ve had to lay off staff. There is no where else to reduce while delivering this level of care to our residents. We are entrusted to care for the most fragile population who need us. Our residents who live at West Hartford Health and Rehab longterm do so because they cannot manage at home or they do not have anybody to help take care of them at home. Their needs are too great to be cared for in the home environment. Our residents deserve to receive the highest level of care and we need the funds to deliver this care. 80 percent of our residents count on Medicaid to pay for their stay. We can’t go any longer without substantial Medicaid increase. Thank you.

SENATOR FLEXER (29TH): Thank you. Thank you for your testimony. Are there any other questions from members of the committee? Seeing none. Thank you again for your testimony. Going back Ellen Casey, Pete Mongillo, Alida Parker, Tina Yites. Is that one of them? No? Alright, Jean Aranha? Tell me how to say this.

JEAN ARANHA: It’s Jean Aranha. Good evening. We just established that my name is Jean Aranha. I am an attorney at Connecticut Legal Services, the largest legal aid non profit firm in Connecticut. My practice includes helping low income individuals and families, the elderly and persons with disabilities. I’m testifying today to emphasize the importance of maintaining the Medicare savings
program for our clients and other similarly situated low income elderly and disabled residents of Connecticut. We urge you to maintain the current eligibility requirements for the Medicare savings program. Almost 200,000 low income individuals receive benefits under the MSP and the vast majority of those according to DSS are recipients are on the qualified Medicare beneficiary program or QMB. The QMB program pays a person’s Medicare premiums, deductibles, and copays. QMB also automatically qualifies for low income subsidy for prescription drug coverage from the federal government which pays their Part D premiums, reduces prescription copays, and provides coverage in the infamous “donut hole”. I would like to explain specifically what the loss of that program would mean for one of my low-income clients. The first month that my client loses her QMB coverage assuming she has two prescription medications which is a low number for somebody elderly. One in generic costing $10 and one in name brand costing $100. She would have to pay an additional $279.50 out of pocket for her health coverage and medications. I’m not going to go into all the math. It’s all in my written testimony because I’m trying to make this two or three minutes. That’s in a month where she is healthy. If she becomes ill in addition to that $279 she has to see her doctor. She will pay the complete cost of her first visits of the year up to $185 deductible. Should she have to go to the hospital she has to pay the first $1,364 of her hospital bill to satisfy her deductible. These are in addition to the $279 so with just one short hospital stay she could easily incur medical costs in excess of her total income for the month. If she has a long
hospital stay, she’d have an additional copay of $335 a day each day after the 60th day. Then if this woman needed to go a skilled nursing facility for rehabilitation after hospital stay after her 20th day there she would have a copay of $170.50 for each additional day. So, a 30-day stay would cost her another $1,705 and it goes on. Another two weeks would cost her another $2000. She’s going to end up going home early or avoid getting the care ending up in the emergency room and in nursing home, the very most expensive places to get care. I strongly urge you to maintain the Medicare savings program for these people who cannot otherwise afford their medical care. Thank you.

SENATOR FLEXER (29TH): Thank you. Thank you for your testimony. Are there questions? Seeing none thank you again for your testimony this evening. Next is Kim Nystrom followed by Gloria Plummer followed by Nick Labron.

KIM NYSTROM: Good evening, Senator Flexer and members of the Appropriation committee. My name is Kimberly Nystrom. I’m the president of New England Home Care and president of Behavioral Health of parent organization Elara Caring. New England Home Care is one of the largest certified home care agencies in the state of Connecticut. We service the vast majority of the towns in Connecticut. We serve to care for the pediatric population, medically fragile children, skilled care to the elderly, and individuals living with chronic in persistent mental illness, co-occuring substance use and/or opioid use disorders. I’m here today to offer an ongoing reinforcement of our desire to partner with our agency, governmental partners as
well as with other various governmental agencies. We are here today to support section 1115 in the Governor’s Department of Social Service budget which is a demonstration project to develop and implement a plan to address gaps in the state’s treatment of substance use disorders. New England Home Care provides care through our psychiatric nurses and we have demonstrated a long standing expertise and care in delivering services to this population. We have been keenly aware of the complexities that the state has faced in pursuit of opioid treatment models and our goal here is to partner ongoing to provide wrap around and supportive services in the community. We believe that we have a current and existing mobile home healthcare service delivery and case management infrastructure which we can expand to support the medication treatments in the community. The model proposed provides screening for and connectivity to wrap around services required to address the many social determinant issues facing this difficult certain population. Our goal here today again, is ongoing to reinforce that we have nurses in the community who have built relationships with various physicians and community providers and we’re ready to leverage, enable and coordinate with various medication treatment resources in the community. We urge the legislature to support allocating resources to this important project and to enable development of home base opioid use disorder treatment modalities which I’ve included in more detail in my testimony today. So, to conclude we respectfully urge the legislature and the governor’s office to support the Safety Net of community based care and provide resources that enable home healthcare
providers to service those who have opioid and substance use disorder.

SENATOR FLEXER (29TH): Thank you. Thank you for your testimony. Are there questions from members of the committee? Thank you again for your testimony. Next is Gloria Plummer followed by Nick Lebron followed by Meriam Robinson. Is Nick Lebron here? Come on up. If you’re here, you get to go. If you’re not, I might call you after.

NICK LEBRON: Good evening honorable members of the Appropriations Committee. My name is Nick Lebron and I am a regional coordinator for the Safety Net program. The safety net program helps families through home-based services that focus on case management, care coordination, child development, and guidance to promote overall self sufficiency to the families we serve. It is a statewide program and we work in all of the diverse communities Connecticut has to offer. The budgeting the state faces during these challenging times are real however, the daily trials and tribulations the families face the poverty can be overwhelming and traumatic. The adverse risk factors that faces these families range from being climate refugees, domestic violence victims, families who are recovering from opioid addiction or are suffering from generational poverty.

We partner with thousands of families. We serve on an annual basis and I could say all of them truly benefit from the program. The success stories range on a case by case basis. One family’s success may be finding and keeping employment connections to housing while others maybe locating childcare or learning new skills so they can better support their
children. The more resiliencies we build in those families the better the outcomes for them, the communities, and ultimately the state. The goal is always to keep their motivation levels high even though they are faced with the lowest of circumstances. The safety net program is a good investment for the state that is affective, individualized, and breaks the cycle of intergenerational poverty. I am asking that you support the governor’s budget for the safety net program as it is of extreme importance to all of the communities across the state. Thank you.

SENATOR FLEXER (29TH): Thank you. Thank you for your testimony. Are there any questions from the committee? Thank you again for your testimony. Gloria Plummer followed by Miriam Robinson followed by Molly Greenwood.

GLORIA PLUMMER: Good afternoon Senator Osten, Representative Walker, and members of the Appropriations Committee. My name is Gloria Plummer and I have been a Certified Nursing Assistant for 24 years. I currently work at Wittenberg Care Center which is now touchpoint of Bloomfield. I’m here today to tell you firsthand what working in a nursing home is like and how lack of proper funding is impacting caregivers and the residents we care so deeply about. In order to do our jobs to the best of our ability we need funding for wages and proper staffing. The work we do as caregivers makes a meaningful difference in our residents’ life. They need the care that we provide. They depend on it to function. We are constantly understaffed and overworked. We do what we can to provide the best care we can to all our residents, but lack of
resources causes a work so hard that many days I barely have time for a break. It has been four years since we have had wage increase and some of the care I give isn’t as physically as intense as before, but it is much more emotionally and mentally draining. Every night I go home drained and I have to worry about how I provide for my family. I cannot give the kind of care I want to give if I am also stretched thin. Having worked in the nursing home field for over 20 years I have seen how the residents we care for have changed. Their needs are greater. They have more illnesses than residents in the past and the burden on nursing home workers has increased. I used to work with the elderly but now I work with residents who have very serious illnesses. I work with residents who suffer from dementia, addiction, bipolar, bad behavior, and mental illnesses. If we had enough funding for a sufficient number of staff, it would generate better care. We wouldn’t have to rush, and we would have time to socialize with residents. I remember once a resident asked if I was mad at her because I never had time to sit down with her anymore. There’s never enough time to give them what they deserve. Little things like conversation, contact, and attention; that’s what care is all about. Things like having their hair and makeup done. They shouldn’t be deprived of that right. These residents are mothers, fathers. Some were lawyers, doctors, nurses, --

SENATOR FLEXER (29TH): Can you please summarize?

GLORIA PLUMMER: -- veterans. They have contributed a lot to our country. They stood up for us in life and now it’s time we stand up for them. Please,
we’re asking you. We’re beseeching you. Please increase funding for nursing homes. These residents are our bread and butter and these patients deserve the best care because they are human beings. Thank you.

SENATOR FLEXER (29TH): Thank you. Thank you for your testimony. Next is Miriam Robinson followed by Molly Greenwood followed by John Zazzaro.

MIRIAM ROBINSON: Good evening distinguished members of the Appropriation Committee. My name is Miriam Robinson and I am a charge nurse at Trinity Hill Care Center in Hartford. I work on the HIV specialty unit. I love my job. I love the residents we serve but we are understaffed and underpaid. Ten years ago, when I went to nursing school we were taught to show empathy to our residents. Today we are living in a new world. We spend most of our time away from our family and most of our time with our residents so yes we love them. I took an oath to always advocate for my residents so tonight ladies and gentleman I’m here to advocate for an increase in the Medicaid rate for our residents. Our governor that we the people have elected has proposed his budget and has not once mentioned healthcare workers or staffing or funds. The only mention that I have heard is a recommendation to close long term care facilities. The residents that we care for today are not the same as when I went to school. We are taking care of residents that are now violent. They have drug addiction, alcohol addiction as well as mental illnesses and behavioral issues. With the governor’s new budget and his mention of tax increase he has failed to mention any increase in
the Medicaid rate like I said. Let it be known that myself and my coworkers have reached as received no increase in the last four years. We have been in negotiations for two years and we are still haven’t reached an agreement. As a member of the 1199 my union brothers and sisters are angry. We are ready to stand up in the name of love for our residents and our jobs and we are prepared to defend our jobs and our residents and go on strike. Thank you to the committee for hearing my testimony today.

SENATOR FLEXER (29TH): Thank you. Thank you for your testimony. Next is Mollie Greenwood followed by John Zazzaro followed by Alita Parker.

MOLLIE GREENWOOD: Hi everybody. Thank you, members of the Appropriations Committee, for hearing from everybody today. So, I am here to talk about supporting the Medicaid supportive housing benefit through the Department of Social Services to assist high need high cost Medicaid beneficiaries who are currently experiencing homelessness. This would help people who are currently experiencing homelessness who are high users of the Medicaid system to access and retain stable housing. Ultimately what we’ve seen in the homeless service system is when you make that housing support available to high utilizers ultimately, they’re able to remain much more healthy. They stop relying on emergency resources like the emergency rooms across the hospitals in the state of Connecticut. Connecticut is now one the national leaders in ending homelessness and across the state we have done a lot of work on coordination of services to make sure that we are working really closely with the hospitals with all the shelters with all the
housing programs but this is a great new opportunity that would really allow us to make some significant change and have an even bigger impact on who are really some of the most vulnerable people in the state. I know we’ve heard a lot about different very vulnerable populations but people who are currently living outside and who are using emergency departments as a temporary shelter placement really are very vulnerable and they’re also really high cost. An emergency room is not a suitable place for people to live. So, in 2016, Connecticut was one of eight states selected in a competitive process to participate in the Medicaid Housing Partnership Innovation Accelerator Program. Through this innovative technical assistance help has been provided to help Connecticut to design ways to support individual certified Medicaid in accessing and retaining stable housing and engaging with their health goals. Under this proposal a 1915 out of state plan home and community based services will be developed to provide supportive housing up to 850 individuals who are experiencing homelessness and whose average Medicaid cost exceed $40,000 a year and so we’ve actually worked closely with the particular individual who would have been a great candidate for this type of housing support so I just want to tell you a little bit about him.

Last year after a couple of months of connection to one of our homeless outreach workers from my office at Journey Home we succeeded in connecting a very vulnerable individual who had been homeless for about a decade with the supportive housing program. This individual had been homeless on the street for years and he traveled throughout Connecticut utilizing emergency rooms and staying in hospitals
for a few days at a time. He lived like this for months at a time because he had a past dramatic experience that made him unwilling to utilize traditional shelters. In the six months before this individual was housed, he visited emergency rooms more than 50 times. After he was housed with the supportive housing program in the first few months after his housing, he had only gone to the emergency room three times and so this individual was able to focus on recovery. He got a part time job, so he is now working, paying taxes. He’s still stably housed. He has a primary care physician so we know that this intervention works to end peoples’ homelessness, so I really want to speak in support of this proposal and if you have any questions about the homeless service system I am happy to answer them.

SENATOR FLEXER (29TH): Thank you. Thank you for your testimony. Next is John Zazzaro followed by Alita Parker followed by Laura Sundstrom.

JOHN ZAZZARO: Good evening members of the appropriations committee. My name is John Zazzaro. I am the Administrator at Touchpoints at Farmington in Farmington, Connecticut and Touchpoints at Farmington has been serving members in the community for over 20 years. We are 105 bed skilled nursing facility and I have 165 of the most compassionate, hard working employees an administrator could ask for. I want to begin by letting you know about how proud I am to be part of this resilient industry. Resilient because as an industry we’re asked to do more and more each year without no increase in funding. I am especially proud of the work our nursing home has done during the long period where
Connecticut hasn’t made nursing home funding a priority however, I fear that our nursing home is now at a turning point. We clearly are at a point where we can’t go another year without Connecticut lawmakers recognizing that substantial Medicaid help is overdue to assure the quality of care that we all want to provide in all our facilities. Policymakers elected leaders need to hear loud and clear that delivering the care that everyone wants for their loved ones is getting harder and harder to provide. As you’ve heard earlier, you’ve heard accounts from CNAs and LPNs, the battles that they deal with on a daily basis. Elected leaders need to hear that nursing home population is older and sicker than it was 10-15 years ago. We see so much more dementia and Alzheimer’s Disease. I currently have a 26 bed unit, 25 of which on the memory care unit suffer from this disease. 25 of the 26 are actual Medicaid residents. Today’s nursing home residents also have greater behavioral health needs, mental health and substance use disorders and it’s really beyond my ability to understand how nursing homes in general can compete, retain, and recruit staff to serve a more complex population. The minimum wage increases proposed alone will require substantial new Medicaid funding for nursing homes and as an Administrator that strives for successful outcomes for all the residents we serve, please help us deliver the care that we all want. Please make long overdue nursing home funding a priority in this year’s budget. On behalf of everybody in the entire industry, thank you very much for your time.

SENATOR FLEXER (29TH): Thank you. Thank you for your testimony. Any other questions. Thank you
again. Next is Alita Parker followed by Laura Sundstrom followed by Anne Diamond.

ALITA PARKER: Hello. My name is Alita Parker. I’m a TRD at Chelsea Place and have been employed there for 19 years. I love taking care of the clients because it means a lot to me to know that I’ve made a positive difference in their lives. Recently we have had a change in clientele. The work has gotten harder and the environment no longer feels safe. There’s not enough staffing to go with the capacity of issues that we as care providers face each day. Within a week a nurse was punched, and a CNA was slapped. My union members and I have not received a raise in four years yet, we remain dedicated to our work and the clients that we serve. I feel that the clients deserve to live somewhere where there’s adequate staffing to address their needs and the workers who provide care for them deserve a raise and livable wages for the challenging work we receive every day. We are the representatives of the 1199 union are prepared to go on strike to achieve proper staff for client care and adequate wages for our workers. Thank you for your time.

SENATOR FLEXER (29TH): Thank you. Thank you for your testimony. Next is Laura Sundstrom followed by Anne Diamond followed by William Hos.

LAURA SUNDESTROM: Good evening members of the appropriations committee. My name is Laura Sundstrom. I live in New Haven where I have worked as a Certified Nurse Midwife for the last 14 years. I am also a small business owner. My practice Women’s Health Associates has offices in New Haven and North Branford. I’m here to support equal Medicaid reimbursement for the service of Nurse
Midwives. When I chose Nurse Midwifery as my profession the nurses in my own family asked why not medical school. If you’re going to work those hours at least be paid well for it. It’s not about the money, I told them. Then and now I value Midwifery’s focus and education in listening and preventive care but now that I own a business, I see it differently. It is first and foremost about the patients but the opportunity to care for women exists only if we can afford to keep our practice open and so it is about the money. My practice has always participated with Medicaid. 30 percent of our patients are insured by HUSKY plans. We continue to accept Medicaid when many of our private practice colleagues have stopped but unequal reimbursement has forced us to cap the number of prenatal patients we can accommodate and to stop accepting new GYN patients of HUSKY. Our practice has excellent outcomes and I wished we were able to extend services to more members. Our cesarean and preterm birth rates are low and for our GYN patients the frequency of PAP and mammogram screenings is high. Midwives emphasis and counselling and building trust results in safe care and cost savings. Women seen in our practice are informed of the on-call midwife’s availability after hours. I tell them if you wonder should I call the answer is yes. We ask them to contact us before going to the emergency room or the labor and birth unit and they do. They give us the opportunity to triage what requires and urgent hospital visit versus that which can be evaluated quickly in the office. The result is timely management of serious problems and a decrease in unnecessary ER visits. This reduces costs. I’d like to share an example of the effect
of unequal reimbursement from my practice. Until a few years ago medical devices such as IUD’s were subject to the same rate reduction as midwifery services meaning we were not reimbursed the full purchase price of IUDs used for women with HUSKY. We referred these patients to our physician colleagues who were reimbursed at the rate that covered the device at cost. Nearly half of our patients did not go. When the state eliminated this discount, we were able to offer IUDs with Medicaid. Now these top tier contraceptives are placed daily in our office with excellent patient attendance. A lower rate of unintended pregnancy is an obvious cost reduction. Equitable reimbursement will improve access to midwifery care and will enable practices like mine will increase the number of women with Medicaid who we can serve. Please include funds in the budget to equalize Nurse Midwives reimbursement rates. This will benefit the health of Connecticut women and offer a long-term savings to the state. Thank you.

SENATOR FLEXER (29TH): Thank you. Thank you for your testimony. Next is Anne Diamond followed by William Hos followed by Refila Walters.

ANNE DIAMOND: Good evening Senator Flexer and committee members. My name is Anne Diamond. I am the president and CEO of Day Kimball Healthcare. I am here to testify in opposition of HB7148 an action concerning the state budget for the biennium ending in 2/30/2021 and making appropriations, therefore. Day Kimball Healthcare opposes any change to the terms and condition of the current agreement in place between hospitals and the state pertaining to supplemental payments. Day Kimball Healthcare is comprised of a hospital, medical group, and
healthcare services at home. Our nonprofit community hospital provides comprehensive healthcare services in northeast Connecticut serving more than 70,000 of the region’s approximately 100,000 residents. Day Kimball is also the region’s largest employer employing approximately 1000 staff contributing more than $258 million to our local and state economies. I come before you tonight because HB 7148 proposes to abandon the agreement between hospitals and the state during its third and final year. Day Kimball currently pays $11 million to the state in the form of a hospital tax. The agreement reached with the state in 2017 would have reduced our tax to an estimated $4.6 million for this upcoming budget year. A $6.4 million reduction in the taxes paid. Instead HB 7148 keeps the tax for Day Kimball at $11 million. Day Kimball currently receives supplemental payments from the state of $4.9 million. The 2017 agreement would have reduced those payments to roughly $1.7 million but has an overall net improvement of $3.2 million for the hospital. Instead HB 7148 keeps the taxes at $11 million for our nonprofit hospital and reduces our supplemental payments by an estimated $439,000. In addition, Day Kimball Hospital receives $3.9 million in the small hospital pool as approved by the 2019 budget but in December with no warning we were notified by the state that the pool funding had been reduced and Day Kimball would receive $900,000 less than promised by the legislature last summer. HB 7148 keeps the reduced level of funding for 2020. HB 7148 also reduces hospital inpatient payments resulting from the implementation of Version 36 of the 3M APR-GRG Grouper in additional $261,000 reduction for Day Kimball. In summary for Day
Kimball the unexpected cuts to the current budget, supplemental payments, reductions to the grouper all have had a substantial impact on Day Kimball. We implore that the General Assembly honor the state’s commitment to the hospital by keeping this agreement in place. Reject any efforts to deviate from the 2017 hospital agreement. It’s a matter of trust and I trust that you will do the right thing for healthcare in our state. Thank you for consideration of our position.


DAVID LAWLOR: Good evening. I’m David Lawlor. I am the president and CEO of United Methodist homes based in Shelton. I’m also the chair of LeadingAge Connecticut a statewide membership association representing non for profit providers through the state. We represent skilled nursing facilities, residential care homes, home healthcare and hospice agencies, adult day centers, assisted living communities, senior housing, and life planning communities. Our testimony tonight focuses on the Medicaid program. The rebalancing of our system of long-term services and supports and the Medicaid rates of reimbursement. We have provided written testimony that I will summarize tonight. As you know Connecticut’s Medicaid program has successfully transitioned to a managed fee for service model and
has developed several care delivery initiatives including the strategic initiative to rebalance the state’s system of providing long term services and supports. As a result, we have been able to control Medicaid costs and the rebalancing effort has allowed an increasing number of older adults to remain at home while receiving Medicaid funded services. We therefore support governor’s proposal to maintain the Medicaid programs current managed fee for service system as well as his proposal for enhancing the rebalancing effort. LeadingAge Connecticut has long supported the rebalancing effort and we remain committed to working with the state on all of the various aspects of the rebalancing plan. Toward that goal our written testimony outlines a proposal to encourage a voluntary reduction of an additional 3,000 nursing home beds in the next two years. Not only will a bed reduction strategy facilitate the rebalancing effort we believe that a thoughtful reduction of the bed supply will also help bring financial stability to the nursing home sector allowing it to maintain a stable workforce and provide quality resident care. Regarding the Medicaid rates of reimbursement. Let me begin by saying that LeadingAge Connecticut members appreciate the governor’s proposal to annualize the rate increases granted during the previous administration in which were to be applied solely to direct care wages. Unfortunately, however, these increases were not enough to make up for years of receiving no increases. For instance, for home and community-based providers this was the first increase authorized since 2015 and that increase was limited to one percent. Nursing homes have not had a general rate increase since 2012.
Meanwhile as the rates remain stagnant the cost associated with care delivery continued to rise creating a tremendous gap. The gap will further widen if the General Assembly enacts governor’s proposed increase in the minimum wage which will impact the cost of all aging services. Thank you for the opportunity to testify and we’d be happy to answer any questions if you’re taking any this evening.

SENATOR FLEXER (29TH): Thank you. Thank you for your testimony. Next is Daniel Brencher followed by Tanya Beckford followed by Lizbeth Carmichael.

DANIEL BRENCHER: Good evening to members of the Appropriations committee. My name is Daniel Brencher. I am the Administrator at Advanced center for Nursing and Rehabilitation in New Haven, Connecticut. Advanced Center has been providing care in the New Haven community for generations. We are a 226-bed skilled nursing facility employing 300 individuals. I want to begin by expressing my gratitude for the hard work and dedication our employees demonstrate for our residents every day. I’m the Administrator but the devoted hands on caregivers from clinical to dietary and housekeeping all want what I want. To have the resources to deliver the highest quality care experience to anyone who comes to Advanced Center. These workers are doing an amazing job and I am so proud of them for everything they are doing. I’m especially proud of the work our nursing home has found considering the long period of time that has passed where Connecticut does not prioritize nursing home funding. I am here to testify because we are at a point where we cannot go another year without
Connecticut policy makers recognizing that substantial Medicaid help is overdue to assure the quality care, we all want to provide. Policy makers need to understand as delivering the care for the loved ones is getting harder and harder. A definitive reason is that there has been almost no additional Medicaid help in the state budget for over a decade. To make matters more difficult the people that we care for in the nursing home are requiring more and more complex services. We’ve seen more dementia and Alzheimer’s Disease than ever before and in addition, today’s nursing home residents also have greater behavioral needs, mental health and substance use disorders. These challenging residents require greater services, staff, resources, and training. Without proper Medicaid funding it would be impossible to provide the quality of care that today’s residents require. Please help us deliver the care that we all want and please make long overdue nursing a priority in this year’s budget. On behalf of everyone at Advanced Center for Nursing and Rehabilitation thank you and I’d be happy to answer any questions you may have.

SENATOR FLEXER (29TH): Thank you. Thank you for your testimony. Next is Tanya Beckford followed by Lizabeth Carmichael followed by Yvonne Foster. Okay it looks like none of those people are here. Tanya Beckford, Lizabeth Carmichael. Lizabeth Carmichael and Yvonne take a seat so you’re close if you like and then Douglas Melanson.

LIZBETH CARMICHAEL: Good evening members of the Appropriations committee. My name is Lizbeth Carmichael. I’m an Administrator at Countryside Manor here in Bristol. Countryside Manor has been
providing nursing home care in our community for 35 years. We are a 90-bed skilled nursing facility and we employ 180 employees. Our devoted caregivers are RNs, LPNs, and CNAs and want the highest quality care experience to anyone who comes to Countryside Manor and these workers do an amazing job. I’m grateful to have them and call them my peers. Our facility prides itself on providing individualized care to our residents, either on our dementia unit, long term care unit, or those that rehab with us and go home. Our residents receive the care they need right in our center which is better for them instead of being sent to the hospital. Delivering the care that everyone wants for their loved one is getting harder and harder to provide and the reason isn’t hard to understand. There hasn’t been an increase in the Medicaid budget in the last 12 years. The nursing home population is getting sicker than it has ever been in the 30 years since I began my career. We also see more dementia residents. Please help us deliver the care that we want and to make those long overdue nursing home funding a priority in this year’s budget. On behalf of the residents and staff at Countryside Manor, thank you and I’d be happy to answer any questions.

SENATOR FLEXER (29TH): Thank you. Thank you for your testimony. Next is Yvonne Foster followed by Douglas Melanson.

YVONNE FOSTER: Good evening, members of the Appropriation committee. My name is Yvonne Foster and I have been a Certified Nursing Assistant of Windsor Rehab for over 18 years. I am here today to ask that you put funding in the budget for improvement in pay and benefits. As nursing home
workers, we work so hard for your loved ones. You see our smiling face and our gentle hands but you don’t see what our lives look like when we go home at the end of the day. I want to tell you about a coworker of mine who recently retired after working at the facility for over 27 years. She was a hard worker and a reliable worker. She was like a mother to all of us staff and residents too. She was a caregiver that led by example and we all look up to her. She’d clock out and go back to her resident to sit with them so she took time for each of her residents and wouldn’t leave until she finished everything in a way she would want for her own family. She wasn’t ready to retire. She just got so frustrated she just gave up. When I saw her leave, it really made me stop and think. After 27 years she make just a little over $16 dollars per hour. She retired with nothing. No pension and it concerns me. I see how she struggle and she had a husband. As a single parent where I will be a couple of years from now I am going to retire in the same manner what does the future hold for me. Respectfully I want you all to think about it. This work is hard. CNAs get hurt on the job time after time lifting residents, turning them trying to give care to so many residents with very little staff. Why should anyone stay in a field when you’re working 40 hours per week plus other jobs sometimes too and not have an idea if you could ever retire? We’re stuck in a world where we have no answer for the question. We just keep working and do the best to provide for our families. But as a state, where do we go from here? You have the ability to change that. Help us make nursing homes a place where
caregivers want to stay, a care we can be proud of.
Thank you for your time.

SENATOR FLEXER (29TH): Thank you. Thank you for your testimony. Next is Douglas Melanson followed by John Scaly followed by Doug Pain.

DOUGLAS MELANSON: Thank you. Good afternoon. My name is Doug Melanson and I am the Administrator at Abbott Terrace Health Center in Waterbury, Connecticut. Abbott Terrace has been providing care and services to our community for about 33 years. I’m here representing 205 nursing home residents that we provide care and services to as well as the 300 employees that provide those services. At Abbott Terrace some of the quality services that we do provide include many things such as physical occupational rehabilitation, speech language pathology services. Our centers provide complex medical services such as dialysis, tracheotomy, respiratory, wound care, pain management, IV therapy, nutritional management, mental health management, and substance abuse support services. The work the staff performs is challenging but they provide care and service with a high level of dedication and compassion. Most staff would tell you as you’ve heard today that the residents at these facilities including Abbott Terrance are like their family and they provide their services as they would providing service to their family. During this past year, prior to coming to Abbott Terrance I had the unfortunate experience of closing a nursing home. This home could no longer afford to operate. The vast majority of the residents that lived in the skilled nursing facility did have Medicaid as their primary source of payments. It is well known that
when a nursing home closes that it is very difficult and challenging to the residents and families due to the transfer process but I’m here to tell you that it is also very difficult on the staff who had worked together as part of a community for so many years. Not only did the employees lose their jobs but many of them were losing the sense of family that they had built up and relied upon over the years. There has been almost no additional Medicaid help in the state budget now for over 12 years. The nursing home population is older and sicker than it was many years ago. Today’s nursing home residents as you’ve heard today have greater behavioral health and substance abuse needs and disorders. In addition, there are significant pressures from other payment sources to reduce lengths of stay and provide high quality care and services as well. In the past 12 years costs of everything else has gone up including things such as labor, cost of supplies, food, electricity, cost of repairs and refurbishment yet the largest source of payment to the nursing home has remained stagnant which is Medicaid. Please help us deliver the care that we all want to provide and make the long overdue funding for nursing homes a priority in this year’s budget and I want to thank you on behalf of Abbott Terrance and for your consideration.


MARY TOBIN: Good evening. My name is Mary Tobin. I’m the administrator at Laurel Ridge Healthcare Center in Ridgefield, Connecticut. Laurel Ridge has been providing nursing home care to our community
for 25 years. We are a 126-bed nursing home. We are 180 employees working our facility. Laurel Ridge provides short term rehab long term care, specialized dementia care to our community in Fairfield county. I’m the Administrator but our devoted caregivers from RNs, LPNs, CNAs, dietary workers, housekeeping, maintenance, and myself have the same mission. That is to deliver the highest quality of care to our residents. Our staff is doing an amazing job and I’m so grateful to them and I am proud of all of them for everything they’re doing. Laurel Ridge over the past year has significantly reduced our hospital readmission rate and length of stay while maintaining and striving to always improve quality. This is our distinction as being part of Connecticut’s Health network’s preferred providers. This takes an extraordinary effort, but we were called upon to meet these requirements and we’ve delivered. I’m especially proud of the work our facility has done during a long period where Connecticut hasn’t made nursing home funding a priority. 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 of care that we all want to provide. Elected leaders need to hear loud of clear that delivering the care everyone wants for their loved ones is getting more difficult to provide. This is a result of there having been no additional Medicaid help in the state budget for now as you’ve heard over 12 years. Elected leaders need to hear that the nursing home population is older and sicker than it was 20 years ago. We see so much more dementia and Alzheimer’s Disease than
every before. Today’s nursing home residents also have greater behavioral health, substance abuse, mental health disorders, and issues and those are very common in nursing homes today. I have been working in nursing homes for 23 years. I became prospective on Laurel Ridge and the changes and differences in those number of years as I worked there in the late 90s into the early 2000’s and I came back in 2018. It’s really beyond my ability to understand how our nursing home can compete to retain or recruit staff serving more complex population with unemployment being so low and without more help from Medicaid funding. A minimum wage increase is proposed alone will require substantial new Medicaid funding from nursing homes. We should not be in the position to potentially --

SENATOR FLEXER: Could you please summarize your testimony?

MARY TOBIN: Yes. We should not be in a position of potentially competing with corporations that operate fast food establishments when what we do is care for people. Please help us deliver the care that we all want and please help make long overdue nursing home funding a priority in this year’s budget. On behalf of everyone at Laurel Ridge thank you and I’d be happy to answer any questions you may have.

SENATOR FLEXER (29TH): Thank you. Thank you for your testimony. Next is Louis Vergadula followed by Kelly Phenix followed by Tina Yietz. Is Louis here? How about Kelly? After Kelly will be Tina Yietz followed by Deremius Williams followed by Leslie Rojas.
KELLY PHENIX: Good evening. Thank you all for being here. My testimony is going to be a different ask than what you’ve been hearing for the last hour or so. My name is Kelly Phenix. I am an appointed member both of the BHPOC and MAPOC. I am cochair of the coordination of quality of care access committee. This committee has oversight over non-emergency medical transportation for the HUSKY population and I am also a HUSKY member. I am asking the appropriations committee to return money from the general fund for sanctions imposed on Veyo by DSS for failure to provide on time rides for HUSKY members. This money in a protected account to be used only for any empty related expenses outside of the contract will benefit HUSKY members and providers in an effort to improve NEMT. I am sure that you are all aware of the challenges over the last 14 months that we’ve had with Veyo. For the contract there is relief in the form of sanctions for poor performance issues. Section 14 No. 7g of the contract reads in part. If a member is waiting over one hour for pickup or over three hours in the case of a hospital discharge the department will impose a sanction of $500 dollars per incident not to exceed $10,000 per month. To date sanctions of only a little more than $20,000 have been imposed. I testified last week at the Human Services Public Hearing and after researching Veyo’s monthly reporting to DSS I found that every month thousands of rides are late. For December 2018 out of 138,911 rides 22,002 were late. 368 of them never showed up. This represents 16 percent of the rides for the month and I am positive that there are more than eight rides that were over an hour late or more than three hours late and are sanctionable. I would like
the sanction money fund to reimburse hospitals and providers who paid out of the pocket for stranded members to have a ride home. Veyo was paid for these failed to give them and refuses to reimburse providers because it isn’t in the contract. It’s one of their favorite phrases, actually. I would also like to reconvene the quality assurance committee consisting of all stakeholders. Currently BAYO has a consumer group. There are only eight people. Veyo won’t let us know how they are. They won’t share really any of the information. Myself, Kathy Falerity, Bonnie Roswig, Sheldon Toddman, and other consumers have asked if we could participate. We’ve all been turned down very nicely in long letters. Having the quality assurance committee would allow for real transparent input to DSS about any MT and a portion of the sanction money fund would provide [Inaudible-01:55:46] for consumers for travel and time and childcare, etc. I am really hoping that you all agree with me that adding language to have this sanctions fund Bill 7166 which already exists --

SENATOR FLEXER (29TH): Could you please summarize?

KELLY PHENIX: Yep. And it’s an act concerning any MT for Medicaid beneficiaries to transfer the current twenty thousand some dollars and all future sanctioned funds to a protected account. You know the negative impact on members is compromising their health and well being. Veyo paid for all the rides whether they were on time or not and our members deserve better. I have the supporting documents including the contract with me if anybody has any questions.
SENATOR FLEXER (29TH): Did you submit those with your testimony?

KELLY PHENIX: Well all that, the contract and everything is online for DSS. All of the Veyo documents are on the DSS website but I pretty much know it backwards and forwards so if anyone has any questions I can step away I’d be happy.


TINA YIETZ: Good evening. Thank you. My name is Tina Yietz. I am the Administrator at the Eliza Huntington Home of Norwich and member of the Connecticut Association of Residential Care homes. Residential Care homes serve some of the most vulnerable residents in our state including residents with mental health diagnosis, substance abuse challenges, the elderly and those with health problems although we are not medical facilities. Over the last decades our rates have been consistently capped. Even in years where we have seen increases, they have been limited to one or two percent failing to keep up with the rate of inflation. Our home is a 22-bed facility for elderly women. At this time approximately 80 percent of our residents are served by Medicaid which means there’s no way to increase monthly rent to help cover costs. We serve a population that without our services would very likely be receiving care in nursing homes or hospitals having fallen victim to a vicious cycle of illness and injury.
caused by their desire to maintain independence at home where they do not have the assistance needed to do so. Many times, this leads to falls or serious issues by not taking medications properly, not bathing for fear of falling, or not eating properly. These scenarios only create more costly hospital stays and nursing home rehabilitation that could have been avoided. Our employees are a special group of individuals who care for these residents day in and day out 24 hours a day seven days a week. They understand how critical it is to be there regardless of the circumstances. In the winter if there’s a storm coming, they bring their bags and spend the night so they can be there so they can make sure that our residents’ needs are met. They provide meals, do their laundry, change their beds, assist with medications, help them shower, and provide entertainment all while making sure that the residents do not feel that they are helpless, and their dignity remains intact. We provide the home that these individuals deserve. Our employees do all of this even though they remain some of the lowest paid people in our state. They absolutely deserve to see a pay increase for the work that they do. No one can dispute that. The fact remains; however we cannot do this while being forced to operate at a rate that is frozen for what is now coming up on a decade. I urge the committee to acknowledge the impact of the budget on residential care homes, their employees, and many of Connecticut’s most vulnerable residents and unfreeze the cap on residential care home rates. Thank you.

SENATOR FLEXER (29TH): Thank you. Thank you for your testimony and I’m sorry for mispronouncing your name. Next is Joel Sekorski followed by Steven

LESLIE ROJAS: Senator Flexer and members of the Appropriations committee. My name is Leslie Rojas and I am currently interning at the city’s Department of Families, Children, Youth, and Recreation which is how I came to find out about the juvenile review boards. I’m not here to speak on behalf of the city but rather as a current Hartford resident. The governor’s proposed budget includes $4.1 million dollars for community services, but it does seem to include the funds required to restore the funding for the juvenile review board. JRV’s are a community-based diversion program that uses a restorative justice approach to keep youth from entering the juvenile court system. Instead of referring a youth to court, police or schools can refer a youth to a JRB where the youth is held accountable for their actions and is provided services to help prevent future misbehavior. From June 1, 2017 through October 15, 2018 the Hartford JRB has received over 250 referrals. Of the youth who have enrolled in the Hartford JRB 96 percent have successfully completed the JRB panel recommendations. Manny, a 17-year-old Hispanic male is one of the many success stories of Hartford’s JRB program. After having a physical encounter with another student at Buckley High school Manny received a juvenile summons that was referred to the Hartford JRB. He was assigned a case manager who was key in reviving his desire to continue his education.
He has now successfully completed the JRB process, has graduated high school, and is now enrolled in a community college. Because Manny was diverted from the juvenile court system he is free of a criminal record, therefore he is able to apply for employment, schools, and scholarships. There is widespread consensus on the success and utility on the JRB system but previous funding for the JRB’s was one of the casualties of the funding cuts made when juvenile justice shifted from DCF to court support services division. The juvenile review board funding must be restored here and throughout the state’s budget. We must allow youth the opportunity to repair any harm they caused which in turn will help them regain their purpose in society making a better community for all. Thank you for your time and attention.

SENATOR FLEXER (29TH): Thank you. Thank you for your testimony. Next is Joel Sekorski followed by Steven Gueble followed by Jim Chirstofori.

JOEL SEKORSKI: Good evening. Thank you for hearing my testimony tonight. My name is Joel Sekorski. I am the president of the Connecticut Association of Senior Nutrition and Service Providers where I represent the nine Meals on Wheels providers in the state of Connecticut. I’m also the director of elderly services for the city of Torrington in Milledgeville Hills Corner. The programs have been basically level or modestly increased since 2007. Three percent total on the Connecticut Home Care Program side and just small increases federally through the Title 3C Older Americans Act funding. This level funding has made us think outside the box. It’s made us cut corners where we don’t want
to cut them. It’s made us make decisions on staffing that have been detrimental to the whole process so what we’re trying to do as always is bring that information out to you guys, talk about the two streams of funding that we have which again is the Connecticut Home Care program for elders through the Medicaid waiver program and the Department of Rehabilitative Services which a Title 3C Older Americans funds. Both of those pieces are the way that we get our money by reimbursement. The Connecticut Homecare program is a set rate throughout the state which we cannot ask for a suggested donation and the Title 3C is a program that is awarded by RSP through the area agencies on aging where we negotiate our own price and we can ask for a donation from our clients so there’s two distinctly different ways to get funded and both are instrumental for us to be able to stay open and continue to do what we do. I think that you’re all aware of Meals on Wheels, what it does, how we keep people in their homes, how we do a wellness check every time we’re at their house. We try to see them five days a week. We don’t deliver the meal without seeing the person. We believe this is probably the most economical way to keep people in their homes and out of more costly situations that are out there when they can’t stay at home. It also prevents readmission into hospitals and the proper nutrition, and that social activity keeps them going. Our drivers have an intimate relationship with all their clients. It’s a program that works and the nine of us that do this through the state we have been successful for years and years. There’s no newcomers to this game where we do what we do. So we’ve done everything that we can do so that puts us
at the end of where we are today and unfortunately it’s a shot in the arm financially. Over the last couple of years the legislature has been supportive of us and it’s put in $2 million dollars which has been drawn every year on the Title 3C side and this year we’re asking you again for a ten percent increase directly to Meals only on the Connecticut Homecare program side in a Bill Coming Out of Aging 7072. So that’s what we’re trying to do. I appreciate your time in hearing me. If you have any questions of course I’m the guy who has the answers.

SENATOR FLEXER (29TH): Thank you. Thank you for your testimony. Joel actually Representative Wilson has a question for you.

REP. WILSON (66TH): Not really a question, Joel. I just want to make sure that I’m not remiss and thank you for staying here all day from early this morning and it’s too bad that other folks didn’t hang around the room here because we’ve been kind of quiet listening to everyone and I don’t think any of us want you to have the impression that we don’t care and that we listen very closely to what you have to say and Joel, I consider you a magician in Torrington in what you do with the funds that you do have and I thank you for that. Thank you, Madam Chair.

JIM CHRISTOFORI: All right good evening folks. Thank you for the opportunity to speak before you. My name is Jim Cristofori and I’m the Administrator at Fresh River Healthcare in East Windsor. We’ve been providing custom client services for 44 years. It’s a 140-bed nursing home. We have over 170 employees at the facility. I wanted to begin to know how proud I am to be with some of the key people here who have spoken passionately regarding the Medicaid shortfall. I’m the Administrator but these devoted caregivers from RNs to LPNs to CNAs to dietary to recreation staff, all of whom can’t be here tonight but give their everyday effort to deliver the highest quality care experience to anyone who comes to Fresh River and these workers do an amazing job. I’m so grateful for them. Proud of them for everything that they do. Fresh River is a CMS five rated hospital readmission rate of quality clinical program continues to be under national average. We’re coming up on our first anniversary of our Parkinson’s program. We’re the only [Inaudible-02:08:55] in Connecticut that has Huntington’s program. Our healthcare metrics are consistently below the national average due to the hard work and tireless dedication of our employees to whom you will hear shortly. Please listen to their stories. You can’t help but appreciate their continued devotion to our residents. One serious concern that we all have is long term care issue right now is the short fall of reimbursement compared to cost for the gapping around 10 percent. It’s very difficult to maintain a viable operation with this type of underfunding. We all know that it’s much more cost effective and, in many cases, and very appropriate to place a resident in a long
term care bed as opposed to a stay in acute care. Over the years nursing staff has been trained on procedures that help keep the residents in the nursing homes. I’m especially proud of our work our nursing home has done during the long period where Connecticut hasn’t made nursing home funding a priority. I fear that our nursing home is at a critical juncture that we are clearly at a point we can’t go another year without Connecticut policy makers recognizing substantial Medicaid help is overdue to ensure the quality of care we’re going to provide. It’s really beyond my ability to understand how our nursing homes can compete to retain and recruit staff to serve a complex population with unemployment so low and without more Medicaid relief. The minimum wage increases proposal won’t require substantial Medicaid funding for nursing homes. My message tonight is to please help us deliver the care we want and make long overdue nursing home a priority in this year’s budget. On behalf of everyone at Fresh River Healthcare and I’d be happy to answer any questions.

SENATOR FLEXER (29TH): Thank you. Thank you for your testimony. Next is Tanya Beckford followed by Debra Struzinski followed by Nancy Fleming.

TANYA BECKFORD: Okay good evening, members of the Appropriation committee. My name is Tanya Beckford and I’m a CNA at Newington Rapid Recovery in Newington and I’m here today to ask you to provide more funding for nursing home and please increase the Medicaid reimbursement rate. I’m here to tell you what it’s like as a direct caregiver in a nursing home. I’m just asking everyone to imagine. Just take the time to just shut your eyes for a
second and just imagine working in a facility for over 20 years and watching multiple management teams come in and make changes that are not beneficial to the resident nor to the employees. Imagine constantly working understaff and having to set time limits on how long you have to feed each resident that is in your care so that you will be able to move around fast enough to make sure everyone gets something to eat. Imagine forfeiting your break, not because anyone forced you to but because you want to make sure that the residents in your care will be able to get at least half of the meals that are placed in front of them. Imagine fearing that the residents will constantly get hurt because you are unable to keep eyes on their every move especially on an Alzheimer’s Dementia unit. Imagine not being able to spend quality time with your residents. Time that you would spend singing to them, laughing with them, listening to them all because you don’t have that time. Imagine that I’m talking about one of your family members and imagine the care that you want them to receive. This is our life most days when we punch in. We are getting hurt. We are getting burnt out and our residents’ daily life are drastically being affected. We haven’t received a raise in the last four years, and it is getting harder and harder to make ends meet. We need help so please increase funding for nursing homes. That’s all.

SENATOR FLEXER (29TH): Thank you. Thank you for your testimony. Next is Debra Struzinski followed by Nancy Fleming followed by Holly Kennedy.

DEBRA STRUZINSKI: Good evening members of the committee. My name is Debra Struzinski and I’m
speaking on behalf of the Connecticut Supportive House for Families program. I want to take this opportunity to thank you for your long-standing commitment to the families that this program serves. Over the past 20 years we’ve had the privilege to serve thousands of families. Through the provision of intensive case management and subsidized housing thousands of children have been preserved a reunified home with their families. In 2012 the Department of Children and Families was rewarded a competitive grand from the US Department of Health and Human Services. Building on our strong history of demonstrated evidence of favorable outcomes this project allowed us to conduct a randomized control trial comparing child welfare involved families who received services from the program to business as usual with DCF. Strikingly over a two year follow up period 91 percent of the children in the treatment program were preserved with their families, not removed or placed in foster care compared to only 60 percent of children in a controlled condition. Looking at children who are already in foster care, 30 percent of those in the program were reunified with their families compared to only 9 percent of the children in a controlled condition. This study gives undeniable credibility to the effectiveness of this model as a child welfare intervention that keeps families together and does so in a cost-effective manner. Once again thank you. It is only through your ongoing commitment and ongoing dedication that we are able to provide our families with the support and resources that they need to improve their lives and the lives of their children.
SENATOR FLEXER (29TH): Thank you. Thank you for your testimony. Next is Nancy Fleming followed by Holly Kennedy followed by Antoinette Onsei-Bonsu.

NANCY FLEMING: Good evening, esteemed members of the state Appropriations committee. My name is Nancy Fleming with a frog in my throat and I’m the finance manager at Covenant to Care for Children. I am here to comment on House Bill 7148. Covenant to Care for Children is a statewide agency which for over 32 years has provided basic, essential goods to Connecticut’s abused, neglected, and impoverished children age birth to 18. I am here tonight to ask you to support the governor’s proposed level of funding to Covenant to Care so that we may continue our mission to assist Connecticut’s most helpless citizens, the countless children who have no voice. The basic essential goods which we provide to these at-risk children include but are not limited to new twin beds, car seats, strollers, toiletry items, diapers, clothing including winter coats, school uniforms, and school supplies. As of December 31, 2018, a staff of three full time and three part time people have served more than 5,000 of Connecticut’s most vulnerable children with these basic essential goods. Covenant to Care for Children is unique in that we partner with over 100 faith and/or community-based organizations to provide children with these basic essential goods. Many of the children receiving these goods are involved with the Department of Children and Families or are at high risk of becoming involved with the department. Often the goods we provide prevent removal of a child from a home and in some instances we are able to provide goods necessary for reunification of a child with his or her caregiver and still other cases these
basic essential goods may help prevent disruption of a family. Please support the funding of Covenant to Care funding for children included in the governor’s budget so that Covenant to Care for Children may continue to help Connecticut’s neediest children see a brighter future for themselves. Thank you for listening.

SENATOR FLEXER (29TH): Thank you. Thank you for your testimony. Next is Holly Kennedy followed by Antoinette Osei-Bonsu followed by Refila Walters. Is Holly here? What about Antoinette? Are you Antoinette? Did I say your name right? All right!

ANTOINETE OSEI-BONSU: Good evening, members of Appropriations committee. My name is Antoinette Osei-Bonsu. I am Certified Nurse’s Assistant and employed at First Riverhead Care in East Windsor, Connecticut. I am here today to testify in support of an increase in Medicaid funding. I have been employed as a CNA for the past 24 years at First Riverhead Care. My job consist of working 3-11 shift otherwise known as second shift. On my shift I care for residents suffering dementia and Alzheimer’s. These residents are long term care. They are individuals who must live at the center and have their basic needs attended to and need 24-hour observation for safety. Many of these residents were once cared for at home either by family members and home care workers until it was necessary to have 24 hour observation for around the clock care due to their limited physical capability. I enjoy working with the elderly and I’m always looking for solutions to make our residents’ lives better. I currently take care of 10 residents on my shift unless they are called out or scheduling issues.
I’m very lucky that I am good at multitasking and good at prioritize our work and get the job done. My work is nonstop for 8 hours and I’m always on the go. Policymakers need to consider there are increase to Medicaid funding is a necessity in order to create staffing level appropriate for our Connecticut resident living in long term care facility. Everyone wants their loved ones to have good care. Everyone wants their loved ones to have someone to rely on for emotional support while their family members cannot be there. In 2015 the state of Connecticut added money into the budget for long term care workers to get additional benefit and wages. That was greatly appreciated but since 2015 wages remain unchanged. Workers are finding themselves working much harder for the same level of pay. More and more workers are exiting the field because the job is too demanding like me. Instead of becoming a nurse I became an accountant. The job is too demanding to the level of the resident and nurse stop to care for them. Workers are facing burnouts. Enough is enough. My coworkers and I are prepared to strike to defend our resident care and defend quality nursing home job. We have been in associations for two years and I have not been able to reach an agreement. No increase staff. We need to help of our lawmakers in the state of Connecticut. Thank you guys and you guys have any questions, I appreciate to answer them.

SENATOR FLEXER (29TH): Thank you. Thank you for your testimony.

SENATOR OSTEN (19TH): Can you tell me where do you work?
ANTOINETE OSEI-BONSU: I work Fresh River in East Windsor.

SENATOR OSTEN (19TH): Okay, thank you.

ANTOINETE OSEI-BONSU: You’re very welcome.

SENATOR FLEXER (29TH): Thank you. Next is Refila Walters followed by Tom Ruso followed by Mabel Johnson. Is Refila here?

REFILA WALTERS: Good evening, everyone members of the committee. My name is Refila Walters and I’m a Certified Nursing Assistant, a CNA. I have worked at Maple View Manor in Rocky Hill for the past 35 years. The reduced quality of care, a stressful work environment and I employee burnt out. On paper the staffing may appear sufficient stated for one person to call out sick and we are immediately understaffed. When we are working a shift without proper staffing you become exhausted and it becomes very difficult to provide the type of quality care that you would like to do. Even on days when we are staffed up to the current industry standard we are still dealing with ratio that are 10:1 on days where we are understaffed. The ratio can be up to 13:1 or worse. When working with this many patient it’s very difficult to do our jobs and create a recipe for disaster. In addition to insufficient staffing level low wages and poor benefits make it difficult to attract talented professional to fill the position we badly need filled. Without a living wage I am living paycheck to paycheck and I am constantly dealing with the financial stress while also being under stress at work. I am burnt out and I can see it in my coworkers that they are as well too. I love the work I do because I see the
positive impact I see on the lives of the people I care for but without a living wage I often thought about finding work elsewhere. The only solution to this issue is to properly fund the service we provide. With additional funding we can solve this staffing crisis, ensuring that the care we provide is quality. We can attract and retain talented caregiver to do this vital work and we can give the caregiver work in this industry as well as the people they care for a dignified way of life. Thank you for your time.

SENATOR FLEXER: Thank you. Thank you for your testimony. And Refila I am sorry I mispronounced your name. Next is Tom Russo followed by Mabel Johnson followed by Nancy Minarsky. Is Tom here? How about Mabel? How about Nancy? Nancy come on up and following Nancy is Sharon Heddle. And then anyone else in the room who would like to testify because that’s the last person I have on our list. Welcome Nancy.

NANCY MINARSKY: Hi. Good evening, Senator Osten, Representative Walker and members of the Appropriations committee. My name is Nancy Minarsky and I’ve worked as a Nurse’s Aid for 30 years now at Davis Place in Danielson. Like many of my coworkers I entered the healthcare field because I’ve always wanted to take care of people. As caregivers, we form relationships with our residents and learn to love them like they’re our own family. Most people don’t know that the state staffing requirements for nursing home requirements is that every resident is to receive one hour and 24 minutes of care in every 24-hour period. Stop and think about that. To give you a better idea the majority of our residents need
help eating. It takes most residents about 20 minutes to eat. They all get three meals a day. Nearly all of our residents need assistance with toileting. Many are incontinent and wear briefs or pull ups to avoid soiling themselves. Many residents need the assistance of two aids and a mechanical lift called a BOYER to get into bed. It takes two staff to transfer with a BOYER into bed, remove their brief, clean them, dress them, and put them back in their wheelchair. All of my residents need to be toilet changed at least every two hours in an eight hour shift. Others may need to be toilet five or six times in that shift so there’s bathing, eating, toileting, providing medication. That’s all part of our one hour and twenty-four minutes. The other day I was taking care of a lady who is in deep dementia. I’ve worked on her wing for about four months now and I’ve never heard her say a complete sentence. Others tell me it’s been years. She mumbles and sputters but doesn’t really put together or actual sentences. I’ve never seen any family to come in and visit her. She was in the dining room and suddenly out of nowhere she said I want to go home clear as a bell. She was alert and she started crying. It was heartbreaking. I went over and told her honey I know and I’m sorry and I put my arm around her, and she said it again. I tried to stay with her a few more minutes to calm her down but then I had to rush away to help other residents. If we had more staff, I could have stayed with her longer while she made her way out of her fog of her dementia. It would have meant the world to her. The problem with these staffing levels is it means that we’re rushing just to take care of a person’s
basic needs. We don’t have enough time to pay attention to their personal, emotional needs let along our own basic needs as a caregiver. As caregivers we have not had a raise since 2015. Meanwhile the cost of living in the state of Connecticut is rising. Our workload has increased two-fold and many of us don’t eat lunch or take breaks. Time is critical for our mental health too as caregivers for our patients. I’d also like to use time to speak as a family member. My 82-year-old mother has been a patient at Davis Place where I work for several years now. She did not ask to be placed in a nursing home.

SENATOR FLEXER (29TH): Nancy I’m sorry to interrupt but I really need you to summarize.

NANCY MINARSKY: Okay I’m almost done. My mother and our residents deserve quality care. They deserve to be acknowledged and have someone care for their soul, not just their body. Please increase funding for nursing homes that we can address critical issues like staffing levels and wage increase for workers like me. Thank you for your time.

SENATOR FLEXER (29TH): Thank you for your testimony. Next is Sharon Heddle.

SHARON HEDDLE: Hello, my name is Sharon Heddle and I am the executive director from Disabilities Network of Eastern Connecticut, one of the five Independent Living Centers. We help people with all kinds of different disabilities who need a variety of services and I would like to tell you about a few of them that come to our center in eastern
Connecticut. Petros had a stroke and went to an assisted living facility. Because of his stroke, he was confused and had difficult understanding and concentrating. He had been scammed out of his car from an employee of the facility he was in. Told he was out of money and he needed to move immediately among other things. His advocate helped him find an attorney, find an affordable apartment that was available immediately, arranged for a hospital bed, and found donations of furniture.

Mark had been in a car accident, a result in him becoming a quadriplegic. He had an accessible van with a life for his wheelchair that needed repairs and was inoperable. Living on a fixed income he had no money for the repairs and felt stranded in his home. He had no way to get to the store, get to his appointments, or visit friends and family. His advocate contacted the garage and spoke with the owner and gladly lowered the price of the repairs. Disabilities network was able to help with the funding to repair his van. Milad is a man with a mental health disorder, learning disability, and he is illiterate. When he was referred to Disabilities Network he was not taking medications as directed because he could not read the labels. He was behind on paying his bills. He was depressed and was getting lost in the town he had lived in for many years. For the first few meetings the advocate went to his apartment building and had him follow her to the office. They made an appointment to see his doctor together and the doctor figured out what pills were current. The advocate and the consumer found a labeling system that worked for him indicating when to take his pills. They went to his bank where they set up his bills on autopay. Now he
comes to our center about once a month with his mail and the advocate and consumer go through the mail together. Reduced funding over the years caused positions not to be filled when employees left our agency. This leaves us with fewer advocates to help the same number of people with disabilities gain or maintain their independence in the community. Restoring our funding to $529,000 would allow us to expand the quality of the services we currently provide. Thank you.

SENATOR FLEXER (29TH): Thank you for your testimony. Is there anyone else here this evening who would like to testify? Is there anyone else who would like to testify? Seeing none I declare that this public hearing is adjourned. Thank you all very much for your time and your patience this evening.