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CHAIRPERSON: Senator Catherine Osten

SENATORS: Flexer, Lesser

REPRESENTATIVES: Walker, Baker, Bolinsky,
Candelaria, Case,
Gonzalez, Horn, Johnson,
Ryan, Simms, Tercyak

SEN. OSTEN (19TH): We're going to start. We got a lot of people to speak today. Is - Generally speaking, we start with persons with special needs and we have three people up that will be using the services of the interpreters here. Are - Is Michael Raye, Danielle Grey and Susan Catale here? Okay.

UNKNOWN SPEAKER: Danielle Grey is not here.

SEN. OSTEN (19TH): Is she coming?

UNKNOWN SPEAKER: No, Dannie is sick. Lisa Flaherty-Vaughn is supposed to be on the list. I don't know if she is on the list.

SEN. OSTEN (19TH): She is.

UNKNOWN SPEAKER: Oh, okay. All right.

SEN. OSTEN (19TH): I was just told the first three but no we can do it. So, we're going start with Michael Raye first. Wherever you want to go. Whichever is easiest for you, yep. However, you want to do it.

UNKNOWN SPEAKER: Sorry. He will probably
[inaudible 00:01:12]

SEN. OSTEN (19TH): Yep, that's fine. Do you want to pull a chair over to sit in Michael?

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MICHAEL RAYE: Good afternoon everyone.

INTERPRETER: Its - Oh, the folks in the back are not able to see. Okay, this is better if I stand for the others.

MICHAEL RAYE: Okay, hello. My name is Michael Raye. I'm currently working right now as a vocational advocate for Disabilities Network of Eastern Connecticut. We opened our office in Hartford November of 2019 last year. I would like to begin by thanking the committee for the increased funding for deaf services. We are very grateful for this funding, but this is not enough for the needs of our community that we serve. During the legislative session in November of 2019 we were given an increase in funding for each center, that includes the Independent Center in Hartford. The Hartford Independent Center hired a hearing staff person who can communicate by way of sign language to assist the deaf and hard of hearing consumers, in self-advocacy, housing and Medicare.

I would like to share with you a journey about a deaf and blind consumer who was referred to me from the Bureau of Rehabilitation Services in February 2019 last year. Her goal was to work in the field of human services. She is a very strong advocate for the deaf and blind. The increased funding has afforded her an opportunity to qualify for an internship at the Independent Center. This process has taken one year to get to this point. I would like to shed light on this situation. This individual has a dual disability both deaf and blind, and I have several other consumers who have dual disabilities and they require a lot of

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resources. We at the Independent Center are grateful for the increase in funding, however, it is still not enough. Another point I would like to share as to why DNEC collaborate with the Independent Center, why does DNEC collaborate with the Independent Center? Once a consumer has maintained employment, he or she can continue to get services from the Independent Center regarding self-advocacy, ADA assistance, Medicare assistance, transportation and continued education. As you can see, it takes funding to accomplish the many needs of our consumers. We again thank you so very much for what you have done but we do need more funding. Thank you so much.

SEN. OSTEN (19TH): Michael, before you go, I have a question. So, when, Michael when you say you need more services or more funding, does one person help with the needs or is that one person not funded at the level they should be funded at?

MICHAEL RAYE: It certain - The funding is for all the consumers we're serving. It's not - it's not on level, it's not on par. It has to be that and it's not there yet.

SEN. OSTEN (19TH): So, is there more, do we need more interpreters or more money for the one interpreter to work the necessary hours, that's what I'm trying to get to?

MICHAEL RAYE: Not necessarily because the interpreting is a separate issue. Let me just clarify? Okay. Our services, the services we provide is for consumers who are deaf and blind, okay, and it's for advocacy for ability to find a job, the ability to receive training, on-the-job training and to learn to become more independent.

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So, there are many funding needs in that particular group of service needs. Another example, I have one deaf person who had never been employed before. It's a new client. So, I have to teach this client to become more independent and there are many things that they have to learn to become employment ready. That's what I'm talking about, and this is just one example.

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

MICHAEL RAYE: Thank you.

SEN. OSTEN (19TH): So next - I believe you said Danielle Grey is not here, and next up is Susan.

SUSAN CATALE: Hi, good afternoon. My name is Susan Catale and I'm advocate for the deaf and hard of hearing. I work part-time at two Connecticut Independent Living Centers. Center for Disability Rights and Access Independence. I'm writing this to say thank you to the legislators for your hard work over the past year, on funding, to get deaf services back at the Independent Living Centers. Independent Living Centers are one of few places that provide deaf services, and I strongly believe this service will increase the number of deaf people who come to the center. I am deaf myself and I understand the culture and the community because I experience the same barriers and I share the same frustrations. I want to be a role model to deaf consumers and assist them with any issues. Each center needs a full-time deaf services advocate, so I urge you to provide the funding for a full-time position, and to increase core funding in order to provide the services around the whole state. Thank you very much for your time and interest.

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SEN. OSTEN (19TH): Thank you Susan. Next up is Amy Dudek. Is Amy here? Good afternoon, you just have to turn on that, right in front of you, there is a button at the bottom. It'll show red on the microphone. Can you help her please? Nope, he'll get it for you. There you go.

AMY DUDEK: Thank you. Good afternoon. My name is Amy Dudek and I'm a registered voter in Norwich. I would like to thank you for listening to my testimony. I'm a proud advocate for one of the independent living centers, which is Disabilities Network of Eastern Connecticut. I am testifying before you today to ask you to save the funding for all five independent living centers. In my advocacy work I have helped many consumers who are disabled and have limited income to achieve their goals. I have been able to assist with necessary items such as ramps, stairlifts and grab bars. Currently I am working with a consumer who wants to return to school to take a computer class so she can use the skills she is learning to be gainfully employed. Recently I assisted an elderly woman with having her wheelchair lift fixed for her car, which will allow her to be more independent so she can get to the doctors, the grocery store and other places she needs to go.

I just met a consumer who was born with an extra skeleton, who I'm hoping to assist with some assistive technology devices so she will be able to go home instead of having to stay in a skilled nursing facility. Some of my consumers are not able to read or write and I am able to assist them with their paperwork from Social Security and other important documents as well. I also recently assisted a consumer who has MS that needed help with

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applying for a long-term services support waiver so she can have necessary help in her home. These are just a few examples of the consumers I am able to help if I have the necessary funding needed. I also want to say that I'm proud to work with a great team of advocates with their own expertise, some of which include vocational services, interpreting services and American sign language - sign language classes. As a team we are able to assist our consumers to meet their goals, to be as independent as possible in their community. Please save our funding so we can continue to help others. Thank you for listening.

SEN. OSTEN (19TH): Thank you very much. Let me see if anybody has any questions. Are there any questions or comments? Seeing none. Thank you so much.

AMY DUDEK: Thank you.

SEN. OSTEN (19TH): Lisa Flaherty-Vaughn.

LISA FLAHERTY-VAUGHN: Hello. My name. Good afternoon. [Laughing] My name is Lisa Flaherty-Vaughn. I wanted to come here today to speak about my experiences about being deaf and blind, and my work experience as well and how it relates to that. It is very, very difficult. I'm a young, disabled adult who is deaf/blind and I have difficulty looking for employment for two years. I partner with an agency that caters to my communication needs and understands my disability. They've been able to help me regarding the loss of my vision, and the agency has been very helpful.

I'm here today to talk about my story, my hopes and my dreams. The agency has been very, very helpful

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in helping me seek employment. I was recently informed that I do qualify to participate in an internship at the Independent Center. I was very excited and looking forward to that. I was hoping to get involved and looking forward to it and hoping that, that would lead to more opportunities for me, but - and I wanted to be a role model for others, to let them see even though you may be deaf and blind, you can still be a participant in the community, and I was very, very excited about that. I felt empowered and I felt that I had new dignity, and I'm asking that the money would continue to be given. It's of great profit, so thank you so much.

SEN. OSTEN (19TH): Thank you. Are there any questions? Seeing none. Thanks so much. Up next is Eileen Healy followed by Joe Shortt.

EILEEN HEALY: Good afternoon. My name is Eileen Healy. I live in Woodbury. I'm the President of the Connecticut Association for Centers for Independent Living. I'm here today to thank you for your support of the independent living centers and for adding additional funding for deaf services last year. The Governor has proposed \$612,000 dollars in funding that supports all five of the centers and while we are grateful for those dollars, it isn't sufficient to meet the needs of the consumers we serve.

The ILC's 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 life experiences that provide support and real life how-to's that are frequently low cost solutions to obstacles people with

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disabilities encounter daily. We provide peer mentoring, information referral, skills training, youth transition, transition from nursing facilities back to community living plus many other services including vocational services, assistive technology, aging and placed services to veterans and 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 available throughout the state reducing yet another barrier to achieving independent living. However, because of funding reductions and our continued funding at a reduced level over the last several years, our core services to people with all types of disabilities has never been fully restored. The centers have cut back on the towns we serve, instituted waiting list, laid off staff and reduced salaries as well. In order for the ILC's, the independent living centers, to assist people with disabilities across the state, we need an additional \$130,000 dollars per center per year. That would increase the deaf services person that all of the centers have hired, that's currently only funded at a part-time level to a full-time level and it would add an additional person to the center's staff that could meet the needs of a variety of other people with disabilities.

According to an independent living study conducted by the Governor Appointed State Independent Living Counsel to adequately serve the Connecticut - State

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of Connecticut, the ILC should be funded at \$5.5 million. I know that's not possible right now. That may be unrealistic in our current fiscal climate, it is an amount to strive toward especially when considering that the ILC's annually transition over 200 people with disabilities including elders out of costly nursing facilities saving the state over \$10 million dollars every year. Without the state funding, IL funding, we can't achieve these savings and do even more. I encourage you to increase funding for ILC's by \$650,000 dollars. Thank you for your time, attention and consideration and again we express our gratitude for the funding that you have maintained and added.

SEN. OSTEN (19TH): Thank you. Are there any comments or questions? Representative Case.

REP. CASE (63RD): Thank you Madam Chair and Eileen, I just want to thank you for the amount of years I've been up here, you have been coming up and it's - it's inspiring and you know, our good friend, who is no longer with us, you know, I think about him frequently from Torrington, and you know, he actually took me out - we went out to breakfast and we talked about it. To learn what the Independent Living Centers actually do and what you can do with that extra \$130,000-\$140,000 dollars from one person. The amount of people that you can serve if somebody - I know everybody here knows what the Independent Living Centers do but your daily duties and how many people you impact is thoroughly impressive because there is many more of the most vulnerable that you can hit with just that one more person. I will look at it, work at it here to see what we can do but honestly, I just wanted to thank you for year-after-year you coming up here and

stating your case but it's so important for you to keep getting out to the legislatures because being informed of what the day-to-day, the Independent Living Centers actually do is very important. So, thank you very much and thank you Madam Chair.

EILEEN HEALY: Thank you.

SEN. OSTEN (19TH): Thank you. Are there any other comments or questions? Yes.

INTERPRETER: Just on behalf of the interpreters for any future people that are going to come to the podium and read, it is very difficult to keep up with the pace of a fast reader. So, if people could just be mindful that we are translating, we have to hear it and put it out it's fine, [Laughing] but just for the rest of the session it would be so helpful. Thank you so much.

SEN. OSTEN (19TH): Okay. Sorry about that.

INTERPRETER: No problem.

SEN. OSTEN (19TH): Thank you. Joe Shortt followed by Norah Farris.

JOE SHORTT: I don't know, can you hear me?

SEN. OSTEN (19TH): Yes.

JOE SHORTT: I'll try to move in a little bit closer. All right. Good evening. My name is Joe Shortt. I'm a SouthFair resident and I'm here to testify on behalf of the Connecticut Independent Living Centers. Thank you for your continued support for this cost-effective program. I request that you consider increase in funding, so Independent Living Centers can meet the need of their diverse communities. I have been a wheelchair

user for the last 18 years due to a spinal cord injury. I was 21 at the time of my injury and had no idea what resources were available or what direction to turn for support. Thankfully, I had the guidance from the Independent Living Center, so I was able to regain my independence, learn to drive with adaptive equipment, live on my own, go back to school and eventually earn a Bachelor's degree in Social Work, so I can give back to the community and help others with disabilities as well.

I'm now an independent living advocate and youth transitional counselor at Independence Northwest, which is one of the five Independent Living Centers here in Connecticut and they offer essential services to children, adults, elders with all disabilities and are the first place to go for accurate, unbiased information about all aspects of living with a disability.

As an independent living advocate for nearly 10 years, I'm able to pass on the knowledge that I have acquired to individuals who are in the position I was once in. Individuals who don't know where to turn for assistance, who need peer counseling and, in many cases, need an advocate. There are five core services that each Independent Living Center provides, as well as you've heard them so I'm not going to go into them as well, but each Independent Living Center also offers unique services tailored to the needs of their community such as home modifications, equipment loans and repairs, computer skills training, deaf and hard of hearing services, employment services, youth services and veteran services. All of these services offered by Independent Living Centers are crucial for the wellbeing of individuals living with a disability.

Over the past 10 years, I have witnessed the reduction of services in programs offered to individuals with disabilities due to previous year's budget cuts, which have never been restored. The reduction in services in other state funded programs has created increased numbers of referrals to the centers and created waiting list to keep up with the demand. So, I urge you to consider the modest funding increase of \$130,000 per center to allow Independent Living Centers to support an additional staff member to provide the essential services for individuals with disabilities and the expanded services for the deaf community. Thank you very much for your time and consideration.

SEN. OSTEN (19TH): Thank you very much for coming up today. Are there any comments or questions? Seeing none. Thanks so much.

JOE SHORTT: Thank you.

SEN. OSTEN (19TH): Up next is Norah Farris. Is Norah here? That's all right.

NORAH FARRIS: Good afternoon.

SEN. OSTEN (19TH): Good afternoon.

NORAH FARRIS: My name is Norah Farris and I'm a homeowner and resident of New Milford, Connecticut, and I'm here on behalf of Connecticut Independent Living Centers looking for your continued support and increase in funding for this wonderful program. In December of 2012, I was diagnosed with stage 4 bladder cancer. I was no longer able to work. I did receive medical assistance from Medicaid. Thankfully I was able to beat the cancer but after multiple surgeries and having my bladder removed entirely, I was left with debilitating complications

that requires the ongoing use of briefs. After being disabled for two years, I was put on Medicare, which does not cover these products. I could not longer qualify for Medicaid without a spend-down, which was beyond that I could afford on the fixed income due to my disability.

After being in the healthcare field for nearly 30 years, I consider myself knowledgeable, I'm a strong advocate for myself, yet after years of trying, I was still unable to get approved for these supplies that I needed so desperately. I can only imagine how others less fortunate and persistent than I would struggle with the process of navigating and receiving services that could prevent a much worse illness or expense. For years, I have relied on supplies donated by churches, social services, generosity of friends and family, simply for the luxury of having these briefs. I exhausted every resources in trying to get this expense covered but to no avail. After countless Google searches, I was fortunate enough to come upon Independence Northwest, which is one of the five centers for Independent Living in Connecticut.

I had the pleasure of speaking with Joe Shortt, who is an advocate and I was able to work one-on-one with him. He actually cared about wellbeing and was very knowledgeable about the Medicaid programs as well as other valuable resources. I told him about my experience with all the programs, I was told I was not eligible for by the Department of Social Services. At this point, I had kind of given up hope, but Joe actually listened to my struggle and asked me one simple question, do you work? I said yes, per diem as a phlebotomist, why? He told me about the Medicaid for the working disabled, an

option that no one else had offered to me or explained to me, and there was finally light at the end of the tunnel. Independence Northwest was able to provide a large supple of briefs while my application for Medicaid for the working disabled was pending. This was a blessing because they're extremely expensive. Joe has spent many hours with me and the Department of Social Services advocating on my behalf but throughout the process, he never gave up, and because he didn't, I didn't either. After many years of being denied, I'm finally able to have the supplies I need to be comfortable and I have a new friend. I am sincerely grateful for this program and thank you for your ongoing support and consideration for the increase in funding. Thank you.

SEN. OSTEN (19TH): Thank you, wait a minute. Let me see if anybody has any questions. Are there any comments or questions? Seeing none. Thank you very much.

NORAH FARRIS: Thank you.

SEN. OSTEN (19TH): Up next is Sandra Weiler.

UNKNOWN SPEAKER: She's not here.

SEN. OSTEN (19TH): Not here, and Brian Mailor followed by Sandra Roberts.

BRIAN MAILOR: Good afternoon. Thank you for your time. I appreciate you listening to these testimonies. My name is Brian Mailor and I have worked for Independence Northwest, one of the five centers for independent living in the state, which you can see behind in that sea of yellow, for almost seven years. Our goals are to promote community living to people with disabilities to have the same

opportunities that everyone else has such as being able to choose where to live, earn a decent living, to make decisions on their own, just to name a few. As a retired Air Force Master Sergeant, I work as a Veterans and independent living advocate. To summarize my work, fiscal year 19, I achieved 110 percent of my Veteran Grant goals. As of today, five months into fiscal year 20, I am currently at 140 percent of my fiscal year goal. I also specialize in assisting seniors with applying and receiving benefits through the Medicare Savings Program. I have spoken with hundreds of seniors already in this fiscal year at outreaches and regularly send out information and applications to at least 40 people a month to the seniors that qualify for the program. Personally, I have found increasing needs as I have gained a representation within the veteran and senior's communities and that directly correlates to increased hours and funding needed.

I originally started as a part-time employee. I now work full-time, however, my position is only funded to work with veterans part-time. Meeting a financial gap that needs to be filled. I am just one employee within Independence Northwest, and I believe you'd see waiting lists for all of the employees with services as increases and demands for new consumers come in. That leads to my main point, which you've probably been waiting for since I started talking increased funding. For us to handle the demands from consumers in a timely fashion, we the Independent Living Centers are asking for the modest increase of \$130,000 dollars per center or more, which would support several things to include increased staffing, it would allow us personally to

increase our part-time deaf services staff member to full-time. While there are many agencies that are looking for needed funding, the seals are a unique service and have a sound foundation all across the country with working for people with disabilities. The five seals in Connecticut thank you for your consideration that will allow us to continue supporting our veterans, seniors and the disabled community. Thank you.

SEN. OSTEN (19TH): Thank you. Are there any comments or questions? Seeing none. Thank you very much. Next up is Sandra Roberts.

SANDRA ROBERTS: Good afternoon.

SEN. OSTEN (19TH): Good afternoon.

SANDRA ROBERTS: My name is Sandra Roberts and I am testifying on behalf of the Centers for Independent Living. I've been involved with the Center for Disability Rights from West Haven, Connecticut, both as a staff person for 30 years and as a consumer. We appreciate that the level of funding will be the same as last year and the funding for deaf services. However, the core funding has been eroding through the years and has not been enough to assist of meeting the needs of consumers in our service area that we are supposed to be covering. This is very concerning.

My current role is part-time Information and Referral Advocate. We received numerous phone calls for assistance with advocacy and independent living skills training. We do our best to meet the needs of consumers that are able to come by CDR especially if they have forms for benefits or housing applications. However, when the need is more

involved or they are unable to come in, it becomes more difficult because we do not have the staff coverage to really go see consumers in the field. Funders for independent living can actually save the state money as we assist in filling the gaps and services that other agencies cannot provide and sometimes we prevent people with disabilities from being placed in nursing homes, which would have cost the State of Connecticut money. We really hope that you will consider increasing the core funding and the funding for deaf services for Centers for Independent Living so we can start providing the level of services that we once provided. Our center used to provide services to New Haven and Middlesex counties and a few towns in Fairfield County. Now we barely are able to assist consumers in five or six towns. We thank you for taking the time to hear our testimony and please consider increasing our core funding. Thank you.

SEN. OSTEN (19TH): Thank you. Are there any comments or questions? Seeing none. Thank you very much for coming. Appreciate it. Up next is Deb Polun followed by Pat Rehmer. And, anybody who is coming up to read your testimony, the interpreters would like you to speak somewhat slowly not fast so that they can provide that information.

INTERPRETER: Thank you.

DEB POLUN: Good afternoon everybody. For the record, my name is Deb Polun and I am the Executive Director of the Connecticut Association for Community Action or CAFCA. We are the state association that works with the state's nine community action agencies, which are the State and Federal designated anti-poverty agencies. Community

Action agencies are across the state serving almost 260,000 people including people in the towns that you represent, and I wanted to come here today to discuss the Governor's proposed budget and specifically to thank the Governor and the administration for continuing to support the Human Services Infrastructure Community Action program, HSI, line item, and the Department of Social Services. This line item, HSI, provides core funding for Community Action agencies and that helps us to provide the services that we do in a holistic, integrated, intergenerational way to help people and their families have economic success and improve their communities.

The HSI funding is critical to the success of Community Action Agencies and to the partnership that we've developed with both state agencies and with other community-based organizations in our cities and towns across the state. So, just briefly I wanted to again thank the Governor and DFS for supporting this line item and to thank all of you in the legislature for supporting Community Action Agencies in lots of different ways including through the HSI line item for the last 30 years or so. Really briefly, I also wanted to mention that the HSI line item is a way that Community Action Agencies are able to leverage funds. For every dollar in HSI funds, our network leveraged \$68.48 to help our state's families and communities. That is an additional \$205 million dollars in local, federal and private funds that we were able to leverage because of our state's commitment to Community Action Agencies through this line item. So, I want to thank you for your time and your consideration

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and your support and for your dedication to the people across our state.

SEN. OSTEN (19TH): Thank you. Are there any comments or questions? Seeing none. Thank you very much.

DEB POLUN: Thank you.

SEN. OSTEN (19TH): Pat Rehmer followed by Jay Katz.

PAT REHMER: Good evening. Senator Osten and members of the Appropriations Committee my name is Pat Rehmer and I'm President of the Behavioral Health Network for Hartford Healthcare. The Behavioral Health Network is comprised of the Institute of Living, Rushford Center, Natchaug Hospital and Behavioral Health Services at Backus Hospital, The Hospital of Central Connecticut, St. Vincent's Hospital and Charlotte Hungerford Hospital. I'm here, as I have been for the past several years because in the Governor's budget this year, the money that was put in by you last year for the Natchaug rate was again taken out. As you might remember in 2015, DSS implemented an inpatient reimbursement rate for general hospital psychiatric services excluding Natchaug Hospital. The range of payment to the general psychiatric units for these services ranges from \$975 to \$1,125 per day. Currently, Natchaug is reimbursed at \$829 per day. Natchaug is not included in the reimbursement rate because we are licensed not as a general acute care hospital but as an institute for mental disease, it's a federal designation.

I want to point out there is a typo in my testimony. NIMD Medicaid services are not paid for, for individuals between the ages of 21 and 64, not 2 and

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64 or I wouldn't be here. [Laughing] So, I know you know all of this. We are the only provider of child and adolescent services in the east. Last year, we had 24 beds, 6 for children, 18 for adolescents. We can swing those beds. We provided care for 179 children and 628 adolescents. Those children probably would not have been cared for in an inpatient unit if we didn't have these beds or they certainly would have waited.

We also provide school services on our inpatient unit, which is something that not all inpatient units do, and I want to remind you that two hospitals in this state swung their child and adolescent bed units last year, so we now have five child and adolescent units left in this state. This again is the only one in the eastern part of the state. And, we do provide educational services on the inpatient unit and we receive payment for only 32 percent of those services. One day last week there were 26 children sitting in emergency rooms waiting for inpatient beds. Imagine what would happen if these beds were not available in the service system. And, I heard DSS's testimony this morning and I heard that they said while this is the same rate as last year, well it was a cut rate last year. And I also heard that we have access to a pay for performance plan, which we do. It's \$500,000, which is less than half of what we are requesting and half of what we are requesting comes from the Federal Government. I also heard your comments and I really appreciate your continued support of Natchaug Hospital.

SEN. OSTEN (19TH): Thank you. Are there any other comments or questions? Represent Johnson.

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REP. JOHNSON (49TH): Thank you so much for your testimony and the work that you do in eastern Connecticut for adolescents and children that have behavioral health disorders, and I just want to say that I think that it's really important that your able to continue at a reasonable rate and I want to try and work toward those goals, so thank you so much.

PAT REHMER: Thank you.

SEN. OSTEN (19TH): Any other comments or questions? I just want to say that I really appreciate the work that you do, in particular for the very young people that need these kinds of services. There is not a lot around for them and I think the need is great, and I think the need is only growing. So, as long as I am here, I will be fighting to keep that line item as it is.

PAT REHMER: We appreciate that. Thank you very much.

SEN. OSTEN (19TH): Thank you. Jay Katz followed by Mag Morelli and David Lawlor.

JAY KATZ: Good evening Senator Osten and members of the Appropriation Committee. Thank you for your work and for the opportunity to offer testimony specifically on the Department of Social Services budget related to residential care home funding. My name is Jay Katz and I am the Administrator at Leeway located in New Haven.

UNKNOWN SPEAKER: Can you speak up sir please, just a little. I'm sorry the interpreters can't hear.

JAY KATZ: Sorry.

UNKNOWN SPEAKER: Thank you.

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JAY KATZ: I'm here to express the strong need for a rate increase for residential care homes throughout the state. If our industry continues to be significantly underfunded some homes will eventually have to close, leaving our residents with limited housing options. The Governor's proposal to enable residential care homes to bill Medicaid acknowledges the need for higher rates. However, our industry has significant concerns with the proposal especially since it cuts money out of the budget that has been dedicated to residential care homes without knowing how much or what services we will be able to have covered by Medicaid.

Leeway Residential Care Home is a 30-bed semi-independent living facility caring for those living with HIV for almost 25 years. Leeway residents all have HIV/AIDS along with an average of six other comorbidities. Many of our residents can ambulate and feed themselves as they manage to live with end-stage kidney and liver disease, CHF, HIV dementia, diabetes, substance abuse and mental illness. Our residents experience ongoing physical pain and a rigorous schedule of medical appointments and medications. The average resident at Leeway takes 16 pills or more a day. While residents cope with this routine he or she are further challenged by mental illness and substance abuse. These conditions require around the clock monitoring, med management and case management. This is done at a low cost to the state while providing care to some of the most vulnerable people in the state.

My home and other residential care homes throughout the state have had to get by while rates failing to keep up with the cost and yet we serve as the safety net for many people with mental health diagnosis and

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substance issues. Unlike other providers, almost all of our residents are state funded limiting our ability to call-shift and make up for low rates. The biggest challenge with the lack of rate increases is the ability to pay our employees a fair wage. We value our employees who deserve so much more. Sorry, in conclusion, please support residential care home funding and uncap our rates so that we can help keep our great employees and pay them fair wages.

SEN. OSTEN (19TH): Thank you very much. Are there any comments or questions? Seeing none. Thank you very much. Mag Morelli and David Lawlor followed by Merrill Gay.

DAVID LAWLOR: Good evening Senator Osten and members of the Appropriations Committee. My name is David Lawlor. I'm the president and CEO of United Methodist Homes based in Shelton, Connecticut. We also have facilities in Farmington and Newington. I'm also the chair of LeadingAge Connecticut, a statewide membership association representing not for profit providers serving older adults across the continuum. I'm joined by Mag Morelli, President of LeadingAge. Thank you for this opportunity to testify on the Governor's budget adjustment proposals. While we have submitted detailed written testimony on many topics related to aging services, I would like to focus my testimony this evening on the state's plan to transition to a new nursing home reimbursement system and Mag will comment briefly on the Medicaid rates for home and community-based services.

As you know, the Department of Social Services has currently developed the new case-mix rate system

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designed to replace our current cost base system. The new case-mix system will add an acuity-based component in one or more value-based performance incentives to payment rates. And, our association has been supportive of these concepts and principal. The state has targeted implementation by July 1, 2020 and we have been pleased to be working with the Department and their consultants to develop a new system. While the support of the idea of a case-mix system - While we support the idea of a case-mix system, we also recognize this is a massive change in a reimbursement system. The change has the potential of significantly impacting the financial landscape of the entire nursing home sector, okay. It will, therefore, be extremely important for us to work together to ensure quality, well-staffed nursing home care is not disrupted in the transition. It could create chaos if it is not done prudently.

Toward that goal, we have two priority requests of the committee. First, we simply request that the committee include additional funding in the budget to meet the anticipated funding needs of the new system. We asked this because the new system will only meet it's intended objectives if it has adequate funding, otherwise, it is an entire waste of time. Otherwise, the current funding, which was woefully inadequate will merely be moved around and reallocated putting homes in jeopardy. We fear that without the system being fully funded, some quality nursing homes will be negatively affected by a significant reduction in their rates, while others will not receive nearly enough funding to cover the cost of caring for higher acuity residents. It won't function without funding. Second, we request

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that the legislature remain apprised of the details involved in the development of new system. The implementation is on a fast track with an anticipated July 1 start date and yet we may not know the details of the new system until after the legislative session has adjourned. We are hopeful that your attention to the process will help to ensure that the final system design will deliver the resources needed to provide the consumer with access to quality nursing home care and to retain and recruit our workforce to meet the quality-of-life and physical environment expectations of our customers and regulators. [Crosstalk]

SEN. OSTEN (19TH): Keep going.

DAVID LAWLOR: Okay. In our written testimony we have outlined several items that we would like to see incorporated into the new system including an opportunity for nursing homes to proactively request a reduction in the license inspect capacity before July 1 and then have the new smaller bed count applied to their new calculated base rate. Since the low-cost centers can be detrimental to a homes rate calculation, we see offering the ability to reduce beds at this time as an opportunity to incentivize voluntary bed reduction for homes with excess capacity.

MAG MORELLI: Just briefly, I just want to say that reviewing the development.

SEN. OSTEN (19TH): You need to say your name.

MAG MORELLI: Oh, I'm sorry. Mag Morelli, President LeadingAge Connecticut. We view the development of the nursing home reimbursement system through the lens of the rebalancing plan, and as we address the

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nursing home and the changing demand for nursing homes on one side of the long-term care continuum, we have to look to the other end and try to address the growing demand for home and community-based services. To meet that demand, we believe we can address this by building and strengthening the home and community-based provider network. And, so with the goal toward strengthening that home and community-based provider network, we respectfully request that the committee consider instituting an annual increase to the rates for home and community-based services.

An annual investment in the rates will strengthen the community-based provider network, enable a successful rebalancing of the system and ultimately save the state money. Even if the increase is a small percentage, it will gradually build up the rate structure for this critical network of providers. So, as Dave said, we have submitted more detailed written testimony but our closing message is please stay committed to the vision and progress we've made in the area of aging services and let us work together to provide a strong and balanced system of long-term services and support. Thank you. [Crosstalk] I would be happy to answer questions.

SEN. OSTEN (19TH): Thank you. Are there any comments or questions? Thank you very much.

MAG MORELLI: Thank you.

DAVID LAWLOR: Thank you very much.

SEN. OSTEN (19TH): Next up is Merrill Gay followed by Elizabeth Fraser.

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MERRILL GAY: Good afternoon Senator Osten, members of the committee. My name is Merrill Gay. I'm the Executive Director of the Connecticut Early Childhood Alliance, a statewide membership organization committed to making sure that all children are able to reach -- to be healthy and safe and reach life-long success. I also serve on the Benefits Cliff workgroup of the Two-Gen Advisory Committee, and I'm here today to urge you to increase the funding for the DSS HUSKY budget to close the gap in parent's coverage between the current 160 percent of federal poverty line and the 201 percent federal poverty limit for their children. This gap represents the first significant benefit cliff that parents are going to face as the minimum wage goes up.

My colleague, Liz Fraser, will presents some charts and graphs but I want to put this in terms of the life of an early childhood provider. So, Marie is a composite. She represents hundreds of childcare workers across the state. She is single mom working as an assistant teacher in a school readiness pre-school. She has been there for a couple of years and she has just earned her Associates Degree, which means she has worked her way up to \$13.00 an hour. That's a couple dollars an hour over minimum wage but she is still struggling. She is paying close to half her income in rent. She is really thankful that now that her son is in public school, he is able to get the free breakfast and lunch because SNAP has only given her about \$100 a month in help for food and she has needed to use fuel assistance and she has needed to get a payment plan with the power company. The pre-school where Maria works offers health insurance but between the employee

share, the co-pays and the deductibles, she just can't afford it. So, Maria and her son are both on HUSKY now, for now, because come September when the minimum wage goes up her employer who really wants to keep her is going to try and give her a raise. It may not be the full dollar that the person at \$11.00 is going to get but if it is more than \$0.50 she is going to find that she is no longer eligible for HUSKY and that's going to be a big step-back. So, it's like one step forward, two steps back.

The chart that OPM helped to put together with some data that Liz is going to present next, shows it as a \$400 a month cliff. So that is the equivalent of a \$2.40 decrease in pay when you have that big increase in cost, and so that is just - you know, I know this is not a budget year and you're not thinking about ways to spend money but this is something that is coming very soon and is going to affect a lot of people and it's particularly going to affect the people who work in early childhood, who are low wage workers. Thank you.

SEN. OSTEN (19TH): Thank you. Are there any comments or questions? Representative Case.

REP. CASE (63RD): Thank you. Thank you, Merrill, for coming forward. You talk about the cliff. Do we have any numbers from your agency of how many we expect out of your population that you work with that are going to be affected?

MERRILL GAY: What I know is that in talking with providers, \$13.00 an hour is about the median wage, so about half the people are above and half that are below, and for a single parent with one child, 13, 35 or so is about that threshold where you go over the HUSKY limit. Now it obviously it differs

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between, you know, whether you've got one kid, whether your making - you know, you're on the high end or the low end of that median. We're talking about a substantial number of people and it's not ten's and thousand's but it's probably the at least hundreds in the early childhood field plus thousands more of parents who are using a lot of the early childhood programs.

REP. CASE (63RD): I thank you for bringing that forward. I know we have something coming up tomorrow in Human Services to raise a concept but it's something that we talked about with minimum wage that this was going to happen. And, it's scary because as you move down the years, once it reaches the 15, I mean, we're talking almost 50 percent of the people will be off state benefits if we don't do something. So, it's scary but I appreciate you talking about it now and taking a look at it and obviously it's not a budget year but this affects a lot of people and there are things that happen because of some things that we do. So, thank you for coming forward.

MERRILL GAY: You know, the obvious big problem with the HUSKY benefit cliff is that its tied to the federal poverty line, which is a pretty lousy measure of what it cost to live in Connecticut.

REP. CASE (63RD): Agree. Thank you Madam Chair.

SEN. OSTEN (19TH): Thank you. Any other comments or questions? Thanks. Elizabeth Fraser followed by Lisa Connolly.

LIZ FRASER: Good afternoon Senator Osten and members of the -

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SEN. OSTEN (19TH): You just need to talk loud enough so that they can hear you over there.

LIZ FRASER: Sorry. Good afternoon Senator Osten and all of the members of the Appropriations Committee. I am Liz Fraser, the Policy Director of the Connecticut Association for Human Services cause. I'm here to ask this committee to reinstate the eligibility limit for Medicaid A. The health insurance benefit for parents who have HUSKY eligible children from 160 percent of the federal poverty level back up to the 215-eligibility level of 201 percent of the federal poverty level. There will be much testimony submitted, I believe, about how important this is from a health and wealth standpoint, and that is the basis of my testimony tonight. For some time, we at CAHS have been examining the potential impact that an increase in the minimum wage will have on families receiving benefits. While it's extremely complicated to understand and calculate, we have done some basic analyses and find that the first benefit cliff that families will fall off is HUSKY Medicaid A.

While not the sole benefit loss that we keep families stable, the way HUSKY A eligibility is structured, one dollar, one penny over the eligibility limit would end access to this valuable benefit with its cascading impact for others. The cliff is steep and fast and there is a chart in my testimony. With a much-needed increase in Connecticut's minimum wage and while it's welcome, with it comes new challenges. With strict cutoffs for some families who will make marginally higher incomes with the increase of minimum wage, comes disaster. They will no longer be eligible for certain benefits including Medicaid A.

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Initial analysis shows that the first year of the wage increased up to \$11.00 an hour maybe didn't impact too many families but they're indications that this fall, as we rise up to 12 and up depending on little increases, the cliff will hit more and more families and they will lose their coverage. This new uncertainty of whether or not these changes will or will not provide an overall benefit are especially true for part-time workers. Because part-time workers don't always know their weekly or monthly hours, it's difficult to calculate when and if they will lose coverage, and there is a figure on children in families with insecure employment as well. And, of course there is the Affordable Care Act in Connecticut. However, for under-resourced families with very little, if any savings, the added cost and out-of-pocket expenses can also provide financial hardship. There's another chart in there about that. In just in closing, there is a lot of information here that you can peruse and I'm happy to answer questions, you can always call me if you are going through it and find something, but the Benefit Cliffs workgroup is doing work and they're looking at some solutions. But we really can't wait for all the research to be done and let families fall off these cliffs, so we urge you to please think about this as you go through the budget. So, thank you very much.

SEN. OSTEN (19TH): Thank you. Are there any comments or questions? Seeing none. Thank you very much. Up next is Lisa Connolly followed by Heather Gates.

LISA CONNOLLY: Good evening.

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SEN. OSTEN (19TH): Just remember you've got to talk loud so they can hear you.

LISA CONNOLLY: Good evening Senator Osten and the members of the Appropriations Committee. My name is Lisa Connolly and I'm the Vice President of Hartford Healthcare Community Network and the Vice Chair of LeadingAge Connecticut, a statewide membership association representing, not for profit, provider organizations serving older adults across the continuum of aging services. LeadingAge's membership includes not for profit and residential care homes including Jerome Home in New Britain, which is managed by Hartford Healthcare Community Network. While LeadingAge Connecticut has submitted written testimony on many topics related to aging services, I would like to focus my comments this evening on the Governor's proposal to restructure the reimbursement rates for resident care homes. The residential care home setting is both supportive and affordable and is a setting of choice for many older adults. The homes provide room and board along with personal care services and limited medication administration. Some residents pay privately but residential care homes are also covered under the state supplement for the aged, blind and disabled program.

The Governor has proposed a new method of structuring the reimbursement rates for residential care homes that will separate out personal care and related services from the daily room and board state supplement rate and then designate them as Medicaid covered services. This restructuring will allow the state to receive federal matching funds on the service portion of the reimbursement. This will be the first time the state will receive any federal

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funding for these expenditures and 25 percent of the state savings is promised to be reinvested into residential homes. As a representative of the not for profit residential care homes that are serving older adults, LeadingAge is optimistic about this proposal. This policy change shows a confidence in the model of community-based living and reaffirms a crucial role in the continuum of aging services.

We are hopeful that the ability to access federal funding for the residential care home model will encourage its growth and help existing providers maintain and improve their physical plant, as well as keep the cost of providing room and board and services. We are, however, cautious in our optimism, as we do not yet know the details of this new rate structure or what the impact will be on the current reimbursement for existing homes. If necessary, we will ask for safeguard, such as a stop loss provision be put in place so that residential care homes are not negatively affected by the impact of this transition. We want to know if there is just one base rate per services and if additional rates will be offered for individual services such as medication re-administration. We are also interested in the reinvestment plan for the additional funding and hope to provide input into the decision making, and finally we are aware that many of the providers are small and unfamiliar with the Medicaid billing process and, therefore, assistance and training in this area would be welcomed.

In conclusion, we look forward to working with the Department of Social Services, as they move forward with the design and implementation of this new structure. We also encourage the State Legislature

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to remain involved, as to advocate for the residential care homes in their residents. These homes are an important part of the long-term services and supports continuum and we are hopeful that the new rate structure will provide the additional resources needed to support and expand affordable community based residential options. Thank you.

SEN. OSTEN (19TH): Thank you. Are there any other comments or questions? Seeing none. Thank you very much. Heather Gates followed by Susan Adams.

HEATHER GATES: Good evening - Good evening Senator Osten and members of the Appropriations Committee. I'm Heather Gates and I'm the President and CEO of Community Health Resources. CHR is one of the largest and most comprehensive providers of behavioral health, integrated care, supportive housing and foster care in the state. We are also a methadone provider and we're working very closely with the Department of Corrections to provide methadone within three prisons in the state in order to reduce recidivism. We employ over 900 individuals from a wide variety of disciplines, and we're devoted to serving those who are most in need utilizing evidenced based practices to deliver high quality care and achieve excellent outcomes. We are also Connecticut's first certified community behavioral health clinic, which is a national model to deliver a system of care to those with serious behavioral health conditions to all ages, and I've included some of that information attached to my testimony.

Last year we served over 27,000 children, families and adults, an increase of 42 percent over a five-

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year period. Much of the increased demand for services has been related to the opiate crisis and those with serious mental illness. We have received virtually no increase on any of our grants or Medicaid rates for over 10 years now. That is during a period of time where we saw a 42 percent increase in the demand for our services. The Medicaid rates have to be addressed. Our outpatient clinics are hemorrhaging money right now because the behavioral health rates have not been addressed for decades and it's really an outrage quite frankly. It's - and is it our only choice really to restrict care, to close down those clinics, to shut access. As a provider of care that's dedicated to people in our communities, that's just not an acceptable choice for us to have to make and quite frankly we're tired of the state putting us in that position year-after-year of trying to make those decisions.

I'm also here to respectfully request that the legislature appropriate \$461 million over five years for community nonprofits. Since 2007, we've lost at least that amount of money in state funding because it has not kept pace with inflation or adequately covered increased cost and demand for services over this period. So, we're asking you to commit to increased funding for the full \$461 million or 28 percent by fiscal year 2025. We're asking you to commit \$128 million in this year, which is a 7 percent increase, and then to index increases going forward to ensure that we don't fall behind the way we have over the last 13 years. As an organization, we have closed programs, reduced access, delayed hiring and reduced staffing and we simply cannot sustain a financial margin that is nonexistent any longer. Thank you. We appreciate your attention.

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SEN. OSTEN (19TH): Are there any other comments or questions? So, I have one thing that I would like to bring up. We have no ability to go up \$461 million dollars, so I want to tell you that very plainly, and I would like to work with you to come up with other methodologies whether it's for some way of some of the rules and regulations that you have to follow that would cut down on some of your cost, whether its less, you know, unless oversight by DSS if you're a performing facility. Something, there has to be some way that we can do this. You know that it would take us two-thirds of the General Assembly and every budget that we have has been a partisan's vote, which is not a two-thirds vote, and the bipartisan budget requires a spending cap, which I'm not necessarily opposed to but with that spending cap in place, there is, unless we cut out of another program the same dollars that you're asking for, we're not able to do this. So, I want to come up with some way that provides you some relief as we're working forward on this.

I just think we should be completely bluntly honest about this situation because I know you have been passing it around and I see all of the signs, I get it. I don't disagree but I don't like to have somebody come up and then me say we're listening to you and we're going to try to do our best to help you when that is an impossibility based on the rules that we are govern by right now. So, if you come up with - [Crosstalk] you can comment. I'm just say if you can come up with another methodology that at least helps us help you that we have the ability to do.

HEATHER GATES: So, a couple, first of all clarification. The \$461 million we're requesting is

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over a five-year period and that's to bring us back to where we are now. It would not make up for then what would be a causative increase of doing business over the next five years. So, it is \$128 million in this year. About half of that would be reimbursed federally because this also would apply to the Medicaid rates and the Medicaid budget, so it's a net of about \$64 million.

SEN. OSTEN (19TH): Which we don't have in the spending cap right now.

HEATHER GATES: And so, you know, we appreciate your honesty related to that.

SEN. OSTEN (19TH): I'd like to be able to say I can give you all the money you need. I think that you do God's work and I appreciate it, but I want to come up with some other methodology because, you know.

HEATHER GATES: We're happy to work with you on that. I also don't know if there is any methodology that would save enough money for us to be able to compete in the market for APRN's, for licensed social workers, for the staff we need in order to deliver services that are really driven by professionals and are, you know, very much in demand. So, I think the challenge is the state has its financial issues but as organizations serving those who have the most significant needs, we are under water financially and it's not sustainable for the nonprofits either.

SEN. OSTEN (19TH): I get it. I'm just - I'm not going to make a promise to something that we have absolutely no ability to do. So, I just want - I want you to understand that piece of it and I don't

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think that we can cut rules and regulations that will salvage all the dollars you're looking for but there are other - there are some that we could do that would help out somehow. So, let's talk about it, lets continue the conversation, okay.

HEATHER GATES: Absolutely, and I appreciate that. Thank you.

SEN. OSTEN (19TH): Thank you very much for coming up today. Susan Adams followed by Matt Barrett.

SUSAN ADAMS: Good evening Senator Osten and distinguished members of the Appropriations Committee. My name is Susan Adams, Vice President for Alliance Integration from Masonicare. Masonicare is a full continuum of care specializing in senior services. One of our service lines is home health and Hospice and on any given day, we touch the lives of over 15,000 patients throughout Connecticut. Patient's rely on home-based healthcare and our caregivers in order to have the ability to stay safely in their own homes. We keep people out of the hospital or from having to go back to the hospital. However, fewer skilled caregivers equals fewer skilled caregiving visits.

In order to continue to provide these services, we can no longer survive increased costly, regulatory burdens and a flat reimbursement rate for the last 13 years. If you do the math, you would have to recognize that there are more people aging in place over the age of 85. There are also fewer people under the age of 15, which means there are fewer potential caregivers to draw from for the future. Access to care at home is becoming more and more difficult to guarantee. Simply stated without the skilled caregivers, we can't accept more patients.

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Now add to that, that there are more people wanting to receive care in their own homes, wherever that may be. Add that hospitals and our government also want patients in their own home for skilled nursing services, nursing, therapy and social work. It's proven that people attain their highest level of functioning in their own homes. Their homes are also the place where they can receive these skilled services at the lowest cost. So why is it we cannot compete for enough of the highest quality caregivers? We're reimbursed by Medicaid at 57 percent of our costs. We're forced to limit the number of Medicaid patients we can accept. Some agencies can't accept Medicaid patients at all. We have no choice; we must remain financially viable in order to provide services to as many patients as possible. We've worked year-over-year for the past 13 years to decrease our costs and we simply cannot continue to reduce costs and still be quality providers. I don't want less than the best for my mother or for any of your mothers.

We need your help in not only recognizing the expanding need but also by doing something about it. Our patients need your help. We've demonstrated our willingness to work together to find ways to eradicate workflows that are not efficient. We seek out any opportunity we can find to educate about healthcare and particularly home healthcare. We offer the opportunity to take anyone out to actually see a home visit where the magic happens. We stand ready to work together to find better solutions. We need that increased financial reimbursement to start yesterday. Thank you for allowing me to testify, and please don't hesitate to contact me or any of my

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colleagues with questions or thoughts, and I look forward to hearing from you.

SEN. OSTEN (19TH): Thank you. Are there any comments or questions? Seeing none. Thank you very much for coming, appreciate it. Matt Barrett followed by Steve Richheimer.

MATT BARRETT: Good evening Senator Osten and to the distinguished members of the Appropriations Committee. My name is Matt Barrett and I'm President and CEO of the Connecticut Association of Healthcare facilities and the Connecticut Center for Assistive Living. We're a trade association of 150-member skilled nursing facilities and assisted living communities. Nursing home operators and dedicated employees are in this hearing room and next door in hearing room 2D this evening because they want to express to the committee that they face many challenges in delivering high quality care during these very difficult fiscal times. The current Medicaid under-funding environment and the accumulated decades long Medicaid, nursing home under funding of approximately \$125 million dollars is putting tremendous pressure on our operators and employees and jeopardizing the quality-of-care that we know everybody wants in Connecticut.

A substantial increase in Medicaid funding for nursing homes in this midterm budget adjustment is once more the main message from Connecticut skilled nursing facilities. The need to address the Medicaid funding issue in FY 2021 is even more acute given that Connecticut is transitioning its Medicaid payment system from a cost-based reimbursement system to a case-mix reimbursement methodology proposed to begin on July 1, 2020. In this regard,

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Senator Osten, I'd like to express our gratitude to the leadership of the Appropriations Committee for scheduling a briefing on the case-mix transition issue on February 6 at the outside of the legislative session where we and our nursing home association counterpart LeadingAge Connecticut have the opportunity to express our main concerns about the transition to case-mix, which are as follows: The new case-mix reimbursement system will only meet its intended objectives if it is fully funded. First the cost-based system has an annual funding shortfall estimated to be \$125 million dollars, and this estimate is based on the government's own calculations of the rates utilizing what the state considers to be an allowable cost to providing care. Second, the new case-mix system is currently planned to be budget neutral, which automatically means it too will be underfunded but what level we're not really sure at this point.

Finally, certainly it would be essential that the performance incentive payments, which are a hallmark feature of the proposed case-mix system be funded with additional resources. Given the demonstrated underfunding, I will just summarize very briefly Senator. Given the demonstrated underfunding now present in the system, we believe it will be significantly undermining of the very objective of quality improvement if incentive funds were diverted from existing underfunded resources. I've submitted written testimony and I thank the committee for the opportunity to testify.

SEN. OSTEN (19TH): Thank you very much. Are there any comments or questions? Thank you. I think we're looking at making sure that the legislature stays involved in this in the budget process and in

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the funding process because we don't want to leave the legislature and find out that something has made this much more difficult than it needs to be. So, we are looking at some of the concerns you brought to us to make sure that we incorporate that into a requirement.

MATT BARRETT: We're very grateful for that. Thank you Senator Osten.

SEN. OSTEN (19TH): Steve Richheimer followed by Lara Alatis. Good evening.

STEVE RICCHEIMER: Good evening Senator and members of the Appropriations Committee. My name is Steve Richheimer and I'm the Administrator of Tracy Manor, and a very nervous public speaker, so I'll make this very brief. [Laughing]

Again, I really want to thank you for the opportunity to speak with you and so we can talk about my industry, which is the residential care industry. We serve a very vulnerable population. Most of our clients have multiple mental illness issues that they suffer with, and we provide a home for them. And, the issues we're experiencing now are industry wide. Is that are rates have been frozen for almost a decade and obviously our expenses go up beyond our control from utilities to food to health insurance. Our health insurance went up for my employees 20 percent this year alone. It's really becoming a challenge.

There are many times where months with five Mondays, which is payday. I have to loan money to the company just so we can make payroll. Again, as you can imagine, if your income was frozen for 10 years but your rates increased, it is very, very

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challenging. And, I just want you to consider lifting the frozen rate, you know. One of the big challenges we have is maintaining our wonderful staff. Our population, it's a very rewarding job but its very challenging and sadly recently we lost a couple employees that have been with us for 10 years, and they were wonderful and they were real experienced and were very good at their job but because we're unable to keep up with inflation, with paying them, they had to leave, and you know, I understood and I wished them well but it hurt my heart, and I know that we can provide the best care with the most experienced employees and the best quality employees, and it's becoming more and more difficult to attract them with our limited resources. As again, our cost have been frozen for almost 10 years, and so again the viability of our industry is sort of becoming an issue, you know. My family is three generations in the RCH industry and I really have concerns. And, so I hear bells going off, so I know times up, and I thank you for letting me speak and I really hope you consider our proposal or lifting our wage freezes. Thank you so much.

SEN. OSTEN (19TH): Don't go anywhere. Are there any comments or questions? We are looking to see if we can have that rate brought up before we switch over to the new system to see if that would make a difference, so, no guarantees though.

STEVE RICHEIMER: Truly appreciate whatever you can do.

SEN. OSTEN (19TH): Thank you.

STEVE RICHEIMER: Thank you.

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SEN. OSTEN (19TH): Lara Alatise followed by a trio, Marissa Jones, Victoria Kozar and Lizbeth Carmichael. Go ahead.

LARA ALATISE: Good evening Senator Osten, Representative Walker and to the members of the Appropriation Committee, my name is Lara Alatise. I'm the owner and the administrator at Windsor Health and Rehabilitation Center in Windsor, Connecticut. I've been an administrator for over 20 years. I might be a little bit nervous; I think I was followed by another nervous speaker. [Laughing] I consider it a privilege to talk to you this evening. I'm very grateful for the folks that work with me at Windsor. We're a 108-bed nursing home and we have 125 employees working with us to take care of the facilities and the residents that we do take care of. And, for us, what we do is not different from the folks that have testified today, and its not easy for us as caregivers and to be able to take care of them with so little, and so much has been taken away from us over the years.

For us, as the owner of Windsor and as a privately health facility we have to struggle everyday just like any other provider and I'm - although I've submitted a testimony today, I've actually come to just talk to you out of my own concern, you know. My employees from 2016 that I took over the facility, we have had wages that have gone up and we've been grateful that we've had wage enhancement and were very grateful for that, appropriation of wage enhancement. Our CNAs start at \$15 an hour and our service workers start at \$14 an hour and we are very grateful for that, but even with that, reimbursements continues to have what we call the EKG effect, many that once we get them, then it goes

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down again. We have had a swing for almost about \$10 a day taken from our reimbursements, so we cannot continue to give quality care to our residents with that kind of a swing, and we're now facing Kismets. We have reimbursement with Medicaid that is going to be coming and we just want to make sure that, you know the funding that is going to be coming down the pike, that the legislators will put a lot of thoughts into that, so that care will not suffer - that the quality-of-care that we're expected to give folks will not suffer.

So, in conclusion, we're just asking that - to give so much -- we're being asked to give so much with the declining reimbursement, while we expect increase the staff wages and improve our physical environment and overall improvement that - you know, the services that we're being asked to give, that the funding will support that as well. So, thank you for allowing me to speak.

SEN. OSTEN (19TH): Thank you very much for coming. Are there any comments or questions? Seeing none. Thanks so much. Next up is a trio of people, Marissa Jones, Victoria Kozar and Lizbeth Carmichael. You can sit up there too, I think there's a chair. There you go. Go ahead and don't forget to introduce yourself when you get in and make sure your mics are on.

VICTORIA KOZAR: Good evening Senator Osten and all the members of the Appropriations Committee. My name is Victoria Kozar and I'm the Dementia Care Coordinator at Laurel Ridge Health Care Center, and it is my pleasure to be joined by Lizbeth Carmichael, the Administrator at Sheridan Woods Health Care.

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SAWYER THORNTON: And I'm Sawyer Thornton, I'm the Administrator at Sharon Health Care Center.

SEN. OSTEN (19TH): What's your name again?

SAWYER THORNTON: Sawyer Thornton.

SEN. OSTEN (19TH): Thank you.

VICTORIA KOZAR: So, thank you so much for your time and I want to begin by thanking the Appropriations Committee for their support in increases in last year's budget for nursing home, employee wages and benefits. Laurel Ridge Health Care Center has been providing high quality, skilled nursing care for Ridgefield, Connecticut and surrounding towns since 1993. We are licensed for 126 beds, catering to various care needs of our community, whether it be short-term rehabilitation, long-term or memory care. We're incredibly proud of our dedicated staff that goes beyond the call of duty, much like the staff at many of the other facilities who have spoken. Like many nursing homes, Laurel Ridge is also faced with the financial strain to meet the needs of the current nursing home population. As our state continues to age, it is crucial to have an ample supply of workers to meet the needs of our residents. Very often we're also needing to provide one-on-one care for residents to help keep them safe.

SEN. OSTEN (19TH): So, Elizabeth. I'm just going to ask you to slow down a bit. I know you want to get it all in, but she is trying to interpret.

VICTORIA KOZAR: I apologize.

SEN. OSTEN (19TH): Thank you.

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VICTORIA KOZAR: Oh, no problem. [Laughing] So the caregivers I work with are so devoted and truly the unsung heroes of healthcare. They do such an incredible job and I am so grateful and proud of them for all that they do. As we see an increase in instances of Alzheimer's disease and dementia, this is a challenge that staff meets with patience and understanding, which isn't always easy.

To meet the needs of our memory care residents, they go through rigorous year long training to make sure that they are up-to-date on all of the best practices to help maintain the resident's comfort and safety, which is an everyday priority to add life to the years of those they care for. It's very concerning if a new case-mix payment system is to take place. How would that affect the quality and kinds of care that we're able to provide. These new wage enhancements will not only help ensure continued excellence but also retention of quality staff. We're asking for your support to make nursing home funding a priority in the sessions budget. We thank you in advance for your support in helping us deliver the best care possible to not only our residents but your loved ones. Thank you.

ELIZABETH CARMICHAEL: My name is Lizbeth Carmichael. I'm the Administrator at Sheridan Woods Health Care Center in Bristol. Sheridan Woods has been providing nursing home care in our community for over 33 years. We are a 140-bed skilled nursing facility and we employ 250 employees. To continue on what my predecessor said, I am very proud of the work that our facility does. It - We all want the same thing, that is to deliver the highest quality care experienced to anyone who comes to our

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facility. Our workers do amazing jobs and I'm so grateful and proud of them.

A recent letter from a family shares their experiences. It was clear your staff faces many challenges, but the nurses and the PT treated my dad with amazing professionalism. As an ex-institutional chef, I will say that your meal offerings were always enticing and well-executed. The facility was clean and like the other staff I encountered, the housekeeping staff clearly took pride in their responsibilities. Our facility also prides itself on having a rehospitalization rate of 13 percent and average length of stay of 23 days. All of these things happen with the wonderful caregivers and the case-mix is going to change everything as our predecessors have said. We would like to thank you for the funding that we have gotten in the last year and hope that you will give us more funding to keep our services at the highest level of care.

SEN. OSTEN (19TH): Thank you. Sawyer.

SAWYER THORNTON: Hi. I'm the Administrator at Sharon Health Care Center. It is an 88-bed skilled nursing facility and I have around 137 employees. So as everybody talked about finding employees, it's very hard especially in the northwest corner of Connecticut. I grew up in the area and seeing a drastic change in having younger people in the area and we're the oldest population in Litchfield County. So enticing employees to come in at our rate is very difficult for us to provide excellent care, and I take pride in what I do as well as my team from every department, so.

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SEN. OSTEN (19TH): Thank you. Are there any comments or questions: Representative Horn.

REP. HORN (64TH): Thank you Madam Chair. I am also from the northwest corner and I'm very familiar with the work that you do and I thank you for it and for your testimony, and I also have - my mother had very severe dementia by the end of her life and I'm deeply familiar with the importance of having trained care deal with her and give her dignity and love and care at the end of her life, and I know the difference, the importance of having trained people who are dedicated to that craft, so I thank you for what you do as well, and I hope we can do what we can for you. Thank you.

SAWYER THORNTON: Thank you.

REP. HORN (64TH): Thank you Madam Chair.

SEN. OSTEN (19TH): Thank you very much, and can you just Sawyer, can you stop there and make sure he has the right spelling of your name.

SAWYER THORNTON: Yep.

SEN. OSTEN (19TH): Thank you. Up next is Elaine Cole followed by Daniel Brencher.

ELAINE COLE: Senator Osten and members of the Appropriations Committee, thank you for hearing my testimony. My name is Elaine Cole and I purchased a residential care home in 2003, and I have been operating it since that time. It is a 25-bed home for people with mental illness, and we serve ages from people 23 to 67 right now. I'm here to say there is an urgent need for a rate increase in our homes, and what's happened is besides I - besides having this freeze within over the past decade,

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what's happened is individual homes are really close to being not sustainable anymore. And, it's also a problem if someone wants to sell a facility, a buyer would not be interested in an underfunded facility. But I do feel that we have an opportunity to make some changes.

The Governor's proposal certainly is one way that might be a possibility. This is a very basic and fundamental change for us, and we would like to say that basically we need more material information. We've heard a proposal about our facilities billing Title 19 directly, but we have no material information on this. So, it's very hard to even discuss it or sell it to somebody else. I also believe that as being part of the CARCH organization that Connecticut Association of Residential Care Homes, we are very open to working with you and other members on ways of saving money and two that come to mind are the accounting area and transportation, and I believe we could start discussions on that, that would be meaningful, and so I don't want to reiterate what has been said before. You know that we have a serious financial problem and it is difficult to run these facilities and keep the quality up. Nevertheless, we have dedicated people and we are doing our very best and we hope we can work with you on the financial end, which is so essential, Thank you.

SEN. OSTEN (19TH): Thank you very much. We are asking the agency to come back with a comprehensive plan so that we can also see it too, so.

ELAINE COLE: Okay, very good.

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SEN. OSTEN (19TH): Just so you know. Are there any comments or questions? Seeing none. Thank you very much.

ELAINE COLE: Thank you.

SEN. OSTEN (19TH): Up next is Daniel Brencher followed by a duet, Tiffany Reid and Ann Jordan.

DANIEL BRENCHER: Good evening Senator Osten and to members of the Appropriations Committee. My name is Daniel Brencher. I'm the Administrator at Advanced Center for Nursing and Rehabilitation in New Haven, Connecticut. Advanced Center has been providing nursing home care in our community for generations. We're a 226-bed home, employing over 300 individuals. I want to begin by thanking the Appropriations Committee for supporting wage and benefit increases in last sessions budget for our employees. Recruiting and retaining workers in Connecticut its very competitive labor market remains one of our greatest challenges. Having ample supply of workers to meet the needs of nursing home residents with increasing care needs on all shifts will be even more difficult as the Connecticut minimum wage continues to rise.

Please know that these new wage enhancement dollars will help in this ongoing struggle to assure quality care in our nursing home. In this regard, I want to express my gratitude for the hard work and dedication of our employees as they commit the residents, we take care. I'm the Administrator but these devoted caregivers from clinical to dietary and housekeeping all want what I want, to have the resources to deliver the highest quality care to anyone who comes to Advanced Center. These workers are doing an amazing job and I'm proud of them for

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everything they are doing. I fear that our nursing home continues to be at a critical juncture in 2020. Major changes are being developed called case-mix that will change the way Medicaid reimburses our home this year. While we agree with the empathize for case-mix as a model that reimburses nursing homes based on the care needs of the resident, our nursing home is afraid that the new case-mix payments will ignore the Medicaid funding shortfalls of the past decade and that quality will suffer with insufficient resources.

Policy makers need to know delivering the care that everyone wants for the loved ones is getting harder and harder to provide in Connecticut. Our employees know this very well. The reason isn't hard to understand. There has been almost no additional Medicaid help in the state budget now for over a decade. The nursing home population is older and sicker than it was 20 years ago. For example, we see so much more dementia and Alzheimer's disease than ever before. Also, today's nursing home residents have greater behavioral health needs, mental health and substance abuse disorders are common on top of the skilled nursing care that today's nursing home residents need. Case-mix could be an answer but only if the funding shortfall is addressed. Please help us deliver the care we all want, please make long overdue nursing home funding a priority in this year's budget. On behalf of everyone at Advanced Center, thank you, and I would be happy to answer any questions you may have.

SEN. OSTEN (19TH): Thank you. Are there any comments or questions? Yes, Representative.

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REP. BOLINSKY (106TH): Thank you Madam Chair. I wanted to just take a moment to also thank your employees and you for your hard work and dedication and coming back here year-after-year-after-year. Your message is heard and, you know as a caregiver to a parent with dementia, I do understand that there is more intensive needs so. Your heard and at some point, we will get it.

DANIEL BRENCHER: Thank you. I appreciate that.

REP. BOLINSKY (106TH): Thank you sir.

SEN. OSTEN (19TH): Are there any other comments or questions? Seeing none. Thank you very much. Up next is Tiffany Reid and Ann Jordan. Just one. [Laughing] Okay.

ANN JORDAN: Yes. Good evening Senator Osten and to the members of the Appropriations Committee. My name is Ann Jordan. I'm a Director of Admissions for Vernon Manor Health Care Center. I have been Admission Director for over 20 years. Vernon Manor is a family owned and operated nursing home, which has been providing nursing home care in our community since 1977, 43 years. We are 120 bed nursing home and we have approximately 180 employees working at our facility. In addition, we accept and discharge nearly 600 patients per year. It takes a lot of work, training and team work to have successful outcomes.

I've been a caretaker for my own family member, who I eventually had to place in a nursing home. As a family member, I expected my loved one to receive the highest-level quality-of-care. When the appropriate care cannot be given because of state nursing home funding, that is where these needs

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become a priority and as the patient is the one suffering. I would like to thank the Appropriations Committee for supporting increases in the last sessions budget for the nursing home wage and benefit increases for our employees. Recruiting and retaining workers in Connecticut are very competitive. Labor market remains one of our major challenges. Having an ample supply of workers to meet the needs of nursing home residents with increasing care needs on all shifts will be even more challenging as the Connecticut minimum wage continues to rise. In this regard, I want you to know how proud I am to be here to represent Vernon Manor Health Care Center. All of our devoted caregivers from RNs, LPNs, CNAs and the rest of the team all want what I want. This is to deliver the highest quality-of-care experience to anyone who comes to Vernon Manor. These hardworking individuals are doing an amazing job, and I am so grateful to work with them and very proud of them, and for everything that they are doing.

Vernon Manor was recognized by the Centers for Medicare and Medicaid Services as a 5-star rated facility. I fear that our nursing home continues to be at a critical juncture in 2020. Major changes are being developed called case-mix, which will change the way Medicaid reimburses our nursing home this year. While we in concept agree with the case-mix and how it reimburses nursing homes based on the care needs or acuity of the residents, our nursing home is afraid that the new case-mix payments will ignore the Medicaid funding shortfalls of the past decade, and that quality will suffer with insufficient resources. Policy makers need to know delivering that care to everyone wants for their

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loved one is getting harder and harder to provide in Connecticut. Our employees know this very well. The reason isn't really hard to understand. There has been almost no Medicaid help in the state budget for over a decade. Nursing home population is older and sicker than it was 20 years ago. Please help us deliver quality care we all want, and please make long overdue nursing home funding a priority in this year's budget. On behalf of everyone at Vernon Manor and myself, thank you. I would be happy to answer any questions.

SEN. OSTEN (19TH): Thank you very much for coming. Are there any comments or questions? Seeing none. Thank you so much.

ANN JORDAN: Thank you.

SEN. OSTEN (19TH): Up next is Jennifer Disette followed by Nicole Hernandez.

JENNIFER DISETTE: Good evening Senator Osten and the members of the Appropriations Committee. My name is Jennifer Disette. I am the Director of Active Day Adult Day Center and the President of the Connecticut Association of Adult Day Services. Connecticut Association of Adult Day Services is an association of over 40 adult day centers from across the state. We are devoted to promoting adult day health services as a high-quality community-based option and the continuum of long-term care services and support.

I appreciate the opportunity for testimony today. Adult day centers are a covered service under the Connecticut Home Care program for elders, and we also serve the Connecticut Alzheimer's Respite Support Program. Adult day services are truly

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valuable and cost-effective community-based option. Our medical model rate is \$73.06 for a full day medical model of service. With that service we provide transportation to and from the home. We provide breakfast, lunch and a snack and we provide nursing services, personal care services, activities and socialization for the seniors. We service hundreds of people throughout the state.

I would like to begin by expressing our appreciation for a 2 percent rate increase in January and a 1 percent rate increase in October. These rate increases were granted to most of the providers in the Connecticut Home Care program with the direction that new funds be applied to wages and benefits. We appreciate these funds, and we believe the last increase was in recognition of the recent minimum wage increase. While appreciative of these recent rate increases, we still continue to see adult day centers closing. Three this year will be closing. Our adult day centers continue to struggle to meet the cost of providing services. We are seeing continued increase in expenses such as food and transportation and in September we will again experience another increase in the minimum wage. Recognizing these ongoing costs, we respectfully request that the committee recommends the implementation of an annual rate increase for providers of the home and community-based services. These services are covered through the Medicaid waiver and the Respite Care program. Community based providers like adult day centers are meeting the growing needs of Connecticut's older adults while preventing or delaying placement in skilled nursing facilities. The investment in the home care programs provider rates will strengthening the

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community-based provider network and ultimately save the state money. These community-based services should be encouraged, and we asked for you to continue support implementing our annual increase in our rate. Thank you.

SEN. OSTEN (19TH): Thank you. Are there any comments or questions? Seeing none. Thank you so much. Nicole Hernandez followed by Stan Soby.

NICOLE HERNANDEZ: Senator Osten, Representative Walker and members of the Human Services Committee, my name is Nicole Hernandez. I am the Administrator and Area Director for Aveanna Health Care, previously PSA Health Care. I have my Bachelor's in Health Care Administration and have spent the last 20 years in home care arena of health care. Aveanna is a licensed home care agency and member of the Connecticut Association for Health Care at Home. Aveanna has been a leading provider of pediatric home care services for medically fragile children in Connecticut for over 20 years. Our focus is providing professional, high-quality, continued skilled nursing by highly trained skilled caregivers to this medically fragile population. Our services cover all eight counties in Connecticut and approximately 74 of the pediatric population we serve receive benefits from Medicaid or Medicaid waiver programs.

Aveanna urges the legislator to increase the reimbursement rates for home continued skilled nursing. The need for continued skill nursing for these medically fragile patients have heightened in awake of increase in advanced biomedical engineering and technology. These advancements are preserving life for previously certain diseases as they have

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often met the loss of life. The patients have complex medical diagnoses and many of whom require life sustaining equipment for survival and are discharged from Pediatric Intensive Care Units into their homes. Many of them require feeding tubes for nutrition, tracheostomy tubes to maintain a patent airway and ventilators to assist them to breath. At any given time, there are on average 30 medically patients in an ICU setting waiting to come home.

According to the 2003 Feasibility Study of a project of supportive housing families of children with complex medical conditions, children staying in a hospital long after they were medically appropriate for discharge to home because their families could not arrange consistent skilled nursing care at home. Without access to continued skill nursing care, it would be necessary for these patients to be transferred to an acute or chronic disease hospital or the patient may remain home unsafely without proper care. Transfer to a hospital setting would not be consistent with state and federal initiatives that promote home and community based supportive living for persons with medically complexed needs. The shoulders of at-home continued skilled nurses and the ability to pay those nurses appropriately are just a few reasons these children often spend months in the hospital before being discharged to home. A challenge for homecare agencies who care for these children who have complex medical diagnoses and who require life sustaining equipment for survival is to recruit and retain appropriately. The cost to care for a medically fragile pediatric patient 23 hours a day is approximately \$1078.

The cost to care for that same patient in an Intensive Care Unit of a hospital is \$9100.

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Bringing and keeping these children home is a saving vehicle for the State of Connecticut and can reduce Medicaid cost by about \$100 million per year. By increasing Medicaid rates, the continuous care community would allow for agencies to hire, retain and train highly skilled nurses needed to care for this fragile population and close the gap in the access to care severity. Thank you.

SEN. OSTEN (19TH): Thank you very much. Are there any comments or questions? Representative Johnson.

REP. JOHNSON (49TH): Thank you Madam Chair. Thank you for your testimony and this is a very interesting dichotomy that you present in terms of in the home versus in the hospital for care and its hope that we will be able to continue to work on that and work with you to try and make sure that we are able to make those types of transitions. So, thank you for being here.

NICOLE HERNANDEZ: Thank you.

SEN. OSTEN (19TH): Thank you. Up next is Stan Soby followed by Charlie Conway.

STAN SOBY: Good afternoon Senator Osten, distinguished members of the Appropriations Committee. I'm Stan Soby, I'm Vice President for Public Policy in External Affairs at Oak Hill. Some quick numbers about Oak Hill, 125 years of service, 20 distinct programs, 150 service locations, 77 towns, 1700 employees touching the lives of close to 40,000 people with disabilities each year. Thirteen years and counting of either no net increases in funding or actual decreases in our rates. As a result, we have had no choice but to close programs, make reductions in others, reduce staff and reduce

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benefits due to decisions made around funding and rates. These actions have real impacts on the people we serve, their families and our employees. We know that the sister, Nonprofit Alliance members have had to make the same choices. To lessen the chances of having to make more of them, we respectfully request the following, and mindful of the earlier dialogue, we'll talk about some specific things besides the loss that we have experienced due to the consumer price index increase.

I would ask that you support the Governor's proposal to add \$47.1 million in funding to reflect case load growth in various DSS programs including the DES's community residential services account. We ask that you restore \$5.4 million cut in the Governor's proposed budget adjustments from the DCF Board and Care for Children short-term residential. To fund those programs that are crucial to the safety of children who are at risk, as was described earlier today and that would help facilitate the DCF meeting its goal of developing and implementing its family's first plan. We asked that you support the proposal on the DDS and DSS budgets to create incentive payment model that will move people into less intense service levels and result in some savings that we hope would be not just seen as savings but the ability to reinvest that in rates and in people waiting for services, sometimes, many times with elderly parents.

We ask that the state take full advantage of the Medicaid rate reimbursement for technology costs. Not just for state systems, which has happened and not just for individual served under the waiver but for providers as they work to meet the requirements of the 21ST Century Care's Act and other

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requirements by state agencies. We've asked that you ensure that adequate rates are established so that Connecticut citizens with disabilities have access to the necessary health and social services. Community providers are an essential part of the state's social service infrastructure. We've been asked to do more with less during the recession and that has created anorexic agencies that cannot survive for the long-term. We are price takers, not price setters. You've expressed your values of our - that you value our service, we ask that you show that value in how the rates are set going forward. Thank you.

SEN. OSTEN (19TH): Thank you very much. I love the Oak Hill facility in Hebron, great work that you do.

STAN SOBY: Thank you Senator.

SEN. OSTEN (19TH): Are there any comments or questions? Seeing none. Thank you very much Stan. Charlie Conway followed by Steve Girelli. Good afternoon or good evening. [Crosstalk] [Laughing]

CHARLIE CONWAY: Good evening. My name is Charlie Conway. I'm the Executive Director of Access Independence, one of the five independent living centers in the state. I appreciate you taking the time to listen to my thoughts or concerns related to the funding of the centers. As someone who has been elected to public office before, I understand all-to-well the sacrifice and dedication your position takes, so I'll try to move along speedily. I'm going to see if I can beat that buzzer. [Laughing] For many years, I sat before you and talked about how the centers are one of the most cost-effective solutions that this legislative body has. Yet, it is also one of the more - it is also one that used to a

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mere fraction of its true potential. We are on the front-line day-in and day-out assisting those with disabilities to remain independent. Our efforts can often mean the difference between someone remaining within the community or the potential of someone having to enter the skilled nursing facility and the state being stuck with a rather pricy, excuse me expensive price tag. The difference between someone being stuck in a wheelchair in a second floor apartment for almost two years or finding a way to provide them with a ramp so that they can leave that apartment, being able to see their doctor, being able to go to a movie and being able to become re-employed and an active member of society again. In 2015, the centers were hit with a budget cut from this body. Yet that same year millions of dollars were scheduled to be plotted to fix the rink at the XL Center.

Personally, I had a hard time trying to understand my government's priority and choices at that time. Yet here we are five years later, and we have still not been restored to the base level funding that those cuts cost us. Yet during that time, the demand for our services have continued to increase. The addition of appropriations by this body for the deaf and hard of hearing services has been very much appreciated. It has given us the opportunity to reach out to those who are severely underserved and who have great communication barriers. Yet it has fallen short in what is truly needed. The additional funding the centers are requesting would allow us to make the deaf services position in each center a full-time position instead of the current part-time position that it is and would also allow us to addition of an additional staff member to

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handle the needs of people with - I can talk today, would allow us to handle the needs of individuals with all different types of disabilities as we serve across disability platform.

I hope this legislative body will look close. I missed my mark. I hope this legislative body will look close at the centers and partner more with us to change the lives of individuals with disabilities and the added benefit of being able to help the state save financially overall. Thank you for your time.

SEN. OSTEN (19TH): Thank you very much. Are there any comments or questions? Thank you so much for coming up tonight, appreciate it, and I think you met your mark. [Laughing] Steve Girelli followed by Gian-Carl-Casa.

STEVEN GIRELLI: Good evening Senator Osten and distinguished members of the Appropriations Committee. Thank you for the opportunity to testify on House Bill 5005. My name is Steven Girelli and I am the President and CEO of Klingberg Family Centers. We are a multiservice agency based in New Britain with sites in Hartford, Wethersfield and Terryville. Klingberg's mission is to help build healing relationships that empower children and families to reach their full potential. We pursue that mission through the provision of over 20 programs and services that last year helped nearly 2,500 children and their families from 60 towns and cities throughout central Connecticut.

We employ 350 staff also representing towns throughout central Connecticut, 65 towns in fact. Community nonprofits provide essential services in every city and town in Connecticut serving people in

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need and employing tens of thousands and they are what make Connecticut a great place to live and work. Since 2007, community nonprofits have lost at least \$460 million in state funding, which has not kept pace with inflation or adequately covered increased costs and demand for services over the last 13 years. The inadequacy of state funding negatively affects our agency, our staff, and most importantly the children and families of Connecticut whom we serve. In addition to the challenges described by my colleagues, inadequate funding has contributed to our staff turnover rates that have exceeded one-third over the past several years. The vast majority of these staff indicate that they are leaving due to compensation that fails to meet their basic needs. Turnover rates of this magnitude obviously create tremendous challenges both financially and otherwise for any organization. Inadequate funding impedes our ability to maintain a workforce with a high level of skills necessary to meet the needs of our service population. For our agency and others like it, staff turnover creates an additional obstacle that is not so obvious or common. Ninety-five percent of the children and families that we serve struggle with the aftermath of trauma. Often times of horrific proportion and occurring at the most vulnerable stages in a child's development.

As research has demonstrated with overwhelming reliability that the most critical factor in the treatment of trauma is the relationship between the trauma survivor and the caretakers and treatment providers. This healing relationship is characterized by compassion, respect, hope and connection. These relationships take considerable

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time to develop especially given the distrust the trauma survivors often feel. The turnover we experience handicaps our ability to provide adequate treatment to these children and their families and undermines our ability to move their treatment forward. Thank you and I'd be happy to answer any questions.

SEN. OSTEN (19TH): Thank you very much. I just have a question on trauma. I've been paying attention to something that is going around, sort of, on the internet but also was on 60 Minutes around SGB, which is a ganglion block, and I'm wondering has there been any research done on SGB around children with trauma?

STEVEN GIRELLI: None of which I'm familiar but I have to acknowledge that's not area of expertise in my organization. Uses other treatment modalities for trauma treatment in children.

SEN. OSTEN (19TH): My understanding is that this one still requires the other treatment, but it is a factor in allowing that treatment to take place.

STEVEN GIRELLI: In accessibility.

SEN. OSTEN (19TH): Yeah.

STEVEN GIRELLI: Yeah, I'm not familiar enough of the research to comment on it.

SEN. OSTEN (19TH): Thank you. Are there any comments or questions? Seeing none. Thank you very much. I appreciate it.

STEVEN GIRELLI: Thank you.

SEN. OSTEN (19TH): Gian-Carl Casa followed by William Haas. Good evening.

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GIAN-CARL CASA: Good evening. Thank you Senator Osten, members of the committee. My name is Gian-Carl Casa. I am President and CEO of the Connecticut Community Nonprofit Alliance. We're a statewide trade association for community nonprofits, and I appreciate your indulgence in letting me come here today to talk a little bit about the conversation that was had earlier regarding the legal constraints and caps that the General Assembly has to cope with. We don't come here asking for \$461 million dollars because we are taking it lightly or because we think it's easy. We're here before this committee, in particular, to ask that you be our champions, that you be the ones who recognize the needs, as a budget making committee does, and speak up on behalf of the people who need the services provided by community nonprofits. You know this better than probably any other committee in the General Assembly. The state's budget outlook is strong. In OPM's fiscal accountability report in November, they predicted that the budget surplus is going to grow to \$5.1 billion dollars by 2024. There is roughly \$300 million dollars over the volatility cap right now that sometime like October will be put into the rainy-day fund. The budget reserve fund will be filled to its capacity of 15 percent by fiscal year 2021. The last time that there were years of extended surpluses between 2003 and 2008, the legislature exceeded the spending cap every year.

We know the funding for community services that is received widespread by partisan support and we think by working together, we and you and the people that our members serve can work together toward a solution to address the problem of chronic underfunding. We don't doubt that it's a challenge.

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We know you face these kinds of challenges before and that these kinds of requirements and laws makes some appropriations more difficult than others, but you have risen to the occasion in the past and found ways to meet other needs despite these kinds of constraints. We asked that you be our champions. We asked that you do it again on behalf of the people who get services from community nonprofits. Thank you.

SEN. OSTEN (19TH): Thank you. Are there any comments or questions? So, you do know that when they went over the spending cap, they did not have a spending cap that was formally in the budget. In the bipartisan budget, there was a stronger spending cap that was put in there. We have looked for ways to figure out how to get beyond that particular issue and perhaps you can convince some of my colleagues on the other side to vote for overturning the spending cap for jus this. I think I need 20 in the house and I need a mere 2 or 3 in the Senate, and if they would vote for overturning the spending cap we could do so but I can't make up more bodies than what we have, and so that's just something that I think that is a reasonable task to have some of the advocates talk to some of our colleagues on the other side and see if they're willing to go above and beyond the spending cap.

GIAN-CARL CASA: We thank you. We hope there can be a bipartisan solution to this. We - our members have waited since 2007 for broad increases.

SEN. OSTEN (19TH): I agree.

GIAN-CARL CASA: If we don't do it between now and 2024 when will it be done?

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SEN. OSTEN (19TH): I don't disagree with you, so you have a task.

GIAN-CARL CASA: Yes.

SEN. OSTEN (19TH): Twenty on the House and two or three in the Senate that will sign on to a budget, okay. Thanks.

GIAN-CARL CASA: Thank you Senator.

SEN. OSTEN (19TH): Yep. William Haas followed by Rhonda Boisvert, and I'm sure I said Rhonda's last name wrong. I apologize.

WILLIAM HAAS: Good evening Senator Osten and representatives of the Appropriations Committee. My name is Bill Haas. I'm the President and CEO of the Connecticut Association of Family Service Agencies. We are a 15-member statewide provider network with over 5,000 employees and for 30 years has provided an array of human services including behavioral health and case management to various client populations including those who received benefits. Many of the 180,000 clients served by our network annually are among the most disadvantaged children and families in Connecticut. I would like to start tonight by asking a question. How many of you on the committee believe that the members of - residents of the State of Connecticut should live in poverty? How many folks in the audience believe that the residents of Connecticut should live in poverty? No one here feels that way and I would guess if we went out into the building here and asked most people, most people would say no one is okay with Connecticut residents living in poverty. The Connecticut TANF reform legislation enacted in 1998 has led to two decades of continuous policies,

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structures and funding largely resulting in families remaining in poverty with limited opportunity to move toward economic stability. The State of Connecticut has inadvertently through practice and policies created a system for keeping families living in poverty rather than offering them a clear path toward economic self-sufficiency. To survive these families must function within a system, which does not empower or support economic mobility but rather presents them with obstacles that make it next to impossible to move forward to a better life. Like Mary, a single mom with three children suffering from diabetes and hypertension living in substandard housing, unable to work and who receives TANF cash benefits and struggles to support herself and her family. Where Charlene married with two children, a victim of domestic violence who cannot keep herself and her children safe from an abusive husband and father. She works but she cannot exceed a certain income level, or she may lose valuable support for food and daycare for her children. There are no incentives for her to rise up a career ladder. The Connecticut Counsel of Family Service agencies case management program working with the TANF population works with people like Mary and Charlene on a daily basis to help them eliminate barriers that prevent them from working but the restrictions and the kinds and types of services, the duration of the training and limited financial resources made available make it extremely difficult for individuals to complete the necessary training. There is an opportunity right now to change the scenario. Investing in families by enacting changes in the Connecticut TANF program will reduce expenses to the state in the long run. Modifying program restrictions and investment in additional

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employment, education, training and support services leading to an individual's ability to earn a living wage would eliminate this expenditure replacing it with additional state taxes, increased goods and services in local communities for years to come. This is a system's issue that needs considerable overhaul. We ask for your support. We're not asking for money, however, I do want to support my colleagues here today that we do need the support that the nonprofit community has not received in the past and we appreciate the opportunity being able to work with you Senator Osten and your committee to resolve this problem but also to resolve the problem of TANF, which is a broken system. Thank you.

SEN. OSTEN (19TH): Thank you very much for coming. Are there are any comments or questions?
Representative Johnson.

REP. JOHNSON (49TH): Thank you for your testimony and your remarks about TANF, which I think is a disaster particularly after we went for a waiver that allowed our families to only have 21 months available instead of the five years that is available to most people in the country. So, have you - what other things are you doing in terms of addressing the broken TANF system?

WILLIAM HAAS: Well it would require working in partnership, right now we work with the Department of Social Services and Department of Labor. There is a committee of the Two-Gen workgroup, which is coming out in the next couple weeks with a paper that is making some very significant pointed recommendations for changes in the system, many of which will not cost money at all. It will allow us better access to the client so that we can work with

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them over a little bit longer period of time. People who live in poverty, live in poverty in an intergenerational way. Working with these folks for three or six months is not going to change that. So, we do need a little bit longer but there are changes in the system that would work more in favor of the clients moving toward success. That's what we're looking for.

REP. JOHNSON (49TH): Thank you so much for being here and your testimony and working with the Two-Gen Task Force.

WILLIAM HAAS: Thank you very much.

SEN. OSTEN (19TH): Thank you. Up next is Rhonda Boisvert, thank you [Laughing], followed by Gerry Rivero.

RHONDA BOISVERT: Senator Osten, members of the Appropriations Committee on human services. Thank you for the opportunity to offer testimony. My name is Rhonda Boisvert and I am the President of the Connecticut Association of Residential Care Homes also known as CARCH. I own two residential care homes, one in Hadam, Connecticut and one in Watertown, Connecticut. I am testifying today on behalf of CARCH and the near 100 residential care homes across the state about the need for a rate increase. I have been testifying for the last 10 years. This is a long time to not be heard. Our industry cares for some of the most vulnerable residents including the overwhelming majority who have a psychiatric diagnosis. Many residents also have substance abuse issues. Both residential care homes that I own receive less than \$100 dollars per day per resident. For their cost, the residents receive all room and board, food, meals, medication

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administration, social activities, shower and other daily assistance as needed. They also get help to and from medical appointments in an overall home-like environment. We provide safety, and oversight and safety to all of our residents. Our largest obstacle is years of insufficient funding. We have increases in food, heat, electricity, taxes, insurance and repairs. Those are increases that, I'm sure, everyone else experiences. We also have that very large fire escape in the back of our building that needs to be replaced, and like all of my colleagues there is always something we need to figure out a way to pay for without the revenue to do so. We need a loan for that, but banks aren't giving out loans to businesses that do not have a positive cash flow, which is why my home and many of my colleagues have limited means to make the necessary capital improvements. In the past, I've had to go so far as to pay for improvements and other operating expenses on my personal credit card. Keep in mind that these residents are state funded residents. The biggest concern in residential care homes are the ability to pay our employees a decent wage. The average wage is about \$12.00 for new hires, which does not adequately pay our employees for the difficult work and challenging population that many of them face on a day-to-day basis. Employees in this industry often are tasked with assisting residents with showers, administering medications, de-escalating situations that may involve residents with substance abuse problems. Recruitment is tough enough, but retainment is even tougher. We strive to keep good staff that are sensitive to resident's needs but many of our employees leave to work at group homes for healthcare providers or even to the retail industry

where the wages can often be better. The Governor recently has put forth a proposal that would provide residential care homes with the ability to bill Medicaid. We appreciate the attention to our industry and the desire to provide additional funding long-term. However, this is not something our industry has done before, so and we are a non-medical model. We do not have the information that we need to go forward with this. We also want to make sure that our model retains an option for our residents and does not change into another type of industry where healthcare professionals are needed, and residents lose their independence. Additionally, homes will need time to become a Medicaid provider and make any necessary staffing changes or other changes to the home and its operations. I know before that you talked to, you said, to one of the speakers up here, you talked about let's talk about other ways to make. You know not - money is not always the answer. You said let's talk about different ways that we can get you to where you want to be. I know personally that I am the biggest budget shaver that you could imagine, and I think many of my colleagues are too. We drive around in a van that is 15 years old, so you know, we're not out there, you know spending money unnecessarily.

SEN. OSTEN (19TH): I wasn't really talking about the residential care homes. That was to Gian-Carl because Gian-Carl and I have had this conversation many times and he is coming to me with something that I can't do, and so I'm hitting back on him saying [Laughing] hey listen, you asking me to do something, you want me to get this done, I'm going to give you a way how to do it, so I gave him a task

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to find me 20 Republicans that will vote for a budget that has an increase in it for us to use some of the funding. That's what I would need. I would need two-thirds to vote on that. We have a different discussion with the residential care home who haven't been rebased in a number of years. It looks like this model might be able to help you out, and I think that, that is something we can do. That was not you.

RHONDA BOISVERT: How many Republicans would you need for to help us out? [Laughing].

SEN. OSTEN (19TH): I don't need any Republicans to help you out because I think we have a plan in for you, but we want to make sure that the plan is actually going to work. That's our question to them is make - we don't want to change something that is supposed to work when only 25 percent of the funding is being refunded into the system. So, I want to make sure that, that we don't need 50 percent or 100 percent to be put into the system. I want to make sure that the plan that they have is robust, so that I'm not promising you something that we can't do.

RHONDA BOISVERT: Right.

SEN. OSTEN (19TH): And, my question or my challenging Gian-Carl is I've only been seeing him for the whole time that I've been up here, and he also knows what it's like because he worked for the Governor before too, so and when he was on that side he had a different tact to that conversation because we were cutting the budget back then. So, I'm just, you know, enjoying a moment to hit back a little bit. So, not you. Your plan is a little bit differently, their plan is a little bit more complicated in regard to numbers that we would need

to go beyond the spending cap. That's a different scenario. We think the office of Policy Management has a plan that may work for you, but we want to make sure that its going to work. So, we've asked them to come to some meetings that we call subcommittee meetings and bring us the outright plan. Don't give us a paragraph and think that we're going to believe that this is going to work.

RHONDA BOISVERT: Okay.

SEN. OSTEN (19TH): So, two different things though. I don't need any Republicans, but I would like them to joint me at any time that they would like to vote for budget, I would be happy with that.

RHONDA BOISVERT: Okay, on a scale of 1-10 just keep us up on that [Crosstalk].

SEN. OSTEN (19TH): Okay, I'll try. I visited a few homes in my area, so.

RHONDA BOISVERT: Okay, thank you.

SEN. OSTEN (19TH): Your welcome. Gerry Rivero followed by Kathy Flaherty. Go ahead.

GERALDINE RIVERO: Hi. So, my name is Geraldine Rivero, I go by Gerry. So, I am a registered vote in Grattan. I am the Vocational Lead for the Disabilities Network of eastern Connecticut. We are one of the five independent living centers within Connecticut, so you heard from a few of us today. My job as a Vocational Lead is to assist individuals with disabilities in the southeastern corner of the state to obtain and maintain competitive employment. My consumer's drive not only to contribute to their community but to become taxing citizens just like you and me. Apart from vocational services, I

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assist my consumers with independent living skills, such as communication. So, teaching consumers how to develop good communication skills to interview and write a resume and cover letter. Education, so I teach my consumers how to develop resume, look for jobs and apply to jobs, advocacy, so teach consumers how to become work ready and advocate for reasonable accommodations. These types of services helped nine people in 2019 with obtaining and retaining competitive employment. It helped them gain a greater sense of self-worth, provided them with income to put back into their communities and become tax paying citizens. Again, with the assistance of an independent living center more individuals with disabilities can accomplish their goals and, in the process, save the state money. Please don't cut our funding as independent living centers keep people in the community safe and teach individuals with disabilities in the State of Connecticut independent living skills to remain in the community in integral part of our society. Um, so to kind of go back a little bit on that number of nine people, I would like to kind of amend my testimony a little bit and that's actually, that's not counting the number of people that have - like I've helped get part-time positions or, you know, internships. So, there are people that are nine full-time employees, which means that they are no longer receiving benefits such as SNAP or housing assistance or any of those other things, you know, even HUSKY. So now they have an employee who is providing them with health insurance. So, they now have the ability to put money back into their communities with these services. I'd be happy to answer any questions.

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SEN. OSTEN (19TH): Thank you very much for coming. Any comments or questions? No, thank you so much. Thanks for staying tonight. Kathy Flaherty followed by Lynette Dockery.

KATHY FLAHERTY: Good afternoon or evening Senator Osten and members of the Appropriations Committee. My name is Kathy Flaherty, I'm the Executive Director of Connecticut Legal Rights Project. Also, the co-chair of The Keep the Promise Coalition and a member of the Steering Committee of the Cross-Disability Lifespan Alliance. You have my written testimony, so I'll just try to condense it and really say a few things. One is, I urge you to listen to my colleagues who have been here tonight and by the colleagues, I mean the people living disabilities who are getting services from these programs, the people who are living in poverty who get serviced by DSS programs and people with disabilities who basically, and I'll just be straight because I wrote this when I was down there. I identify as a person with a disability. People like me used to be locked up in institutions. People like me used to die. Medical treatment has improved, and people are living where they used to die. People want to be in the community who used to be locked up in institutions. That cost money, and the reality is, is what kind of state do we want to be. All of you say, and I believe you, when you all say you care about the most vulnerable people in the state, and it's really kind of painful and I'm sure it pains you too, to think of all of this in terms of dollar signs. And, I know that's why we have to go to Finance Revenue and Bonding too because you can only appropriate the money they give you, and I urge all of my colleagues to join me in doing that

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because not only are we all being locked in at this lower level of funding either flat rates or flat dollar signs when our costs are going up every year but the demand for all of our services has never been higher, and that's really not going to change. And so, this state really needs to fundamentally rethink what it does, how it does and why it does things, and all I can do is urge you to do the right thing. There are some things in my testimony asking for like bringing back the HUSKY A parents to 201 percent so people aren't falling off those cliffs, thinking about expanding Medicaid to cover undocumented younger people who are here but the concern that I have about some of the policy decisions in the budget like incentivizing providers to provide care at a lower level of care in the community. I heard some of the questions you asked earlier about are we isolating people in the community. We can't just move people out of institutions and just recreate a smaller institution in the community whether that is congregate care or isolating somebody in their own apartment. Those decisions need to be made with people's consent, participation and decision making and not be simply motivated by money. Thanks.

SEN. OSTEN (19TH): Thank you very much. I'm glad its not snowing tonight. [Crosstalk] Does anybody have any comments or questions.

KATHY FLAHERTY: Oh my - you're never going to let that go. [Laughing]

SEN. OSTEN (19TH): I promise I'll let it go.

SHARON THORSTONSON: I have to agree with her. I'm a disabled person [inaudible 02:26:51] the union, even my caretaker and they work hard and our budget as a

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consumer have been cut. I'm very disappointed because I need more care [inaudible 02:27:05] spinal cord disease, and my condition is worsening, and they still haven't diagnosed this, there's like 300 of them but that's another aspect for another day. We have to include the people in order to provide in the community we need more funding for these programs.

SEN. OSTEN (19TH): So, if you could have either your caretaker or you go and tell him your name because we need to have your name. So, you know - so, Kathy was on TV getting gas one day in a really bad snowstorm and so I just am giving her a hard time saying that. She shouldn't have been out getting that gas in that snowstorm. She got interviewed by some TV station, I don't remember which one.

KATHY FLAHERTY: Thank you NBC Connecticut for being the pain of my existence. [Laughing]

SEN. OSTEN (19TH): All right, thank you very much Kathy. [Crosstalk]

KATHY FLAHERTY: Thank you so much. See you Friday.

SEN. OSTEN (19TH): Yep. Lynette Dockery followed by Dave Santis.

LYNETTE DOCKERY: Good evening.

SEN. OSTEN (19TH): Good evening.

LYNETTE DOCKERY: Senator Osten and the committee members. My name is Lynette Dockery. I'm a PCA. I am from Meriden, Connecticut and I'm here today. I got involved in being a PCA and being a homecare provider because my grandmother was diagnosed with Alzheimer's in the 80's, so I stayed home two years

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to take care of her, and I went on me, as well as my mom, we decided to give back and to help other people along the way and so we both became home caregivers. I'm here today to express my feelings about what is going on with Allied, the community resource that pays us, and what is happening with Allied and I'll have to say with me, I have been not paid on-time and I have coworkers that have not been paid on-time, and this is becoming a regular issue. Every week you have an issue with your timesheets, you didn't dot I, you didn't cross the T. Either way you still don't get paid but what Allied needs to really understand is if we do not receive our paycheck it trickles down. It starts from I'll have it where things are taken out of my bank account to pay my bills. If I don't get paid now, I'm overdrafting from my bank, now I cannot pay my rent. I have not been able to pay my car payment. I also have been almost evicted from my home due to like every two weeks getting paid and not being paid for two weeks, two weeks, two weeks. You're going into two months now. So now everything is just falling behind, and you find yourself trying to catch up. It's not just me, it's a lot of our PCA workers that are dealing with this on a day-to-day basis. People are scared to death. Thursday night you get a phone call from Allied to make sure that your going to get paid. Nobody is receiving a phone call, so everybody's texting, oh did you get a phone call, or do you know if you're going to get paid today, and that's not a way to live. We get up every day, we go work. I have to be at my job at 7 o'clock in the morning and that person depends on me to be there, and I want to make sure that I'm able to get up every day, I need to put my gas in my car, I need to pay my rent, I need to be able to take care of my

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family members, I need to be able to put food on my table, and this has been going on. I've been dealing with Allied now for over nine years and I've been doing care for people for over 20. So, this is something that I do from my heart, because I care, but I also need to have my money and I need to be paid as well as the rest of my coworkers. So, I just wanted to let you know that this needs to be - it has to have a time now that Allied needs to stand up and understand we are people. They go home every week, they get paid. We need to be paid. Our consumers need to be taken care of, and we cannot do that if we can't put gas in our car, if we can't get to them to take care of them. A lot of them depend on us to be there, to get them out of the bed, just to do their everyday activities of living. So, this is very important to me that Allied needs to be held accountable, someone does.

SEN. OSTEN (19TH): Thank you very much for coming. We appreciate it. Are there any comments or questions? Seeing none. Thank you very much.

LYNETTE DOCKERY: Thank you.

SEN. OSTEN (19TH): Next up is Dave Santis followed by Karlene Whonder.

DAVE SANTIS: Good evening members of the Appropriations Committee. My name is Dave Santis and I'm Executive Director of Covenant to Care for Children, and I'm here tonight to ask you to support the funding proposal for our organization at the level proposed by the Governor in his revised budget. Covenant to Care for Children provides a safety net for abused, neglected or impoverished children in Connecticut by providing essential support in moments that are critical for a child's

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ability to thrive and a families' ability to stay together. In 2019, some of our successes included over 8,800 children in Connecticut received the basic essential goods they needed, 735 received a school backpack while 150 received assistance to purchase a school uniform, 470 children received gently used clothing from our community closet and over 2,300 children received holiday gifts and the list could go on. Now in its 33RD year, Covenant to Care for Children has provided basic essential goods to over 829,000 children throughout Connecticut. Our goal is to reach a million. Covenant to Care for Children strives to allow kids-to-be-kids in all the positive ways that make for a promising life. Our goods and services are provided to kids that are more likely not to graduate from high school, more likely to face chronic unemployment or underemployment, kids that have a high likelihood of being homeless at some point in their lives without our intervention. Again, I ask on behalf of the children for your support this budget season. Thank you.

SEN. OSTEN (19TH): Thank you. Are there any comments or questions? Seeing none. Thank you very much for staying with us tonight. Karlene Whonder followed by Anellie Reed.

KARLENE WHONDER: Good evening Senator Osten, members of the committee. My name is Karlene Whonder. I'm a personal care attendant and member of SEIU District 1199, and I've been a PCA for 12 years. My consumer is schizophrenic and uses a wheelchair. She partially uses her hands and without me she wouldn't take her medication. I help her to live independently and try to support her to achieve creative pursuits so she can live a

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fulfilled life. My problems with my fiscal intermediary, Allied, begun over three years ago. Between August and October 2016, I was not paid for the entire second period of each month. Three times a week for months I would spend up to two hours on the phone trying to fix the problem. My consumer employer asked for Allied to send her a copy of the checks they claimed they had sent me, and they said they would, but they never did. Finally, allied paid me the missing wages form September and October but they continued to claim that they had already paid me for August. I had not been paid and they refused to pay me for the missing two weeks. As a result, my consumer employer chose to pay me out of her own pocket. She should never have had that burden. At the time, my husband had been diagnosed with cancer and I needed to alter diet and get specific medications for him. However, because I had not been paid, I was not able to do so any of these things. I had to borrow money from my family to get him the medication he needed. Since that fall, my pay has been late several more times, and it has caused me to delay payment of my bills or buy needed medication supplies for myself. I'm a diabetic, and I need to purchase expensive insulin and needles to do my injections. My pay being late has sometimes caused me to miss or delay dosages of insulin which is very serious and makes my vision blurred. Not only that but dealing with the stress of worrying whether we'll be paid takes an additional physical and emotional toll. I love the work I do but that doesn't pay my bills or buy my medicine. All I'm asking is to get paid on-time and accurately. My livelihood depends on it. Thank you so much for your time.

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SEN. OSTEN (19TH): Thank you very much for staying with us tonight. Are there any comments or questions? Seeing none. Thank you so much.

KARLENE WHONDER: Thank you.

SEN. OSTEN (19TH): Anellie Reed followed by Danielle Delmonaco.

ANNELLIE REED: Good evening Senator Osten and members of the committee. Yes, its on, okay, I need to raise my voice, okay. My name is Anellie Reed. I am the Administrator of Allpoint Home Care. Allpoint Home Care is a home care agency that provides complexed skilled nursing, continuous care nursing to members of the most fragile members of the community. So, first I want to - I know that Aveanna Health Care, Ms. Hernandez spoke a little bit about what they do and we provide the same service but I'd like to explain a little bit further what that looks like. Continuous care nursing or complex care nursing is also - they also call it shift nursing or private duty nursing. So, these individuals who have very complex needs often they're trached, ventilated, they have G-tubes, they have seizure disorders, they have multiple conditions that require continuous skilled monitoring. So, these individuals get any where from 2 to 23 hours a day of nursing, with an average of about 15 hours per day of nursing. So, this requires skilled care. It requires skilled care of RNs or LPNs, usually LPNs that require a lot of training. Educational institutions do not provide this training to these nurses so you can imagine these are ICU level patients being taken care of in the home. They have to change trachs, they have to change G-tubes, they have to give medications, they

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have to monitor vital signs. Again, ICU level care that's provided in the home at a fraction of the cost of an institution. So, if it were not for home care services such as this one, these clients will remain in PICU's, NICU's, ICU's. So as Ms. Hernandez had mentioned, the cost of care in the institutional setting is far greater than in-home care. So, she - just to reiterate what she had said because it's pretty significant, the cost to take care of one of these clients in the home care setting is about \$1,078 dollars per day. In an institution such as the PICU, NICU, ICU it is a cost of \$9,100 dollars per day, so you could see how the savings to the state, you know, is significant. So, the problems that we're facing is getting those qualified individuals to provide care in the home. Unfortunately, agencies such as ours is unable to pay these caregivers what we need to pay them because of the reimbursement rate. Often the overhead cost, the training, everything we have to do to maintain professionals in the home, over exceeds the cost of reimbursement that we get from the state. So, we are asking respectfully that you consider adjusting the Medicaid rate to be more in alignment with the cost of the agency so that we can remain in this field of nursing and continue to save the state money. Thank you so much for your time.

SEN. OSTEN (19TH): Thank you very much. You know, there is a program that Representative Walker and I have been working on to increase the number of healthcare workers in the pipeline. We think that, that's something that we have to do and, you know, that doesn't help you out with all the funding sources that you need but we recognize the shortage

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in the healthcare working field. So, I appreciate you coming up today.

ANNELLIE REED: Thank you.

SEN. OSTEN (19TH): Are there any comments or questions? Thank you so much.

ANNELLIE REED: Thank you.

SEN. OSTEN (19TH): Next is Danielle Delmonaco followed by Jane Davis and Heidi Chelednik.

DANIELLE DELMONACO: Good evening ladies and gents. My name and let's say hello to Senator Walker and Osten, hello, and all the Representatives. My name is Danielle Delmonaco. I have been a PCA for three years carrying for my mother. My mother broke her shoulder in 2016 and I was carrying for her unpaid, when an agency on aging social worker introduced me to the PCA program and told me I could get paid to provide care for my mother that I was already giving. From the first paycheck of working with Allied and being tutored for three hours from Allied on how to do their pamphlets and their times out and how to fill out the timesheets, they continuously messed up my payroll. I own and have owned my own fax machine. I have run my own business and another business with my husband for the last 20 years. My fax machine works properly, and when I was given extension from Allied that my mother as the employer is supposed to be able to contact these people by these individual extensions, and you can't get through to anybody and then when you actually get through to somebody, like the payroll manager, which was Ann Vining, she had the nerve to first say to me and first question was how did you get my number? From there and realizing all the time that I had to

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put in with my mother I finally said enough and Googled who was the CEO of Allied. How long has it been running, well since 1999 and you're still messing up the system? I was a good caretaker back in the 90s and now I'm almost 50-years-old and I'm taking care of my mother for the last three years, and as your going to hear this, this is a little sad that you're going to realize how many times I have to do this. Finally, once I did get in contact with the CEO and the finances were tight and I needed gas and insurance for the car and mom needed more food for her house, amazingly Bonnett, Carole Bonnett from the CEO actually replied back to me. This is now the fourth time; I've only been with them since March of 2017. Remember, I have my own fax machine. She definitely understood my concerns and the first thing that she asked was, would you mind so kindly to fax three different fax numbers and a PVF email of that one timesheet every week. That means four times on a Sunday and I said I'll make it better for you, I'll do it between 11 a.m. and 1 p.m. every Sunday, every Sunday. From there, I wound up having, which is sitting in front of me. I'm a person that takes notes and documents everything, so from my first actual paystub and timesheet, I have documented 152 paid timesheets, 152 weeks since March of 2017, and you are looking at 39, where I've had issues with telling me my fax machine doesn't work, it's too light or they never received it or better yet, you have these numbers to use and you can't even put them through by September of 2018 I did not belong to the union yet, and I took it in my own hands and I contacted the Better Business Bureau. I also contacted Connecticut State Employees. I then contacted Consumers Report, and in September of 2018, they literally told me there

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has been many write-ups on Allied. And if I had to take this fight myself, I know I would be on the Channel 8 news with my mother who has Multiple Sclerosis who is doing very well as I'm her PCA. I've gotten her off of all of her meds and she is in remission but to know that I am doing Allied's work and now I have to document it five times every Sunday because, don't you think they messed up with the EVV's since January 21ST where the system could not recognize me, and saying data. I said no its Allied and Allied kept throwing it to saying data.

SEN. OSTEN (19TH): Okay, the buzzer did go off. I ask one question? Can I make copies of that?

DANIELLE DELMONACO: You can make as many as you want.

SEN. OSTEN (19TH): Okay, let's go.

DANIELLE DELMONACO: All right.

SEN. OSTEN: All right [Laughing].

DANIELLE DELMONACO: Thank you all.

SEN. OSTEN (19TH): Thank you. Up next is Ability and Beyond. Both Jane and Heidi are going to come up together, and I promised David I would be kind. [Laughing] I'm usually pretty kind. Not always. [Laughing] Go ahead ladies.

JANE DAVIS: Good evening, my name is Jane Davis I'm the President and CEO of Ability Beyond. We are a private nonprofit provider out of Bethel, and we serve people with acquired brain injuries, people with mental illness and people with severe developmental disabilities and with medical complexities. We serve 3,000 people a year. We have about 1,000 employees. We have 120 program

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sites, 320 employers and about 2,000 family members supporting the people that we serve. We'll be back on Friday to talk about DDS. We'll be back to talk about DMIS. Tonight, we are focused on the 117 people we serve across 20 intermediate care facilities, ICFs that are funded through the Department of Social Services. We have been providing these services since the 80s, and these are people with really intense debilitating disabilities that cannot speak for themselves, people that have seizure disorders, that need more than 24-hour care. They need help bathing and feeding and everything, every activity of daily living and the acuity of those people has been rising significantly and our funding except for passthrough changes to our rates have actually declined since 2008. So, those I've got a chart that I submitted in my testimony. I'm happy to share it but it shows that those two phenomenon are creating a crisis for us at Ability Beyond for the people that were serving. We have been working with DSS since 2018 to see if there is anything we can do with those rates, and hot off the press from yesterday we met with Kate McAvoy and the Medicaid Director and other people from the DSS team, and they have been gracious and listening to us and reviewing our data and reviewing our numbers. My takeaway is that without legislative support, there is no real mechanism to increase our rates. So we have been encouraged to work with all of our involved agencies DDS, DSS, OPM, DPH who received the quality, to see what we can do about that, but I think without legislatures getting deep into some of the weeds on this, there is not going to be any support and I have to say the message again, that the acuity of the people we are serving, and you'll

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see it in my charts, has skyrocketed and our rates have declined since 2008. So, if you compare it to CPI, the data, every which way you can look at it, we can't do it. So, it's fresh off the press from yesterday. We haven't talked to our families our teams yet but if we can't relief we can't continue to operate. So, I'm here along with my colleagues from the Alliance. We heard you 20 Republicans; we will chat them up in the hallways. We'll see what we can do to get them onboard.

SEN. OSTEN (19TH): Thank you.

JANE DAVIS: But I would ask additionally that we have legislatures please, please look at the details behind the rates for private providers in the State of Connecticut. We're carrying for the most fragile citizens here and we really need someone to be watching this with us.

SEN. OSTEN (19TH): Thank you.

HEIDI CHELEDNIK: We appreciate you Senator Osten, in addition to the other Appropriation members. The individuals we serve, as Jane mentioned, there are folks with some of the highest needs in this state. They have intellectual and developmental disabilities, some are around the autism spectrum, some have acquired brain injury and, in addition, to that many of them are starting to have issues with dementia, being diagnosed with Alzheimer's, so they need a lot of care. They need staff to make sure that their able to ambulate with a staff right beside them or they're at high risk of falling. They have a lot of choking risks, so they need constant supervision while their eating. It often takes two of our staff members to bathe them, to move them from a wheelchair onto a toilet or into

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the shower, and with the budget - the flat budget over the years, as well as the cuts we're forced every year to make decisions on having to cut back staffing hours and that really takes ratios - staff ratios from three staff years ago for six people down to two staff and that means that there is a greater risk for people to fall and it also prevents a lot of community activities from happening, which is so important to them to keep them happy, safe and healthy.

SEN. OSTEN (19TH): Thank you very much. I think that we gave you a little bit more money last year. Did you get that appropriation that we put in the budget?

JANE DAVIS: We have - the wage legislation did impact the ICF providers. We're really thankful for that. I think the thing to know is that it created compression and unfairness issues for diverse provider like we are, so we ended up having additional costs as a result. It positively impacted our vacancy rates for about a quarter, four months. The 1475 did - we're across the street from Target and Whole Foods. They are way above us, and so between the new costs and that, that lessened impacted it was a good thing and we're thankful for it but it wasn't enough and now we're competing with state hires at \$23 dollars an hour starting.

SEN. OSTEN (19TH): So, the wage - besides the wage compression there were dollars that were put into the budget to give out to Ability and Beyond and I'm wondering if you got those dollars above and beyond the wage compression.

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JANE DAVIS: We did and that was specific to our DMIS programs, and we were thankful for that as well. This is another [Crosstalk], yeah.

SEN. OSTEN (19TH): All right.

JANE DAVIS: Thank you.

SEN. OSTEN (19TH): Any comments or questions? Seeing none. Thank you so much. Thank you, ladies. Up next is Terrell Williams followed by Reverend Ernestine Holloway and followed by Joshua Hallee.

TERRELL WILLIAMS: Hello.

SEN. OSTEN (19TH): Good evening.

TERRELL WILLIAMS: Hello, good evening to Senator Osten, Rep. Walker and the rest of the committee. My name is Terrell Williams. I'm a homecare worker, PCA. I have been for the last 13 years. And, sorry, briefly I became a homecare worker to care for my mother who had COPD, which is a chronic lung disease. She passed away two years ago, and you know, it's just she became, I guess, the cookie cutter mold for how I care for all of my consumers. And you know, just to let you guys know that its more than just a job. You know, they become family especially when it's a long-term position, you know its more personal than just I don't know flipping a burger, moving some furniture when your dealing with a person hand-to-hand life. We do things like, you know, just help them out of bed, little stuff that people who don't have disabilities like us that one, they either take for granted but, you know, that help these people continue to live on their own and just. You know, it does my heart good to see them have the confidence that they can live their lives whole the way they would even they weren't disabled

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or didn't have the disability that that they deal with. So, um, needless to say, I love what I do and I love the people I do it for but we have some complications that I think could easily be taken care of with a little bit of communication. You have heard a lot of testimony about people not getting paid on time and, you know, that goes - I don't even want to continue down that path because you heard it so much, but I will share a unique story that happened with me just recently where my brother is a consumer, he receives care from the program, and I'm one of his workers. So usually if your timesheets are in Monday, you know, before 5 o'clock, your supposed to get a call that Friday or that Thursday saying that you will get paid. However, last Friday we got a call saying that not only are your workers not getting paid, you owe us \$762 dollars for overpayment and there is no money in your budget for March, which to me was like um, you know, what are you talking about? Yeah, I was afraid that was going to happen. So basically, long story short, um, something - I actually called Allied, asked them you know how our budget was looking and they told me that they didn't have any information concerning that. When I talked to the CFC people, they told me that Allied being a fiduciary agency was the proper person to call to find that information out, and it led to the big mess of us now supposedly owning \$762 dollars. We straightened out the situation as far as the March budget goes but, you know, its just a headache because so now for 2 weeks, not only do I go without pay and his other workers, but now he goes without care. He's my brother, of course, and we live together so I'm going to care for him as much as I can but I have two other consumers that I care for

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and notes that now it's just the stress of how do we get this bill paid with my income from the other two. He gets paid once a month so the rest of the month its just my income that holds us down. So, its just - and all of this could've been taken care of if the fiduciary agency would have communicated with me or even, I know, if they would have known more what their place in this whole situation. So, I just, you know, I asked for your help in creating a system where we can get to that place. Thank you.

SEN. OSTEN (19TH): Thank you very much for coming and giving your experiences with Allied. We appreciate it. Up next is Reverend Ernestine Holloway. Are you here? No. Joshua Hallee? Are you Joshua?

JOSHUA HALLEE: Yes ma'am.

SEN. OSTEN (19TH): All right.

JOSHUA HALLEE: Good evening esteem law makers. My name is Joshua Hallee. I am 28 years old and I live in Waterbury, Connecticut. I've been in the healthcare field for eight plus years. I met my current consumers through another job at a group home. When the group home got closed, his consumers loved how I worked with them and asked me to care for him and get paid by Allied. I loved the freedom of being his ILST, which stands for independent living skills trainer. Because it means I can take him out to lunch, go out to the zoo or work with him on his artwork, which is his main source of income. However, getting paid by Allied is like getting wood splinters shoved underneath your fingernails. For example, last week I didn't get paid at all. My consumers live at a group home and during the last pay period his group home worker didn't show up on

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time, which happened again today. Because I couldn't leave my consumer nor would I want to, I stayed and adjusted my timesheet accordingly. However, because the other late worker also claimed the time, which caused an overlap, none of us - none of the four providers who work with this individual were paid at all because of this one-hour overlap. Allied didn't pay a dime. You might think they pay us any of the hours worked, not subjected to the overlap but instead they did not pay anyone anything. Not only that but they didn't call my consumers conservator, as their supposed to, so no one knew they weren't getting paid. So, we woke up Friday, payday, as a result I ended up having to pawn my laptop to pay the last bit of my rent and I couldn't even take my fiancé out for Valentine's Day or her birthday. Not only that but every time we call Allied, we're on hold for 45 minutes, if not several hours. I currently work three jobs. I care for two consumers through Allied, work at a group home and provide unpaid care to my disabled father and father-in-law. So, I really don't have time to take on a fourth job trying to contact Allied and get the pay I'm already owed for the hardware I do to help my consumer live independently.

SEN. OSTEN (19TH): Thank you very much. Appreciate it. I'm sure your girlfriend will forgive you on Valentine's Day. All right, I think that's our last person today. Thank you very much for coming, I really appreciate it, and have a nice night. Drive home safe.