

CHAIRPERSON: Representative Toni E.
Walker

SENATORS:

REPRESENTATIVES: Abercrombie, Bolinsky,
Case, Currey, Dathan,
Nolan, Wilson

REP. WALKER (93RD): Everybody, good afternoon. I'd like to -- are you changing something already?

THE CLERK: Yeah.

REP. WALKER (93RD): Oh, goody.

THE CLERK: All right. Four and ten are switching.

REP. WALKER (93RD): Okay. I'd like to call the Appropriations Public Hearing to order. First, I want to make sure that everybody in this room has checked to make sure that their name is on the board right outside the door there, because there are two public hearings going on for the public right now because of the fact that we had so many responses to the -- to the DSS, DCF, and DDS budget that people came to -- to testify and talk to the legislators. And we're glad to hear that.

So I just want to let everybody know that you have three minutes to do your -- your -- your -- your discussion. And at the end of three minutes, if you haven't concluded, a certain noise will go off, which sounds like -- well, that's a weak noise. [Laughter]. Yeah. There you go. That was hilarious. Anyhow [Laughing], that is to tell you that if you hear that -- that buzzer, I'm not going

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to just turn you off, but I do have the ability, because I have the button right here. But I wouldn't do that to you right away. So I ask you to be respectful to the time, because there are so many people that want to be heard. And we want them to be heard by legislators. And legislators have a lot of other schedules. So it's -- it's really important to try and get to your point.

We -- oh, I guess -- oh, for emergency purposes, there are two doors that way and there are two doors this way, if anything happens you get four doors to choose from. And with that, I'm going to call Rachel Nguyen. And after Rachel, Amy Demarco. And after Amy, Jennifer Traun. Is Jennifer here? Okay. And after Jennifer, Katherine Jones-Newton. Katherine Jones-Newton? I put a question mark next to that. And Kari Bloom. Okay. I hope they're not next door. Okay. All right. Go right ahead. You have three minutes. Go right ahead.

RACHEL NGUYEN: I'm up?

REP. WALKER (93RD): You're up.

RACHEL NGUYEN: Good afternoon. My name is Rachel Nguyen. I'm happy to be able to share with you the reason why I was referred to the Supportive Housing for Families Program. I became involved with DCF when my oldest daughter was -- reported that my ex-husband abused her. As a result, both my daughters were removed from my care.

After I divorced my husband, my -- DCF returned my younger daughter to my care while my oldest remained with my mom. I was admitted to Supportive Housing for Families Program in March of 2019 due to not having a place to live with my daughter. My Case

Manager helped me find an apartment in Meriden and I moved in on June 1st of 2019.

Since moving into my home, DCF has closed my case. My Case Manager also helped me complete a RAP application so that I will have assistance with paying my rent once I complete the Program.

I worked for Stop 'n' Shop for 15 years before being let go due to the store closing. I am working with Supportive Housing for Families' vocational specialist to find employment. I would like to become a recovery specialist so that I can pay it forward.

Dawn Tyson is my Case Manager and she is wonderful. She -- she's there when I need her, when I need support in any way possible. She is a Godsend. But I do want to thank you for continuing to support and fund the Supportive Housing for Families Program, as I would not be where I am today without it. Thank you for your time.

REP. WALKER (93RD): Thank you. And thank you for your testimony. Have a good day. Amy Demarco. Good afternoon.

AMY DEMARCO: Good afternoon. I'm here to thank you for continuing to fund Supportive --

REP. WALKER (93RD): I -- I -- you know what, I just want to make sure --

AMY DEMARCO: Sure.

REP. WALKER (93RD): Everybody, please state your name before you read your -- your report.

AMY DEMARCO: Yeah.

REP. WALKER (93RD): Okay?

AMY DEMARCO: My name is Amy Demarco.

REP. WALKER (93RD): Thank you.

AMY DEMARCO: I'm here to thank you for continuing to fund Supportive Housing for Families Program at The Connection. I can tell you it definitely helps 100 percent to help find families that are in need of support and housing.

I entered the Supportive Housing Program on August 22nd of 2019. I have three children, two 13-year-old twin daughters and a nine-year-old son. At the time I came to the Program, I was homeless and staying in various motels and working on my recovery.

Since I started working with the Program in August, 2019, I have been meeting with -- weekly with my Case Manager, Brianna Austin, who is absolutely phenomenal, and a Vocational Specialist from Supportive Housing for Families. And I appreciate the efforts that have been put in place to assist me with achieving my goals. I have been working with the Vocational Specialist to achieve employment. My Case Manager works with me weekly to help with budgeting and connecting me and my children with -- with community providers, assisting me with the lease up program process with my RAP voucher, as well obtaining housing for me and my children. I signed my lease on October 19th, 2019 and was housed the exact same day. Today, I have seven months clean and sober. I was also reunified with my children on December 20th of 2019, one of the fastest turnarounds in -- within the Court. I received my RAP voucher on November 15th of 2019 and was leased up on February 1st, 2020.

I appreciate the inspirational engagement with my Case Manager, Brianna Austin, who encourages and motivates me to take it one day at a time when life gets a little rough. I am confident that I will achieve all my goals due to the support I am receiving from my Case Manager, Ms. Austin.

Please continue to support how -- please continue to support the Supportive Housing for Families Program at The Connection. It does help. And it is a Godsend to all the families in need. Thank you.

REP. WALKER (93RD): Thank you. And thank you for -- I just want -- one quick question, you're supportive housing also?

AMY DEMARCO: Yes. I'm in supportive housing but went into RAP. I'm now leased up with RAP.

REP. WALKER (93RD): Okay. [Phone ringing]. They're calling you.

AMY DEMARCO: Thank you. [Laughter].

REP. WALKER (93RD): Jennifer Traun.

JENNIFER TRAUN: Hi, I'm Jennifer Traun. I just want to thank you for taking the time to listen to us today. I would appreciate if you would continue the fund for The Connection/Supportive Housing for -- for Family Program because it really helps families in need of support.

I'm a 38-year-old single mother of four child, ages 12, 13, 17, and 19. I entered the Supportive Housing for Families Program as a preservation case in April -- April 25th, 2018. Prior to admission, my children and I were at risk for homelessness due to being evicted from a two-bedroom apartment. I had no income. I was struggling to locate any

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assistance for therapeutic needs for myself and my children. I'm a US Army Veteran, and my children and I survivors of domestic violence with -- by my ex-husband.

After diligently working with my Case Manager, Brianna Austin from the Supportive Housing for Families Program, I obtained a five-bedroom room and received a permanent Section 8 Voucher through -- through -- through the VA, which includes an -- ongoing therapeutic services for my children and I.

As a qualifying Veteran, I will also receive a lifetime stipend. I'm -- I am very grateful for the support that I received from both DCF and The Connection. Please continue to support the Program. And thank you for your time.

REP. WALKER (93RD): Thank you so much. And you are also in -- you're -- you're supporting -- supporting Supportive Housing?

JENNIFER TRAUN: Correct.

REP. WALKER (93RD): [Laughter] Okay. Thank you very much.

JENNIFER TRAUN: Thank you.

REP. WALKER (93RD): Let's see, Ancier Pennant [phonetic].

ANNIER PENNANT: Annier.

REP. WALKER (93RD): Annier. Okay. I'm sorry. Is it -- is it A-N-N --

ANNIER PENNANT: A-N-N-I-E-R.

REP. WALKER (93RD): I-E-R? Okay.

ANNIER PENNANT: Hello.

REP. WALKER (93RD): Hello. How are you?

ANNIER PENNANT: I'm good, thank you.

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

ANNIER PENNANT: Good evening, Senator Osten, Representative Walker, and members of the Committee. My name is Annier Pennant. I got into homecare when a girlfriend and her mom were coming out of a nursing home; both needing care and I got hired to care for them. My friend's mom had Alzheimer's and I was able to help the family see their mom in the present day as she is, and provide care without getting bogged down in the past. We had a beautiful relationship, but there were problems getting paid almost immediately.

In the fall of 2018, I worked 25.5 hours per week and every two weeks I would hand-deliver my signed timesheets to Allied. Because they stopped time stopping the timesheets delivered in person, I also started photographing the timesheets being put in their document box so I have the photo to prove I submitted before the 5 p.m. deadline on Mondays. However, on almost all pay dates last fall, the paycheck I would receive didn't match the timesheets I had submitted.

After several months of problems, I worked -- I looked up the Labor Department website which suggested I request the payroll detail report. I did all the calculations myself and after calculating what I had been paid for and what I hadn't, I resubmitted timesheets for the missing hours, exact -- exact replicas of what I had originally submitted. Allied finally cut a check for about \$900 dollars in back-pay in December,

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2018. I never received any explanation why I hadn't been paid for so many hours in the first place.

However, in April, 2019, the problem started again. This time, my co-workers also started getting shorted in their paychecks. I can't even count how many times we resubmitted the same timesheets, over and over again. By June, I was owed 394 hours in back-pay again. Allied finally paid me 194 of those hours, over \$2000 dollars in back-pay. But I'm still owed roughly around 200 hours of back-pay to this date. I put in a request and multiple calls for a payroll registry, and it took 10 days for Allied to even provide me this documentation.

This has been -- this has made life very difficult for me; I'm sure for the other -- other workers. I have so many bills and so many late charges. Everything snowballed into everything else. I finally paid one bill just to make another one late.

To go about doing my job caring for and loving my consumer, and then week after week face incompetent paychecks and spend hours on hold with Allied, watching the battery on my cell phone deplete, is beyond frustrating. We need a payroll system that will pay us on time, every time. No one deserves the stress of wondering how we will survive when we pour our hearts into caring for another person. I thank you for your time.

REP. WALKER (93RD): Thank you for testimony. Do you have -- you have your documentation and everything? Okay. We'll set up a time and talk. Okay.

ANNIER PENNANT: Thank you

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REP. WALKER (93RD): Next we have Katherine Jones-Newton? She's on the way. Okay. Kari Bloom. She's on the way. Okay. MarcheLe Diggs.

MARCHELE DAVIS: Good afternoon.

REP. WALKER (93RD): Right. Put the -- put the microphone back there. So whoever -- we're going to have to move it back and forth so we can hear them. Go ahead. Go ahead.

MARCHELE DAVIS: Good afternoon. The last name is incorrect, I've gotten married since --

REP. WALKER (93RD): Oh -- oh, since we -- since you printed it --

MARCHELE DAVIS: Yeah.

REP. WALKER (93RD): -- you got married?

MARCHELE DAVIS: Well, [Crosstalk].

REP. WALKER (93RD): [Laughter].

MARCHELE DAVIS: [Crosstalk].

REP. WALKER (93RD): [Laughter]. That was a heck of a wedding. [Laughter].

MARCHELE DAVIS: But --

REP. WALKER (93RD): And you had 400 of your friends show up here. That's [laughter] great. Go right ahead. You --

MARCHELE DAVIS: I'm going to have a reader read for me. I'm visually impaired.

REP. WALKER (93RD): Okay. All right.

MARCHELE DAVIS: Thank you.

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REP. WALKER (93RD): Yeah, is it easier for this mic right here? If you move the chair out of the way and have her -- yeah. Is that easier for you? Press the button. Thank you. There we go. Nope you got to leave it on. There we go.

SANDRA ROBERTS: Okay. Hello, Honorable Member of the Appropriations Committee. My name is Marchele Davis and I am the current Chairperson of the Board of Directors of the Center for Disability Rights and the President of the membership. I have been involved with the Center for Disability Rights for the last six years. I deeply value the mission of the CDR as it has encouraged me to work together to further expand the advocacy and services that effect the everyday lives of those with disabilities.

As a person with a visual impairment, I can testify on how the Center for Disability Rights has helped me and how it has influenced my life. I believe the largest impact the CDR has made for me is that it has pushed me to fight for the civil and equal rights for all people, as well as equal opportunity and independence.

The CDR has not only given me the freedom to advocate for rights, but to promote alongside a community of people who share the same or various disabilities.

I want to take the Governor for not cutting the ILCs from his budget; however, we need more funding in order to maintain our level of services around the State.

While we sincerely appreciate that the level of funding will be the same as last year, as well as the funding for deaf services, we are unable to

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efficiently provide the level of service we want to meet the needs of consumers in our service area that we are supposed to be covering. CDR and our sister centers are great organizations for people with disabilities, and through the years our work and services have saved a significant amount of money for the State, as a large portion of our services prevented people from going into institutions.

My hope as a President and as a consumer, is that you will consider increasing the CORE funding for the Centers for Independent Living so we are able to continue providing the same great level of services, or even enhance them.

Thank you for taking the time to hear my testimony. Please consider increasing the funding for our CORE and Deaf Services to make it possible for our great services to reach everyone who needs it.

REP. WALKER (93RD): Thank you. And could you state your name too, please?

SANDRA ROBERTS: I'm Sandra Roberts.

REP. WALKER (93RD): Thank you, Sandra. Thank you. Well -- and thank you for your advocacy, because you come here every year. [Laughter]. Thank you. Thank you for your testimony. Thank you.

MARCHELE DAVIS: Thank you.

REP. WALKER (93RD): All right. Next we have Tracy Wodatch. [Laughter]. You can pick, whichever one you want. [Laughter].

TRACY WODATCH: Good afternoon, Representative Walker and members of the Appropriations Committee. My name is Tracy Wodatch. I'm the President and CEO of the Connecticut Association for Healthcare at

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Home. Our Association is the united voice for Connecticut's licensed medical home health and hospice's agencies. We employ a substantial workforce of nurses, therapists, social workers, and home health aides who provide cost-effective person-centered home healthcare for Connecticut residents in the setting they prefer most, their own homes.

Home-based healthcare offers a tangible return on investment and is a savings vehicle for the State. According to the Connecticut Department of Social Services data, the Connecticut Home Care Programs for Elders saved \$398 million dollars last year alone by keeping Medicaid clients in their homes and out of more costly institutional settings. This continues a 13-year State Budget savings of over \$2.1 billion dollars. I have attached a flyer in my -- in my testimony so that you can see the -- the -- data.

Home healthcare agencies are reimbursed by insurances, Medicaid, Medicare and commercial. They do not receive private pay funding, all of which offers slim or negative margins. Therefore, the agencies cannot increase their prices without rate increases.

None of the savings above has been reinvested in the home health rates as our Medicaid rates have remained flat for the last 13 years. At the same time, DSS has implemented multiple unfunded mandates, including EVV, Electronic Visit Verification, removal of add-ons, med admin rate cuts to the tune of 15 percent, and a minimum wage mandate \$15 dollars an hour by 2023. As a result, we're seeing several agencies decreasing or discontinuing the number of Medicaid clients they

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can serve along with a significant increase in agencies who are closing and who are consolidating with -- by merging with other agencies. In addition, workforce recruitment and retention has become a near impossible challenge.

In addition, there is no Medicaid coverage for home health Social Workers, a service that is vital at this time when social determinants of health are such a -- such an important part of a person's plan of care. The time is now. We urge the Appropriations Committee to put forth a budget that includes a substantial Medicaid rate increase for all home and community-based services, but for mostly the medical home health providers.

This evening, you'll hear from several of our providers advocating for Medicaid rates. The overall rates for licensed home health both medical and behavioral health, Medicaid rates for a specific specialty of home health known as continuous skilled nursing, and Medicaid rates for non-medical home care services such as home health aides, PCA, homemaker-companions and live-ins.

Within my written testimony, I also submitted fact sheets to support the flat Medicaid rates, the unfunded mandates, and the cost savings of our industry. Please consider a rate increase for our services. Thank you for the opportunity. And I'm happy to answer any questions.

REP. WALKER (93RD): I have a quick question, Tracy. You submitted testimony?

TRACY WODATCH: Uh-huh.

REP. WALKER (93RD): Okay. And -- and your fact sheets are all there with it?

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TRACY WODATCH: Yes. Yeah.

REP. WALKER (93RD): Okay.

TRACY WODATCH: I do have one correction on one of them, which I will resubmit tomorrow.

REP. WALKER (93RD): Okay. All right. Thank you for your -- thank you for your -- thank you for your testimony. Have a good day.

TRACY WODATCH: Thank you.

REP. WALKER (93RD): Judy Stein? No Judy. Maybe, you want to go check.

THE CLERK: Sure.

REP. WALKER (93RD): Alyssa -- Alyssa -- Alysha -- Alysa --

ALYSSA GODUTI: Alyssa.

REP. WALKER (93RD): That's what -- Alyssa.

ALYSSA GODUTI: Alyssa. Thank you. Good afternoon, Representative Walker, Representative Lavielle, Representative Curry, and honorable members of the Appropriations Committee.

I'm Alyssa Goduti. I'm the President and CEO of Adelbrook Behavioral & Developmental Services. Adelbrook is a multi-service agency specializing in Autism Spectrum Disorders. We serve children and young adults with complex behavioral and developmental needs through residential treatment programs on our campus in Cromwell, within our group homes that are located throughout central Connecticut and in our five school programs. We contract with Department of Children and Families, Department of Developmental Services, almost every

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municipality in the state, as well as DSS through our Medicaid funding. We support approximately 350 young people as well as their families through an array of services. We also run a store-front business called the Bark-ery in Middletown, it's our bakery for dogs. For anybody that has a four-legged friend, please come and visit us. It is completely run by our young people with Autism Spectrum Disorders.

We provide highly specialized services. Currently, as you may know, Autism is on the rise. There's one in 59 children born today that are diagnosed with some form an Autism Spectrum Disorder. And it's our job to make sure that we are there to serve them and to serve their families.

I'm asking you, as part of not just our mission, but as part of State government to help make sure that we're around for another 120 years to be able to provide that care.

I'll tell you a quick story about the life changing work that we're doing. We recently started serving a young woman in one our group homes, I won't share any details to protect her privacy, but she came to us after many hospital stays, being in and out of other residential programs, really struggling with daily living skills, couldn't speak, completely non-verbal, struggled to eat regular meals, struggled to take her medications, that's what really and -- caused her to end up in the hospital. She came to us and I credit our incredible staff. So for many of our kids they've experienced, throughout their lives, doors being closed on them. They've been told, we can't serve you in your local schools. We can't have you in your home. You can't

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go out into the mall. You can't be part of the community, because you have challenges. And we, at Adelbrook, really try to open those doors. And we make sure that kids feel welcome and kids feel served. So after about a month of working with us and living with us in our group home, this young woman is now having meals with her housemates. She's regularly attending school. She's not had to return to the hospital. She's taking her medications. And most incredibly, she is now speaking, which is something that, for most of her life, people thought was impossible.

So I'm asking you today to please infuse money in the community-based non-profit human service system. We're asking for \$461 million dollars over the next five years. And that's really because we haven't gotten an increase in 14 years. We've been flat funded which, essentially, to our incredible staff, is a funding cut year after year. I recognize that's a big ask, but it has been 14 years. And I'm looking at all of you and I know many of you will say, you're speaking to the choir. I've been here asking you for support for 20 years. But now I -- I implore you, I know I'm speaking to the choir, can you lead the rest of the legislature in singing and help us to infuse the dollars needed in our system.

And also, please be -- a \$5-million dollar cut in DCF residential fees, please -- please add that money back in. This is not the time to be taking money out of care for kids. We've been working for decades to really build up that system, so please -- please restore that \$5-million dollar cut.

REP. WALKER (93RD): That's -- that's -- yeah, DCF cut.

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ALYSSA GODUTI: Board and Care.

REP. WALKER (93RD): Board and Care? The -- they -- I think they attributed that to caseload reduction.

ALYSSA GODUTI: Well, case -- yes, but they control the -- the caseload referral. So there's certainly not a lack of need, at least not for the services that -- that we provide in our residential programs, and, you know, high need kids don't go away. The caseload reduction is not because the kids aren't there needing the services.

REP. WALKER (93RD): Yeah. Can you -- can you submit to us that there is a waitlist for these services?

ALYSSA GODUTI: Uh-huh.

REP. WALKER (93RD): Please do that.

ALYSSA GODUTI: Okay.

REP. WALKER (93RD): Please send it to Appropriations -- Appropriations Committee so that it can be distributed to all our members.

ALYSSA GODUTI: Yeah.

REP. WALKER (93RD): All right?

ALYSSA GODUTI: I can do that through our trade association, we can talk about the different types of services needed.

REP. WALKER (93RD): Okay. All right. Thank you.

ALYSSA GODUIT: Thank you.

REP. WALKER (93RD): Diedre Murch? Diedre? Did you just walk in?

DIEDRE MURCH: I did.

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REP. WALKER (93RD): Oh wow, that was good.

DIEDRE MURCH: Yeah. [Laughter]. Good evening.

REP. WALKER (93RD): Good evening. It's good afternoon still.

DIEDRE MURCH: Yeah, it is, I guess.

REP. WALKER (93RD): Okay.

DIEDRE MURCH: Still light out.

REP. WALKER (93RD): Good afternoon.

DIEDRE MURCH: Really, it's been a long day already. My name is Diedre Murch. And I'm an elected organizer with 1199. I'm also leading the homecare division of our union. So we represent about 10,000 PCAs through home and community-based Medicaid waivers. And here in Connecticut, home and community-based Medicaid waivers allow consumers to stay in the home and be cared for by employing a caregiver of their choice. The need for these services is growing so much, that the state of Connecticut actually projects that homecare provided through Medicaid will increase from about 67 percent of long-term care enrollees in 2017 to over 83 percent of -- by 2040 or so.

This Program is administered by the Department of Social Services. And two fiscal intermediaries manage this payment system for the Connecticut Department of Social Services. The largest, and most problematic of these, is Allied Community Resources, which I know many of you heard Annier and will hear many more stories tonight about that.

The job of the fiscal intermediary Allied is to process and make payments in a timely fashion.

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However, data of the state of Connecticut provided us shows that last fiscal year, Allied processed more than 6000 PCA timesheets late, after the scheduled payday. That equals thousands of partial, late, or missed paychecks. And as you -- I'm sure you can imagine, this throws a lot of low-wage worker's lives into complete chaos when they don't get paid when they think they will.

If Allied finds errors on a timesheet, they will not contact the worker directly to provide a remedy. Instead, what they're supposed to do is communicate payroll problems to the consumer but some consumers report that notices are received too late, meaning that fixing the problem before payday is not even an option. Other consumers report that they don't receive the information at all. And many times, Allied reports that they never received the timesheets in the first place, even though workers have record of accurately faxed timesheets or -- or emailed PDF scans of their timesheets.

Close to 90 percent of homecare providers are women. And the majority are also folks of color, who are caring for long-income consumers. As the payroll agent for all DSS programs, we know that Allied's payroll, in particular, is disproportionately made up of black and brown caregivers compared to Sunset Shores, the other fiscal agent, who serves the comparatively whiter and higher wage workforce. What this means is, that any problem impacting homecare workers paid by Allied, also raises issues of disparate treatment toward caregivers of color. Ensuring that Allied's payroll system affectively pays PCAs on time and accurately is, therefore, a pressing issue of racial and economic justice.

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Considering that their -- Allied's revenue in 2018 was more than \$6.3 million dollars and its contract with the State from 2012 until 2017 was over \$15 million dollars, Allied should be able to fulfill its responsibility to provide accurate pay to every single PCA, black, brown, or white on time, every time.

So as I said, today you're going to hear -- you've heard already probably one heartbreaking story. You're going to hear more, but from folks who've had issues between paying their rent or paying for their insulin.

REP. WALKER (93RD): I need you to wrap up a little bit.

DIEDRE MURCH: Yeah. Absolutely. We regularly receive these calls of people making impossible choices. And no one, especially someone who works so hard to care for another human being, should have to face impossible choices. So we're just urging you to listen and hold these stories in your heart, and take action to make the systematic changes needed to make sure everyone can be paid on time, every time.

REP. WALKER (93RD): Do you have documentation for the errors that Allied made for the 6000 that you talked about in your testimony?

DIEDRE MURCH: That was data that the State provided to us. So we have documents --

REP. WALKER (93RD): That was data that the State provided you?

DIEDRE MURCH: Yes.

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REP. WALKER (93RD): Okay, can you share with us that data, please?

DIEDRE MURCH: Yes, absolutely.

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

DIEDRE MURCH: Thank you.

REP. WALKER (93RD): Gloria Merritt.

GLORIA MERRITT: Well, hi.

REP. WALKER (93RD): Hi. Good afternoon.

GLORIA MERRITT: Oh, I'm just so, you know, I was holding my breath. I didn't run up the stairs to get here in time. [Laughter] Hi, Senator Olsen, Representative Walker, Senator Formica, Representative Lavielle, and distinguished members of -- I don't know how to pronounce it --

REP. WALKER (93RD): Lavielle.

GLORIA MERRITT: -- Lavielle --

REP. WALKER (93RD): Yeah.

GLORIA MERRITT: -- my husband's French, and distinguished members of the Appropriations Committee, thank you for permitting me to speak and provide this testimony. My name is Gloria Merritt. I am a registered nurse and currently the Vice-President of Clinical Integration and Program Development with Elara Caring and the Behavioral Health Service Line.

But I am here to speak for shocker, a desired rate increase for Medicaid funded skilled home health. The skilled home health providers such as Elara Caring, which many of you remember as New England

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Home Care, represent a crucial piece of the continuum of long-term care. This service provides support and a safety network to all other service lines that are providing direct clinical care in the State of Connecticut. As for Elara Caring, we provide specialized home health services throughout the state for our Medicaid members, from young adulthood through elder years. This includes both skilled care for the elderly population in need of services and interventions to correct or diminish adverse effect, and individuals who are living with a chronic and persistent mental illness.

As the long-term care population evolves, and we see the increasing need for community-based mental illness and substance use disorder treatment, it is our longstanding expertise in the community-based behavioral health treatment that -- that brings us here tonight.

For over 25 years, we have provided community-based psychiatric home health to person living with chronic mental illness. These are persons who are also often discharged from institutions such as CVH and other institutional settings such as the prisons, hospitals, and other residential psychiatric treatment.

While we appreciate that Medicaid home health providers have not been cut in the current Governor's budget, we must draw our attention to the fact that Connecticut's skilled home health rates and behavioral home health rates have increased less than one percent since 2004. Additionally, the medication administration rate was cut by 17 and a half percent in 2016, and the turnover rates in

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behavioral home health clinicians in 2019 soared to a 53 percent loss of employees.

When in Connecticut, we are now at a point that there is continued lack of investment in skilled home health services. This seems to be undermining our consistent availability and capability of these critical services. As a result, Connecticut is seeing a diminished return on its consequential investments and expanding home health and community-based long-term services.

REP. WALKER (93RD): Gloria, I'm ask to you wrap up a little bit quickly.

GLORIA MERRITT: Okay. You get what I'm asking. [Laughter]. May I say that our services have been here for a very long term. What I really want you to hear is the numbers of people that are approaching and talking about their need for financial reimbursement to continue maintaining service line. We are the safety net for all of those services. When they are discharged to the community, more than likely they come to us. And we just want to be able to sustain and grow. Thank you so much. I'm --

REP. WALKER (93RD): Thank you.

GLORIA MERRITT: -- so sorry I was winded. And I'm sorry I --

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

GLORIA MERRITT: -- went over.

REP. WALKER (93RD): That -- that's quite all right. Thank you and thank you for your

GLORIA MERRITT: Thank you.

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REP. WALKER (93RD): -- testimony. And you submitted your testimony --

GLORIA MERRITT: Yes.

REP. WALKER (93RD): -- correct?

GLORIA MERRITT: Yes.

REP. WALKER (93RD): Okay. Good.

GLORIA MERRITT: Thank you.

REP. WALKER (93RD): Thank you. Jason Iannoti -- is that Ivoni? No, Iannoti? Iannoti. Oh, he's not even here, after all that butchering of his name. [Laughter]. Okay. Going right --

LINDA IOVANNA: It wasn't Iovanna, was it?

THE CLERK: That's next.

REP. WALKER (93RD): That's next, so you can come on down.

LINDA IOVANNA: Well, there you go. [Laughter]. I had no clue. Good afternoon, Senator Olsen, Representative Walker, and Representative Lavielle, close [laughter] and distinguished members of the Appropriations Committee. My name is Linda Iovanna and I am the President and CEO of Marc Community Resources. We are a private non-profit in Middlesex County providing services for adults with intellectual and developmental disabilities. Our services are a continuum of residential, day, vocational services advocacy, a whole host of services. And we provide those services to over 250 people, even into Hartford County as well and their families.

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So as you know, many -- all non-profits play a necessary role with the communal ecosystems throughout Connecticut, providing essential services, serving marginalized populations and working toward overall community development. Now more than ever, non-profits are in need of additional supportive funding. Years of slashed budgets have led to disrepair and infrastructure, a diminishing workforce and consequential imposition of an overall delivery of services. With the increase -- with the continued increase and demand for services, these circumstances have all contributed to an urgent situation.

I am here to respectfully request that the legislature appropriate \$461 million dollars over five years for community non-profits. Since 2007, community non-profits have lost at least \$461 million dollars in state funding that has not kept pace with inflation or adequately covered the increased cost or the demands for services over the past 13 years. I'm asking that you commit to increasing funding by the full \$461 million dollars or 28 percent by fiscal year 2025, appropriate \$128 million dollars, that's a state net of \$67 million dollars after federal reimbursement in new funding for the community or an increase of seven percent, and to index increases to inflation to ensure that state funding will keep pace with increased costs in the future.

So infrastructure plays a pertinent role in the operation of non-profits. And after years of disrepair due to budget cuts, infrastructure has consequentially suffered greatly. Our organization mark has recently purchased a new building to consolidate services, increase efficiency of

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resources, for example, staffing and transportation. But our property buildout is massive and though we have done some very creative financial problem solving and consulted with professionals pro bono, we don't have adequate funds to complete the buildout. And our inability to retain any surplus that we may have earned over the years, we're left in a position that we're -- we're at the mercy of the non-profit grant and other grants like that for bond funds in order to complete our infrastructure buildout.

Was that the buzzer for three minutes already? It was quicker at home. [Laughter] So I -- I will stop there. I did submit my testimony. But I -- I will say that, you know, we suffer a lot of the same problems of -- of all the other non-profits. But, specifically, for us right now, it's -- it's really the infrastructure and -- and our inability to retain our -- our surpluses, how do we save funds to pay for things like HBAC. You know, we found asbestos, during asbestos abatement. These are things -- these are curveballs that we have to be very nimble [laughing] to figure out solutions for.

REP. WALKER (93RD): Thank you. Thank you for your testimony and I just want to say I -- I -- I -- I love your testimony. I love coming -- you coming up here. And love everybody coming up here. But I think that it might be a time where all the non-profits need to send the Governor a letter stating that we need to have more investment in this. But you've got to get his support in this, too. So I would recommend we -- last year we told everybody to report to finance, revenue and bonding, and you guys we were wonderful. They took notice. So I guess

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this time, it's a good time for you to do that with the Governor.

LINDA IOVANNA: Will do. Thank you for that.

REP. WALKER (93RD): Thank you. Have a good day. Oh -- oh, I'm sorry. [laughter]. Katherine Jones-Newton. And after Katherine Jones, Kari Bloom. Is Kari Bloom here?

THE CLERK: Yes.

REP. WALKER (93RD): Good. Thank you. Good afternoon, ma'am. The chair giving you a hard time?

KATHERINE JONES-NEWTON: Good evening.

REP. WALKER (93RD): Good evening.

KATHERINE JONES-NEWTON: Good evening, Senator Osten, Representative Walker, and members of the Committee. My name is Katherine Jones-Newton. In 2012 I was in a bad accident and I broke my hip. Since then, my mobility has been limited. And it has been, thanks to the help of homecare workers, that I have been able to stay in my home and live as much as a normal life as possible. Being able to receive service in my own home has -- has had a great impact on my quality of life. After being in the facility for six months, I know the difference that it makes to be able to be in your own home where I feel secure, comfortable, and happy.

My homecare workers help me in every part of my life. They help me move, take a shower, make sure I take my medication, get my groceries, clean my house, and a million other small things that I might need throughout the day. They also have become my friends and they support me in my -- in -- in my times of need, and I do the same for them.

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Allied has paid my homecare workers for the past seven years, and in my opinion, the problems with Allied are getting worse. Several months ago, for example, I faxed the time sheets and kept the fax confirmation sheet. However on that day before the payday, I got a call from Allied saying they couldn't find the timesheet. Well, one of my workers that -- that worker had no -- that worker had to refax them herself which cost her \$6 dollars -- \$6 dollars and she still didn't get paid on that payday. Instead, she had to wait another eight days to get paid the following Friday. My homecare worker had to go around borrowing money to cover her bills. In fact, I lent her money to get through.

During another pay period, we had additional problem when I called Allied, they told me that both of my PCA workers would get paid. Then I got automated text saying there was problems. And when I called, they told me that my two PCAs had an hours of overlap except they were -- except they were wrong. There were no overlaps and my PCA timesheets were filled out correctly. However, it didn't matter, they still held one entire week of pay for one of my PCAs. Because the time had been correct to start with, a simple submit another timesheet showing the same exact hours with an -- with an hour on the top of the timesheet on the top and they -- they paid her that week late. She was so frustrated, she wanted to quit, and I don't blame her.

My PCAs makes me feel secure, comfortable, and happy in my home. But they can't be secure, comfortable, and happy if they can't pay their bills and support their families. Our homecare workers work hard and they deserve better. Thank you for your time.

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REP. WALKER (93RD): Thank you. Thank you very much for your testimony. Have a good afternoon. Thank you. Kari Bloom? You're going to have to put the sign down. You can't have a sign down. Yeah.

KARI BLOOM: Uh-huh.

REP. WALKER (93RD): Thank you. Huh? [Laughter]. They knew to hand it to you. [Laughter]. Yeah. Go -- go right -- Kari -- oh, there she is. Okay. Yeah. No. No. I was -- I just didn't know if I called -- I'm working on E. I think that one might be easier for you. Yeah. I think so. It -- it has a higher step. Okay? Okay. No, you have to press the button right on the console so that your microphone comes on. There you go. Good job. And you -- bring the microphone close to you. Thank you.

KARI BLOOM: Good evening, Senator Osten -- Ostead [phonetic], I'm sorry --

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

KARI BLOOM: -- Representative Walker, and members of the Committee. My name is Kari Bloom and I am consumer employer that used Money Follows the Person to be able to be -- to come home from a nursing home five years ago. I have three PCAs. I am -- my PCAs give me a quality of life and the independence that I deserve to have. I'm able to be myself living out in the community which is where I want to be. My PCAs help me get out of bed, shower, clean, clean things that I can't reach, do my laundry, meet me at the grocery store or Wal-Mart to do my shopping, and a hundred other things. They are my lifeline and without them I could not live independently. I have grown children, but I wouldn't be fair -- it

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wouldn't be fair to -- to them to stop their lives to care for me.

So I'm thankful, I am grateful, and I am humbled to have the access to this -- this program, to let me live the life that I deserve. However, there are challenges that impact both my PCAs and me as a consumer employer. Allowing Allied to process six thousand timesheets per year is unacceptable -- late per year, pardon me. No one can accept those of us with disabilities and our caregivers to stay quiet on this issue. No one should be treated this way. For example, one of my PCAs, who has been working for a month, has only been paid twice out of the four checks that are -- that are owed to her. She has been -- she was paid on the 17th of January but then not paid on the 24th or the 31st, and then paid again on the 7th of February. Unfortunately, when we called Allied, we determined two of the checks were returned to Allied because of her name not being on the mailbox. Allied promised to reprint and mail the checks again. But she still has not received them. So she is owed -- she is still owed several hundred dollars from Allied which is making it impossible for her to pay her bills or -- or her rent and putting a strain on her family.

My daughter is also a PCA for me. She is still waiting for her W-2s. When she called Allied, they admitted that they did a typo on her change of address. Now, it's mid-February -- well, it's the end of February, and my daughter still hasn't her W-2 which means she can't file her -- her taxes, which would allow her to pay a big bill that she owes and is still waiting to file her taxes.

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As a consumer employer, I dread calling Allied, because I know I'll be on hold for 15 to 45 minutes. Each time, when our PCAs don't get paid and call us in tears, not only is it hardship on our PCAs, it also causes stress on ourselves as well and our -- and a -- a toll on our health.

I don't understand how a company can function like this. We're told what to do and as a consumer employer and PCs -- PCAs, we do our job correctly. But Allied cannot fulfill the same thing they expect of us. We are asking you to help put the fire under Allied's feet and make sure they're doing their job correctly as a state contractor. Our lives, as consumers and PCAs livelihood depends on it. Thank you for your time.

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

KARI BLOOM: I -- I think so.

REP. WALKER (93RD): [Laughter]. Good answer. Yes.

KARI BLOOM: Thank you.

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

KARI BLOOM: You too.

REP. WALKER (93RD): Okay. Jason Ionnoti -- Lanoni [phonetic] -- Lannoti? [phonetic] Lannoti? Yeah. That was Kari Bloom. Okay. Janie Fay? Janie Fay? Janie Fay? Oh, there you go. After Janie, Diane Dunne. Is Diane Dunne here? Great. Okay.

JANINE FAY: Good afternoon. Good evening. I'm Janine Fay, CEO of VNA Community Health Care and

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Hospice. We are a non-profit Connecticut licensed and Medicare certified home health care agency serving New Haven and Middlesex Counties. We serve hundreds of Medicaid patients a year. And as you know, and you've heard this evening, providing healthcare in the home is the most cost effective approach to care. And the demand for services will continue to increase as an aging society is living with more chronic illness and the State's long-term rebalancing initiative continues. The result is expectations of health care in the home are on the rise.

We care for a large number of medical complex and behavioral health diagnosed patients who often have little resources or support to manage their health needs. If they're lucky enough to have a family caregiver, our true unsung hero, those individuals are struggling to manage care that requires specialized knowledge and skill, while often times trying to work. The role of our home health staff in these situations is more critical than ever. Yet there's been a longstanding disconnect. And the disconnect is funding.

The home healthcare sector, as we heard earlier, has received a one percent increase in the last 13 years. That means one-tenth of a percent increase for each year, while at the same time, the costs of paying staff and in healthcare costs, minimum wage increases, all the things that it takes to keep the staff employed, that's increased by about 39 percent in the same timeframe. So there is truly an imbalance.

Three years ago, I came to this setting and gave testimony because I was very concerned we had not

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received funding and, at the same time, my organization had received the Medicaid cuts to the tune of almost a million dollars related to the add-on and the medication administration cuts. I wasn't sure, at that time, what our organization would do. Our Board of Directors and our leadership team, including me, agonized and the following year we made some terrible decisions that we had to live with, and that was that we need to reduce the care that we were providing. So we eliminated jobs. We eliminated service to medically complex children. And we reduced the amount of service to some of the chronic adult Medicaid population.

So I'm back this year to say what should be obvious, the formula for healthcare delivery in the home is not working. I'm currently the Chair of our Board of Directors of the Connecticut Association for Healthcare at Home and I talk to my colleagues frequently about this crisis. And unfortunately, many of them, in their own organizations, have made the same decisions to somehow reduce or minimize the service to this population. It is really not where any of us want to be.

I believe we all have the same goal. We want to allow individuals and families to reach their optimal health status in the home setting. This requires access to the expertise of home healthcare. Our current status as a provider network can only be described as tenuous and fragile. It does not bode well for service now or in the future. So I'm really asking that we think hard that you all think hard about finding a way to invest in our future and fund us at the level that we need. Thank you.

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REP. WALKER (93RD): Thank -- thank you. And thank you for your testimony. And you did hear what I said to some of the other people, maybe it's time for us to take it to the gold dome.

JANINE FAY: Thank you.

REP. WALKER (93RD): Thank you. Diane? Kal Patel, you're next. Go right ahead.

DIANE WEAVER DUNNE: Good afternoon, Representative Walker, and members of the Appropriations Committee --

REP. WALKER (93RD): Can you press that button right in front of you?

DIANE WEAVER DUNNE: Yes, that would help.

REP. WALKER (93RD): Yep. And let's -- let's start it again so we can get your name on the record.

DIANE WEAVER DUNNE: Sure. Good afternoon, Representative Walker and members of the Appropriations Committee. My name is Diane Weaver Dunne. I'm the Executive Director of CRIS Radio. And I'm here today on behalf of CRIS Radio to say thank you for the appropriation -- employees retained that level of appropriation even though it's a cut from previous years, we are grateful for what we have in the budget. We were able to make a huge difference this year.

CRIS Radio, right now, we are -- we have four full-time staff members. We have five regional radio stations, one broadcast center, and 200 amazing volunteers who bring words to life for people who cannot read for whatever reason. We really are a lifeline. We provide a lifeline to individuals who are unable read through our broadcast services. So

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just imagine if you were unable to read, for whatever reason, due to blindness, due to dyslexia, Parkinson's you can't turn a page, a physical disability, we really do make a difference in the lives of now, we're making our service available to a hundred thousand people throughout the state. It -- it's a huge service that we do provide.

I already submitted written testimony and I also submitted some testimony from some of our listeners. But I just want to tell you a very quick story that was told to us by a daughter of one of our listeners. She told us her father had lost his vision due to macular degeneration, and she said, slowly but surely he just stopped conversing with the family. He just sat and stopped conversing because he no longer had his New York Times or his Hartford Courant. He could not read the paper. And she discovered CRIS Radio. She turned it on and he started listening to the news. And she said, slowly but surely, his smile came back. He had a link and he started conversing with the family once again. And she said, it was like she -- he got his life back.

So we can't underestimate the power of being able to have access to information. So again, I just want to say thank for the appropriation that -- at this level, even though it's still a cut, it makes a big difference for CRIS Radio. Thank you.

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

DIANE WEAVER DUNNE: You're welcome.

REP. WALKER (93RD): Kal? After Kal, Judy Konow, Heather Rodriguez, Sylvia do -- are they -- are

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they're all here? Oh, good. Okay. Okay. Go right ahead.

KAL PATEL: Representative Walker and members of the Appropriations Committee, I appreciate the opportunity to offer testimony today related to the Residential Care Home Funding. My name is Kal Patel and I am the Administrator at Meadowbrook Manor located in Essex. I am here to express the strong need for a rate increase for residential care homes throughout the state.

Residential care homes serve some of the most vulnerable residents in the state including residents with mental health diagnoses, substance abuse challenges, the elderly and those with health problems, although we are not medical facilities. Over the last decade, our rates have been consistently capped, and even in the years where we have seen increases, they have been limited to one percent, failing to keep up with inflation and our own new minimum wage requirements.

The Governor's proposal to enable residential care homes to be billing Medicaid, acknowledges the need for higher rates for our industry. However, our industry has some significant concerns with the proposal, especially since it cuts money out of our budget that has been dedicated for residential care homes without knowing how much or what services will be able to be covered by Medicaid and how much would be invested back into the residential care home industry.

There are other questions like, how much extra would it cost for a home to become a Medicaid biller? Perhaps would any potential increases through Medicaid be offset by the excessive cost associated

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with becoming a Medicaid biller? These are unknown questions for us.

At Meadowbrook Manor, we provide residents with -- with 24-hour staff supervision, medication administration, housekeeping, breakfast, lunch, dinner, recreation activities, and physical plant maintenance for 25 residents for approximately \$95 dollars a day. The sad truth here is the amount it costs to care for our residents, utilities, employment cost, food, property upkeep and insurance have gone up over the past few years but our rates have been almost the same \$95 dollars.

After years of being flat funded, residential care homes face a critical breaking point. A vast majority of our cost is critical. But amongst the most critical is the cost of our employees. Our employees are tasked with getting medication-certified to administer medications, they are required to clean bathrooms, cook, serve meals, and perform laundry, just to name a few of their duties.

These tasks are provided by only or two employees per eight-hour shift, at an average pay rate of \$12 to \$15 dollars an hour. We need the ability to pay them more, not only to compete with the increase in minimum wage that we passed last year, but because we also need the ability to recruit employees into our industry. Most of our funding is from residents on the State Supplement, so we have the inability to raise revenue by shifting to private residents. Our only option is to get relief in our rates.

Please support Residential Care Home Funding and uncap our rates so we can help keep our employees and take care of our residents. Thank you.

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REP. WALKER (93RD): Thank you. Where is your --
where is your home?

KAL PATEL: In Essex.

REP. WALKER (93RD): Essex? Okay. Thank you.
[crosstalk]. Thank you for your testimony.

KAL PATEL: Thank you.

REP. WALKER (93RD): Judy, Heather, Sylvia.

JUDY KONOW-HINDS: Good evening. Good evening,
Representative Walker and members of the
Appropriations Committee. My name is Judy
Konow-Hinds, I'm Administrator at Chelsea Place Care
Center in Hartford, Connecticut. Chelsea Place is a
longstanding provider of skilled nursing care in the
state. We have 234 licensed beds and have 300
employees. My facility is managed by iCare Health
Network, a Connecticut based company which was
established in 2001. I am joined here today with
Sylvia Szleszynski, who is Administrator at Westside
Care Center of Manchester, and Heather Rodriguez of
Touchpoints of Bloomfield, among others from iCare
Health Network.

I would like to begin by thanking you for your
support in last session's budget. The nursing home
wage and benefit increases for employees were very
much appreciated, as we continue to struggle as an
industry to recruit and retain staff in a very
competitive labor market. Here with me today are
many of the hardworking and dedicated employees of
Chelsea Place that benefited from that. We are here
today, once again, to ask for your consideration in
ensuring adequate funding to nursing homes.

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As Connecticut's Medicaid Reimbursement will be drastically changing to case mix, I am concerned that the current system being developed does not recognize the wide-ranging needs of the behavioral health and substance use populations that we serve. Chelsea Place, who provides extensive services and programming to these very vulnerable populations, has maintained occupancy rates above 95 percent. Ninety-eight percent of those residents are state Medicaid funded.

Other case mix states, such as Massachusetts, have implemented special reimbursement for high occupancy, high Medicaid utilization and Behavioral Health population. These complicated patients would have longer and more expensive hospitalizations if not for the care we provide at Chelsea Place and other iCare Health Network facilities.

With the opioid epidemic facing Connecticut and the nation as a whole, Chelsea Place and iCare Health Network have stepped up as leaders in the state, to address the complex needs of the state -- of this vulnerable group of people, who require not only skilled nursing care, but they also require extensive recovery and psycho-social support. This group of people, very much like the Behavioral population that we have been serving for over 20 years, were staying in hospitals due to a lack of appropriate discharge locations. We have built an entire program to ensure that we are not only treating the medical needs of the individuals in our care, but taking a more holistic approach to treat their substance use disorders, their behavioral health needs, and psycho-social needs. We have decreased the length of stays in hospitals, reduced the number of rehospitalizations and, most

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importantly, we have set our residents up for continued success in their recovery.

The current roll-out of case mix, reimburses based on the medical needs or the acuity of the resident. But then fails to reimburse for the equally important services we provide for the resident's addiction, for their mental health, for their social, emotional and spiritual needs.

At Chelsea Place we provide a case manager, discharge planner, licensed drug and alcohol counselors, medication assisted treatment services, spiritual counselors and additional psychiatric and social work supports to provide for all of the needs beyond what the residents would be provided in a more typical skilled nursing stay.

I would be happy discuss -- to discuss with any of you in more detail the comprehensive services that we provide. And I would also encourage you to visit Chelsea Place or one of our iCare Health Network facilities to learn more about these services and programs. So on behalf of everyone at Chelsea Place Care Center and iCare Health Network, we would like to thank you for your time today and for your consideration in this matter.

REP. ABERCROMBIE (83RD): Thank you for your testimony. And let me just say, that we have an iCare in Meriden Silver Springs and you guys do God's work, you really do with the population that you take on. So thank you so much for --

JUDY KONOW: Thank you.

REP. ABERCROMBIE (83RD): -- what you do and thank you for testifying here today. And we did get some testimony from you about some of the concerns about

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the add-ons and how the acuity for short-term stay and long-term rehab how that's going to be affected and we did send that over to DSS, so it is something we're trying to work through, so thank you --

JUDY KONOW: Thank you very much.

REP. ABERCROMBIE (83RD): -- very much for being here. Next up is Mary --

MARY SEIDNER: Seidner.

REP. ABERCROMBIE (83RD): -- Scider -- Seidner?

MARY SEIDNER: Seidner.

REP. ABERCROMBIE (83RD): Did I say it right?

MARY SEIDNER: Yeah.

REP. ABERCROMBIE (83RD): Sorry. And then, followed by Brynn Hickey, followed by Sharon Heddle.

MARY SEIDNER: Hi.

REP. ABERCROMBIE (83RD): Hi.

MARY SEIDNER: Representative Abercrombie, Representative Walker, Representative Lavielle, and distinguished members of the Human Services Sub-Committee, my name is Mary Seidner and I'm the Vice-President of the Connecticut Youth Services Association. And I am also the Executive Director of the Youth Service Bureau in Old Lyme and Lyme. And I hold the position of Chairman of the Lyme's Juvenile Review Board, which covers four towns.

This year Youth Service Bureaus find ourselves in a unique position, as it is our first year back under the purview of the Department of Children and Families since 1995. To date, things have gone very

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well in the transition in terms of both communication and support.

First and foremost, and I believe I can speak on behalf of all of Connecticut's 102 Youth Service Bureaus, CYSA wishes to thank the Governor for leaving both YSB line items intact in the 2021 budget proposal. Additionally, we are grateful for the increase in the YSB Enhancement line item last year and the allocation of increased funding for Juvenile Review Boards. We have learned, in over 48 years of serving Connecticut's communities, that investing on the front end and reinvesting in what we know works, creates a strong recipe for positive and successful outcomes for kids and families, and clearly the Governor and the legislature agree.

Connecticut General Statute 10-19m [phonetic] states that Youth Service Bureaus shall be the coordinating unit of community-based services to provide comprehensive delivery of prevention, intervention, treatment, and follow up services for children, youth, and families. And with over 15 plus years of experience in the YSB field, I can speak firsthand about the benefits of diversion practices, increased youth and family engagement, the importance of a caring community agency, and the reward of positive outcomes is when we invest and reinvest wisely, fiscally, educationally, and socially. YSBs are the states strongest example of a grass roots, boots on the ground practice and success.

The ever growing presence of Youth Service Bureaus in the realm of juvenile justice and diversion work is yielding positive results. The most recent state report card data supports this. YSBs practice of an on the ground direct service approach for youth and

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families who have become involved in both delinquency and non-judicial situations, makes Youth Service Bureaus both unique and familiar as a community resource for guidance, understanding, and assistance. The comfort and familiarity with children, youth, and family share with local YSBs is reflective of mutual respect, and has a long and positive history.

And lastly, I would like to mention that this year the town of Somers is creating a brand new Youth Service Bureau. And we request that the \$14,000 dollars be added to the YSB line item for Somers. Thank you for your time.

REP. ABERCROMBIE (83RD): Thank you. And thank you for your testimony. We --

MARY SEIDNER: You're welcome.

REP. ABERCROMBIE (83RD): -- appreciate it. So, I skipped over someone, so I apologize. James Shmerling from the Children's Medical Center. And then we go to Brynn and then Sharon.

JAMES SHMERLING: Thank you, Commissioner Walker and members of the Appropriations Committee. Thank you for the opportunity to speak with you today. My name is Jim Shmerling and I serve as the President and CEO of Connecticut Children's Medical Center, where I've been for five years. This is my 41st year in children's hospital and in children's hospitals across the country. And I'm thrilled to be in Connecticut. I get to be at this wonderful children's hospital.

I'm here today to express my support for strong healthcare programs that will address the growing needs of all children in Connecticut. As the only

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hospital in the state that is dedicated exclusively to the care of children, we believe an early investment in kids and addressing physical and emotional needs and wellbeing of kids and the important role families play in their development. Every day we are focused on what we can do to help children thrive. And frankly, I am concerned by the trends that I'm seeing.

There are more young children in our emergency department with serious behavioral concerns. There are more critically ill babies in our neonatal intensive care units, which are located in communities across the state, including Hartford, Danbury, and Norwalk and six other locations across the state. There are more children being treated for some type of trauma and there are more children in our hospital being served by the state Medicaid program. In fact, over half of the children that we see every year are enrolled in the Medicaid program. That gives us the -- the dubious honor of being the largest Medicaid provider as a percentage of patients of any hospital in the state of Connecticut.

Last year, Connecticut Children's cared for 54,000 children who rely on this program. And while the number of children has increased, our payments have decreased on a per capita basis. This trend for our organization is unsustainable. We are trying innovative approaches to transfer our -- to transform our delivery system while simultaneously transforming the payment structure that will allow us to sustain our mission.

At present, we are actively pursuing value based reimbursement arrangements with our private payers

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and are working towards a partnership with the Department of Social Services to foster innovative payment models that can address some of the most critical issues facing the State's Medicaid program, including behavioral health services and newborn care.

We are projecting a -- a significant deficit in the coming year. In fact, in the -- 2021 we're projecting that our costs to -- to provide service to Medicaid children will exceed our Medicaid payments by \$119 million dollars. That is for every one dollar we spend caring for children who rely on Medicaid, we expect to be reimbursed only 57 cents by the state.

As a comparison, our Medicaid shortfall in 2015 was \$50 million dollars and the percent of cost reimbursed by Medicaid was 67 percent. This trend is concerning, especially since our organization is one of the least expensive independent children's hospitals in the country. Half of our inpatient care is for infants and 70 percent for children under the age of six. As a result, our costs are predictably higher than adult focused hospitals because children need more hands-on care. Our outstanding clinical teams provide wonderful care for the critically ill kids, despite the broader debate around what are reasonable healthcare costs.

After 40 years working with children and their families, I know that healthier kids today mean help your adults tomorrow. If we choose to invest in the physical and emotional wellbeing of our children, we can build the workforce our state needs for tomorrow. We also can better manage our healthcare costs. Connecticut is at a critical juncture, and I

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encourage you to join us in championing the needs of children by supporting critical programs like the State's Medicaid program. Thank you.

REP. ABERCROMBIE (83RD): Thank you. Thank you for your testimony. Quick question --

JAMES SHMERLING: Yes.

REP. ABERCROMBIE (83RD): Were you part of the hospital settlement?

JAMES SHMERLING: No. Thank you for asking. Connecticut Children's was exempted from the tax -- the -- the previous administration believed that the tax would be devastating to Connecticut Children's, so he exempted us from participating. So we were not part of the settlement. We're 39 to 42 hospitals in the state were offered guaranteed increases. So, increases in payment as well as exemption from the wage index adjustment that reduced reimbursement for hospitals. We -- we did not get that guarantee increase. And we are negotiating with the State about the -- the cut from the Medicaid Wage Index.

REP. ABERCROMBIE (83RD): And are you meeting with OPM at this point to try and work that out?

JAMES SHMERLING: We are. We've met with OPM and we've met with the Commissioner of both DSS and DCF, and we're having very positive conversations trying to develop a new model of care and new -- new reimbursement model.

REP. ABERCROMBIE (83RD): So, let me just say this. When you're done with your conversations with them, please follow up with Representative Walker and myself.

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JAMES SHMERLING: Thank you.

REP. ABERCROMBIE (83RD): As most of your staff knows, your facility has always been near and dear to my heart, and being the only standalone children's hospital in the state, I personally believe that we need to protect you guys. So, please keep us up-to-date as to what's going on and we -- we're here to help you.

JAMES SHMERLING: All right. Thank you so much.

REP. ABERCROMBIE (83RD): Thank you. Have a great night.

JAMES SHMERLING: Thank you.

REP. ABERCROMBIE (83RD): Brynn Hickey, followed by Sharon Heddle.

BRYNN HICKEY: My name is Brynn Hickey. I live in Montville. I'm a Program Director for Disabilities Network of Eastern Connecticut and I'm also the Deaf Services Coordinator for the five Independent Living Centers in the state of Connecticut. I would like to begin by thanking the Committee for the increase in funding to provide deaf services in this past budget year. The Governor has proposed \$612,000 dollars for the funding for all the centers and we are more than grateful for this funding, but it's not sufficient to meet the needs of our community at large.

The centers provide vital support to people with all disabilities and all ages. The staff at the centers use their personal experiences overcoming barriers of their own in the community to assist others to problem solve their own obstacles. We are a place to receive individualized catered -- individualized

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services catered to the needs of the person with a disability. Consumers are encouraged to live and participate in the communities of their choosing.

With the increase of funding last year, each center has hired a part-time staff person to begin building a deaf services program at each center across the state. Each center hosted open house events, advertised services on social media. Some of the centers have begun hosting monthly meetings and doing outreach activities to spread the word of the new services that are available across the state.

Due to several years of reduced and flat funding, services to our consumers have not been fully restored. In order to provide services to people of all disabilities, statewide, we need additional funding of \$130,000 dollars per center per year. This increase would allow the centers to increase the deaf services staff to a full-time position and another full-time staff person to serve the other various disability groups that we are required to serve.

We're asking for an increase in funding for Independent Living Centers of \$650,000 dollars. Thank you very much for your consideration.

REP. ABERCROMBIE (83RD): Just a quick question. So, last year we put in the budget, I thought, enough money for each Independent Living Center to have a full-time person to do -- to help with this deaf community. So --

BRYNN HICKEY: We had asked -- we had asked for funding to cover a full-time person, but after -- once the budget actually came through, it was only enough funding for a part-time person for many of

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the centers across the state. It just wasn't enough money for them to be able to provide benefits and full-time staff hours.

REP. ABERCROMBIE (83RD): Okay. Thank you. Thank you for your testimony. Sharon Heddle followed by Luel Swanson.

SHARON HEDDLE: Good evening. My name is Sharon Heddle and I live in Groton. I'm the Executive Director of Disabilities Network of Eastern Connecticut, one of the five Independent Living Centers. Our current budget provides \$612,000 dollars for the five centers, which includes the \$300,000 dollars that was committed last year for us to provide deaf services at each of the five Independent Living Centers. This allowed each of the five centers to hire a part-time -- a part-time ASL fluent staff person to provide services for the deaf and hard of hearing community. I'd like to thank the Committee for the additional funding that allowed us to provide deaf services throughout Connecticut.

Last year, our Independent Living Centers responded to 12,800 information and referral calls and provided core services to 919 people with disabilities. Each year the number of requests for service goes up while our ability to provide those services in a timely manner goes down. Budget cuts over the past several years and increases to our everyday expenses has left us in a position of limiting our service areas, having waiting lists, reducing our staff, and hiring part-time staff rather than full-time.

I'm here asking you to increase the budget by an additional \$650,000 dollars. This is \$130,000

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dollars per Independent Living Center. This increase would allow us to change our part-time deaf services advocate into a full-time position that includes benefits. It would also allow us to hire an additional full-time general advocate to work on eliminating the waiting lists, getting back out to the limited service areas, and help with a variety of needs that we just don't have enough staff to help with. Things like finding accessible housing, transportation, locating a food pantry, completing paperwork for all different types of benefits, opening a bank account, and learning how to discuss accessibility needs with your landlord or employer are just a few of the things we get calls about. Telling these people we will call them back next week, or next month, is heartbreaking. They need help or guidance now, not when their name comes up on the list.

There are approximately 347,000 individuals in Connecticut with disabilities. Increasing the Independent Living Centers' budget by \$650,000 dollars will make a huge difference in the lives of so many of these people in Connecticut. Thank you.

REP. ABERCROMBIE (83RD): Thank you. Thank you for your testimony. Luel Swanson, followed by William White. William? Oh, okay. Hi.

LUEL SWANSON: Hello. Good afternoon. Thank you for having us. I'm with Cal and Tina from the Connecticut Association of Retirement Homes. I am Luel Swanson, Owner and Administrator of Greystone Retirement Home in Portland, 20 minutes south of here. I have 58 residents and 30 employees and have been running Greystone for 20 years.

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I take in homeless people who would otherwise be on the street, people being discharged from the hospital and cannot go home and have nowhere else to go, a younger psychiatric population, who are on the state's mental healthcare system, and substance abuse challenged, American veterans, and elderly residents. These citizens of the State of Connecticut are unable to live in their own apartment or home and have no private money to -- to live in an assisted facility -- Assisted Living Facility. Almost all of my residents are assisted through the State Supplement Program. Without Residential Care Homes, they would be on the streets of Connecticut or in a nursing home at \$400 dollars a day, without needing that level of medical care.

We are the desperately needed bridge between home or assisted living and nursing homes. As this bridge or midlevel of care for Connecticut citizens, we save the state a great amount of money. Our daily/monthly rates have been frozen for over 10 years now. My rate is currently frozen at \$75 dollars a day, and we provide 24/7 supervision and care and other housekeeping, meals, recreation, laundry, anything our residents need, we provide. And our rates have been frozen for 10 years -- 10 years now. We are trying our very best to operate on rates as if we are living in the world 10 years ago. Please think about this. This is a tremendous burden. We are operating on a razor's edge. And if our census drops due to the passing away of a resident or they need a higher level of care, it is even more critical of an issue because then I no longer have the cash flow, however, still need to continue to meet payroll every week, etcetera. I cannot tell you how overwhelming and exhausting this has been.

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We have been severely under-supported for too many years now. We need a significant injection of funding into our homes. We need rate increases every year so that we can keep up with inflation, cost of living increases, rising food costs, maintenance costs, prohibitive insurance costs, electricity, water, taxes, and perhaps most importantly, employee wages. Frequently, I cannot keep good staff because it is a struggle to pay them, and believe me, they are my number one priority. Staff is everything to me. And now, the minimum wage increasing to \$15 dollars an hour, I do not know how we will be able to do this and manage.

We manage to struggle all why -- while caring for the most vulnerable and fragile members of our society. What that comes with is all sorts of extremely challenging behaviors on a daily basis. If I don't have the money, I don't have the staff, and then I cannot care for the people of the state who most need it and quite often homes have been closing. I have had to keep up with our payroll every week while constantly doing repairs and making upgrades that result from state inspection. Where does this leave the state? With a huge segment of the state's population either roaming around on the streets or putting extra strain on the mental healthcare system or in nursing homes. This will cost the state an extraordinary amount of more money.

Please, we need our rates increased. We need funding. And I appreciate you listening to -- to us and supporting us. Also, one last thing, the answer is not putting the burden on us to bill Medicaid and cutting monies out of the state budget that have already been dedicated to us. This raises so many

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concerns and especially about being potentially categorized as medical which opens us up to many different liabilities.

REP. WALKER (93RD): Thank you.

LUEL SWANSON: Thank you so much. I really appreciate your time.

REP. WALKER (93RD): I have a question.

LUEL SWANSON: Yeah.

REP. WALKER (93RD): There was funding given out to agencies because of the minimum wage increase. Were the residential homes provided that?

LUEL SWANSON: Slightly. It was -- it was negligible and it hasn't arrived at our home yet, at Greystone Retirement Home. I mean, I --

REP. WALKER (93RD): Okay.

LUEL SWANSON: Yeah. I've heard of it and I heard it was slight. But it hasn't --

REP. WALKER (93RD): And we did it last year, too.

LUEL SWANSON: I haven't completely seen that, so then I can pass it on to our employees. And -- and it was, I -- I do know it was one percent. It -- for us that's -- that's very low. It's really hard to retain people.

REP. WALKER (93RD): Okay. Yeah. It was --

LUEL SWANSON: Yeah.

REP. WALKER (93RD): It was -- it was one percent for -- for the payroll. That was what --

LUEL SWANSON: Yeah.

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REP. WALKER (93RD): That was what was submitted.

LUEL SWANSON: Yeah.

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

LUEL SWANSON: Thank you very -- very much.

REP. WALKER (93RD): Uh-huh. William White. Good evening.

WILLIAM WHITE: Good evening. Good evening, Representative Walker and members of the Appropriations Committee. And a special hello to Representative Nolan, who's our state Representative. My name is Bill White. I am the Administrator and President at Beechwood Post-Acute & Transitional Care in New London. Beechwood is family owned and operated and has been providing nursing home care in our community for over 64 years. We are a 60-bed nursing home. We have over 100 employees working at our facility.

I want to begin by thanking the Appropriations Committee for supporting increases in last session's budget for nursing home wage and benefit increases for our employees. Recruiting and retaining workers in Connecticut's very competitive labor market, remains our most significant challenge. Having enough quality 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. These new wage enhancement dollars help in the struggle to assure quality care in our nursing home.

I'm the administrator, but the devoted caregivers I work with, RNs, LPNs, CNAs, all want what I want, that is to deliver the highest quality care

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experience to anyone who comes to Beechwood. My co-workers are doing an exceptional job. And I am so grateful to them and proud of them for everything they are doing. Beechwood is a five-star nursing home, a US News & World Report National Quality Award winner, and consistent winner of multiple Best Of Awards, all due to the work of our fine staff.

I am especially proud of the work our nursing home has done during a long period where Connecticut hasn't made nursing home funding a priority.

I fear that Beechwood continues to sit on a fiscal tipping point in 2020. Major changes are being developed called, Case Mix, which will change the way Medicaid reimburses our family owned nursing home this year. While we, in concept, agree with 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 during that long, dark period of the past decade, and that quality will suffer with insufficient resources about -- absent the injection of revenue that we have long deserved. Budget neutral may be budget neutral. But when you're already taking a loss, you're just taking the same loss. We're not being made whole.

Our elected representatives need to hear loud and clear that delivering the care everyone wants for their loved ones is getting harder and harder to provide. And the reason isn't really hard to understand. There's been almost no additional Medicaid help in the state budget for over 13 years. To give you a frame of reference, my youngest daughter is in the eighth grade. She's 13 years

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old. There's been no significant increase since she was born.

On behalf of my family and everyone at Beechwood, thank you. I'd be happy to answer any questions.

REP. WALKER (93RD): Thank you and thank you for your -- your testimony. I -- I think we've gotten -- we [laughter] -- we have a lot of the same -- and it's good. I think it's --

WILLIAM WHITE: Thank you.

REP. WALKER (93RD): -- important and I -- and I hope everybody listens to what I said.

WILLIAM WHITE: Thank you for your time.

REP. WALKER (93RD): Thank you.

WILLIAM WHITE: I appreciate it.

REP. WALKER (93RD): Have a good day. Kimberly Carlson and Sheena Postell.

SHEENA POSTELL: Good afternoon, representative Walker and the members of the Appropriation Committee. My name is Sheena Postell and I'm one of the Social Workers at Meadowbrook of Granby in Granby, Connecticut. Meadowbrook of Granby has been providing nursing home care in our community for 29 years now. We are a 90-bed nursing home and we have approximately 225 employees.

We are thankful for the Appropriations Committee for supporting increases in the last session's budget for nursing home wage and benefit increases for our employees. Having adequate skilled staff to meet the needs of the nursing home residents with increasing care needs in all shifts will even be

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more challenging as Connecticut minimum wage continues to rise.

I am here today with some of my devoted caregivers from Meadowbrook of Granby and we want to be able to deliver the highest quality care experience to anyone who comes through our doors. We have an excellent track record with successful discharges home from our short-term rehabilitation unit, as well as a community that chooses to come back when they need care.

I fear that our nursing home committee -- continues to be a concerning point in 2020. Major changes are being developed called, Case Mix, which changed the -- the way Medicaid reimburses our -- our nursing home this year. While we concept agree with the Case Mix and how it reimburses nursing homes based on our care needs of the residents, our -- our nursing home is afraid that the new Care -- Case Mix payment will -- will ignore the Medicaid funding shortfalls of the past decade.

We are here today so our elected leaders know that developing care everyone wants for their family members and neighbors, making sure they are getting harder and harder providing in Connecticut. The majority of the residents that we serve, have some of the -- some form of dementia or mental health challenges with difficult behavior for staff and management. We hope that the Case Mixer -- Mix is an answer, but only if the funding shortfall is addressed.

I challenge you today to help -- help us hardworking staff deliver the care we all want for our loved ones. Please -- please make long overdue nursing home funding a priority in your budget.

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I leave this quote with you today. From the famous words of Fredrick Douglas, without struggle, there is no progress. Thank you.

REP. WALKER (93RD): Thank you. And thank you for your testimony. Thank you. Gabby Finely [phonetic] -- Findley? Did I mess that up? Of course, I did. After that, Tina Yeitz.

TINA YEITZ: Yeitz.

REP. WALKER (93RD): Yeitz? Okay.

GABBY FINDLEY: Hello. My name is Gabby Findley. I am one out of four advocates who work for the Disabilities Network of Eastern Connecticut or DNEC for short. DNEC is one of five Independent Living Centers within the state of Connecticut. My job as an advocate is to assist individuals with disabilities within Windham and New London Counties be as independent as possible within their community.

Just from this past year, the Independent Living Centers in Connecticut assisted more than 12,800 disabled individuals with information and referral services, technology support, finding suitable housing, and among other individual -- independent living skills. Out of those 12,800, I personally assisted 101 individuals.

I would like to give you a brief success story that would further explain the dedication we have as advocates who assist those in need. Over the past year, I have worked with seven blind individuals. I cannot tell you how hurt I was to hear that with all seven of those individuals, they all had a similar story to tell. Each of them explained that they had reached out to several organizations to get

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assistance and no one could help them or they did not have enough staff to assist them. Three of those individuals needed assisted technology support such as screen readers to help them communicate with others. Two of those individuals needed help with transportation that was accessible for them. And the last two individuals needed assistance with obtaining employment services. I can tell you firsthand that we've successfully completed all of their goals. However, I wanted to emphasize the time and dedication it took to assist those seven individuals achieve their goals along with the other 94 disabled individuals, all within a year's time.

As a small non-profit agency, increased funding would allow us to hire additional staff to assist more individuals with disabilities and less time and achieve more independent living goals without causing a burnout on the already dedicated staff. With the assistance of an Independent Living Center, more individuals with disabilities can accomplish their goals and, in the process, save the state money.

I ask that you please do not cut our funding. In fact, I ask that you increase our funding so that we, as an Independent Living Center, can have additional staffing to help keep the people in the community safe. Lastly, so that we can teach individuals with disabilities in the state of Connecticut to be self-sufficient so that they are able to remain independent within their community. Thank you for your time.

REP. WALKER (93RD): Thank you. And thank you for your testimony. Martin? No. Tina. Tina. I'm sorry. Tina. [Laughter

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TINA YEITZ: Good evening --

REP. WALKER (93RD): Who do we have?

TINA YEITZ: -- Representative Walker and members of the Committee. Thank you for hearing us tonight, all of us. My name is Tina Yeitz. I'm the Administrator at the Eliza Huntington Memorial Home located in Norwich. I'm here to express the need -- the strong need for a rate increase in residential care homes throughout the state.

As our industry continues to be significantly underfunded, some homes will inevitably have to close, leaving our residents with limited housing options available to them. As you heard earlier, the Governor's proposal to enable us to bill Medicaid does acknowledge the need for higher rates. However, the industry has significant concerns with that. I mean it's not unheard of, but we need more information.

At Eliza Huntington, we serve a population of 22 residents, all of whom are elderly women. These ladies come to us because they've reached a point where they're still very functional, but need assistant with some of the basics. We provide all of their meals, as well as their laundry, housekeeping, shower assistance. We keep them active with daily recreation and out-trips and provide them with medication supervision as well. This is all done at a low cost to the state, relatively speaking, while providing care to some of our most vulnerable people.

My home and other residential care homes throughout the state have had to get by with rates failing to keep up with costs. And yet we serve, as a safety

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net, for many people with mental health diagnosis, substance abuse issues, and many of our elderly population. Unlike other providers, almost all of our residents are state funded, limiting our ability to shift those costs and make up for these low rates.

Our greatest challenge is with the lack of rate increases is the ability to pay the employees a fair wage. We rally our employees who deserve so much more for the work that they do, for a very challenging but rewarding population.

Unfortunately, paying employees the necessary wages to attract new people to our industry continues to be a challenge, resulting in employee turnover for many homes. Our industry strives to employ people in long-term careers, so they can establish and maintain relationships with our residents. This leads to better long-term health outcomes, stability in the home, and savings to our state. That being said, it is very difficult to sit and interview a candidate for a position as an aide when you're describing their job duties and explaining to them that there will be days when you are yelled at, called names, and more than likely, be cleaning up urine and feces. And then tell them, that they'll be making the same, if not less than a 16-year-old at the McDonalds drive-thru.

When you compare the rates for residential care homes against the alternative of other facilities that they would be placed in, residential care homes are, in fact, a bargain. Please support residential care home funding and uncap our rates so that we cannot only keep the amazing employees we have, but attract more of the same. Thank you for your time.

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REP. WALKER (93RD): Thank you. And thank you for your testimony. And thank you for coming up and telling us [inaudible 01:38:46]. Thank you. Have a good day. Next is Martin.

MARTIN SBRIGLIO: Good afternoon or evening, Representative Walker, Committee members. I'm Martin Sbriglio, CEO of Ryders Health Management. We provide homecare, outpatient rehab, companion care, and skilled nursing facilities.

I'm here for a few reasons. I've already submitted -- submitted written testimony. I won't bore you with that. The Case Mix system being proposed by this administration and, in fact, is not -- it is a cut. I can't -- some of my staff have come from some meetings and they are telling me that we are going to have to double our staff to handle the computer processing and billing. This is an \$800,000-dollar impact to our small company. So, in essence, the Case Mix rollout is a cut. By raising our costs, they are saying it's flat funded, but it's increasing our costs.

I guess, I -- I know Representative Walker, we met once before or more, and I think the ulterior motive here is to close more facilities. I think we have to be clear. The Case Mix system is not designed to pay for acuity. It's designed to pay for closures. They already acknowledge they're underpaying us. And I'll tell you why. The facility in Bridgeport, for example, that's closing, Bridgeport Manor, they gave them a closing rate of \$350 dollars a day. Contrary to previous testimony, our rates are not \$400 dollars a day. I'll take that any day. After our provider tax, it's \$219 dollars, \$219 dollars to provide 24-hour nursing care with registered nurses

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around the clock, strict regulations, stricter than any other industry in the country.

So, what we're looking at is forced closure. That's what this administration is proposing with the Case Mix plan. And after closure occurs, what happens? I've posted a YouTube. I've tried to get it out to some of you via Honest Healthcare. I -- I don't know if it succeeded. Our -- our YouTube channel is interviewing hundreds and will continue to interview staff members that worked in facilities that have closed. It is -- DPH and DSS, of course, will argue this point. But we have lots of testimony. People that are followed, patients that have been forced to leave a skilled nursing facility due to Medicaid inadequate payments, 20 percent of the patients die. So, this administration is proposing closing more facilities and ignoring the impact. Any questions?

REP. WALKER (93RD): All of the -- the fact -- the issues that you brought up here are backed up in your -- your written statement; correct?

MARTIN SBRIGLIO: I -- I expanded on them. Yes.

REP. WALKER (93RD): Okay. But they -- but everything that you stated --

MARTIN SBRIGLIO: Should be there.

REP. WALKER (93RD): Okay.

MARTIN SBRIGLIO: Yes.

REP. WALKER (93RD): All right. Well, thank you. And --

MARTIN SBRIGLIO: Thank you.

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

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MARTIN SBRIGLIO: You bet.

REP. WALKER (93RD): Alison Weir.

ALISON WEIR: Good evening, Representative Walker and members of the Committee. My name is Alison Weir. I'm the Policy Advocate and a Staff Attorney at Greater Hartford Legal Aid. And on behalf of Greater Hartford Legal Aid, Connecticut Legal Services, and New -- New Haven Legal Assistance, I urge you to increase funding for the COLAs for Temporary Assistance for Families, the state assisted -- the State Administered General Assistance, SAGA, and the State Supplemental Assistance for the Aged, Blind, and Disabled, also known as AABD. I submitted written testimony. So, I'm not going to bore you reading that again.

But I just want to use this time to highlight a couple of -- of big issues about why we need to -- to increase the COLAs. Multiple studies have found that cash assistance is the most cost effective way to get people the basic needs they -- they need. But it's less effective when the -- the cash assistance doesn't keep up with the cost of goods. Years ago, the legislature wisely tied increasing of these -- the benefits to the -- the Consumer Price Index so that they would match the cost of goods raised. But of the 12 years since the passage of that rule for TFA and SAGA, it's only raised four times. The last time was in 2015. And for AABD, it's even worse. It's only twice in 27 -- in 23 years. Again, the last time was 2015.

Each year the COLA is not funded, the buying power of the benefits erodes. Today, the maximum TFA benefit for a family of three, buys one-third less than it did in 1996. For AABD, the failure to fund

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the COLA has a double -- double whammy. Not only has the state not funded annual increases to the AABD benefit, it also has not adjusted the income disregard to account for the COLA that the federal -- federal government has given to all the -- the underlying benefits, Social Security, SSI, SSDI, Veterans' benefits. So, what winds up happening is that recipients of these benefits don't get the federal COLA that the -- that Congress intended because it -- it reduces the state benefits reduced dollar-for-dollar. So as a result these -- these programs are supposed to help people stay out of poverty are becoming less and less effective.

When TFA was first implemented in 1996, in every region, TFA was at least 50 percent of that federal poverty level. You can't say that now. So -- now, people receiving assistance could wind up in deep poverty despite receiving assistance.

So, for these reasons I urge you to -- to include funding -- funding for the COLAs. And I thank you very much for your time.

REP. WALKER (93RD): Thank you. And thank you for coming and testifying. Thank you. Ellen Ahern. After Ellen, Nancy Fleming. Is Nancy Fleming here?

NANCY FLEMING: Yes.

REP. WALKER (93RD): Oh, good. Okay. And after Nancy Fleming, Gladys Johnson. Gladys Johnson? Okay. Go right ahead.

ELLEN AHERN: Hi. Good evening. Greetings to the distinguished members of the Appropriations Committee. My name is Ellen Smith Ahern and I'm a resident of Durham. Thank you for the opportunity to testify in support of both restoring eligibility

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rates for HUSKY A to 201 percent of the federal poverty level, as well as to expanding coverage to include immigrant families regardless of their status.

I'm here today to represent two perspectives, the first of which is that of a mother of two young children, both of whom I gave birth to and cared for the first few years of their lives while on state health insurance. They are five and seven years old now. They're funny, they're kind, they're imaginative, and most importantly, they're healthy. Accessing Medicaid was absolutely essential to our family's health and wellbeing then, and it's part of our foundation of our healthy family now. As a white family with two working parents and ample social capital, we're fortunate enough to have been able to leap over the coverage gap and can now afford health insurance through my partner's work. But this is a privilege. It's not available to all families in Connecticut, no matter how hard they work.

There are approximately 187,000 Connecticut residents who don't have health insurance, a disproportionate number of whom represent black and brown communities whose income hovers near the federal poverty level. Among those most commonly uninsured are immigrant communities, both legal, permanent residents, and those still seeking documentation. As a Social Work graduate student at UCONN, my second role here today, I ask you to recognize that reinforcing racial, ethnic, and economic barriers to healthcare is unacceptable. Expanding HUSKY A eligibility is one clear step we can take towards breaking through these barriers.

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I also urge you to consider the vulnerability of Connecticut's single parent families to the coverage gap. As a student intern with Middletown Works, I work closely with single parents, service providers, employers, and policymakers in Middletown to address harsh, local realities reflective of statewide trends, 43 percent of Middletown's families are run by single parents, and 35 percent of these families live at or below the federal poverty level. Disproportionately led by women and women of color, these families are more vulnerable to food insecurity, housing instability, and a wide array of health disparities. Roughly 34 percent of all of Connecticut's families are headed by single parents. And this means that -- that thousands of families you represent are particularly vulnerable to loss of health insurance.

We can do better by our people. The fact that we've raised minimum wage is proof of our intent to do so, but without addressing the negative consequences for working families' access to health insurance, our efforts will fail. Restoring eligibility rates for HUSKY A to 201 percent of the federal poverty level and including immigrant families in coverage are essential steps towards equity and wellbeing for Connecticut families. Thank you.

REP. WALKER (93RD): Thank you. And thank you for your testimony. Have a good evening. Nancy Fleming. Is Kelly Anelli here?

KELLY ANELLI: Yes.

REP. WALKER (93RD): Okay, you're next. Steve Tracy? You're next. Go right ahead.

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NANCY FLEMING: Esteemed members of the Appropriations Committee, good evening. I am Nancy Fleming, Finance Manager at Covenant to Care for Children. We are statewide agency, which for over 33 years, has provided a safety net for abused, neglected, or impoverished Connecticut children by providing basic essential support in moments that are critical for a child's ability to thrive and a family's ability to stay together.

I'm here tonight to thank you for your previous support and ask for your continued support at the Governor's proposed level of funding. The basic essential support, which we provide these at risk children, is -- includes new twin beds, car seats, strollers, toiletry items, diapers, clothing, school supplies, and school uniforms. Last fiscal year we were able to provide these goods to over 8800 of Connecticut's underprivileged kids.

Since beginning operations in 1987, we have provided essential support to over 829,000 of these kids. We are unique in that we partner with over a hundred faith and/or community based organizations. Many of these children received these goods are already involved with DCF or are at a high risk of being -- becoming involved with the Department. Often, the goods that we provide, prevent the removal of a child from the home. In some instances, we are able to provide goods necessary for the reunification of a child with his or her caregiver. In still other cases, these basic essential goods may help prevent disruption of the families.

Please support the funding at Covenant to Care for Children, included in the Governor's budget so that we may continue to help Connecticut's neediest

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children see a brighter future for themselves.
Thank you for listening.

REP. WALKER (93RD): Thank you. And you -- you provide supportive services or supportive goods to most of the families?

NANCY FLEMING: Oh no, goods, goods --

REP. WALKER (93RD): Okay.

NANCY FLEMING: -- only. Basic essential goods.

REP. WALKER (93RD): Okay.

NANCY FLEMING: Thank you.

REP. WALKER (93RD): Thank you. And thank you for what you do.

NANCY FLEMING: Thank you.

REP. WALKER (93RD): Just check, is Gladys Johnson here? No. Kelly? And then after Kelly, Steve Tracy. Is Evan Dantos here? Great. Go right ahead.

KELLY ANNELLI: Good afternoon, Representative Walker, Representative Abercrombie, Representative Lavielle, and the Committee. My name is Kelly Anelli and I am the Director of Member Organization Services for the Connecticut Coalition Against Domestic Violence.

We're requesting funding to support one full-time Child & Family Advocate at each of our Connecticut's 18 domestic violence organizations. Child & Family Advocates are the backbone of critical support to nearly 1000 children that stay in our state -- our state's domestic violence shelters annually, along

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with another approximately 3600 children who seek community-based services with a parent each year.

There is currently no state funding provided in Connecticut for these positions. Federal pass-through funded by OPM, covers approximately one-third of the cost of a full-time advocate. Considering that 4632 children were served across the state in fiscal year 2019 and that funding was provided for 0.3 full-time advocates at each local domestic violence organization, the current funding structure only allows each Child & Family Advocate to provide 2.4 hours of service to each child annually. This is neither adequate nor sustainable.

The complex -- the complexity of the issues a family is experiencing is directly equivalent to the complexity of services they need. Just meeting the immediate basic needs of a survivor and child entering shelter, can be complex and time consuming, let alone the ongoing supports the family needs.

Consider this family who recently sought services and fled with only the clothes on their back. The Child & Family Advocate met this family at shelter to start preliminary services, including purchasing diapers, formula, clothing, and preparing a room for the school-age children and a crib for the infant. The next day, the advocate contacted the children's school to ensure that transportation would be provided from the shelter per the McKinney-Vento Act, bought replacement uniforms that the children needed, stuffed new backpacks with school supplies, and contacted their teachers individually to let them know although the children may not have their homework, they shouldn't be penalized for it. Once the children were settled at school, the advocate

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worked with the mom to start the journey of stability and success. This includes working with other advocates, both within and outside of the domestic violence organization to address court-based, housing, employment, economic security, and counseling needs. This scenario shows how one day with a family can easily surpass the 2.4 hours that a Child & Family Advocate has annually to work with the children.

As such, we urge your support of state funding to fully fund these positions. Thank you for your consideration.

REP. WALKER (93RD): Thank you so much for your testimony and have a --

KELLY ANNELLI: Thank you.

REP. WALKER (93RD): -- have a good evening. Steve Tracy. And after Steve, Evan Dantos. And after Evan Dantos, Christine Wright. Is Christine Wright here? Christine Wright? No. Andrew Koban? Andrew Koban? Russell Schwartz? Okay. Alvin Davis? Okay. Simona [laughter] -- Simoa [phonetic] -- Simona? No. Okay. [Laughter] Lewis Bower? Okay. Anthony Ligon? Okay. It's you, go right ahead.

STEPHEN TRACY: Great. Thank you, Madam Chairwoman, and Representative Lavielle, members of the Committee. My name is Steve Tracy. I live in Goshen, Connecticut. And I'm here tonight on behalf of my eldest son who has been severely handicapped since he was born. For the last 30 years, Christopher has had the good fortune to live in a group home, managed by Ability Beyond in New Milford. As you know, Ability Beyond is one of the several very fine, non-profit organizations that

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enable the state to meet its obligations to some of its most deserving citizens. And I'm here tonight to encourage you to be as forthcoming as you can in funding DSS and DDS services for the disabled.

Ability Beyond was founded over 60 years ago by parents who were desperately searching for services for children that did not exist at that time, many years ago. Our organization now serves over 3000 people in Connecticut and -- and -- and New York. We're the largest ICF provider in Connecticut, serving 117 individuals in 20 facilities. And I think, because Ability Beyond was founded by parents and remains governed by many parents, including myself, the organization enjoys an -- an extremely high level of support and enthusiasm amongst the -- the families that it serves.

But -- but I have to tell you, we've been feeling the squeeze for the last several years. The medical acuity of our clients continues to increase, as do wages, as do insurance cost, Workers' Compensation, you know the list. Except for pass-throughs for new costs since 2008, Connecticut has actually reduced our -- our ICF rates. In the face of that, we've held our cost increase to just four percent. That's not four percent annual. That's four percent, period, over a 12-year period; quite remarkable. But even these modest cost increases, together with declining state support cannot be sustained. Our ICF losses are up from \$440,000 dollars in -- in 2017 to over \$1.1 million dollars last year. Can't -- can't carry on like this.

For too many years, Connecticut has woefully underfunded the non-profit organizations that serve our state's disabled population with rates

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considerably below those at which it funds programs operated by government agencies. This makes no sense. When you have non-profits that deliver quality service, that families are happy with at a significantly lower cost, you should be looking to support and grow them, not starve them out of business. Because if that happens, the state will face a stark dilemma. Either move our loved ones into more expensive state-operated programs or just watch the waiting lists get even longer and longer.

So I ask you to commit to the equitable funding of programs for the disabled by funding non-profit organizations at levels comparable to those afforded to state-run programs. Thank you.

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

STEPHEN TRACY: You're welcome. Having been to a few of these hearings, I know that you all have your work cut out for you. So --

REP. WALKER (93RD): Yeah. [Laughter]

STEPHEN TRACY: -- appreciate your service.

REP. WALKER (93RD): Thank you.

STEPHEN TRACY: Representative Nolan, good to see you again.

REP. WALKER (93RD): [Laughter] Evan? Just quickly before Evan, is there anybody else who did not testify, who would like to testify? Is there anybody else who did not testify that would like to testify? Who's getting somebody? Okay. Thank you. Go right ahead. It's on.

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EVAN DANTOS: Hi everyone. I'm Evan Dantos. I'm here to speak on behalf of CANASP, which is the nine providers of Meals on Wheels in the state. We're here to offer our testimony on the Governor's budget proposal with regard -- you already know that already.

We appreciate this Committee's recognition in recent years of the need for increased funding for Meals on Wheels providers. The 2019 rate increase for meals provided under the Homecare Program for Elders was essential in equalizing reimbursement with the actual cost of providing the meal. The Governor's budget proposal now also demonstrates that recognition by better funding meals delivered under Title III. There's two buckets for meals funding, Homecare Program for Elders and Title III funding. We're not here to comment on that. We're very grateful for the work towards that effort.

However, the budget was careful in the number of agencies to help out for minimum wage, to help compensate for that increase. However, the first -- DSS had a Provider Bulletin, the first adjustment of the rates with regard to minimum wage left out Meals on Wheels providers. And, of course, as wages rise, so too does the cost of preparing and delivering meals. So if Elderly -- if Elderly Nutrition Providers are carved-out of the adjustments, we risk nullifying the impact of your hard work on last year's budget.

So, we're in support of the budget. We just ask to be included in those transfers.

REP. WALKER (93RD): Thank you for your testimony. [Laughter] No. Wait -- wait, don't go anywhere.

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So, you received some money for -- for the minimum wage?

EVAN DANTOS: No.

REP. WALKER (93RD): You received no money for the minimum wage?

EVAN DANTOS: Right.

REP. WALKER (93RD): No money to assist in -- in -- in raising the minimum wage?

EVAN DANTOS: That's correct.

REP. WALKER (93RD): Well, we just made a note of it. Thank you.

EVAN DANTOS: Thank you.

REP. WALKER (93RD): Have a good night. Is there anybody else that has not testified that wants to testify? Did they find you outside? [Laughter] Thank you so much. Okay. You have to give us your name and everything since you're not on the list.

LEWIS BOWER: I am on the list. I think I was at the end of the list. I -- the -- the list moved quicker than I -- Lewis Bower, KeepMeHome.

REP. WALKER (93RD): Oh, yes. You're next.

LEWIS BOWER: Berlin, Connecticut.

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

LEWIS BOWER: Thank you. Good afternoon. Thank you for having me. My name is Lewis Bower and I own and operate KeepMeHome Care and Companions. I've been privileged to be a healthcare provider in Connecticut since 1985. We've been serving

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residents in the setting they most prefer, in their homes. And we advocate for an age in place model of care, providing a whole variety of homecare services. Most of our clients are funded by the Connecticut Home Care Program for Elders. We serve most of the state access agencies, CCCIs, SWAGA, WAKA, and take care of elderly in their homes. We provide companions, homemakers, personal care assistants, and live-in caregivers.

Companion and homemaker service primarily the state's Medicaid population. And we also serve some private pay sources. But it's mostly Medicaid recipients funded by the Connecticut Homecare Program.

Our industry and our services are now in dire straits. We provide services from an hour a day to 24 hours a day, depending on the level of care that we're providing. And we've been severely compromised by stagnant Medicaid rates for our services over the past decade.

While we enthusiastically support the minimum wage increase that was granted last October of 90 cents an hour, and the further upcoming \$1 dollar an hour increase this October and in the subsequent Octobers, and we truly believe that our workers deserve all of that and more, we cannot survive as providers without rate increases to cover the cost of the wage increase and the related payroll costs, FICA, FUTA, SUTA, Workmen's' Comp, insurance, liability coverage, bonding, and health insurance.

After the wage increase was enacted in October of 90 cents, we only received a one percent increase in our rates, which averaged 18 cents an hour. And the total cost of that 90 cents loading on the FICA,

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FUTA, SUTA, and all that was approximately, I believe, \$1.15 dollars. I provided an analysis with my submitted testimony. It breaks down each of the level of care and the related costs for those services. We need eight percent an hour just to break even on the minimum wage increase and the related payroll costs.

We're super-compromised on our live-in caregiver program. I'm not sure if you're familiar with that, but has allowed for the state to relocate clients from nursing homes to their homes in a transition program, so they can live at home 24 hours a day with a live-in caregiver. Those individuals, according to the State Labor Guidelines are paid 87 hours a week, 40 hours at regular time and 47 at overtime. So, the impact of the minimum wage increase for that sector is even greater. Because it's not 90 cents, but 90 cents on the first 40 and a \$1.35 dollars on the next 47, plus the 30 percent on top of that. So, to break it down in -- in layman's terms, we're looking at a cost increase that's very significant of \$15 dollars a day for our live-ins in straight costs, or \$100 dollars -- \$105 dollars per week extra that we're paying them. And the increase that the state has provided on those rates is only one percent. We're losing almost \$100 dollars a week to continue to provide those services because of the minimum wage increase. And we can't do it.

Our agency provides a significant number of those live-in caregivers. And in the past, the state has made adjustments five years or six years ago when the State Labor Department changed the rules. But they haven't been able to address it at DSS. And they said that change has to come from this body.

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If we don't have the legislatures receptive to the plight that we're under to, at least, give us the reimbursement to cover our costs. We're not asking for a cent more in administrative reimbursement. No more profit. Nothing to cover the cost of our office or the increased cost of doing business. My company is open 17 hours a day, every day of the year.

So, we respectfully ask you to consider legislation to give us an eight percent retroactive increase to last October. That's when our costs went up. And then, for each October coming forward, when the rate increase goes up another dollar an hour to the employees, we need another eight percent to break even. And without that, my company and the many others that serve the elderly at home, and if you look at the state transition plan, it's a significant number that has increased, we're -- we're -- we're -- we're in a very, very dire situation.

REP. WALKER (93RD): So, let me set the record straight here. [Laughter] I believe it's this body that went to that body, and said we wanted to do the increase in the last term when we went to \$15 dollars an hour. And it was this body who said that we need to -- to add an increase for rates for your -- for -- for the houses that you have. So, if someone has said to you that the only way that it could happen is if you came to us, I'd like to know who it was. But you can tell me later off-line. Because I want to know who it is.

LEWIS BOWER: It came to me through someone else because they said, they --

REP. WALKER (93RD): Oh, no. No. No. No.

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LEWIS BOWER: I don't want to get into that.

REP. WALKER (93RD): We don't want to do that.

LEWIS BOWER: No. No. I am a person who would speak to you with regard to that factually.

REP. WALKER (93RD): Okay. I would -- I would --

LEWIS BOWER: We don't -- [crosstalk].

REP. WALKER (93RD): I would like that.

LEWIS BOWER: -- information.

REP. WALKER (93RD): Thank you.

LEWIS BOWER: Thank you very much.

REP. WALKER (93RD): Thank you. Have a good day. Okay. So, I'm going to assume that someone came back in here, or they're -- they left and they went to the wrong room. [Laughter]. Anthony Ligon? Oh, come on in. You left -- you left us.

ANTHONY LIGON: I'm so sorry about that.

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

ANTHONY LIGON: It was --

REP. WALKER (93RD): We just -- we just were sitting here waiting for you.

ANTHONY LIGON: Oh, thank you so much.

REP. WALKER (93RD): You're welcome.

ANTHONY LIGON: I appreciate it. Do I start?

REP. WALKER (93RD): Yeah.

ANTHONY LIGON: Okay. Good evening, Representative Walker and members of the Committee. My name is

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Anthony Ligon, Jr. and I am from New Haven, Connecticut. I'm also a homecare provider. I've been a homecare provider all of my life, even before I've gotten paid for it. My great-grandmother had -- she passed away with Alzheimer's and I have a little cousin with down syndrome.

I became a paid homecare worker in 2013. The individual I can -- currently take care of has a traumatic brain order -- traumatic brain disorder. He came home about 10 years ago from now in a vegetative state, but thanks to homecare workers like me, and others, we've worked with him tirelessly to help him progress. He's -- he used to be completely nonverbal. He now has some progression. But without homecare workers, like me and others, doing 24-hour care because is 24-hour care, around the clock, seven days a week, he would not have been able to get to where he is now. And I am proud to say that I was a part of that.

I do feel honored to be a person that takes care of other individuals. But when it comes to my pay, I do not feel honored nor respected. I feel a sense of fulfillment when I go to serve others, but I -- that favor is not repaid to me if my check isn't on time. I'm not able to rely on any funds to get to my individuals to take care of them. For as long as I've been paid by Allied, I have had troubles with them, problems -- constant problems. Before I was able to call up every Monday when I submitted my timesheet and convince them to search for it and confirm receipt and look over and see if I did anything wrong.

But since 2016, 2017 they kind of put this new implement in place when we were putting pressure on

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them to actually pay people on time and reporting them to the state, they put a new system in place where they can't confirm your timesheet. So, they have this system where they text you or send you a phone call on Thursday, sometimes you don't get it until after 5:00 o'clock if they're closed and sometimes you don't get it at all. So, you have to wait until 5:00 o'clock -- I mean until Friday when you wake up to check and see if your paycheck is in your account or not.

Just dealing with this as a young individual in the society we live in, as an African-American, I just -- it's hard for me to survive. So, can you please help us? Can I count on you guys? [Laughter] And thank you for your time. And I apologize for being late.

REP. WALKER (93RD): [Laughter]. Anthony, you're -- you're a delight.

ANTHONY LIGON: Thank you. [Laughter].

REP. WALKER (93RD): Anyhow, so, I just want to go back to the recap. The recap is you put in hours, you submitted your timesheet, and it got rejected. So, then your employer contacted the -- the number that they have for -- what's the name of the company that does it?

ANTHONY LIGON: Allied Community --

REP. WALKER (93RD): For Allied.

ANTHONY LIGON: -- Resources.

REP. WALKER (93RD): Your employer contacted the number that is provided for them to complain about something that didn't happen and nobody got back to you?

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ANTHONY LIGON: Right. So, the way it's set up, the individual that would take care of the setup as our employers. I normally used to call up myself when we were allowed and convince anyone who was nice enough up there to actually help me look for my timesheet. And they'll look for it. They'll confirm if I did anything wrong or if -- if anything had to be added or anything like that.

Since 2016, 2017, they implemented a new rule where they can't confirm timesheets. Where you have to send a text or anything -- you give them your number and they will send you a text or give you a phone call. That system isn't always guaranteed because it comes out on Thursday. It's sporadic in times. The one time I got it 10:00 o'clock in the morning, one time 7:00 o'clock at night. Their office close at 5:00 p.m. Yeah.

REP. WALKER (93RD): So, it would be beneficial for us to talk with the representatives from Allied?

ANTHONY LIGON: Yes. And tell them at least come up with some type of --

REP. WALKER (93RD): I'll tell them Anthony sent me. [Laughter].

ANTHONY LIGON: Yeah. You can. I'm pretty sure they're tired of me. But I don't care. But --

REP. WALKER (93RD): Did you try the hotline, also?

ANTHONY LIGON: The Department of Labor?

REP. WALKER (93RD): Allied -- Allied, actually.

ANTHONY LIGON: Oh.

REP. WALKER (93RD): [Laughter].

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ANTHONY LIGON: I actually, at one point, I was so adamant about figuring out what was going on with my timesheet, I spoke to the CEO of the company, because I was --

REP. WALKER (93RD): Oh, good for you.

ANTHONY LIGON: -- really, really -- yep, I was really, really complaining. And there was one time where actually last year, April or May, they messed up on my timesheet, they didn't pay me, and I didn't get that until August.

REP. WALKER (93RD): Hmm. And you have -- you have documentation for all this; right?

ANTHONY LIGON: Yes.

REP. WALKER (93RD): Okay.

ANTHONY LIGON: I filed a grievance with the Union.

REP. WALKER (93RD): You did? Well, did you file a grievance with DSS?

ANTHONY LIGON: However, we did it, we did it.

REP. WALKER (93RD): Oh, the Union does it for you? Oh.

ANTHONY LIGON: Uh-huh.

REP. WALKER (93RD): Okay, do both. I'd do both.

ANTHONY LIGON: [Laughter].

REP. WALKER (93RD): All right. Thank you. And thank you for your testimony.

ANTHONY LIGON: Thank you.

REP. WALKER (93RD): Okay.

ANTHONY LIGON: Everyone have a blessed night.

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REP. WALKER (93RD): Bye, bye. You too. Did you guys find any other people? No. They're in the other room? Oh, okay. [Laughter]. All right. With that, I thank everybody. I will close this public hearing. And I thank you for your testimony. And please follow up with documentation and things, make sure that that's in our -- our hands. Thank you. Have a good day.