



Testimony to the Public Health Committee

Patrick J. Gilland, President/CEO Church Homes, Inc.

March 17, 2021

Regarding

Senate Bill 1030, An Act Concerning Long Term Care Facilities

My name is Patrick Gilland and I am the President and CEO of **Church Homes, Inc.** We own and operate Avery Heights in Hartford and Noble Horizons in Salisbury. On behalf of my organization, I am pleased to submit testimony on Senate Bill 1030, *An Act Concerning Long Term Care Facilities* and I would specifically like to address Section 13 the bill regarding the conversion of Rest Home with Nursing Supervision (RHNS) licensed beds to the higher level Chronic and Convalescent Nursing Home (CCNH) licensure.

We support the proposal to eliminate the distinction between the CCNH and the RHNS nursing home licensure categories for the purpose of establishing a single, minimum direct staffing level requirement for all nursing homes, **but we ask that this bill specifically require an independent increase in the RHNS rate.**

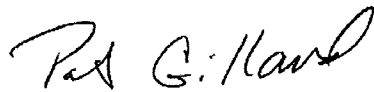
Our nursing facilities have a combination of CCNH and RHNS licensed beds located on separate units. There is literally no distinction between the two units. We maintain the same level of staff in each unit as we are required by regulation to staff to meet the needs of the resident. While at one time there was a difference in the level of care needs between the residents in one unit versus the other, that era of nursing home care is gone and the acuity level of all our residents now reaches or exceeds the qualifications for CCNH level of care.

Unfortunately, the Medicaid rates have not caught up with this new reality and we are currently paid a very different rate for our RHNS beds than we are for our CCNH beds. We currently receive a paid daily rate of \$203.35 from Medicaid for a resident in a RHNS bed compared to a rate of \$264.93 for the resident in a CCNH bed at Avery Heights and \$231.21 for RHNS and \$266.57 for CCNH at Noble Horizons. *(Please note that neither rate reimburses us for the full cost of care.)*

While we support the proposal to eliminate the distinction between CCNH and RHNS, the rate paid for those converted licensed beds must be raised to the same rate level as the current CCNH rate paid to the facility. It has been the experience of nursing homes seeking to convert their RHNS licensed beds to a CCNH licensure level, that DSS offers in exchange a *blended rate* to be applied to all of the beds in the nursing homes. The blended rate is calculated by DSS combining the nursing home's state issued RHNS and CCNH rates and dividing that figure by two - to create a *blended, average rate*. This process of blending the rates often leads to a projection of additional losses and has dissuaded nursing home providers from converting. **Therefore, we ask that this bill specifically address this rate issue by requiring an increase in the RHNS rate to the level of the building's CCNH rate.**

Thank you for this opportunity to submit testify on this bill.

Respectfully submitted,

A handwritten signature in black ink that reads "Pat J. Gilland". The signature is written in a cursive, flowing style.

Patrick J. Gilland
President/CEO