

Testimony to the Public Health Committee

Presented by Patricia Morse, President and CEO of Connecticut Baptist Homes and PierceCare

March 17, 2021

Regarding

Senate Bill 1030, An Act Concerning Long Term Care Facilities

Good afternoon Senator Abrams, Representative Steinberg and members of the Public Health Committee. My name is Patricia Morse and I am the President and CEO of Connecticut Baptist Homes in Meriden and PierceCare in Brooklyn, Connecticut. These are two not-for-profit, aging services campuses providing a continuum of long-term care, including nursing home care.

I am pleased to provide testimony today 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 for the purpose of establishing a single, minimum direct staffing level requirement for all nursing homes.

Connecticut Baptist Homes is a campus in Meriden which includes a sixty-bed skilled nursing facility of which thirty are RHNS licensed. We support the proposal to eliminate the distinction between the CCNH and the RHNS nursing home licensure categories, but we ask that the bill specifically require an independent increase in the RHNS rate.

Our nursing facility cares for 60 people on two, separate 30 bed units. One floor has 30 licensed CCNH beds and the other has 30 licensed RHNS beds. There is literally no distinction between the two units. The residents we care for are the same, the staffing levels are the same, and their acuity levels are the same. The RUGS categories generated by their care needs are the same and all sixty beds are dually licensed and certified to provide care under the federal Medicare guidelines. While at one time there was a difference in the level of care needs between the residents cared for in one unit versus the other, that era of nursing home care is gone. The acuity level of all our residents now reaches or exceeds the qualifications for CCNH level of care.

While from a regulatory perspective we are held to the same standards of care at both levels of licensure, from a reimbursement standpoint, the Medicaid rates we are paid are very different. We receive approximately \$45 less per day from Medicaid on the rest home level compared to the skilled level. In the 2018 rate letter issued by the Department of Social Services the rate calculated by the state based on actual occupancy was \$256.75 per day. The rate issued or paid to us by Medicaid was \$166.59 per day - a difference of \$90.16 and an annual calculated difference of \$671,566. This is unsustainable. *(Please note that our CCNH rate is just \$210.33 which is \$34.70 lower than our CCMH calculated rate.)*

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 skilled rate (CCNH rate) paid to the facility. Based on recent requests, facilities seeking to eliminate the RHNS license and convert their beds to a CCNH level of care are permitted to do so, but with a rate that is calculated based on combining the state issued RHNS and CCNH rates and dividing that figure by two to create a blended, average rate. This process of blending the rates would lead to continued losses and with a lower CCNH rate, the losses would be even greater. Therefore, we ask that this bill specifically address this issue and require an increase in the RHNS rate without lowering the CCNH rate.

Thank you for this opportunity to testify on this bill and I would be happy to answer any questions.

Respectfully submitted,

Patricia Morse
President and CEO, Connecticut Baptist Homes, Inc. and PierceCare