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Moore

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Cook, Dathan, Garibay, Goupil,
Hughes, Mastrofrancesco,
Santiago, Simmons, Stallworth,
Wood

REP. ABERCROMBIE (83RD): Good morning, everyone, I'm Representative Cathy Abercrombie, and I wanna welcome you to the Human Services public hearing for today, Thursday, March 25th. It's great to have you with us today. I'll turn it over to my Chairs, my Co-Chair, and our Rankings for any opening statements. Senator Moore.

SENATOR MOORE (22ND): Oh, just good morning. I'm looking forward to this meeting. And we have some guests, so it's very nice. Thank you,

REP. ABERCROMBIE (83RD): Representative Case.

REP. CASE (63RD): Oh, good morning, and we're all ready to get started. Thank you to our interpreters for being here.

REP. ABERCROMBIE (83RD): And, Senator Berthel.

SENATOR BERTHEL (32ND): Good morning to the Chairs and my Ranking Member, good to be here, and hopefully, we have a productive hearing and get some good information shared with us and some good feedback regarding some Bills before us. Thank you, Madam Chair.

REP. ABERCROMBIE (83RD): Thank you. And thank you to my Members that are here today. Just a little bit of housekeeping before we begin. As you can see, we have changed up the schedule a little bit for today.

So, we will be starting with individuals who need an interpreter today. They will be given four minutes, a little bit of extra time, and then we will be going to the elected officials. We are going into session later this afternoon, so we are asking our Members to only ask one question. If we still don't get through the whole list of speakers, we will be reassessing this public hearing and reconvene tomorrow, Friday at 10:00 am. So, we have a backup plan just in case we run over our time. And with that, let's get this public hearing started. First up is Melissa Render.

MELISSA RENDER: Good morning. Thank you. My name is Melissa Render. I live in Hartford, Connecticut, and I'm here to give you my statement on this Bill. I was born and raised in Danbury, Connecticut, in the county of Fairfield, where there is almost, little or no services for mental health and for people who are deaf in that area. When I was young, I struggled often because I never had an interpreter and there were many times where there was no support there, they were not trained to work with deaf people, and there weren't any deaf therapists in the area as well. Because of that, I struggled with understanding and I was way behind in many, many areas.

My mental health never improved until I made the move to Hartford in 2008. I've been seeing my deaf therapist for a few years, and it has helped a lot. I moved back to Danbury, finding out again that in area where I grew up, it is the same problem as it was back then, 10 years ago. Still today, there are no deaf services in the area for people who need mental health services. I don't think it is fair for our deaf patients to have to travel so far as I did for those two years. I had to take med cab to Hartford every Wednesday to be able to see my therapist, and I was no longer happy. So, I had to move back to Hartford in 2020.

I strongly believe that we need to expand the services for deaf people across the entire State of Connecticut. I do not want to see other people to have to suffer through what I did. A deaf therapist that is well-understanding of our deaf culture is a much more efficient way than using a hearing therapist with an interpreter. I'm pretty sure once you start to plant the seeds, these flowers will grow.

There are many deaf patients across the entire State of Connecticut that cannot seem to get the services, or are unable to find them. Therefore, they become very isolated, which causes such severe depression, and I don't wanna see that happen with our individuals. Again, in today's world, this 21st century, it's time for a change. We need to be more open-minded; we need to think of others' needs. As I said, it only takes a seed to grow the flower. I assure you that if there were deaf services of mental health in Fairfield County, I would not have had to move back. Thank you very much.

REP. ABERCROMBIE (83RD): Thank you, Melissa, for your testimony. Any questions from Members? Seeing none, thank you so much, Melissa. Thank you for being here and have a great day. Up next is my good friend, Harvey Corson. Hi, Harvey.

HARVEY CORSON: Hi there, how are you?

REP. ABERCROMBIE (83RD): Very well, thank you.

HARVEY CORSON: Senator Moore, Representative Abercrombie, Co-Chairs, and Members of the Human Services Committee. I am Dr. Harvey Corson. I am a member of the task force on mental health services for deaf, deaf-blind, and hard-of-hearing individuals. And I am Chair of the Education and Legislative Committee of the Connecticut Association of the Deaf.

The Connecticut landscape of existing Mental Health Services provides some of the following observations. There is no organized oversight related to the competency of community-based providers of mental health services appropriate for deaf and hard-of-hearing adults. It does not exist. Inpatient treatment for deaf and hard-of-hearing children and adults is minimally effective due to the lack of interpreting services that are being provided extensively during inpatient stay because patients are unable to engage in their treatment options whether they are individual, group, or family.

Deaf and hard-of-hearing children experience significant mental health treatment delays. These often result extended periods of time in emergency room departments, where communication and treatment accessibility are nonexistent. The situation is even worse for our deaf-blind children and adults.

Connecticut-- excuse me, I would like to emphasize three points in this proposed legislation. First, there is a definite need to have a continuing state mechanism to provide for appropriate statewide mental health services to low incidence and underserved populations in the deaf, deaf-blind, and hard-of-hearing children and adults in the State of Connecticut.

Secondly, there is currently no place in state government for deaf, deaf-blind, or hard-of-hearing citizens, their parents, their family members, or the general public to go to ask for information, assistance or to present their concerns regarding mental health services that are available, or if they have issues, or if there are qualifications, or the performance of those services. That's this proposed statewide mental health program that we are recommending would serve as the place to get such information and assistance, and they would know where to go to seek resolution for these concerns or issues.

Thirdly, this would be done at a more reasonable cost to the state with the involvement of the six key state agencies. We are looking at these individuals who are knowledgeable. I'm thinking of DMHAS, as the lead agency.

GIANNA VOLLANO: Excuse me, the four minutes are up, can you please summarize?

HARVEY CORSON: Yes, yes. And these individuals are knowledgeable, consumer volunteers, and we think this would be much more effective. Connecticut Association of the Deaf supports Raised Bill 6637. Thank you for your consideration and support.

REP. ABERCROMBIE (83RD): Thank you, Harvey. Thank you for your testimony, thank you for being here today. I just wanna give Members just a little bit of information. I had a meeting yesterday with Harvey and some other Members of the Advisory Group that we have for the deaf community, I have offered to put together a working group that will be starting in August, to look at interpreter services here in Connecticut. We really need to have a standard when we-- just for a little background information for some of our new Members, we used to have a division in the Aging and Disabilities Committee, which was interpreters. And through budget cuts, probably about 6-8 years ago, we closed that division and went to private providers. And it really has not worked through the years, and we really are not checking the backgrounds of the individuals that are doing the interpreter services.

We've really had an issue in the medical field, which as you can imagine, it's scary enough to have to go in for surgery, but to have someone there that is not transcribing what exactly is going on has to be more than overwhelming. So, come this fall, we're gonna have a workgroup that is gonna look at this issue and how we can really help this community, who I believe we let down when we closed that unit. So,

I just wanted to let our Members know that and the public that's watching this. And, on behalf of the state, I do apologize for all that this community has endured since we did close that unit. And with that, I'll open it up to questions from Members.
Representative Hughes.

REP. HUGHES (135TH): Thank you, Madam Chair. Can you expound a little bit, is that process--are we setting aside some funding to develop that or? I just wanted for the Members to know where we are in?

REP. ABERCROMBIE (83RD): Yeah. No, there's no budgetary-- when you put a workgroup together, there's no budgetary numbers that need to be done. You only invite people that wanna be at the table, and we're all volunteers.

REP. HUGHES (135TH): Okay. So, in terms of them getting an extended network in place, that timeline is after the workgroup, is that what I'm hearing?

REP. ABERCROMBIE (83RD): Yes. Any legislation will be for the next session.

REP. HUGHES (135TH): Got it. Okay, thank you for clarifying that. Thank you.

REP. ABERCROMBIE (83RD): You're welcome.
Representative Case.

REP. CASE (63RD): Yeah. Just real quick, and thank you for that explanation of the working group. I did meet with the American School for the Deaf at the end of last year and all, but they were supportive of the process, but the bidding and going out and getting interpreters in, it was a difficult fit to do, to get the right people to the right [Inaudible] as you spoke. So, I look forward to the working group, and that's working with those who can offer us the interpreters so that we can have contracts in place so that when they're needed, we can get them and get the situation under control. But thank you

very much, Madam Chair for pushing forward in the working group.

REP. ABERCROMBIE (83RD): You're welcome. Any further comments or questions? Seeing none, thank you very much, Harvey. We'll see you soon. Have a great day.

HARVEY CORSON: Yes, thank you, Representative Abercrombie.

REP. ABERCROMBIE (83RD): Moving on to Rosa Guzman. Good morning.

ROSA GUZMAN: Hi, good morning, everybody. This letter is a joint statement to represent five clinicians, including myself, who's working with deaf, deaf-blind, and hard-of-hearing adults over the age of 18. There are severe mental health needs in that area. There's need for linguistic and cultural competency as-- one second, we work as counselors and social workers with deaf, hard-of-hearing, and deaf adults who have acute or chronic mental health needs. We are all linguistically and culturally proficient with lived experience. Collectively, we have over 100 years of experience in this area of work.

We'd like to share with you a bit of history about our DMHAS program. In 1982, the State of Connecticut set up a PILOT program at the Connecticut Valley Hospital to provide inpatient and outpatient services to deaf and hard-of-hearing adults. Seven satellite clinics offered outpatient services, provided by a centralized program staff that were proficient and specially trained to work with this population. This was funded by a line item in the DMHAS budget.

The program was able to offer comprehensive services to our deaf residents in locations close to their homes. In 1992, it was decided to decentralize the program by closing the unit at DVH, defund the line

item and assign staff to various outpatient clinics. We became employees in these clinics, all with different rules, philosophies, and motivation to provide those needed services. And again, the staff was assigned to various outpatient clinics. We became employees of these clinics, all with different rules, and different philosophies, and motivations to provide those needed services.

In some areas of the state, the unique needs of deaf and hard-of-hearing programs are supported and are fully funded. For example, in Hartford, we currently have three deaf clinicians who are serving roughly 90 clients. Our numbers are large because deaf communities or deaf consumers know that we are there. If a consumer needs services, they can contact us via a video phone, phone, email, text message, in order to be triaged by a clinician who understands their language and culture.

This helps to establish an immediate therapeutic connection. Thus, clients feel hope and a sense that their needs can be met by becoming a client of our agency. Unfortunately, other areas in the state have not been so supportive. As deaf program staff have been leaving or retiring from their positions, frequently they are left vacant afterwards. Currently, out of the original seven, there are deaf clinical staff and only three outpatient clinics across the state.

GIANNA VOLLANO: Excuse me, four minutes are up. Can you please summarize?

ROSA GUZMAN: Okay. And over the years, the deaf DMHAS program staff have worked diligently with DMHAS, trying to sell the need to reestablish services where there are gaps. The main argument seems that there are too few deaf consumers in these areas to provide that kind of service. But we personally feel strongly, if you do help reduce the pain and fear and isolation of just one person, then it is worthwhile, and as you can see in Hartfield,

if you build it, they will come, that concept is true. Often by the time a client reaches out for help for mental health services at a state level they are despondent. Can you imagine being depressed, psychotic, a victim of abuse, or even suicidal and calling a clinic for help only to be hung up on by an untrained clinician who doesn't understand that a deaf or hard-of-hearing person was calling, or to be told that an appointment for intake will depend on the availability for the clinic to hire an interpreter.

The deaf community has endured oppression from the medical profession throughout history. Like the other marginalized and oppressed communities, it takes time for providers-- it takes time to trust providers enough to take the step needed to seek help for medical or mental health program. This Bill offers hope that service gaps can be filled so that Deaf consumers in the State of Connecticut can reach out with confidence for mental health care. I hope that consumers who are stared scared can pick up the video, phone, text, or email in order to connect with a professional who signs their language, understands their culture, and validates their experience as a first step towards recovery. Thank you for your time.

REP. ABERCROMBIE (83RD): Thank you, Rosa, for your testimony, we do appreciate it. Questions from colleagues? Seeing none, have a great day Rosa, thank you for being here. Next up, is Maria Dadario.

MARIA DADARIO: Excuse me, interpreter, would you mind signing and I'll voice my testimony. Thank you. Hi, my name is Maria Dadario and I was born deaf and with Downs syndrome. And as I was growing up, I went to the Deaf School in America School for the Deaf, and later in life, I'm struggling. And I know there something for mental health but I wasn't sure there was something for deaf, hard-of-hearing, and the blind.

Once I found out, and I found one in New Haven, Connecticut, I live next town which is East Haven. I traveled to New Haven, and later in life, I wasn't finding job because of my disability, and I have challenges with physical challenges and mental challenges. So, I went to [Inaudible] and I work for DMHAS and New Haven county [Inaudible]. And I want to see more services come for the deaf, deaf-blind and hard-of-hearing people to get more help because they need help because we have all struggles. So, I do support the Bill, and please, we can help provide more services and I'm not complaining. Because I think it'll benefit me so much, and I really appreciate it, and thank you

REP. ABERCROMBIE (83RD): Maria, great job. Thank you for being here today, and thank you for sharing your story, we so appreciate it. Any questions from Members? Seeing none, thank you so much, Maria, have a great day. Up next is, Jaclyn Terrio.

JACYLN TERRIO: And this is the interpreter.

REP. ABERCROMBIE (83RD): Are you also testifying, Jaclyn, or she just put you on the list so you could come in?

JACYLN TERRIO: Correct.

REP. ABERCROMBIE (83RD): Okay. So that concludes this portion of the public hearing of the deaf community. I wanna thank all of you for being here. Please feel free to stay on. We do have the interpreters for two hours. We're now gonna go back to the elected officials. And first up is our Commissioner of the Department of Social Services, Commissioner Gifford. Good morning, Commissioner.

COMMR. DEIDRE GIFFORD: Good morning, everyone, Representative Abercrombie, Senator Moore, and Representative Case and Representative Berthel, and distinguished Members of the Human Services Committee. I'm Deidre Gifford, Commissioner of the

Department of Social Services, and very happy to be with you this morning. As always, I'm joined by my capable members of the capable DSS team who are here to answer any questions that you might have on the Bills before you this morning, on which I'm happy to provide a few remarks, and then we will be here, obviously, to respond to your questions. Shall I jump right in, Representative, with testimony?

REP. ABERCROMBIE (83RD): Yes, Commissioner. Please proceed.

COMMR. DEIDRE GIFFORD: All right. Thank you. First off, beginning with SB 1056, AN ACT EXPANDING ACCESS TO MEDICAL ASSISTANCE. This Bill would broadly increase the income eligibility levels for most types of Medicaid coverage, up to 200% of the federal poverty level. This would increase up to 200, for example, the eligibility for HUSKY C, which is for individuals in the so-called aged, blind and disabled coverage.

The current HUSKY C limit is tagged to the same limit as for temporary Family Assistance, effectively \$523 per month. The proposed increase would about quadruple that limit. However, for Committee Members information, the federal law does not allow states to go above 100% of the federal poverty level for this eligibility category. There is no other state in the country that has eligibility over 100% of the FPL for this aged, blind, and disabled group.

So those individuals would not be eligible for federal match and would be 100% state-funded. I would also note that individuals above the current HUSKY C level likely would qualify under another Medicaid eligibility category, that is HUSKY A, if they're a parent was independent children, or HUSKY D if they're an adult without dependent children, up to 150 or 138, respectively.

This Bill would also increase income eligibility for HUSKY A and HUSKY D, up to 200% of the FPL. HUSKY A currently covers children up to 196% and their parent or caretaker relative up to 155%, and HUSKY D, which is the expansion adult population, currently covers low-income adults under 65 without dependents up to 133% of the FPL, which is the maximum, again, allowed by federal law.

So that, again-- oh, individuals eligible over that income level would be not eligible for federal matching would be 100% state-funded. So, these proposed increases would result in significant expansion of the population covered by Medicaid and corresponding expenditures that are not in the Governor's budget. And for that reason, the department does not support this Bill.

As I've noted in other circumstances, however, the Governor has proposed HB 6447, AN ACT CREATING THE COVERED CONNECTICUT PROGRAM TO EXPAND ACCESS TO AFFORDABLE HEALTH CARE. And if passed, that Bill would sustainably fund a \$15 million per year program to reduce Connecticut's uninsured rate, which is the assumed intent of this Bill, of course, which we support. And it could also include some focus Medicaid expansions as discussed in this proposal.

I would also note for the Committee that, under the American Rescue Plan Act that recently passed, there are very significant and substantial enhancements to premium assistance under the health care exchange, so that many individuals that would otherwise be covered by this proposed expansion would be able to get low or no-cost health coverage through Access Health Connecticut. So, we would be happy to continue to have that discussion with Members of the Committee.

SB 1057 is AN ACT CONCERNING NURSING HOMES. This Bill seeks to enhance the current minimum nursing home direct care staffing ratios, and it requires

DSS to consult with DPH to review nursing home staffing levels, to look at payment incentives relating to promoting the practice of staff working only in one home, and hiring prohibitions, and requires DSS to establish a minimum percentage of the Medicaid reimbursement in nursing homes for the provision of direct care to nursing home residents.

As you all are aware, we are actively collaborating with stakeholders in the nursing home industry to transition the way that we-- Medicaid is paying for nursing home care, from a strictly cost-base to a system that's more based on the care needs of the individuals the so-called, "Acuity-based method." And similar to the intent of this Bill, we believe that transitioning to this model will promote access to high-quality care for residents, and it will take into account the direct care needs of residents based on their level of illness, especially for those with extensive care needs. It would also enable Medicaid to pay nursing homes based on the complexity of the care needed. So that aligns with the intent of this Bill.

We did take a look at the costs associated with increasing the minimum direct staffing as proposed in this Bill. This is included in our written testimony, the breakdown of how we arrived at this number, but DSS estimates that the increase of the minimum nursing home direct care staffing ratios will cost approximately \$78 million per year. And these costs are not included in the Governor's proposed budget.

With respect to Subsection C, we are supportive of the Committee's interest in DSS and DPH coordinating on matters related to aligning public health and Medicaid financing strategies in support of quality of care. That's work that's begun during the pandemic, and we're supportive of continuing that. And with respect to Subsection D, the department is also generally supportive of establishing a minimum

percentage of Medicaid reimbursement to be spent on direct care.

And we also appreciate the latitude to develop this in collaboration with DPH. For context, we would note that we did take a look at our direct care costs from the 2008 cost reports, which indicate that overall, in all of our facilities, approximately 51% of the allowable costs were directed towards direct resident care.

HB 6635, AN ACT CONCERNING TEMPORARY FAMILY ASSISTANCE. This Bill would make for major changes to TFA, the state's cash assistance program, federal block grant. The first change would extend the length of time that a non-exempt family can receive benefits from 21 months to the federal maximum of 60 months. For the Committee's information, as of February of this year, there were 2582 families enrolled in TFA, currently subject to the 21-month time limit, and 4923 families that were exempt from the 21 months' time limit.

I'd also like to note for the Committee that most Connecticut families that were subject to the 21-month limit are also eligible for two six-month extensions that effectively create a 33-month state time limit. And under limited circumstances, the department may grant extensions beyond the 33 months. Assuming that our average benefit duration would rise to the national average over time under this legislation, we would expect a minimum of \$5 million cost to be incurred from this provision. And that may be a low estimate, depending on whether levels of enrollment increased as a result, whether clients who were formerly subject to the time limit re-enroll to take full advantage of the 60 months, and whether there were additional systems and operational costs at DSS. That \$5 million estimate, it's probably on the low end.

The second proposed change would require the department to exclude the benefits received during

the public health emergency from the 21-month time limit. And we would just note for the Committee that pursuant to Governor Lamont's Executive Order 7N, these benefits are already excluded from the 21-month time limit. The third proposed change would eliminate the so-called Family Cap Policy, which requires the department to have the benefit to a child who is born while the parent is receiving TFA.

This provision would increase the benefit to families with at least two children by that, \$50 per month, and the department estimates that this would affect approximately 600 families and cost approximately \$400,000 annually. And finally, the final proposed change requires the department to provide a cola whenever funds appropriated for TFA laps and there is enough money to pay for a cola. This would effectively create a floor for TFA funding, meaning that, from declines in future enrollment, any potential declines in future enrollment, there would be no savings accrued to the state.

We do appreciate the intent of this Bill and are, unfortunately, unable to support the full Bill because the Governor's budget does not allocate funding for these changes. But we are, of course, interested in working with the legislature and program stakeholders on future constructive changes to the TFA program.

HB 6636, AN ACT CONCERNING COVID-19 AND ENHANCED FEDERAL MEDICAID FUNDING. This would require the department to use the enhanced federal Medicaid matching funds to increase rates for Medicaid providers. As you all are aware, the enhanced matching funds are an increase of 6.2% in federal match during the course of the public health emergency. This does not apply to our expansion population, which is already at 9% match. This additional reimbursement is available only as part of a match for the expenses incurred by the state. It is not a grant to the state, it's simply

increased percentage that's applied to the expenses that the state already incurs. Any new costs would still need to be matched by approximately 44% with state funding. It is also time-limited enhanced match and not predictable beyond the December 31st, 2021 extension that has been committed to by the Biden Administration.

We would know that as a result of the pandemic and the adverse impact on state budgets, many states across the country did cut rates to providers and did cut benefits in their Medicaid programs. And as a result of, at least in part of the enhanced federal match, Connecticut has done neither. Over the course of the pandemic, we have expanded telehealth benefits as you know, and we have not cut rates to providers as a result of the pandemic, nor have we eliminated the benefit.

So, the enhanced f map has significantly reduced budget pressures on our Medicaid program and on our broader Human Services support system, along with other areas of the budget. The other thing I would note for the Members is that, the enhanced f map also comes with a requirement that no one be disenrolled from the Medicaid program while the enhanced f map is in place. And that also comes with additional expenses, which are covered by the enhanced FMAP.

As we have discussed in other venues, funds related to Medicaid have been invested in Medicaid rate relief for nursing homes over the course of the pandemic or intermediate care facilities for hospital payment enhancements and for COVID-related coverage for uninsured individuals. We have used-- the state has used Coronavirus relief funds primarily as the source of such relief, with about \$160 million already allocated or currently obligated for those purposes.

So, because of the investments that have already made and acknowledging that the proposed FMAP

increase is not the proposed-- rate increases are not reflected in the Governor's budget, the department does not support this Bill. HB 6637, AN ACT CONCERNING STATEWIDE MENTAL HEALTH SERVICES FOR DEAF, DEAF-BLIND AND HARD-OF-HEARING PERSONS. I was grateful for the opportunity to hear the testimony on this Bill.

Section 3 of the Bill would require the department to participate in statewide mental health services program for the deaf, deaf-blind, and hard-of-hearing, and that the department shall assign not less than one staff member to this program. Section 4 requires the department to participate in an advisory Committee to address the mental health service needs of this group. We applaud the intent of the proposed Bill and we agree, Representative Abercrombie, that this is an important issue that we need to pay attention to.

We look forward to collaborating with the statewide deaf and hard-of-hearing Advisory Council, Disability Rights, Connecticut, and other stakeholders. Representative, of course, happy to participate in your workgroup, if you would like. We would note, the Governor's budget does not include funding for a full-time individual at DSS to participate in the program. We look forward to collaborating with our colleagues at DMHAS and ABS on some of the needs that we heard expressed this morning. That concludes my talking points on the proposed Bills, we're happy to answer any questions that you may have. Thank you very much.

REP. ABERCROMBIE (83RD): Thank you, Commissioner. And thank you to your team for being here. Questions, colleagues? Representative Case?

REP. CASE (63RD): Thank you, Madam Chair, and through you to Commissioner, just as we talk about the-- concerning the temporary Family Assistance and COVID-19 enhance federal medical funding, that all has to be determined on being in an Executive Order,

is that correct Through you, I mean, are those funds available without the Executive Order or without the pandemic issue going on?

COMMR. DEIDRE GIFFORD: Enhanced federal match is unrelated to executive orders. That's a federal decision, Representative Case. And it has been extended only through the end of calendar year 2021. So, unless further action is taken by the Biden Administration, that enhanced match will end at the end of this calendar year. With respect to the temporary Family Assistance, the only thing that's impacted by an Executive Order is the exclusion of the benefits received during the course of the pandemic to applying to the 21-month time limit. Other than that, there have been-- Executive Orders don't relate to the extension of the timeframe for [Inaudible].

REP. CASE (63RD): Okay. So, in just looking at this, we're just trying to make sure that we're doing the right thing. The Executive Orders do they impact any funding of any programs that you have? I know we're talking about these two Bills here, but do you know if dollars Executive Orders are needed in order to receive those? I wanna make sure that we're doing the right thing and we don't cut yourself short.

COMMR. DEIDRE GIFFORD: I'm not exactly following, REP. Case. I will tell you that in a separate context, as you know, Governor's office is working with you all and your colleagues on all of the executive orders. Given that we have the April 20th deadline approaching, we are actively reviewing all of our Executive Orders in collaboration with the Governor's office and you all to understand what makes the most sense to potentially think about continuing beyond the April 19th deadline. Peter, would you like to-- I'm joined by Peter Hadler, who oversees the program. Any other issues with respect to TFA and Executive Orders other than 7N?

PETER HADLER: Thank you, Commissioner Gifford. My name is Peter Hadler, Director of program oversight and grant administration at DSS. The one that I would highlight at the moment is our SNAP emergency allotments. Those are tied to the declaration of a state emergency, and that has been able-- enabled us to bring in about \$20 million each month in additional SNAP funding to provide to residents around the state. There are some potentially nuanced cases, again, as Commissioner Gifford referenced, we are going through all of those executive orders to see what the ramifications would be if the authority expired or the emergency was declared over. But the primary financial one that we've noticed is the SNAP emergency allotments. That's the one that's got the biggest dollar tag that we've identified so far, there may be others.

REP. CASE (63RD): So TANF isn't affected by Executive Order?

PETER HADLER: Not the funding component of it. But there are aspects of the operations of the program that we have used Executive Orders to really help clients not put burden on them, to be able, for instance, you don't push them into finding a job when our offices are not fully open and our partners at the Department of Labor are not fully open for face-to-face interactions.

REP. CASE (63RD): No, and in the-- To try to save some time, Commissioner if I have some questions, I'll text you directly, but I appreciate you guys being here today and some important Bills, especially with the mental health services and the deaf and blind community. It's really important that we work together and I appreciate you offering up to work with us, either with a working group or at least supplying us with some information. So, with that, thank you for everything you do and thank you for your team. Thank you, Madam Chair.

REP. ABERCROMBIE (83RD): You're welcome, Representative Case, Representative Mastrofrancesco, followed by Representative Hughes.

REP. MASTROFRANCESCO: Thank you, Madam Chair. Thank you, Commissioner, it's always a pleasure to see you once again. Just one quick question on Senate Bill 1056, the Medicaid coverage and when it increases the income limits, would you know what the cost for the state would be, our portion on that? Through you, Madam Chair.

PETER HADLER: We did not provide a specific cost estimate. And it's a little difficult, I think, to know what that would entail. Mike, do we have-- is that in the works or is that something where we feel like it's just difficult to size?

MICHAEL GILBERT: Thank you, Commissioner. Mike Gilbert, Deputy Commissioner of Finance Administration. So, perhaps the one where we have made the most progress in terms of estimating is the HUSKY A, the increase for adults-- parents from 196 to 200%-- I'm sorry, from 155% of FBL to the 200% level. We believe that's in the range of approximately \$70 million in terms of total cost, and of course, the state share under normal circumstances would be 50% of that amount. Slightly less with the enhanced FMAP, but over the long-term, it would be 50%. So, approximately 35, 36 million for that particular piece.

The other piece is, honestly, are still under review and we are still trying to get a better sense of those. They're more complicated to look at and there's less data, direct data, available to forecast those. So, it's taking a little bit longer to work through those.

COMMR. DEIDRE GIFFORD: I would emphasize again, that-- and we'd be happy to discuss further, the American Rescue Plan Act does provide some very substantial assistance to these families

Representative, if they apply for coverage through the exchange. And the Governor's Bill 6447 proposes to add additional potential support for out-of-pocket costs for those families, so there is another avenue for individuals, other than Medicaid, to obtain coverage, particularly now with the enhancements available to premium support on the exchange.

REP. MASTROFRANCESCO: Thank you. So that would just be a really the kick-- the Rescue Act, that would just really be a one-time payment, obviously, when the pandemic ends and things get back to normal, that funding would not be coming in. Is that correct? Through you, Madam Chair.

COMMR. DEIDRE GIFFORD: The premium supports are at the moment, I believe through calendar 2023, in the Act, there's discussion about potentially making those more durable. But you are correct, that the premium supports are through calendar 2023 for individuals getting coverage through the exchange.

REP. MASTROFRANCESCO: Okay, thank you. Thank you, I'd be interested in seeing those numbers. But I guess this would go-- I'm assuming it would go through appropriations, and we would get them at that time, I'm assuming. But, again, thank you so much for your testimony, thus I have no further questions, Madam Chair. Thank you.

REP. ABERCROMBIE (83RD): You're welcome. I'm gonna go to my Co-Chair, Senator Moore, and then we'll go to Representative Hughes.

SENATOR MOORE (22ND): Good morning, Commissioner.

COMMR. DEIDRE GIFFORD: Good morning, Senator.

SENATOR MOORE (22ND): Good to see you, thanks for being here. So, I wanna follow up on that question about the American Rescue Act. And I've looked at the Bill, it's expensive 6447. So, those are all

temporary fixes, or they're not long-term, they would end in 2023?

COMMR. DEIDRE GIFFORD: The premium supports, the enhanced premium supports on the exchange are not permanent, you are correct.

SENATOR MOORE (22ND): So, what would happen then after 2023?

COMMR. DEIDRE GIFFORD: Presumably, well, it's hard to say obviously, that would depend on how Congress chooses to either extend them or revise them. But if nothing were to happen, presumably the premium supports through the exchange would revert to where-- to the levels that they are now. That seems unlikely, but we don't-- we simply can't predict after the end of the period when the supports are in legislation, how they might be extended, changed, or modified by Congress, but they do, for the time period between now and when they expire, provide very substantial supports, not only to people just above the poverty level and Medicaid but to people even at 400% of FPL and above, there are very significant premium supports in that Bill

SENATOR MOORE (22ND): And do we know how many people would be impacted by the HUSKY A, for the 70 million that you mentioned? And we would pick a path for that, so that's 35 million that we will pick up.

MICHAEL GILBERT: Senator, Mike Gilbert again. Yes, that is correct, 35 million. And we estimate that approximately 20,000 individuals would be brought onto the program with that change.

SENATOR MOORE (22ND): So, I think I'm missing something. So, if we're doing this, what are we doing in 6447 that would directly impact this group of people that we're talking about?

COMMR. DEIDRE GIFFORD: It's a good question, Senator. So, 6447, as you know, would establish this

sustainable \$50 million fund, and that fund could be used for out-of-pocket supports for people that are receiving coverage through Access Health Connecticut, or it could be used for targeted Medicaid expansions, as well. The Bill lists a number of possible uses for the fund and there are further possibilities to refine and define how that \$50 million annual fund would be used.

SENATOR MOORE (22ND): So, is it not spelled out right now 6447, on how both dollars could be used?

COMMR. DEIDRE GIFFORD: There's a list of potential uses, but the details are not yet--there are not fleshed out in the Bill itself, correct.

SENATOR MOORE (22ND): And when will that happen when it's flushed out? They will know what's being -
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COMMR. DEIDRE GIFFORD: I think that is the topic of an ongoing conversation between the Legislature and the sitting Government. So, I think that those conversations are ongoing, Senator. And we look forward to further conversations, to see if we could flesh out how these proposals around expanding Medicaid, the Governor's proposal to expand that fund, and the enhanced premiums through ARPA could potentially solve many of these coverage gaps that this Committee is interested in addressing.

SENATOR MOORE (22ND): Thank you, Commissioner. Thank you, Madam Chair.

REP. ABERCROMBIE (83RD): Thank you, Senator More. Representative Hughes.

REP. HUGHES (135TH): Thank you, Madam Chair. And thank you, Commissioner. I just wanna be incredibly clear to the Members that access health subsidies in no way is parity with Medicaid expansion. Access Health subsidies does not cover the same services, especially mental health, for a lot of that. And

there are still high co-payments and deductibles and premiums and that's why HB-- SB 1056, we would ensure Medicaid income eligibility that is the same across all adults except pregnant women, across all three Medicaid programs at 200% of the poverty level.

So, we're not looking at piecemealing coverage, especially in the catastrophic wake of this pandemic, which is, by the way, still rising, and we're hearing from folks today about the mental health needs. And that's why it's really important that we expand recovery now, especially when we had 450 million lapses in our Medicaid budgeted dollars, that we cover these 20,000 people in adults and many people now who can't qualify under very low incomes for HUSKY C, except by spending down excess income, would newly have access to Medicaid and avoid having ailments.

And we've heard hours after hours of testimony about the catastrophic costs of the barriers to getting the type of healthcare coverage that Medicaid provides and the services that Medicaid provides, that really, Access Health does not provide. So, I wanna be sure that we're not conflating this little temporary subsidy with the savings that we would have from expanding Medicaid, that SB 1056 does across the state to 200% of the federal poverty limit for adults across AB and D. And extending our telehealth services through Medicaid and Medicaid reimbursement.

I'm telling yah, on the ground in the wake of this pandemic, that is the best way to get coverage to more people to save lives. So yeah, I just wanted to point that out. And that if there is 50 million, sort of, in the Governor's budget, we need to, I think, commit it to expanding Medicaid in the way SB 1056 offers. And including figuring out a way to have a full-time funding for the deaf community to work with, expanding services. I guess that's just a comment.

COMMR. DEIDRE GIFFORD: Okay.

SENATOR MOORE (22ND): I just wanted to make sure that that's clear.

REP. ABERCROMBIE (83RD): Thank you, Representative Hughes, we appreciate it. Commissioner Gifford, where is that \$50 million that you keep referring to in the Governor's budget?

COMMR. DEIDRE GIFFORD: It's in 6447, Representative. It is assessment, ensure assessment that would be generated as a sustainable source of funding for coverage expansions.

REP. ABERCROMBIE (83RD): So where is it in the Human Services budget?

COMMR. DEIDRE GIFFORD: That specific question, I apologize, I'm not able to give you an answer. I don't know, Mike, if you know or if we can get back to the Representative with that.

MICHAEL GILBERT: Oh, Mike Gilbert. Sorry, I don't have the answer to that question. I believe it's an assessment that would flow through the insurance fund, but I don't know exactly how it is budgeted currently.

REP. ABERCROMBIE (83RD): So that would be really helpful 'cause I've gone through the Human Services budget twice and I can't find that \$50 million in there anywhere. So, if you could point us to where that is, that would be really helpful.

COMMR. DEIDRE GIFFORD: Yes. The fund would be administered by the Office of Health Care Strategies, Representative, so I don't know if that gives a clue. But we will get back to you about the specifics.

REP. ABERCROMBIE (83RD): So, if it's in the Health Care Strategies, it doesn't dwindle down to the people that we're serving. So, I think that's, really, with all due respect, a little misinformation that we're being given because we were under the understanding that that was \$50 million that we could use to help offset some of the HUSKY recipients by putting it back in the budget. So, it would be really helpful if we could know exactly where that 50 million is, 'cause maybe we need to transfer it from the health strategy back into DSS so that we can help the people we need to help. So, whenever you get a chance that would be helpful.

COMMR. DEIDRE GIFFORD: I apologize for any misunderstanding, Representative. Because the Bill lists both the potential assistance with out-of-pocket costs on the exchange and potential focused Medicaid expansions, DSS is mentioned in the Bill as working with the Office of Health Care Strategies to administer the disbursement of the \$50 million funds. So, let us get back to you with more clarity on how that specifically-- the funds flow would work.

REP. ABERCROMBIE (83RD): Thank you, Commissioner. And then my follow-up question is, what's the lapse in the ten of line item this year?

COMMR. DEIDRE GIFFORD: Mike.

MICHAEL GILBERT: Thank you, Commissioner. Representative, the most recent lapse forecast for the ten of line item or the TFA line item, sorry, is 14.2 million.

REP. ABERCROMBIE (83RD): And what was the lapse in the ten of line item for the 2021 budget?

MICHAEL GILBERT: I'm sorry, Representative. I'm just taking a quick look. I apologize, the 14.2 million number that I gave you is the expected lapse

for SFY 2021. Was your question for the year prior or did I-

REP. ABERCROMBIE (83RD): Yeah. So, I'll help you a little bit there. So, my understanding is the lapse for the 19 and 18 was close to 10 million again. So, my point is this, this line item has been lapsing for years and the reason why it's lapsing is because we're not doing enough to help the people that this particular program is supposed to serve. And according to the commissioner, it's only about 400,000, to do some of the things we wanna do in this Bill. So, if you do the math, there's still plenty of money for the Governor to be able to take in that lapse side.

So, I want my colleagues to understand that we on Human Services are here to serve the people, and this is a program that helps mostly low-income women, and we have to do everything we can to support that. So, with all due respect, Commissioner, I'm taken him back that your agency, with all these lapse dollars, didn't do more to help people through this pandemic and going into the future.

And I understand that we have to be careful with the base, I understand that we have to be able to fund it in 2425, but there's no reason why with the amount of money that's being lapsed year after year, after year on some of these programs that we can't do this. So, thank you so much for your testimony. I do appreciate it. And I think Senator Moore has a follow-up question.

SENATOR MOORE (22ND): Thank you. So, I was wondering if that \$50 million is in insurance and not in Human Services? That's one thing. I don't think-- Because you're talking about insurance and not HUSKY, my question was, and I think Representative Hughes triggered something for me, that the services that they would get through HUSKY

A are quite different than the services that they would receive from the exchange. Is that correct?

COMMR. DEIDRE GIFFORD: Well, as you know, Senator, any plan that's offered through the Health Insurance Exchanges need to offer all of the essential health benefits. That's a requirement of the Affordable Care Act, and furthermore, I fully understand what Representative Hughes is articulating. But we do have a law, a federal law, in the Mental Health Parity Act that requires coverage of physical and mental health at parity.

And I don't dispute that there's work to do to make that a reality, but in fact, it is a requirement that commercial health plans also cover mental health services to the same extent that they cover physical health services. And all of the essential health services are covered through exchange plans. They do vary in their levels of out-of-pocket costs, and in exchange. Generally, the out-of-pocket costs are much lower for individuals who are just above the poverty line, say between 140 and 200%. And again, through the ARPA, there is some substantial and significant premium support as well that would benefit those individuals. And then the Governor's 6447 fund has the potential to further assist those with higher or out-of-pocket costs getting coverage on the exchange, to further lower their costs, and make the insurance that they get through the exchange even more affordable than it is now.

SENATOR MOORE (22ND): Thank you, Madam Chair.

REP. ABERCROMBIE (83RD): Thank you, Senator.
Senator Lesser.

SENATOR LESSER (9TH): Yes, thank you, Madam Chair. And I wanna thank Commissioner Gifford as well, for her comments. I just want to underscore, I think, Madam Chair, you asked some good questions about 6447 that we had in insurance where the Bill was heard, I think there needs to be more clarity as to

where that \$50 million is going to be spent. A similar provision exists in 842, the Public Option Bill, but that bill does provide, at least, a little bit more direction about where that funding should go and has separate funding for potential HUSKY A expansion. So, I think that that clarity is really gotta be important to understand as Members of this Committee, as Members of the General Assembly, where that funding will be directed.

REP. ABERCROMBIE (83RD): Thank you, Senator, Lesser, any further questions or comments? Seeing none, thank you so much, Commissioner, and thank you to your staff for being here. We do appreciate it. We will now move on to Commissioner Amy Porter.

COMMR. DEIDRE GIFFORD: Thank you.

REP. ABERCROMBIE (83RD): Have a great day.

COMMR. DEIDRE GIFFORD: You too.

REP. ABERCROMBIE (83RD): Good morning, Commissioner Porter.

COMMR. AMY PORTER: Good morning. Are you all set for me to start?

REP. ABERCROMBIE (83RD): Yes, ma'am, thank you.

COMMR. AMY PORTER: Great. Good morning, Senator Moore, Representative Abercrombie, Senator Berthel, Representative Case, and distinguished Members of the Human Services Committee. My name is Amy Porter, and I'm the Commissioner for the Department of Aging and Disability Services or ADS. You have so many important Bills before you on today's agenda, and I applaud the work of this Committee. I've been listening to the testimony so far, and I'm eager to hear the other testimony throughout the rest of the hearing.

Our agency, as you know, has been engaged with the Advisory Board for persons who are deaf and hard-of-hearing and I'm a Co-Chair of that board. So, we're, obviously, happy to engage further on the mental health Bill through your proposed workgroup, and any other way we can be of assistance. I'm here today to speak in support of Senate Bill 1055, an Act concerning the Department of Aging and Disability Services.

This is our agency Bill for the session, and I wanna thank you for raising this Bill on our behalf. The Bill makes several small adjustments to our statutes, it merges some duplicative statutory provisions. We have three that kind of say the same thing and it merges those provisions into one just to streamline the statute a little bit more. It brings our language concerning our assistive technology loan program for persons with disabilities up to date with our best practices across the country, and with federal guidance. It modernizes statutory language concerning our particular accommodation around voting for persons who are deaf or hard-of-hearing.

It streamlines certain appointments to the Advisory Board for persons who are deaf and hard-of-hearing to make the process a little more efficient, and enable people to begin to serve on the Board more quickly, and it makes some other very technical changes to our statutes. You have my written testimony with the details of each of these changes so I'm not gonna go through all the details this morning, but I am happy to take any questions that you may have. Thank you,

REP. ABERCROMBIE (83RD): Sorry, I keep flicking myself on and off, I apologize. Thank you for your testimony. Comments and questions from colleagues? Seeing none, I will just follow up with you, Commissioner, around the workgroup for the Deaf Community around standards. Just so you know, I was able to get through legislative management

interpreters to be able to cover that working group that's gonna start in August through December. So, I will follow up with you after this and just give you more details as we start to work through that, and your next Advisory Council, I will try to attend so that I can give more details then. Seeing no questions or comments, thank you so much for being here, we appreciate it. Have a great day.

COMMR. AMY PORTER: Thank you so much.

REP. ABERCROMBIE (83RD): We are now gonna move on to, Mairead Painter, our ombudsman from Long-Term Care. Good morning.

COMMR. MAIREAD PAINTER: Good morning. Good morning, Senator Moore, Representative Abercrombie, Senator Berthel, and Representative Case, as well as all the distinguished Members of the Human Service Committee. My name is Mairead Painter and I am the state Long-Term Care Ombudsman. Our program protects the safety, welfare, and rights of residents in long-term care facilities. On behalf of the residents, I'd like to testify before you today on several Bills.

The first Bill is SB 1057, AN ACT CONCERNING NURSING HOMES. Staffing and nursing homes is a topic that we've been talking about for decades. Connecticut has one of the country's lowest required direct care ratios at 1.9 hours a day. Studies have consistently shown that there's a clear correlation between appropriate staffing levels and quality of care. At a federal level, the guidance requires that staff meet individualized needs.

Unfortunately, we've seen over and over again that this does not work. CNAs are stretched far beyond where they can go. This causes resident impact. Lower staffing levels also puts residents at risk for abuse and neglect because of staff burnout, and unintended consequences of neglect because staff

can't possibly get to all of the work that they have.

I can talk to you about this all day long and explain instances and tell you scenarios that we've heard about, but I would ask instead that you listen to the virtual testimony that's been submitted by residents that are part of our Executive Board of Presidents of Resident Council. You will hear directly from them what happens when we staff to the acuity of residents, so please listen to that today.

The next Bill is SB 1054, AN ACT ESTABLISHING HOME HEALTH AND HOSPICE OMBUDSMAN. I believe that this Bill is well-intended, however, I disagree that it should be under the Department of Public Health. I do agree that the services should be expanded for ombudsman services to be covering individuals receiving long-term care in the community. The development of an ombudsman office within the Department of Public Health is a duplication of services and, I believe, a conflict of interest.

DPH has Direct oversight of the services provided to individuals receiving long-term services and support. Also, to have the Ombudsman appointed by the same Commissioner, who will be giving them direct oversight, and also as direct oversight of the licensure and investigation of the homecare and hospice programs doesn't allow for the necessary autonomy for a true ombudsman to be able to do their job effectively. This is the reason my office is administratively housed at the Department of Aging and Disability Services. I will also be resubmitting a report that was called for by the legislature in 2019 and was submitted by the Commissioner of Department of Social Services and I, that outlines the concept for a community ombudsman program.

The last Bill I'll be testifying on today is HB 663, AN ACT CONCERNING A CENTRAL SUPPORT PERSONS AND STATEWIDE VISITATION POLICIES FOR RESIDENTS OF LONG-TERM CARE FACILITIES. The Long-term Care Ombudsman

Program totally supports the idea of a central support person for long-term care residents. It is essential that residents' social and emotional needs are met, and that these needs should be seen as equal and important as well as their medical needs. This year, we've seen the devastating effects of not treating social and emotional well-being as an equal priority.

A little over a year ago, in response to a looming pandemic, in an effort to save lives, residents' rights were waived at a federal level. CMS put these unprecedented restrictions in place without an effective emergency response plan and treated residents-- that didn't treat residents in a holistic way. In fact, there was no plan for an event in which more than-- for more than a year, these necessary infection control measures were in place and resulted in residents being confined in their rooms for months at a time. They're safe from the virus, but this prolonged isolation has caused significant and devastating unintended consequences. Staff have worked around the clock to just meet residents' basic needs. And in most cases, we've been told they weren't able to meet the residents' social and emotional needs at all times.

The results have been tragic. Today you have a chance to change that, we have the ability to allow residents to designate an essential support person who should be provided and educated about necessary precautions and the situation at hand. They should always have access to the resident. Residents have multifaceted needs that must be met if the resident is gonna be considered safe from any virus or any other tragedy. Without this change, they're just a patient in a bed. Going forward, we need to have a balanced approach that meets all of the residents' needs and works to keep them truly safe. We thank you for recognizing the needs and the residents' rights had been, sort of, rolled back and that there's an absolute need to have a central support

person. So, thank you, and I'm available for questions.

REP. ABERCROMBIE (83RD): Thank you, Mairead, and thank you for your work. I know that it's been a really tough, tough year, and you have just been such a champion for our families and our residents in the nursing home. And thank you for all of your work, we really do appreciate it. Just one quick question. Now that the CDC has changed the guidance and we're opening up our nursing homes, and I'm sure families are beyond thrilled, how is that going?

COMMR. MAIREAD PAINTER: Honestly, there's been a lot of challenges. There're challenges related to the interpretation of the guidance and the implementation of the guidance. People are scared, I believe that facilities, management, in opening up, they're worried about what it might look like, how to appropriately implement the guidance, and also what that might look like if they're surveyed, or if there is any type of-- we keep hearing all that, "What if that's a violation?" So, balancing that out, but we need to see things move forward, and those meaningful visits and interactions happening. Just going and seeing someone, I don't think was the spirit of the guidance, where it talks about the ability to embrace.

Having access to private visits, I think, is really important, that ability to finally talk to your loved one after a year in a private way, and have a discussion about, maybe, some concerns you wanted to address, or how you've been feeling, or how you've been dealing with the trauma related to this. And that hasn't been across the board the experience that we're hearing back from residents and family members. But I do wanna note, some homes have done a really good job at moving this forward. We just have to get everyone there.

REP. ABERCROMBIE (83RD): So, let's drill down a little bit so that I understand this a little bit

better. So, are you saying that currently, the nursing homes are misinterpreting the guidance that is coming from public health? And are you saying that family members have to go to, maybe, common areas to meet with their loved ones, that they no longer have that private access that they normally do?

COMMR. MAIREAD PAINTER: The way the guidance came out, it is layered. So, it recommends that outdoor visits are considered the safest. And then it talks about indoor visits in a designated space. And then, if a resident was to ask, they could ask for a more private visit and should be offered a more private visit. If the resident would like the visit to take place in their room, the guidance says that, no. To consider, is there a roommate? Can people be physically distanced? Individuals who are vaccinated and having individuals come into their room that they can be close to each other, but they have-- the visitor has to maintain physical distancing of six feet from any other resident or any other staff member. So, depending on how a building is interpreting all of that guidance, really, we have very varied responses.

REP. ABERCROMBIE (83RD): And have the nursing homes met with DPH? Has there been any conversations? And is DPH given a better guidance to these nursing homes, how to make this achievable? Because, we all know that there's been a huge change in residence in nursing homes, right? This isolation has been devastating. And now that the federal government has given us the, "Okay," to be able to allow family members to see their loved ones, we have a-- I'm just gonna say it, a moral obligation to allow these family members in to see their loved ones.

And I think what the one piece that people often forget, that these are residents, this is their home, and it's their home because they need these services. So, it's not like they can take them out at any time and bring them home. So, we should be,

as a state, making every accommodation to allow family members to come in and see their loved ones. So, if this is an issue, I know I speak for my colleagues on this Committee, that we would be more than happy to meet with you about this issue, and then also have a meeting with DPH about this to make sure that these nursing homes are understanding, right? Cause the last thing I hate is a misinterpretation of language. We hear that all the time, and we would be more than happy to make it clear what the intent is. So, thank you, we really do appreciate that.

COMMR. MAIREAD PAINTER: Thank you.

REP. ABERCROMBIE (83RD): We have a lot of questions for you, so I'm gonna go first to my Co-Chair, Senator Moore.

SENATOR MOORE (22ND): Good morning.

COMMR. MAIREAD PAINTER: Good morning.

SENATOR MOORE (22ND): First of all, I wanna thank you. I know what this journey has been like, I've heard from so many different families struggling, wondering what has happened to their loved ones, when will they see them. And then the mental stress, not just on the client or the residents, but also on the family not knowing. And I know it's been a struggle. But I thought there was a larger team of you all than there really is doing the work that you're doing, so I know how stressed you are-- stretched you are in doing your work. So, first of all, like a million thank you for doing this and being here. My question was regarding the vaccinations in nursing homes, is that being handled? Are the residents getting the vaccination so that it's safe for the go in and visit? Has that happened?

COMMR. MAIREAD PAINTER: Yes, I was actually incredibly impressed with the way that it was rolled

out here in Connecticut, and the access that was provided to residents across the board in all long-term care settings, and the expeditious way that it was conducted. They were seen as a priority. I think we did that better than many other states. At this point, all long-term care communities have had access to these clinics where they come in and provide that. We do know that moving forward, they're gonna need that continued access and it'll be rolling over, I believe, to the pharmacies, and I'm sure DPH could give you more information about the exact structure of that. But they even looked at how they were matching people who, maybe, got the last shot at the third clinic, ensuring that they were able to get a shot. After that, what that would look like. So, I think there was a lot of effort and energy put into that, and thankfully, we had a lot of good outcomes.

SENATOR MOORE (22ND): Thank you. Thank you, Madam Chair. Thank you, Senator Moore. Representative Case.

REP. CASE (63RD): Thank you, Madam Chair. Good morning. Just a few questions. I Ironically had a call this morning from a constituent and whose family members is a few towns up in the northwest corner, and they're required to schedule an appointment to go visit. Is that part of the guidelines, to where they have to schedule an appointment, even if they wanna take a walk outside with their family member?

COMMR. MAIREAD PAINTER: Well, we're asking because the guidance says that can happen. And the reason for that is that the nursing home has to look at their total square footage, and the space-- the open space that they have, and make sure that they're following the guidance related to infection control measures, knowing that when visitation opened, there'd be a lot of people that wanted to come in. CMS did say that they had the ability to schedule visits to offer everyone an opportunity, however,

visitation needs to be available to all residents at all times, generally, right? So, if someone says, "I'd like to visit at 7 pm, on Friday," they can't say, "We don't have anyone here to support visits at that time." They could say, "We already have seven families signed up, could you come at 8:00." Something like that would be appropriate. If they're going outside, that seems different to me, they should be able to meet the individual at the door, bring them out and just give them a heads up, "Hey, we're gonna be coming at this time, we'd like to take my loved one outside for a walk."

We have had concerns related to that ability just to access the control of the time of the visit, but again, if it's outside, it should be able to happen when the individual wants and going LOA, Leave of Absence has come up. If they take them out, or they wanna take them to do something, the guidance around that has changed, where the nursing home should be doing an assessment to see if they've been exposed to-- actual exposure to COVID. Otherwise, at this point, they are not recommending that the individual go into observation for the 14 days. So that's a very meaningful change as well.

REP. CASE (63RD): I look at your job and what you have to go through, and I sort of have to fall back on what Representative Abercrombie said, we have a moral obligation for the family members to be able to see their family members, but I think there's also some concern that we wanna be able to trace and look back and see who was there if there is an outbreak. But we have to have that balance because the lives of our elderly and our family who are in there-- we're having the same struggle with the IDD population, and they don't have that family interaction. It's drawing them down that much more.

So, when I get a text at 4:30 this morning, from a constituent, because they're concerned, 'cause they have to make an appointment, because it's gonna be 70 degrees today, to go out or take a walk. I have

trouble with that. Because you're outside, you're signing your name that you're there to visit with the family member, therefore you have a traceable, and you're outside the building. And I understand the concerns of, maybe, scarcity of CNAs because everybody is been impacted, so if there is an outbreak, the amount of people that will be able to care is dwindling, because people are getting scared. But we need to start opening up, we need to start looking at that and putting pressure on these places that, with this nice weather that's coming, there can be an outside walk for a half-hour or 45 minutes, that could mean all the world to a loved one who's in one of these facilities.

And I appreciate what you do, and I hope we can work to educate and get that word out there so that these family members who have been waiting a year to actually see family-- we have to also understand, family comes from out of state that are coming into some holiday times. And we have to take a look so that, God forbid, things happen with that family member and you didn't get a chance, and we gotta look at all areas. So, I appreciate you coming on, and thank you, Madam Chair.

REP. ABERCROMBIE (83RD): You're welcome Representative. Representative Hughes.

REP. HUGHES (135TH): Thank you, Madam Chair. Mairead, I just wanted to say I fully support your comments about making that ombudsman within your department, we know you're-- or at least in that chain, separately and accountable, we know that we need to beef up your long-term care ombudsman support because it has been absolutely critical during this crisis and beyond. So, I totally support your ways of strengthening that office and community-based hospice and so forth. I agree with you, we need that accountability structure built in.

And also, I support your feedback on the essential support persons, that we definitely need to

strengthen that. This is a seminal moment, we've heard catastrophic fallout, and we have the opportunity to get it right, and also increase staffing. We gotta do this. We have seen the fallout and the consequences of our stretch-thinned staffing, and we must take your frontline recommendations and implement them.

And the third thing I wanted to say was, really restoring a resident-centered policy going forward. And I will support what Representative Abercrombie said, it is not being uniformly rolled out at all, most homes do require-- you have to make an appointment and sort of get authorization to go see your family member right now. Especially if there's anybody within the whole setting that has tested positive. So, every long-term care setting is interpreting that as they feel necessary, I would say, as they feel necessary.

And I understand the fear and understand the fear of letting families back in, but I can tell you firsthand, it is not happening like the guidelines are suggesting. And as Representative Abercrombie said, we have tremendous need, we have so much tremendous need to get people safely back in to visit their loved ones. So, let's make this essential support person and caregiver the strongest policy, and uniformly implemented. Thank you. Thank you, Madam Chair.

REP. ABERCROMBIE (83RD): You're welcome.
Representative Dathan, followed by, Representative Cook.

REP. DATHAN (142ND): Thank you, Madam Chair. And thank you, Commissioner, for your testimony. I've lost you on my screen, it got jumped around. There you are, I see you. You've really been helpful for me; I know we had an event last year that really benefited my community and got a lot of positive feedback. So, thank you for your dedication there, I know it's been a challenging year. I wanted to speak

to you a little bit more about SB 1054. I know you and I had an exchange on that earlier in the session. And what I'd like to try to understand-- first of all, I didn't see your -- did you do written testimony?

COMMR. MAIREAD PAINTER: I've not had a chance to submit it. We had some urgent matters in the program that--

REP. DATHAN (142ND): No problem, no problem. It would be great if I could get your comments in writing on that 'cause I was trying to balance between two separate meetings and so I didn't get to hear everything you said. But really wanted to understand how we are able to support people who are aging in place, and people who choose to have the setting of their choice in their final days. And I've heard a few stories about elder abuse by certain agencies, and I don't know anybody, specifically, but I've heard stories from my constituents.

And what sort of recourse do families have with their aging parents or whoever they're focused on with-- when a parent chooses to age at home? How are we able to support them? And what resources do families have to-- 'Cause it seems like it's outside of your office, but we that view, if you could explain that a little bit more? Because I had a sense that you felt that this was a duplicative office and I'm just trying to understand because families are telling me that it's not.

COMMR. MAIREAD PAINTER: Sure. So, thank you, Representative. I feel it would be duplicate to create a whole other office, not necessarily the arm to have community services provided. In other states it does-- it is another arm within the state Long-term Care Ombudsman's Office. My reason for looking at it that way is that, for the point that you made, right? Individuals should be seen as having an access to long-term services and supports overall,

and we counsel them that they have the right to use those long-term services and supports in the setting they feel is most appropriate for them.

So many times, individuals that were working with-- that live in long-term care communities may transition back to a community setting, right? They may go from a nursing home to the community. At that point, they lose the services of my team members, because the setting changed. Now, if they're truly able to receive all of their long-term services and supports in whatever setting they choose, our services should follow them, I guess would be my argument.

If we're part of the LTSS system, which we are, and those residents are seen or those individuals are seen of having the need to protect their rights be provided with information, have the ability to have someone who's not a mandated reporter give them information about their rights, how to file a complaint, where to file a complaint, and to provide those protections, then I feel like it should be another arm within our office so you have that continuity, and they have the ability to continue those relationships, have those warm handoffs, and we could continue following them moving forward.

REP. DATHAN (142ND): That's really helpful. I do understand from colleagues that there was a big volunteer network that your office has relied upon in the past and would love for you to just spend a minute letting the Committee know about what sort of supports that this volunteer group has provided people in the state and maybe where we are with it now? Because I understand it's become a lot under pressure in the last few years,

COMMR. MAIREAD PAINTER: It has. Our volunteer program has incredibly dwindled. I give a lot of credit for my team, we took the entire year of 2018 into 19, to try to rebuild that program and we doubled in size. We were down to about eight or nine

people and we were up to 20, from having about 160 or more originally, that was back in the early 2000s. So, it was over a period of time. But we were working to restore that program and move it forward, however, with COVID, many of the individuals who volunteer with our program are older adults, and are very apprehensive about going back in. And so, we are currently working with them. But I'm also looking at other strategies.

A few strategies I'm looking at is I'm looking at partnering with other states that have, maybe, a paid person that does this. A lot of the recruitment we do is online so if they already have someone that does it, and can do it for me, and maybe I can pay them through a contract to do it online and then send us the people once they get them, that's one idea. And also looking at colleges that have areas of expertise that are in caregiving fields, and maybe it would be a resume builder for them, connect them to people.

So, I'm trying to think of some ideas we haven't done in the past as well as look at, federally, the guidance and how do we really make sure that guidance is applied in a way that allows for the most people, right? Maybe we have to expand our guidance here. That might be a little outdated, requiring only certain people do it at certain times of the day and under certain hours, expanding that so that, I believe even one volunteer one hour a day is better than no volunteers.

REP. DATHAN (142ND): Oh, great. I was actually going to suggest that maybe we have such wonderful educational institutions in our state, I think there's opportunities for people who are all sorts of different majors to get involved and have an intern-- long-term internships so that they can build the relationships. But with this volunteer program, do you think that this would be an integral part for the homecare ombudsman?

COMMR. MAIREAD PAINTER: Absolutely. I actually believe we may have the opportunity to have more individuals that would feel comfortable doing that, maybe, then going into a long-term care community. And we could look at how we shape that, especially if you're responding to individuals in your own community, right? So, if you're in your own town, you know someone has transitioned back and you're trying to support them, educate them, connect them to services, we see that as a little bit easier to bring people on versus going into long-term care.

REP. DATHAN (142ND): Great, thank you so much. I really appreciate everything that you do. And thank you, Madam Chair, for letting me speak. Have a good afternoon, Mairead.

REP. ABERCROMBIE (83RD): Thank you, Representative Dathan. Representative Cook.

REP. COOK (65TH): Thank you, Madam Chairman. And Hi, Mairead, great to see you. And I just wanna say thank you for always being literally a phone call or a text away, especially during this time with so much uncertainty for our loved ones in care. So that would lead me to a few things. I appreciate your words on 1054, I think that we definitely need an independent oversight, if you will, and not necessarily govern ourselves, that holds us to a higher level of accountability and I believe that that should always be the way. So, thank you for your words on that.

And I wanted to talk to you about 1057 actually. And thank you for all the good work that you've helped us do through the working groups for the nursing homes. I wanna talk about the essential caregiver conversation or essential supports, whatever semantics I think it is, for wording. And I also would like to talk to you about the Resident Councils, and how the Resident Councils correlate with that as well as how the Resident Councils would be involved or have they been included with the

visitations, the rollouts of visitation and what that's looking like as well. So however, you wanna handle all of those questions, I'll let you go.

COMMR. MAIREAD PAINTER: Alright. Well, when it comes to the Resident Councils, when the new guidance came out, we really advocated-- I feel that every facility should have engaged the resident and family council immediately to talk about the new guidance, and ask them how they thought in their home, the parameters around visitation should be set up, right? And get from them, do you think they should be a half-hour? Do you think it should be an hour? Do you think-- what would visits outside look like? And when people feel a part of the process and the decision making, we learned this through the Mathematica report through [inaudible], when people feel a part of the process, things go better.

And the homes that have done that we don't get the complaints from really. And its meaningful involvement, not just sort of that top-down dictation of, "This is what the rules are, this is how it'll happen." We see the same thing--that kind of leads me right into your essential caregiver support person, and I'll just say the reason we, kinda, shifted some of the verbiage there is some of the pushback that we were receiving was, not all people who come in in that role are doing the hands-on care.

Well, that's not the purpose of it, a resident should be able to direct what kind of support they need. And again, it was just capture some of that emotional support. And we didn't feel it was necessary for the resident to have to have someone come in to do hands-on care. That is what the staff is there for and the staff is doing that, it is other things above and beyond that.

But when it comes to those types of visits, what we're often hearing is that, the doctor doesn't feel the resident needs at this time. They weren't

assessed for needing that. But that's not what the guidance says, the guidance says it's supposed to be a team decision, working with the resident, the family member, and our office to say, 'What are the residents' needs and how are they meeting them by using a compassionate care visit and making those meaningful visits?' So, I really appreciate those questions and I feel that's really gets to the true core of this visitation guidance. And again, the doing with and not for, which some reason keep stumbling over throughout this pandemic.

REP. COOK (65TH): And thank you for that. I think that we often forget that these are their homes, they're not visiting their, residents live there, these are their homes, regardless of whether you share your home with a roommate, or not, just like we would share-- If we had an apartment or a roommate, we'd share our home. And I think that that is often lost on many of us that are making decisions, and it might not be us that are having these conversations, but I think that we often forget that we're discussing people being visited in their home. And we were never shut out. Like if I chose to let somebody in my home, I was able to do that, I needed to be cautious and take the precautions.

These folks have literally been shut out of their loved ones from their home. And that troubles me and the caregivers, and we know that there were essential caregivers, my husband was one of them. Was there three times a day, if not more, we were there every day, we would care for my father-in-law, we would feed him, we would help get his clothes laid out, help walk him to the bathroom and fill in the blank, all of those things that an essential caregiver actually does. And knowing that the staffing levels are so low, does that not truly help offset some of that load from our CNAs that are on the ground doing that work?

COMMR. MAIREAD PAINTER: Absolutely. And we've heard from CNAs, how devastating-- not only that now they have to have that work, but they're also dealing with the resident who's having that gap, that a person is gone and they're trying to meet those needs as well. And they're trying to do it for everyone, which in the time they're given and the staffing patterns that we see, it's not possible. And in my written testimony, you will see, one of the concerns I have is when there's neglect identified, it often falls on the shoulders of the CNA, but they're put in such trying situations, what are they supposed to do? They're trying to care for so many people and provide the highest level of care. It's not always possible, even though that is their intent.

REP. COOK (65TH): So that leads me to a great point. So, there was a Facebook post the other day from a gentleman in a facility, who is simply asking for a shower. It's Facebook, it's already posted publicly so we're not discussing something that has not been made very public. And the CNA that came in to dress him at 10 am, when he asked for a shower, he was refused the shower, and told him that he was only allowed to be bathed once a week.

So, in the role of an essential caregiver, under the residents' rights, and quite frankly, just human dignity, I believe that that would be a sense of abuse, that you-- in the way that that gentleman was talked to. And I understand in that and listen to that audio, he did get frustrated as he moved along trying to explain, "I'm just asking for a shower." And they're telling him, "You only get one. And if you don't like it here, you can go somewhere else." So, he had to wear with also audio, his correspondence, and post this out for the world.

We shouldn't have to get to this point. So, in the residents' rights, Bill of Rights, if all of these-- like if all of the groups met the way that they should, do we think that those things would be

resolved, or does this truly fall back to also that staffing issue as well as the overload that they're dealing with right now? And then, the withdraw from the loved ones being in the building to be able to help people be held accountable?

COMMR. MAIREAD PAINTER: I do believe it's multifaceted. And any cases like that, -- unfortunately, we hear cases like that, my office receives cases like that, that one did become very public, and will-- is being addressed. My concern is that many times when we're hearing this, we are hearing staff, you can hear it in their voice, you can see it when you're in the buildings, they are burnt out, they have worked incredibly hard. It is not an excuse for abuse or neglect, it is the reality of where we are and what has happened when you push someone as far as they can go on.

Now, I do believe had enough staff been on, right? In any setting, if you have enough people, you're able to care for the ones that you have, when you're not, you're going to cut some of those corners. And it is my expectation that every resident is offered to be washed every day prior to dressing and then after undressing in the evening. So that would be an expectation that I would have, and that we always treat people and speak to them in a way that is dignified, and respectful.

And we have to remember that residents are making and choosing to receive their long-term services and supports in long-term care settings, because they have a need, right? Most people don't just say, "Hey, I'm gonna go hang out in the nursing home for a while." They have a need, and so that need needs to be identified and we need to make sure that it's appropriately care planned for. And if someone has upsetting moments, that there's tools in place, and that the team members are educated and strategized with on how to best meet that person's need, comfort them, support them, and provide them with what they need.

REP. COOK (65TH): Thank you for that. And my incredible Chair and friend did take a bunch of my comments regarding the visitation in the facilities that are not allowing that to happen. And I find myself very troubled, I had a call the other day from a loved one who has a family member in a facility and they couldn't even talk to the doctor, nor would the nurse tell them who the doctor was and when the doctor would be in. And their mother was deemed in a very bad place, and they were still not being allowed to visit. He had flown in from California and totally shut out of the conversation. So, knowing that these things are still happening today. They were pumping his mom with meds, he was asking the questions as to why they were not taking the family's guidance, all because the family is shut out. And I just think that for us, as we're looking at what we're trying to change, getting those families in the door yesterday, if you will, is truly a game-changer. Because we know our loved ones best, and if you were rotating floors, or schedules or facilities in some cases, which was not supposed to happen, either, during this pandemic, you might not know that person.

And for us when my father-in-law got moved from one floor to another floor and then ended up in the hospital, that group of staff within 24 hours they didn't know him. The group of staff that had worked with him on the other floor for 10 months, they knew him. They knew his needs; they knew his situation and his vulnerabilities. The new staff does not. And I think that it's a shame that we assume that everybody is equal. And when we talk about scheduling to acuity, which you hit on a few minutes ago, acuity changes in an instantaneous moment. So, can you briefly address how we can schedule to that instantaneous change when the acuity changes in a flash?

REP. ABERCROMBIE (83RD): So, Representative Cook, if we could kinda stay on target for the Bill that

she's testifying on. With all due respect, we could be here, kinda, all day with what's going on within the nursing homes. We are on a tight schedule so this may be something you may wanna take offline.

REP. COOK (65TH): So, Madam Chair, I respect that and this was actually my last question, but I do think that has to do with the residents' Bill of Rights and the staffing that goes back to it. But that's fine, we can move on. Thank you.

REP. ABERCROMBIE (83RD): Thank you, Representative. Any further questions or comments? Seeing none, Mairead again, thank you, thank you, thank you. Thank you on behalf of the families who reside-- whose loved ones reside in these nursing homes; we can't thank you enough for all the hard work you've done. And again, if we can be of any service from this Committee, please let us know, we really appreciate it. Have a great day.

COMMR. MAIREAD PAINTER: You too.

REP. ABERCROMBIE (83RD): Now we're gonna move on to the public. We have reached past our hour for elected officials. Just to remind everyone, when you testify, if you could tell us the Bill Number that you're testifying on, and you will be allowed three minutes to testify. First Person up is, Tania and I hope I say it right, Ryea. Tania, you're on mute.

TANIA RYEA: How about that?

REP. ABERCROMBIE (83RD): That's good.

TANIA RYEA: You said it just fine, thank you very much. Thank you, Madam Chair for listening to me today. I did have testimony written but I'm gonna squash it, because it's pretty much the same thing that you're hearing. My name is Tania, I'm from Tolland, and today I am supporting Bill 6634 and Bill 1057.

With some-- So, my mother Janice, she has dementia and she-- psychiatric care and family loving interaction, emotional support, and the basic daily assistance is essential to her health. And we all know that the staffing levels are less than adequate, especially in memory care units. And residents with Alzheimer's or dementia, they require, they don't desire, they require additional assistance with everyday tasks, dressing, personal hygiene, and eating. They also require human interaction. Their memory may be impaired, but they certainly feel emotion. A soft touch, handholding, most importantly, they feel love.

And my mother, she feels my love. And before my mother totally lost all her memory, she chose the facility that if and when the time came, if she needed to go to a long care facility-- long-term care facility, she chose which one she wanted to go to and I respected her choice. But I wasn't gonna let her be alone. And when we admitted her, I made sure that I was going to be allowed to come and go as often as she needed me to. And they assured me that I could come and go, anytime, day or night as her daughter. Now we all know that during COVID we were locked out and my mother needed me and I wasn't able to help her.

And now that I am able to go back in, I see that she needed me far more than I knew just for daily hygiene help, brushing her gums because they lost her teeth, cleaning underneath her nails because every day her nails are so dirty and there's no one to take the time, the extra 15 minutes to sit and just clean underneath her nails, or to brush the inside of her mouth, or to brush her hair. All she gets is the basics which is just dressing, which even though I provide them with a shirt, pants, undergarments, and socks on one hanger for each day, all those items are still not put on her every day.

GIANNA VOLLANO: Ms. Tania, I'm sorry, your three minutes are up, can you please summarize?

TANIA RYEA: Sure, Thank you. So, the reason why I am speaking to you today is because I am in support of Bill 6634, but what you need to know is that I'm not a visitor, I am an essential caregiver, an essential support person for my mother. And I'm in support of Bill 1057 because the staffing levels are so low. I am not a paid employee, I'm an unpaid employee, with my presence there, I am freeing paid employees so that they can spend additional time with someone else. I just hope that you support me in voting for this Bill. That's--Thank you.

REP. ABERCROMBIE (83RD): Thank you, Tania, and your mom is very lucky to have you because we do know that there are a lot of individuals in the nursing homes that, unfortunately, don't have family members there to support them. And I can say on behalf of this Committee, we understand the role that the essential caregiver or support person. I know there's new terminology going on to kind of make it in compliance with the federal government, so I apologize that we're using both of them, but thank you so much for what you do and thank you for being here today, we do appreciate it. Mastrofrancesco, Representative has a quick question. You're on mute, Representative.

REP. MASTROFRANCESCO: There we go.

REP. ABERCROMBIE (83RD): Representative, you're on mute.

REP. MASTROFRANCESCO: We're good now. Thank you. I apologize, Madam Chair. Tania, just a quick comment that I feel your pain. I spent a couple years working in assisted living with Alzheimer's and dementia residents, and there's nothing more important than that they have the support. And the pain that the families go through on that is just overwhelming. So, my heart goes out to you, I truly, truly understand. Having experienced it and seeing it firsthand, not only through working in a

facility, but also with my own family members, that the support that you do provide for your mom is just-- I can't even explain how important it is. And I think everybody knows that, so I just wanted to say bless you, God bless your mom. Thank you very much, Madam Chair.

SENATOR MOORE (22ND): You're on mute, Representative Abercrombie.

REP. ABERCROMBIE (83RD): Thank you, Senator. Tania, thank you for being here today and thank you for all you do for your mom, and we wish her all the best. Thank you.

TANIA RYEA: Thank you all.

REP. ABERCROMBIE (83RD): We're now gonna move back to the elected officials. First up is, Representative McCarty. Representative McCarty. There she is. Good morning, Representative, you're on mute.

REP. MCCARTY (38TH): Thank you so much. I'm so sorry, I lost everything one second ago so please forgive me.

REP. ABERCROMBIE (83RD): That's okay.

REP. MCCARTY (38TH): So, first of all I'd like to say good morning, Representative Abercrombie, Senator Moore, Ranking Members Case, and Berthel, and distinguished Members of the Human Services Committee. It's a really truly a pleasure to be here with all of you this morning. And I'm here in support of House Bill 6634, AN ACT CONCERNING ESSENTIAL SUPPORT PERSONS AND A STATEWIDE VISITATION POLICY FOR RESIDENTS OF LONG-TERM CARE FACILITIES.

I did submit written testimony for you so I will not go through all of that, I'll spare you. So, I would like to just tell you that I think an establishment of an essential care program in our state is

crucial. We need to do it. And to me, it's one of my very high priorities this session, and I'd like to work with the Human Services Committee so that we could get it correct. Through the Bill, there are some areas of the Bill that I think need attention and I'd like to emphasize today that the essential caregiver is not a visitor, the essential caregiver is really there to assist with daily living activities, to help the resident with the support that they need.

We know that this pandemic showed us the tremendous devastation that was wreaked upon our residents, but also the trauma that it caused the families who lost loved ones in the nursing homes, and so we need to do something about this prolonged isolation. And the way I see it is that if we have an essential caregiver program, we designate a person to work with that resident, they should be treated in a fashion the same way as an employee is treated in the nursing homes, and elevate them to the status that they should be able to enter into a long-term care facility even during a public health emergency.

And I think that's an important part that we need to recognize, that these individuals in the nursing home, we have to care for their social-emotional needs and their medical needs, but they should be considered at the same level. So, I'm here today to support this 6634, but asking the Committee if you would please look at the language in the Bill, there are certain parts that say, "The essential caregiver may visit." I think we need to emphasize, say, "May be there to give the care and to give this support." It isn't just a visit, it's really there to help that individual with all the daily needs that's person-centered.

And I also would like to just point out, another part of the Bill gives the Commissioner, the Department of Public Health Commissioner, the ability to create the rules, I'd like to caution the

Committee to look, because we know that there are many states currently with-- even with the federal guidelines, that have implemented essential caregiver programs. So, I would like to just caution that we don't get rules there that prohibit the essential caregiver from entering the facility if other staff is in there. So, I think there's a way that we can find the balance that's necessary to meet the needs, but also to allow the caregiver into the facilities.

I can say, I'd like to just emphasize again, a caregiver is not a visitor. And I also would like to point out to the Committee, this doesn't cost anything, we can do this now, and we really need to do it. We heard all the stories today. I would like to recognize Mairead Painter and the ombudsman, I've worked with her for many years on the volunteer resident advocacy program, I think that can go in tandem with the essential caregiver. So, there's still work that we can do.

I'd like to recognize you too, Representative Abercrombie, you know that we've worked together over these many years and you were the first one to recognize when I came into the assembly, the work we needed to do to really look at the neglect and abuse. And I don't mean to say anything disparaging about our long-term care facilities, I know they're working hard, and they do the best they can, we need to support them, too.

We need to give them the resources necessary to really look out for the quality of life of our residents. But I know we're all in this together, I'm here, I'm very much an advocate for helping our nursing home residents have the best quality of life they possibly can, glad to see the technology moving, glad to say we still have worked with the non-ambulatory residents to get them visitation outside of the facilities. But I'll stick to the Bill today and tell you that I'm here, the intent of the Bill is great. We need the essential caregiver

program, but please take a look at the language and let's make sure that we elevate the caregiver, they're not visitors. And we may need two policies, is the visitation policy, but also a caregiver policy.

So, with that, I will end and I thank you again. Sorry, I always have trouble with this technology, can't wait till we're all back there together. So, thank you very much.

REP. ABERCROMBIE (83RD): Thank you, Representative. And yes, it's been a pleasure working with you on this issue for many years now. And I do appreciate your comments. What I would ask is two things, one, please send us any amended language you see fit. I do want you to understand that this language we've been working on with Mairead Painter, our long-term ombudsman, and some of it is challenging because we're also getting guidance from the federal government.

Most people don't know, but Mairead is part of the National Association for Ombudsmen, so they're all trying to figure out this issue. So, there might be some areas that our hands are a little bit more tied than others, but we would be more than happy to look at your amended language and see if that can fit into this Bill. So, thank you for that. We do have a couple of questions for you from our colleague, Senator Berthel.

SENATOR BERTHEL (32ND): Good morning. Thank you, Madam Chair. Not really a question, just a quick comment. I know we're trying to keep our comments to a minimal amount. Representative McCarty, thank you for your testimony this morning and your advocacy for this clause and for this Bill, thank you as well for your written testimony. And I would just really echo what Representative Abercrombie has already said. She kind of-- I was gonna ask you the same thing, if you had some proposed, amended language or something that you think would work better than

what's before us, please send that along. You and I work together very well on the Education Committee so I know that your heart and soul are in this, and that's why you're here before us this morning. So, thank you again, Kathy, for being here, and look forward to seeing you soon. And, Representative Abercrombie. Thank you.

REP. ABERCROMBIE (83RD): Thank you, Senator. Representative Hughes.

REP. HUGHES (135TH): Thank you Madam Chair. And thank you, Representative McCarty, for your tireless work on the oversight group in this issue. And I agree with you, let's elevate the definition of essential caregiver as essentially unpaid staff with the same protections and basically access, person-centered access. And thank you for working so hard to expose the understaffed long-term care facilities that are under invested in and helping to advocate for the resources to bring that up to par that we know is necessary in the wake of this. Did you coordinate the -- your testimony in terms of language with the Advocate, Elizabeth or? Yeah.

REP. MCCARTY (38TH): Thank you very much, Representative Hughes for your work. On the oversight group. I know we were on the same Committees. And I did not coordinate. But I know Eliz Stern and I did not see her testimony until after but I did have a conversation with her recently, and I think we're on the same pathway that we wanna see that the essential caregiver is elevated to what you just described, an unpaid employee. So that we don't have these prolonged isolations again. We don't know what the future holds. And we need to be prepared. And I'd like to see us have that essential caregiver program established formally in our state.

So, we can move in that. And I and -- I respect what Representative Abercrombie just said to be sure that we're coordinating and we're working all of us

together. We know we do have some federal guidelines, but I think those can -- how did the other states do it? So that's, that's my question. And we'll try to work that through.

I do want to recognize that I'm very cautious. You know, I always told everyone wear your mask, wash your hands, get vaccinated. So, I am with the Department of Public Health that we need to be cautious. But the essential caregiver really only works with one person when they come in, and they're desert. So, if they follow the exact same health protocols that we're imposing upon the staff, I believe that they'll even have more protection, so, and they'll have the training.

So, I really think we can do it. I know we can. It's the will that counts. And I want to say that Public Health has been very good. You know, we've talked to the Infection Control specialist. She knows someone and I think the model is the New Jersey plan with the essential caregiver, and she knows people there. So, I think we can get it done. And I want to thank this Committee. I know many of you, and I know you work very hard. So, I appreciate you listening to me today. Thank you.

REP. HUGHES (135TH): Thank you, Madam Chair.

REP. ABERCROMBIE (83RD): Thank you, everyone. Seeing no further questions or comments. Thank you, Representative McCarty, it was so great to hear from you today. We're going to go back to the -- we're going to go back to the public. And we will be going back to the three minutes for your comments and the first person up is Tracy Wodatch Good afternoon -- Good morning Tracy.

TRACY WODATCH: Thank you, Senator Moore, Representative Abercrombie and distinguished Members of the Human Services Committee. My name is Tracy Wodatch, President and CEO of the Connecticut Association for Healthcare at Home. The Association

is the united voice for the DPH licensed home health and hospice agencies, as well as several non-medical homemaker companion agencies. Together our Members provide services that foster cost-effective, person-centered home care for Connecticut's Medicaid population in the setting they prefer most, their own homes. Home-based care is a cost-saving vehicle for the state.

Unfortunately, to date, the billions of dollars saved has not been reinvested into our provider sector, which is now threatened due to long standing inadequate Medicaid reimbursement compounded by the costs incurred during the COVID pandemic. We are experiencing significant agency consolidation and closures with unsustainable Medicaid rates.

The remaining agencies have been forced to make the difficult decisions to decrease caring for Medicaid clients or to stop altogether. House Bill 6636 is a tremendous opportunity to begin riding the ship. We are genuinely thankful for the 6.2% enhanced match outlined in this Bill. But moreover, the recently signed Federal American Rescue Plan offers an additional 10% federal match, specific for home and community-based services.

We believe that the easiest and quickest way to distribute these funds would be to use a similar formula and process as when the Medicare relief funds were direct-deposited into provider accounts based on their Medicare claims volume times a set percentage. OPM and DSS will soon find out how much money Connecticut will receive, specifically for this 10% match and can create a formula based on each agency's Medicaid claims set from a set time period. The amount calculated can then be direct deposited into each agency's account.

Agency should not need to apply or complete detailed forms; it should be automatic based on claims. Such immediate relief funding would help agencies not only recover from the pandemic, but potentially

begin to look at expanding Medicaid services. However, this funding is finite and time limited ends March 31st 2022. It's imperative that the legislature also find dollars to reinvest long-term into our growing need for home-care services, we recommend at least a 4% increase to current rates for both waiver and non-waiver services provided by licensed home health agencies and homemaker companion agencies, increased needs to be effective July 1st, 2021, with consistent cost of living adjustments year on year thereafter.

Regarding SB 1054, we oppose the addition of a state home health and hospice ombudsman for several reasons. But mainly that it's duplicative of oversight already in place through DPH, DCP and elderly Protective Services. It will also cost the state additional funds that should be reinvested in sustainability of our providers. I'm happy to answer any questions. And thank you for the opportunity.

REP. ABERCROMBIE (83RD): Thank you, Tracy. Thanks for your testimony. And thank you for being here. And you know, just personally, I just want to really thank you for your guidance. You and I talked a lot. And I do appreciate the fact that you're even willing to meet with me on Saturday mornings, because our schedules are really crazy. So, I just want you to know that these working relationships are really important, especially to me, so I just want to take this opportunity to really thank you. And thank you for all your hard work. Senator Moore, followed by Representative Dathan.

SENATOR MOORE (22ND): Good morning.

TRACY WODATCH: Good morning, Senator Moore.

SENATOR MOORE (22ND): I had -- just had a question on the 664. And you said the NCAA should be based on claims. Can you hear me?

TRACY WODATCH: Yes, yes.

SENATOR MOORE (22ND): Over what period of time?

TRACHY WODATCH: So, I would really recommend that we look at the way Medicare funds were distributed to our Medicare providers as part of the initial COVID relief funding. And there was this very specific formula that was created. So, I didn't want to get into all the details on the -- on the testimony. It's something that we just thought about a couple of days, and I ran it by Representative Abercrombie yesterday. But it seems to be very straightforward. Not a lot of burden for agencies. And our claims have already been submitted and paid.

And so, we can determine a set time, I would say that it would need to be more recent because referrals have really started to pick back up again. It shouldn't be a deep look back. It should be probably a quarter over the last probably December to March is my guess. Or January to March. Sorry.

REP. MOORE (22ND): All right. Thank you. Thank you, Madam Chair.

REP. ABERCROMBIE (83RD): Representative Dathan.

REP. DATHAN (142ND): thank you so much, Madam Chair. Hopefully you can hear me. Okay. And thank you, Tracy, for your testimony. I just wanted to ask the question, because you mentioned in Senate Bill 1054 that the services that are described there are just the tip. I'm just wondering if you could point to an independent body within -- that -- that would help a family who is using homecare hospice services for their aging parent or family. Because from my understanding and from what the Commissioner said that we don't exactly have duplicates of services that may help these people, particularly from an independent body.

TRACY WODATCH: So, you are correct. We have, for our licensed home health and hospice providers, they

are regulated by our Department of Public Health, and perhaps an accrediting body, and also, we have requirements for reporting to elderly protective services or others can report to elderly protective services on the providers themselves. Is there an ombudsman or an independent person in place to do so? Currently, no, there is not.

But I would add that as part of our regulations, we are required to provide all of the information for filing complaints, the numbers that people would dial both for Medicare for the state for elderly Protective Services, any potential abuse, neglect need for reporting, that is all in place.

REP. DATHAN (142ND): But there's no independent source for families to go to, is what I'm hearing?

TRACY WODATCH: Correct.

REP. DATHAN (142ND): Okay. Thank you very much for your testimony. Thank you, Madam Chair.

REP. ABERCROMBIE (83RD): Thank you, Representative. Any further questions or comments? Seeing none, thank you so much, Tracy for being here, have a great day.

TRACY WODATCH: Thank you.

REP. ABERCROMBIE (83RD): We're now going to go back to elected officials and for the first time testifying before us Representative Welander. Good morning. Thanks for being here.

REP. WELANDER (114TH): Good morning. Thank you for having me. Thank you. Honorable Chairs, Representative Abercrombie and Senator Moore, Ranking Member, Senator Berthel and Representative Case and all of the Members of the community. I'm here today to speak in support of House Bill 6634 and reinforce the efforts of one of my constituents

Mr. Irma Rappaport who will be -- who will be speaking later.

I would like to thank the Committee for taking up an issue that is so important to address right now, that of the care and health of some of our most vulnerable residents who live in long-term care facilities. Ms. Rappaport reached out to me for assistance in trying to see her mother Lillian, who was living in a nursing home. After being her primary caregiver for years at home, and then continuing to get that care for her mother daily even after moving into the facility, with the onset of the pandemic and the new restrictions in place. Irma was unable to continue that care and watched her mother decline mostly through the window.

What Ms. Rappaport shared with me was actually heartbreaking. While I recognize that this past year has brought challenges to those residential areas that no one could have predicted, and that each facility operates differently. Many of us have unfortunately heard too many stories like what happened Irma's mother Lillian. I am profoundly thankful that I was able to assist Ms. Rappaport and being able to see her mother before she passed away. But I will also carry the knowledge that she lost precious time with her in the end, that her mother suffered mental and physical pain needlessly. And that too many others did not get the chance to advocate for and have those final moments of care and comfort with their loved ones.

Concerns have been shared with me about some specifics in the language used that might inadvertently still prevent -- prevent, and designated essential support person from being able to provide the needed care and support, which I know is not the intention of the Bill. Again, I would like to thank the Committee for working to responsibly allow greater access for the support people who truly are essential to the mental and physical health of our residents of long-term care

facilities. For the sake of families across the state, I hope that these provisions for visitation and accountability are put in place as soon as possible. Thank you so much for your time and your attention.

REP. ABERCROMBIE (83RD): Thank you, Representative, and thank you for being here today. It is definitely an issue that this Committee plans on addressing. So, thank you very much. Any questions or comments? Seeing none, thank you very much and have a great day.

REP. WELANDER (114TH): You too. Thank you.

REP. ABERCROMBIE (83RD): Moving back to the public, the three minutes will still be in place. First up is Mag Morelli. Good morning, Mag.

MAG MORELLI: Good morning. Good morning, Representative Abercrombie. Good morning, Senator Moore and Members of the Human Services Committee. My name is Mag Morelli. And I'm the President of LeadingAge, Connecticut statewide membership Association, representing 130 not-for-profit provider organizations serving older adults across the continuum of aging services. Thank you for this opportunity to testify today I've submitted testimony on three Bills Senate Bill 1057, House Bill 6634, and House Bill 6636. I will just briefly summarize our testimony.

As you know over the past year, the Aging Services field has been at the center of the global COVID-19 pandemic. COVID-19 is a virus that has targeted the very people we serve. As such, our member organizations have been uniquely impacted by the pandemic, unlike any other provider sector. We're very proud of our efforts LeadingAge Connecticut Members have faced this pandemic head on and continue to do so as we protect and care for the most vulnerable older adults in our state.

Regarding Senate Bill 1057, and are concerning nursing homes, we understand the interest in raising the minimum staffing levels in nursing homes. And we are -- the code that is currently in the Public Health code. And we do, however, want to reassure the Committee that the Public Health code and federal oversight regulations require nursing homes to staff at the level that meets the needs of the resident.

That is the current staffing requirement. This bill proposes a 4.1 hours of direct care per resident day minimum. But within that minimum staffing ratio, it also proposes more specific ratios per licensure category, and we can't support those specific ratios. To mandate specific ratios of CNA, RN and LPN within an overall minimum staffing level goes against the concept of flexing your staffing to meet the needs of the resident, and the policy initiative of our new acuity-based reimbursement system, which is expected to be implemented later this year.

Very important issue that must be addressed is the Medicaid reimbursement with regard to nursing home staffing. Many nursing homes are currently staffing near or above the proposed 4.1 hours of direct care, but very simply, they're not being reimbursed for their staffing costs. As a result, we have a reimbursement system that's vastly under funding the cost of staffing at a time when the state is planning to transition to the new system. Without a plan to increase the funding.

We therefore urge the Committee to insist that any legislation implemented to raise the minimum staffing level also address the need to fully fund the nursing home reimbursement system. We'd also be remiss -- we'd be remiss if we didn't address raise our concern about the ability to recruit and retain staffing. We've also commit -- commented on other elements of this bill, including extensive comments regarding our concern with empowering the Commissioner to establish a minimum percentage of

reimbursement to be spent in a category termed direct care. But that is undefined in this proposal.

On House Bill 6634, we have been supportive of the establishment of an essential support person program that can be activated during a Public Health emergency, when visitation to a long-term care facility is restricted. We're therefore supportive of this Bill, we have submitted some limited comments and request one modification of the language. And finally, we strongly support House Bill 6636. And that concerning COVID-19, and enhanced federal funding.

And just similar to the previous speaker, I just want to raise the issue that home and community-based services will also receive a nice bump in the federal F and the F map match. And we are very encouraged by that and hope that that is applied also to that network of providers' rates. Thank you for this opportunity to testify. I'd be happy to answer any questions, including any questions people might have on the Visitation Path policy that's currently in place for nursing homes.

REP. ABERCROMBIE (83RD): Thank you, Mag, thank you for being here today, and thank you for your hard work. You know, I know that we've had a lot of conversations about nursing homes. But I do believe that the employees that work at the nursing homes have really tried to do their best through this pandemic. And it's been really difficult all the way around. So, I just want you to know that we do appreciate all your hard work. I'm sure you've had many, many sleepless nights. And you know, we do recognize that.

So, thank you for your testimony. Thank you for being here. Any questions from colleagues? Seeing none, thank you so much for being here and have a great day.

MAG MORELLI: Thank you.

REP. ABERCROMBIE (83RD): Going on to one more colleague that's on our elected officials list is Robin Comey. Good morning Robin. You're on mute.

REP. COMEY (102ND): Good morning. Can you hear me okay? Okay, this is really great, I've been enjoying my time listening to the testimony today. So, thank you for all your hard work that you do. Co-chairs Senator Moore, Representative Abercrombie, Ranking Members senator Berthel and Representative Case and esteemed Members of the Human Services Committee. I'm here today in support of House Bill 6637, which is to established, a statewide mental health services program to provide mental health services tailored to the special needs of the deaf, deaf-blind and hard-of-hearing.

I currently serve as a member of the Legislative Committee on Children, the Education Committee and Vice-Chair of the Insurance and Real Estate Committee. I'd like to thank the Task Force for Mental Health Services for deaf, deaf-blind and hard-of-hearing individuals for the work that they have done to come forward with this legislation. As a member of the Committee on Children, it's important to me that all Connecticut children's have access to necessary health care which includes mental health treatment.

Currently, the Connecticut Department of Mental Health and Addiction Services only sees patients 18 and over, which creates a barrier for deaf, deaf-blind and Hard-of-hearing used to obtain the necessary mental -Health Services and Healthcare. Like hearing children deaf, deaf-blind, and hard-of-hearing children need mental health services to be accessible to then as well. The report from the task force presents the following landscape of existing mental health services here in Connecticut.

DMHAS provides regional outpatient services to deaf, deaf-blind, and hard-of-hearing adults with a primary diagnosis of mental illness. but DMHAS does not serve children. The emergency mobile psychiatric services does not provide culturally and linguistically affirmative accessible services to deaf and hard-of-hearing children. And, in some cases, family Members have been used as interpreters.

There's been no organized oversight related to the competency of community-based providers of mental health services appropriate for deaf and hard-of-hearing clients. Culturally and linguistically competent inpatient hospital level care. Treatment settings for deaf and hard-of-hearing children and adults are non-existent. Additionally, inpatient treatment for deaf and hard-of-hearing children or adults is minimally effective. Due to a lack of interpreting services being provided extensively during the inpatient's day. Patients are unable to engage in treatment options.

Deaf and hard-of-hearing children experience significant mental health treatment delays, often resulting in extended periods of time in emergency departments, where communication and treatment accessibility are nonexistent. Video Relay interpreting is overused in emergency rooms and during crisis evaluations without regard to an individual's level language. Communication in Connecticut no longer sadly has a unified collaborative center of services for deaf and hard-of-hearing individuals. And the situation is much worse for deaf-blind children and adults.

So accordingly, the task force recommended to propose legislation. This legislation to address the critical need of the appropriate statewide mental health services. For low incidence and underserved population of the deaf, deaf-blind hard-of-hearing children and adults in the State of Connecticut. I support the proposed legislation which calls for the

codification of a mental health bill of rights for those identified populations.

An update of current appropriate sections of the Connecticut statutes for DMHAS special programs, and program descriptions establish a safe mechanism for collaboration among key state agencies to provide programming resources, funding and oversight of statewide mental health services directly serving the deaf, deaf-blind and hard-of-hearing children adults. Establish a statewide Advisory Committee consisting of stakeholders to address the mental health needs of the population to be served and to come up with appropriate recommendations as needed.

And additionally, while I appreciate the task force membership to include a variety of agencies and stakeholders, being that we are discussing children as well, in our youngest learners, I would hope we would include any department of education folks in this task force, so that we can benefit from a comprehensive approach to serving the needs of the deaf, deaf-blind and hard-of-hearing persons in all environments, including our schools and educational facilities.

And finally, just as a side note, there are reports of a lack of clinicians in certain areas of the state available to the deaf, deaf-blind and hard-of-hearing persons by region, which are causing barriers for this community to receive adequate health care. In my region, region two of Connecticut, my understanding is that there was only one clinician covering the entire region that can work with the deaf, deaf-blind and hard-of-hearing communities directly. The lack of accessibility in certain regions is certainly concerning. And this legislation, I believe, offers an opportunity to obtain the deaf community to obtain the same mental health services that the hearing community has access to.

So, in conclusion, identifying the gaps in the provisions of services are necessary resources. And most importantly, the funding needed is critical to the future success of our children. We must focus on Long Range Planning to serve the mental health needs of the deaf, deaf-blind and hard-of-hearing. Thank you for your time, and I'm open to questions or comments.

REP. ABERCROMBIE (83RD): Thank you, Representative and thank you for your testimony. Just so everyone is aware, we do have an Advisory Oversight Committee for the deaf community and the blind and deaf community and it is made up of many stakeholders and to including the agencies. So -- just so everyone's aware when we did close.

The interpreter unit overhead aging and disability, we did put that group in place, and they do have some Sub-Committees that are working on some of these issues. So, I just want everyone to be aware we do already have a network in place.
Representative Hughes.

REP. HUGHES (135TH): Thank you, Madam Chair. Thank you so much, Representative Comey for your -- for your testimony, especially around the comprehensive approach. I just wanted to ask from your experience with the Early Childhood Alliance is -- are there any other states that are providing this type of approach that you know, of, for the continuum of aging in the deaf-blind community -- underserved community?

REP. COMEY (102ND): Representatives, thank you for your question. I am not aware of the services that are being offered in other states, I do know that -- maybe someone here does I do know that that Massachusetts is often too for care, for instance, with the blind so there are there's a -- there's a great network up in Massachusetts for some of the community. So perhaps, there, they might be a state that we could look at.

REP. HUGHES (135TH): And through you, Madam Chair, are those services covered through Medicaid?

REP. COMEY (102ND): Representative Hughes, some very good questions, and I am not a Medicare specialist, Medicaid specialist. And I cannot answer that question for you.

REP. HUGHES (135TH): Okay. I'm just wondering, because it seems like we had clearly all those gaps that you spoke to be identified, especially in this pandemic, where people weren't allowed to come into the hospital settings, into the doctor's settings, there was so much and I saw it a lot with just patients with dementia and hard-of-hearing, that were basically mistreated or neglected, because there wasn't that service, critical service to getting good emergency care, primary care.

So, you know, it just further exacerbated it. So, identifying the gaps in care, but a comprehensive long-term approach, which, like you say, will require funding and resources. But I'm a big champion for that. So, thank you. And thank you. We'll look into what's covered under Medicaid. Thanks.

REP. COMEY (102ND): Thank you.

REP. ABERCROMBIE (83RD): Thanks for your continued good work on this Committee. Thank you, and just to follow up on Representative Hughes's questions. So, when we look at other states, we also have to be aware of the network that they use. Massachusetts has a very different model than what we have. So, a lot of their recommendations would not work here in Connecticut, because we don't have that structure in place.

As far as Medicaid reimbursement, as you know, Representative Hughes, it's sort of like the Money Follows the Person. So, it's not always so much

about the program, but it's what if the person is receiving Medicaid? So, some of these services would be covered? If they're a Medicaid recipient, but we can't assume that the majority of these individuals would be supported by Medicaid.

So, any further questions or comments? Seeing none, Representative Comey, thank you so much for being here. We'll see you soon. Have a great day. So now we will be going back to the general public. All of the elected officials have testified, we will be going to the three minutes and the first person up is Janine Fay. Good afternoon -- good morning, Janine.

JANINE FAY: Good morning, almost afternoon. Hello, Senator Moore, Representative Abercrombie and distinguished Members of the Human Services Committee. I am Janine Fay, CEO of VNA, Community Healthcare and Hospice. We're a licensed and Medicare certified home health agency serving New Haven and Middlesex Counties. We serve several hundreds of Medicaid patients a year. And as we all know, it's where people want to receive their care and it is the most cost-effective place to render care.

So, I think everybody has reflected on this past year and thought of all the horrific things that have happened and yet, what I look at in the positive is we have tolerated enormous change and uncertainty, and overcome those challenges in a way that I think everyone can be proud of. We can always improve we know that. But the one thing that throughout this year of uncertainty has remained constant for us as a home healthcare industry is the lack of funding. The funding has been a problem for over a decade with no rate increases.

The pandemic not only brought about financial burden to providers, but it also added the desire of families to keep their loved ones at home and out of institutions. So, the expectation of health care in

the home continues to be on the rise, and it will continue as our society ages, and there's more chronic illness. So, I just wanted to paint a picture of what happens when we take on a Medicaid patient and care for them. And I just grabbed an example from a patient we cared for this past year, who had a very unfortunate traumatic injury, required physical therapy and occupational therapy to get their function back.

Required nursing for treatment, a home health aide to help with personal care and dressing. And unfortunately, because of all of their social needs, high level of needs, they lost a lot of their support systems and needed social work, which is not even covered by Medicaid. So, with all those services, I went back and said, Okay, this is not a typical many of our patients require more than one type of discipline to get themselves back on their feet.

And when I did an analysis of what our direct costs were versus what Medicaid pays. And I say direct costs, no overhead, no indirect expense, we felt several \$1,000 short of what we needed to cover the cost of that one patient. It's why, unfortunately, a few years ago, when our agency looked at our financial picture, and knew that we could not sustain that, so we were one of the agencies that said, we cannot serve every Medicaid patient that we get called upon to serve. And, and that's very unfortunate.

And I know, we're not alone in that in that decision. But if we were going to be fiscally responsible -- fiscally responsible, and continue to care for as many as we could, we needed to limit our losses. And that was the only way to do it. So. when we look at House Bill 6636, and there's an opportunity with the large amount of federal match dollars coming in, I would say, let's get it to the providers as quickly as possible.

And the idea of payment, using claims history, to get it out to the providers quickly helps us get out of a hole, we've been in a hole for 10, over 10 years. And so, if we have the opportunity to help get us up out of that hole, knowing that we need a rate increase for the long haul, but at least there's a short-term opportunity to help stabilize our industry, and be able to continue to care for as many Medicaid recipients as possible.

GIANNA VOLLANO: Excuse me, your three minutes are up, please summarize.

JANINE FAY: Thank you, if the only other thing I would say is in regards to Senate Bill 1054, that we really need to take a harder look at that. Because if there is some duplication, and I think dollars can be spent a little more wisely at this time. Thank you.

REP. ABERCROMBIE (83RD): Thank you, and thank you for your testimony. Any questions or comments? Just one comment. So according to the guidance that we're getting from the federal government about any of the enhanced dollars, our understanding is that it cannot go into rates that it has to be used as a onetime grant.

So, I want my colleagues who are on Appropriation to understand that as we try to figure out how we're going to allocate these dollars, we all agree that it needs to go back to the providers, we know that you're hurting, and we want to give you relief, but we cannot use it to go into the rate base of your payment structure that is prohibited under the federal law. So, I just want people to understand that.

JANINE FAY: Yes, thank you.

REP. ABERCROMBIE (83RD): Yeah. Thank you. Thank you for your testimony. Seeing no questions. Have a great day. We'll see you soon.

JANINE FAY: Thank you.

REP. ABERCROMBIE (83RD): Before we go on to the next person who will be Heather, I just want to take this opportunity to thank our two interpreters that were here for the two hours. Mary Sue and Jacqueline, thank you so much for helping us today. We really do appreciate it.

Mary Sue, it's been a pleasure to work with you through the years and I know we will continue to work with you. We will continue to show the closed caption so that our friends from the deaf and hard-of-hearing community can follow along on this public hearing. So, thank you guys for being here. We appreciate it. Up next is Heather LaTorra. Hi, Heather.

HEATHER LATORRA: Hi, good afternoon, Senator Moore, Representative Abercrombie, Senator Berthel, Representative Case and Members of the human service Committee. My name is Heather LaTorra. I'm the President and CEO of Marrakech and we provide services through DDS, DMHAS, DCF, TSS, DPH and others statewide. And this is our 50th anniversary. I've been working in Marrakech for the past 35 years, along with 720 staff in Connecticut, and I've been here way too many times to count, and in front of most of you.

I'd like to take this time to thank you for continuing to hear us, to work with us to champion on our behalf and partner with us to ensure that Connecticut's private nonprofit service delivery system offers exceptional and innovative services and supports for people with intellectual disabilities, and mental health issues, homelessness, youth in foster care system, people with autism, addiction, acquired brain injuries, et cetera.

We right now have reached a dangerous plateau. And just six days we will have spent every penny of relief fund that we've received through our state funders and the federal relief funds. However, we continue to have increased costs due to COVID, including the purchase and distribution of PPE, physical modifications for vehicles and programs sites for safety and social distancing. And in addition, there's overtime costs.

We also are providing unpaid staffing services due to many of our residents remaining home instead of going to their outside day services. We did lose staff and recruiting in this space right now is the worst I've ever seen. We have a 20% staff vacancy rate, which is unheard of for us. We have new referrals. We have school, aged-outs and graduates and people who have lost their day programs that are on our waiting list for services right now until we could hire and train more employees.

That is right in this job market, our sector is having a hard time onboarding, hiring and onboarding employees. But despite this, I'm optimistic today because I know that the Bill, House Bill 6636, in relation to the American Rescue Plan is our chance to fix our system short term and long-term. And I'm more hopeful today than ever, this is the moment that we've been waiting for. Typically, it is the lack of resources in the state that keeps us underfunded and from earning any callers, such as for the past 14 years.

This vicious cycle keeps our staff underpaid, with just basic benefits that come out of their pockets more and more year after year, with no future savings of pension plans. Yet these are the staff, and more than 70% of them are black or brown at Marrakech, who left their families to move into our congregate living sites to stop COVID in its tracks within two weeks. These are our staff who've been working decades due to relationships they've built and who selflessly -- selflessly come to work during

the pandemic every day without a promise of increased pay, even to work with people who tested positive for COVID.

This is the lack of resources in the state that keeps us underfunded and unable to accept every single referral that comes our way, that keeps our offices and vehicles from upgrades and updates that deters us from investing in new technology, real estate and new program development, that would help us in the state -- help us help the state meet the needs of everyone eligible for services.

GIANNA VOLLANO: Excuse me--

HEATHER LATORRA: We did not qualify for--

GIANNA VOLLANO: I'm sorry, excuse me. It's -- your three minutes, please summarize.

HEATHER LATORRA: Okay.

GIANNA VOLLANO: Thank you.

HEATHER LATORRA: Well, I guess it short summary. Thank you, Heather, for keeping us on task. I urge you to -- I urge the Committee to support House Bill 6636. It will help us now and in the future.

REP. ABERCROMBIE (83RD): Thank you, Heather, thank you for your testimony and happy Anniversary. Congratulations. 50 years is a long time to sustain in the Human Services field. And thank you for your support of the -- you know, the most vulnerable population that we serve. And I agree with you, I believe that our safety net is at a critical point. I know that through the years we have cut and cut and cut because we had deficits. We're no longer in that position. And we have an opportunity and an obligation to make sure that our safety net stays whole.

So, thank you for being here to testify. We really do appreciate it. And I'm gonna ask Senator Moore who has a question or comment.

HEATHER LATORRA: Thank you.

SENATOR MOORE (22ND): Good morning, Heather. Well, you must have started when you were in grade school.

HEATHER LATORRA: It's these filters I could use on zoom.

SENATOR MOORE (22ND): You know, it's not easy to be in that field for that long of a period of time doing what you deal with every single day and people coming and going so much in the way of employees. I actually applied way back about 25 years ago, for a position that is funny. And you were probably there. I didn't get hired, Heather.

HEATHER LATORRA: Oh, no, we missed you.

SENATOR MOORE (22ND): But I did go on a path that was meant for me with breast cancer. So, I just -- I couldn't believe that. I said, I think you were there when I applied for that job 25 years ago.

HEATHER LATORRA: I was.

SENATOR MOORE (22ND): So once -- say -- so if you could receive this -- this increase, what would be your priorities on how you would use that money?

HEATHER LATORRA: So, as I said, number one, our staff are not getting a penny more for working during the pandemic, and they are critically essential. And we need to -- we have no funds to provide this and we would like to provide that, we have to provide it. And because we don't qualify for PPP, we're unable to do that. After March 30th. We don't have a dime left for this type of payment.

SENATOR MOORE (22ND): So, I'm so happy to hear that that it's rare to hear that be the number one priority and not go into other areas to use the money. So, I want to thank you. I want to congratulate -- congratulate you on your -- your anniversary and wish you as many more years that you choose. And thank you for the work that you do.

HEATHER LATORRA: Thank you so much. Music to my ears. Thank you.

SENATOR MOORE (22ND): Take care. Thank you, Madam Chair.

REP. ABERCROMBIE (83RD): Thank you, Senator. And thank you again, Heather for being here. We really do appreciate it. Seeing no more questions or comments. Have a great day. Moving on to Patricia Gibney.

PATRICIA GIBNEY: Good morning.

REP. ABERCROMBIE (83RD): Good morning.

PATRICIA GIBNEY: Can you hear me?

REP. ABERCROMBIE (83RD): Yes, we can.

PATRICIA GIBNEY: Good morning Senator Moore. Representative Abercrombie, Senator Berthel, Representative Case and Members of the Human Service Committee. I'm Tricia Gibney, CEO of the Arc of Southington. Our agency supports 80 people with intellectual disabilities in Southington, Cheshire, Wallingford, New Britain, and Hamden. We empower individuals to live as independently as possible utilizing assistive technology. I want to thank you for the opportunity to provide testimony in support of the House Bill 6636, AN ACT CONCERNING COVID-19 AND ENHANCED FEDERAL MEDICAID FUNDING.

The American Rescue plan is expected to bring 10 billion into Connecticut including a 10% increase

for home community service-based services. Community nonprofits have been on the frontline of the COVID-19 pandemic. We are a residential provider that operates 24 seven who have continued to meet the needs of the people we've just support despite the risks COVID-19 brought on anticipated an unbudgeted class well over a million dollars in operational challenges that stretched our resources and exhausted our staffing. We have spent hundreds of thousands of dollars on making our environment safer for people we support.

Many of our individuals are at higher risk for contracting COVID-19. We have implemented procedures which include eliminating any recreation and community gatherings spent several weeks searching for an ordering PPE equipment to keep our staff see. We have also invested in disinfecting products and services for all our programs, homes and vehicles purchased a large freezer to store necessary food to supply to feed all of our individuals throughout this pandemic. We have converted our office into a pandemic supply storage area, the ARCA Saddington like other agencies have created virtual supports and ensured all people supported have access to video capabilities for social connectedness, programmatic purposes and medical meetings. We've installed cameras and ring doorbells for safety and supervision for our individual should we have unlimited staffing due to the virus. We have developed COVID-19 guidelines that have been revised by our team several times implemented new policies and procedures are rolled out extensive training programs for all of our employees. The ARCA serving works with their employees setting up remote offices from their homes and help manage working and homeschooling their children and dealing with multiple quarantines. And lastly, to incentivize employees to keep people working at the ARCA serving team, we provided hazard pay for essential workers on the front line and the higher risk of exposure. Community nonprofits have requested that legislature appropriate 416 million over the next five years for

the community nonprofits to make up for the many years of no increases and services. This lack of funding has contributed to staffing crisis. I strongly urge the Committee to support the House Bill 6636. And I thank you and stay safe.

REP. ABERCROMBIE (83RD): Thank you Pat for your testimony. We do appreciate it. Questions or comments from colleagues? Seeing none, thank you so much for being here and have a great day.

PATRICIA GIBNEY: Thank you.

REP. ABERCROMBIE (83RD): Up next, Kathy Flaherty, followed by Pam Fields. Hi, Kath.

KATHY FLAHERTY: Good morning, Representative Abercrombie, Senator Moore. Senator Berthel, Representative Case. My name is Kathy Flaherty. I'm the Executive Director of Connecticut Legal Rights project. We are a statewide nonprofit that provides legal services to people eligible for mental health services from DMHAS. I'm here to support 1056 and 6637. First, I do want to thank the Committee for providing accessibility during this hearing, both through the use of ASL interpreters and currently with the use of the captions on zoom. It is really important for all residents of the state to be able to participate in civic life and efforts towards accessibility really serve all of us better. So, I thank you for that. I know that the Commissioner of DSS testified and objected to certain elements of 1056. I am not a Medicaid expert. I do not claim to be a Medicaid expert. I'm testifying in support of that Bill because our clients rely on Medicaid. I would encourage the Members of the Committee to direct questions to my colleagues on [Alison Weir] from Greater Hartford Legal Aid and [Sheldon Talman] from New Haven legal assistance on the details of the bills, especially the recommended changes that they are suggesting to you because CLAP supports that. In terms of 6637.

You heard directly from people who are deaf, deaf-blind, hard-of-hearing, and the people who provide them services, about how the state has done a disservice to them. And I think the state can and should do better. The last thing that what -- that I do want to talk about, having listened to the hearing so far, and to talk about what was going on in our nursing homes, is please don't forget that people live in other congregate settings. We're talking DMHAS inpatient psychiatric facilities. We're talking Southbury Training School. We're talking group homes. Those places were not prioritized the way the nursing homes and assisted living facilities are. And I just want to remind the Members of this Committee that COVID tore through the geriatric unit at CBH. In late January of this year, when, if DMHAS facilities had been prioritized the way nursing homes were, they might have already been vaccinated, and we wouldn't have had an entire unit of people either ending up in COVID isolation or in Middlesex Hospital. So, when you're talking about communication access, when you're talking about all those other things, please don't forget our clients in those facilities. And don't forget the people who are in Connecticut's jails and prisons. The nursing homes are privately operated and the state regulates them. But the state runs its own facilities and the state left a lot of people behind and we can, and should, and must do better. Thank you.

REP. ABERCROMBIE (83RD): Thank you, Kath, it's always good to have you here and have your testimony. Any questions or comments from colleagues? Seeing none, thank you very much and have a great day.

KATHY FLAHERTY: Take care.

REP. ABERCROMBIE (83RD): Up next is Pam Fields, followed by Jennifer Keatley. Hi, Pam.

PAMELA FIELDS: Hi, Kathy. Good afternoon, and good afternoon, Members of the Human Service Committee. I'm Pam fields, the CEO at MidState Arc. Our agency supports 300 people with intellectual disabilities. With -- especially in utilizing assistive technology to promote independence. I'd like to thank you for the opportunity to provide testimony in support of House Bill 6636, an Act concerning COVID-19 and enhance federal Medicaid funding. We are aware that Connecticut is expected to receive a 10% increase for home and community-based services. As well as a continuation of the 6.2% increase that began in the spring of 2020. It is important to note that although we were allocated a portion of the previous COVID relief funds, those funds have all been expended. Like many MidState Arc never closed their doors, and have been meeting the needs of the people we support. Despite the risks COVID-19 brought unanticipated and unbudgeted expenses, and extreme changes to the way we typically do business that have created caretaker fatigue for our staff, and overextended all of our resources. We have spent extensive time and money making our services safe during this time. As Trish mentioned earlier, many of the people we support are at a higher risk for contracting COVID. They are unable to maintain expectations of social distancing and mask wearing. And along with each agency providing services during this critical time. MidState Arc also experienced deaths within our agency.

You've also heard that the community nonprofits have requested that legislature appropriate \$461 million over the next five years and that since 2007, the agencies partnering with Connecticut to provide these crucial services have lost a minimum of this amount of funding and have not kept pace with the true costs of service. This pandemic has only exacerbated those challenges. Failure in keeping up with the cost of services has added to the staffing crisis around Connecticut. It is easier and less stressful for staff to work at Amazon than to provide hands-on support dispensing medications,

managing feeding tubes and colostomy bags and dealing with cases of extreme aggressive behaviors. We were so grateful when you appropriated funding to increase salaries to 1475 for our staff. It was a step in the right direction. I would say now that we are quickly moving back to where we were before. However, since the pandemic intensified, the situation has caused many staff and management to leave the field. And we are now left with a staffing crisis. And like Heather, we have people waiting for services and have been unable to hire staff to cover the shifts. So, we strongly urge the Committee to support House Bill 6636. Be safe and get vaccinated.

REP. ABERCROMBIE (83RD): Are you doing a PSA over there, Ms. Pam Fields?

PAMELA FIELDS: Of course, that's me vaccinated.

REP. ABERCROMBIE (83RD): Let me just say thank you for all you do. And I know it's been really, really challenging. You know, the population that you serve is a very challenging population. And your staff has done a phenomenal job. So, thank you to you, and your staff for all the work that you've done during this pandemic. And then you guys go above and beyond, even when it's not a pandemic, so thank you for that. Questions or comments from colleagues? Seeing none, thanks, Pam. Have a great day. Take care.

REP. ABERCROMBIE (83RD): Up next is Jennifer Keatley, followed by John Tyliszczak.

JENNIFER KEATLEY: Good morning, Representative Abercrombie, Senator Moore and distinguished Members of the Committee. My name is Jennifer Keatley, I'm the Executive Director of UCP of Eastern Connecticut, asking for your support for House Bill 6366. Like my colleagues, I spoke before me from Marrakech and the Arc we all are providing services to people with disabilities. Together, the private providers serve more than 500,000 people

each year. We're encouraged by the FMAP increase for the HCBS services. And the opportunity gives us a onetime probably opportunity, but hopefully long-term opportunity to recoup some of the \$461 million in state funding that we've lost over the past 14 years. That's how long I've been with UCP, 14 years and we've had no increase in rates for our services. We face a caregiver crisis that threatens our vital services. We support some of the most at risk individuals with intellectual developmental and mental health disabilities.

I am asking that you invest in UCP and other private providers finally make people with disabilities have priority. For 14 years we've not received an increase. If not now, then when? This FMAP funding increase should be used to support our direct support caregivers who work on the frontline supporting people with intellectual and developmental disabilities so that they can live and work in the community instead of relegating them to institutions or other isolating settings. As providers who employ these services and with the DSPs. We've been painfully reminded in this past year, while supporting people in their home 24 hours a day. It's cost and labor-intensive. During the pandemic we were forced to spend what scarce financial resources we had to pay staff for overtime training and PPE. Nevertheless, our DSPs have risen to the occasion as they always do, keeping people safe at home and ensuring they remain isolated from the Coronavirus but not from their communities.

We continue to provide direct services to individuals who live in their family home and direct service to those who live independently. But without our DSPs they would not have had the critical support they needed to access food, behavioral health and telehealth services. When we resumed in-person services to our day program constituents. We did so with reduced capacity restrictions, social distancing and enhanced cleaning, all while experienced a significant drop in revenue. As we

look to the future, continued lack of funding for critical services would be potentially devastating. Regulatory financial relief must be made permanent if providers are to continue ensuring people that we care for have the options and resources they need to remain engaged in their community. I ask that you bolster the ability of the providers to not only survive during the pandemic, but ensure that our caregiving system is sustained long after today's health emergency. Please ask your leadership and your colleagues to support House Bill 6366. Thank you so much for hearing my testimony.

REP. ABERCROMBIE (83RD): Thank you, Jennifer, thank you for being here. We do appreciate it. Questions or comments. Seeing none, thank you, Jennifer. Have a great day.

JENNIFER KEATLEY: Thank you, you too.

REP. ABERCROMBIE (83RD): Thank you to John, followed by Phil Brewer.

JOHN: TYLISZCZAK: Hi, I'm speaking to you today to speak in support of House Bill 6636. First of all, good afternoon to Senator Moore Representative Abercrombie, Senator Berthel, Representative Case and all the Members of the Committee and thank you, Representative Abercrombie for your excellent pronunciation of my name. I know it wasn't easy. I am John Tyliszczak. I am a Program Director with CLASP Homes, an organization that runs group homes and a day program for adults with intellectual disabilities, and autism. And I want to speak in support House Bill 6636. This is concerning funding. You've heard many people speak about the same things I'm going to speak up. Billions of dollars will be coming to Connecticut, through the FMAP funding program. It's gonna -- least 4 billion going directly to state and local governments. We're gonna get increased federal matching funds, including the 10% increase for home and community-based services,

as well -- and thank you for the continuation of the 6.2 increase.

It began in the spring of 2020. Now, while nonprofit providers were allocated a portion of the Coronavirus Relief Fund, those funds are long gone. State has not used the increased federal medical match to increase rates or otherwise to compensate providers. Community nonprofits are the frontlines of the community COVID-19 pandemic, we are the essential workers. Group homes are open 365 days a year, 24 hours a day, seven days a week. We can't work from home. We don't close. And we have been meeting the needs of our residents and our communities throughout the entire pandemic. Despite the risks, despite the difficulties, people have talked about the difficulties, the costs associated. With cleaning supplies, with PPE, with staffing, all the times when everything shut down, you cannot shut down a group home. All of these things have cost money, everything that was being talked about in nursing homes we have gone through as well, the separation of family Members from their extended care and caring families, we have worked with. The technological costs of trying to adapt and make things work, all of those costs money.

Now, you may know, nonprofits have requested the legislature appropriate 461 million over the next five years for community nonprofits. Since 2007, think about where you were in 2007. We've lost at least that much, community nonprofits have. Because funding has not kept pace with inflation. Can you buy a car for what you paid for it in 2007? COVID has amplified these changes. We need to have this enhanced FMAP funding on a one-time basis. When you want a term fixes as well. But we need this influx of federal funding along with the state, strong rainy-day fund to put the state in a unique position to directly support nonprofits to fulfill the need of the community nonprofits that are serving the people that we do at this time.

GIANNA VOLLANO: Excuse me, sir, excuse me your three minutes are up. Please summarize.

JOHN TYLISZCZAK: Okay. Basically, I am urging you to support House Bill 6636.

REP. ABERCROMBIE (83RD): Thank you, John, thank you for your testimony. And thank you for what you do. Representative Hughes.

REP. HUGHES (135TH): Oh, hi john. Thank you, Madam Chair. Please tell hello to my guys. My heart still lives at your group home.

John TYLISZCZAK: Will do.

REP. HUGHES (135TH): Thank you. We're championing services for you.

REP. ABERCROMBIE (83RD): Thank you, Representative Hughes. Any further questions or comments? Seeing none, thank you, john. Have a great day. Phil Brewer, followed by Diane Manning. Phil? I don't see Phil so we will move on to Diane main Manning, followed by see Stephen Karp.

DIANE MANNING: Good afternoon. I'm testifying in support of House Bill 6636. I am Diane Manning, President and CEO of United services. United Services is the local mental health authority for 21 towns in northeastern Connecticut. We are a nonprofit organization providing more than 30 programs to our communities, including outpatient mental health and substance abuse treatment, community support programs, family programs and crisis services, domestic violence shelters and group homes for adults with mental health issues. Thank you for the opportunity to provide testimony in support of House Bill 6636.

Through the American Rescue Plan, Connecticut is set to receive a significant increase in federal matching funds for Medicaid. The AARP funding that

is now available includes additional matching funds for Medicaid that can and should be used to support nonprofit services through increased rates and other compensation to providers. Most Medicaid rates have been stagnant for years while the cost for providing services has risen continuously. At United services, at least half of our clients use Medicaid for their primary insurance for outpatient treatment services. We receive contract funding that is sometimes called a grant to support services that are not reimbursable like case planning and coordination with hospitals, courts, non-clinical providers, family supports, education for clients and the oversight necessary to maintain licensing and accreditation.

Medicaid is intended to pay for the actual billable treatment services that are provided for clients. However, the current rates only pay us for about 75% of the cost of services delivered. This results in significant revenue loss for our agency every day. It also means that we cannot add capacity since you don't make up losses -- losses like this on every service by adding volume. We are committed to providing critical services to our community regardless of an individual's ability to pay.

The General Assembly can help us in meeting the community need which we have seen skyrocket due to COVID-19. By using the federal Medicaid increase, and it was intended to pay providers who are delivering these services to vulnerable populations. United Services has remained open throughout the pandemic, our staff have continued to work with clients to support them where they really need us in the community.

Some of our programs are currently operating at more than 200% increases over services in the previous year. Both our agency and our staff are underpaid for this important work. When we are not paid fairly for our services, we are unable to pay our staff a competitive wage making it more difficult for the

agency to recruit and retain qualified staff. Services such as targeted case management are also supported by Medicaid. Under the current practice, we provide services under a fixed contract amount with the state, and the services are then billed and reimbursed to the general fund. Any increases in rates for targeted case management services should also be passed along to providers who are doing the work every day.

GIANNA VOLLANO: Excuse me, please. Excuse me. Your three minutes are up, please summarize.

DIANE MANNING: Okay. Okay. Congress intended for the American rescue plan to help Americans across the across the country get to the other side of COVID-19. Please help us to ensure that residents of northeastern Connecticut have those same opportunities by supporting House Bill 6636.

REP. ABERCROMBIE (83RD): Thank you. Thank you, Diane, thank you for your testimony. And thank you for your hard work. Quick question for you.

DIANE MANNING: Sure. On the mental health portion, what is the percentage of Medicaid you get reimbursed is a 50% 60%. What is it currently?

DIANNE MANNING: We get a rate per unit -- per type of service and unit of service that we deliver. It covers about 75% of the cost of an employee's salary and fringe benefits for delivering that hour of service or whatever it might be. It covers about 75% of it.

REP. ABERCROMBIE (83RD): So, with the 6.2, did you get that enhanced match in your daily rate for the 2021 budget cycle?

DIANNE MANNING: We did not -- we do not-- we have not had a rate increase in years.

REP. ABERCROMBIE (83RD): Okay, thank you. Questions or comments from colleagues? Seeing none. Thank you, Diane. We really appreciate your testimony and all the hard work that you do have a great day.

DIANNE MANNING: Thank you.

REP. ABERCROMBIE (83RD): Steve Karp followed by Irma Rappaport, followed by Chris McNaboe. Hi Steve.

STEVE WANCZYK-KARP: Hi, sir, afternoon, Members of the Committee. My name is Steven Wanczyk-Karp. I'm Executive Director, National Association of Social Workers, and Connecticut Chapter. And we're here today to testify on 1057 an Act concerning nursing homes and also 1056, an Act expanding access to medical assistance 1057, we do support this, but we are asking the Committee to add social work to the list of people that -- the professions that -- we're looking at ratios to be improved.

Current ratios for social workers and nursing home is 120 beds to one full time 40-hour week worker. This is completely undoable, and truly absurd. And these ratios date back about 30 years and have not been updated. Even before COVID, this was a ratio that was just not doable. And at this point, it's even beyond that. So, we're asking the Committee to use the language in 1030, which in Section 13(b) 2 two requires the Commissioner of Public Health to determine a visit to social worker ratio that is less than the current ratio 120 beds to one full time social worker.

We know this is a recommendation of the Oversight Work Group for Nursing Homes and Assisted Living, we'd ask that this Bill includes social workers also. In terms of 1056 I believe that this is probably one of the most significant pieces of legislation I've seen in my 30 years of any SW Connecticut when it comes to expansion of healthcare. First of all, for HUSKY parents HUSKY A, we know -- historically when parents do not have

health coverage that they tend not to get their child to get health coverage even if the child is covered.

So, when we took away health coverage, reduced coverage eligibility for HUSKY A, in essence, we also were eliminating coverage for children. We also know that between HUSKY eligibility and 250% of the federal poverty level that is the income group that is least able to afford healthcare. That's the group that has struggled with many other costs and healthcare is just not affordable. This is a group that we feel very strongly we need to cover. We know the legislature is very interested concerned about mental healthcare.

We know also that we are seeing just the beginning of a tsunami of mental health needs brought upon us by the pandemic. We also know that this same group that is not currently covered, is going to have many mental health needs that will not be -- that they will simply not have assistance with. The reality is that HUSKY offers better behavioral health coverage than the private insurance market. So, we're concerned about behavioral health and mental health services. It's really critical that we cover this particular population that this those expands, coverage for.

We recognize that there's additional cost to the State of Connecticut, but it's also more importantly, as social workers, we see the human costs done to individuals and families who struggle daily to meet ends -- make ends meet. More covered life through HUSKY means less uncompensated care, more preventative care, expansion of coverage, especially in black Latino communities, less loss of work by parents who can get your healthcare needs met upfront, rather than waiting until they are very ill, and maximization of federal matching funds. During this time--

GIANNA VOLLANO: Excuse me. Excuse me, your three minutes are up, please summarize.

STEVE WANCZYK-KARP: During this type of pandemic, this coverage is most important, when in reality, even post pandemic, it's really tantamount that we cover as many individuals as possible. And we strongly support this Bill.

REP. ABERCROMBIE (83RD): Thank you, Steve, thank you for your testimony. Can you do me a favor? Can you send the portion that you talk about adding the social worker ratios to the nursing home Bill? Can you send that that portion of it to our administrator, Heather so that we can consider it when we decide what we're going to do with that Bill. That would be really helpful.

STEVE WANCZYK-KARP: Sure, I'll be glad to do that.

REP. ABERCROMBIE (83RD): Okay. Representative Hughes.

REP. HUGHES (135TH): Thank you. I'm trying to see both things. Thank you for so much, Madam Chair. And thank you, Steve, for your testimony, especially emphasizing behavioral health and removing the barriers and the human cost, which we believe 1056 would be absolutely critical in this post-pandemic recovery and actually, cost savings. Can you say something more about your recommendations on 1030 and bed to Social Work ratio? Did you include the recommended one in your testimony or just said reduce -- reduce it from the current and make it specific to social workers?

STEPHEN WANCZYK-KARP: So, 1030 doesn't have a specific ratio. 1030 says that the Department of Public Health Commissioner will reduce that 120 to one ratio, Any SW actually supports a 60 bed to one worker ratio, which we feel is really -- even if that is slightly high. For instance, we had a couple of nursing home social workers that work in a

facility that where they are at 60 beds, and they're working 45 to 50 hours a week -- I mean, hours a week, they're having staff calling them at night because of the pandemic and therefore it is not just at the nursing home social worker is helping the residents and the families, they're also at this point, helping the employees to sort of get through the -- where we're at with -- with healthier needs.

So, we feel clearly that a ratio that is 60 to one would be the offer of preference. 1030 doesn't set a specific ratio, but it at least says that a lower ratio would have to be -- would have to occur. But we can say that there -- that -- there is, in my testimony, I believe there's -- there is something about there is some national data on this, that really looks at 50 to one as being the appropriate ratio for long-term care. And actually about 15 to one for rehab short term. So -- so clearly, the current ratio is just -- it's unbelievable to me that we still have -- 30 years later, still have this, this ratio that's just not at all doable.

REP. HUGHES (135TH): Thank you. Thank you and through you Madam Chair. I know we also in this Committee looked at unsafe discharges and -- and really needing social workers and qualified discharge care managers to be involved in very, very complex cases and sophisticated needs and making sure that all of these new guidelines and procedures are communicated with different settings and families and so forth. And that we absolutely need to modernize our ratio and care system because the social workers are encompassing more and more of that. Very, very critical care, Person Centered Care. So, if we can include your testimony in terms of that 50 to one ratio, and specify that, maybe we can we can add that language in. I'm not sure but thank you for -- you've submitted it right, Steve?

STEPHEN WANCZYK-KARP: It's in my -- it's in my testimony but I will also submit the actual language in 1030 to Heather.

REP. HUGHES (135TH): Okay, great. Thanks so much. I have nothing further. Madam Chair.

REP. ABERCROMBIE (83RD): Thank you, Representative Hughes. Thank you, Steve. Any further questions or comments? Seeing none, thanks, Steve. Have a great day.

STEPHEN WANCZYK-KARP: Thank you too.

REP. ABERCROMBIE (83RD): Irma Rappaport followed by Chris McNaboe. Irma.

IRMA RAPPAPORT: Yes.

REP. ABERCROMBIE (83RD): Hi, how are you?

IRMA RAPPAPORT: I'm fine. Thank you. Good afternoon. Thank you for this opportunity to give testimony for Bill 6634. This weekend, my family and I will celebrate Passover, the Festival of Freedom. There are many rituals in the Passover Seder. What is breaking the middle of three monsters in half and hiding one of the halves for children to find, as it says in the Passover Haggadah, liberation is made by imperfect people broken and fragmented, who help heal the world.

I'm a broken and heartbroken caregiver of 11 years. My mother died last month critically dehydrated from nursing home neglect, including being in an overheated room with the windows closed. I was only allowed in a few days before she died and finally shut close the damage to her body. About a week before she died, I looked in the window and saw her sitting alone staring ahead, looking like she was thinking her brow furrowed. Then she said Irma. She never forgot me. It was like being in a horror movie to stand against her window for months face pressed against the screen, snow pants hat and winter jacket on in cold weather. Seeing that she needed help and interrupting staff to help in my place.

I still have nightmares about it. My mother's favorite bird the robin has reappeared this spring in our yard this morning. A robin was repeatedly banging against the kitchen window as if it was trying to get in. I closed the blinds and it started banging on windows all over the house. It was traumatic for me, feeling like it was my mother trying to be with me with the windows still between us. I went beyond being a daughter or visitor because I wanted things to be done in the best possible way for her and stepped into take over care that I saw wasn't being properly done by the home.

There were so many details in my mom's care that it was easier to do these things myself and for the nursing home staff to see she was doing well by how she looked, acted and weighed than to try to get staff to do things the right way and report the home to the Department of Health they weren't which would also anger the home. I contacted DPH a month ago but the temperature in a room being 82 with the windows closed but they still haven't contacted me. I have heard from other people that DPH is very slow to get back to people about complaints.

Last year on March 9, the director of nursing texted me the blast fax from DPH saying visitors were barred from entering, that the home had to follow the rules. There was a blast fax this March 19 saying facility should allow indoor visitation at all times and for all residents regardless of vaccination status, except for a few scenarios. But nursing homes are not following these rules now and is still barring a great [03:19:23] in many indoor access.

I would ask that all nursing homes be informed by DPH that they must follow the written guidance of statewide policies. I helped with my mom's needs full time, hours broken up throughout the day. Visitors always said to me, "Do you work here?" I said, "Yes, I do, but just from my mom." I also sang

for the residents. We'd like to end with a few lines of a Broadway song that really applies to the role of essential caregiver whose fight I continue to support kiss today goodbye. The sweetness and the sorrow. We did what we had to do, and I can't regret what I did for love what I did for love, love. Love is never gone as we travel on, love's what we'll remember.

Kiss today goodbye and point me toward tomorrow. Wish me luck the same to you can't forget, won't regret, what I did for what I did for love. What I did for love. What I did for love. Thank you. And thank you to Representative Mary Welander for a strong testimony supporting essential caregivers.

SENATOR MOORE (22ND): Ms. Rappaport, that was absolutely beautiful. A beautiful ending to a sad story, really. And I couldn't see how that could have lifted anybody up. I think it lifted me up right this more morning, with so hearing so many sad stories and knowing what's going on and how many families have suffered and the time that's taken place, not only for the families, but the workers who are surrounded by them.

Many want to do so much more. But because of staffing, because of many reasons didn't. And so, it is heartbreaking. And I truly am sorry for your loss and the pain and suffering that your mom might have suffered in the care that she didn't get love. But she has a beautiful daughter in you and you carry that legacy. That duty that you just sang in that song, and what was the Broadway play?

IRMA RAPPAPORT: Ah, I'm drawing a blank,

SENATOR MOORE (22ND): I couldn't think of it either. But I knew it.

IRMA RAPPOIRT: But it was a chorus line.

SENATOR MOORE (22ND): Chorus line. All right. Well, thank you. I represented Lucy Dathan has a question for you. Thank you, ma'am.

IRMA RAPPAPORT: Thank you, Senator.

REP. DATHAN (142ND): Thank you, Senator. Thank you so much, Irma, for your touching Testimony, I went through pretty much the same thing with my mom, in May last year. And so, I know your pain, and I know how hard it is to -- to watch your mom go through something like that here's the biggest supporter you have on earth, all of a sudden just fade away before your eyes. And it's -- it's really difficult.

So, I was pleased to hear that you also got a chance to say goodbye in person. I know I was lucky enough to have that. It's -- you know, it's a hard thing. And as a as a legislator, I see you know, the nursing homes have had the best intentions to keep their residents safe that I know my mom's nursing home was doing everything they possibly could to make sure she didn't get COVID, which she didn't, she just faded away with Alzheimer's.

And I think I call it a byproduct of COVID because she experienced social isolation for really the first time. Her whole experience at the nursing home was a very social person. The nursing home did an amazing job of doing activities. And I mean magic shows and movies and lunch and all these great wonderful things to keep my mom stimulated. But in this moment, couldn't do it.

Because they just didn't have the staffing and everything that they needed to do it. So, I appreciate I just wanted to say thank you for coming to testify. I'm sure it was painful for you. It was a little painful for me because it brought back memories of what I went through with my mom. But I really appreciate you coming forward to the Committee today to talk. So, thank you so much. And thank you Madam Chair.

SENATOR MOORE (22ND): You're very welcome.

IRMA RAPPAPORT: Thank you.

SENATOR MOORE (22ND): I see no other comments for you or questions, Miss Rappaport, but thank you for coming today and sharing,

IRMA RAPPAPORT: You're welcome.

SENATOR MOORE (22ND): Have a great day.

IRMA RAPPAPORT: Thank you.

SENATOR MOORE (22ND): Next is Chris McNaboe.

CHRIS MCNABOE: Good afternoon, Madam Chair and Members of the Human Services Committee. My name is Chris McNaboe, I'm CEO of Horizons, a private nonprofit agency providing essential services statewide to people with developmental disabilities for over 40 years. We support over 1600 people annually. I am here today to in support of House Bill 6636. You've already heard many of the specifics of this Bill, so I won't repeat those now. And I submitted a longer version of my testimony.

While nonprofit providers were allocated a portion of the Coronavirus really fun we spent that months ago and the state has not used the increased federal Medicaid match to increase rates or otherwise compensate providers. At Horizons. We never closed our doors and Medicaid is a significant source of our funding. Our staff retention and recruitment are at a crisis level. Our overtime has increased more than eight times.

Recruitment is down more than 40%. And we cannot compete with wages on the open market. So, we are falling farther and farther behind on staffing. Soon overtime pay will not cover the difference in hiring versus attrition. The only option will be for us to

reduce services even more. We have had to turn away people requesting new services because we don't have the staff. We've had to reduce the time we support many individuals because we don't have enough staff.

We have had to stop providing transportation to some of our folks because we do not have the staff. And we've had to delay or forego supporting people with developmental disabilities in paying jobs, because we don't have enough staff. We need to pay our staff a living wage. And many of our staff are on HUSKY, receive energy assistance and food stamps, because in spite of working full time, they still cannot afford the basics.

That's gotta stop. Nursing services, soaring insurance cost and medical insurance, increases in utility expenses, cost of supplies, gas for vehicles, literally, every cost we incur goes up. But our Medicaid rates do not be enhanced FMAP is a once in a lifetime opportunity for you the General Assembly to address these needs. And this level of funding needs to continue. But I understand that's not that's a separate issue. We need your support now for House Bill 6636. Thank you very much.

SENATOR MOORE (22ND): Thank you, Ms. McNaboe. I just want to say you're absolutely right. When you say we need to think about the future? Also, we're talking about a onetime infusion of money. But to sustain this industry and these workers, we've got to really look at funding for the providers that will allow them to pay, I'm really happy to hear that people are focusing on the workers as receiving some of this money, that -- that's coming. But that's a onetime deal. Right? That doesn't answer the future.

And you I think you what you're going to see when you're talking about people working overtime, you're going to see less and less people go into this field because of the low pay. Because I don't think we -- I don't think we as a legislator really understood

the importance of those essential workers. All right. And so, in my first year, as a legislator, I fought for the \$15 minimum wage when it was still at \$9.

And I share with you that I had no idea that there were so many people who are working more than one job, multiple jobs to make ends meet. And because of that I took a job at Target as a low wage. Just to figure out how much money could I make and how many times what I have jobs would I have to have. It's horrible, and it's shameful, that people who we depend on so much during COVID-19 are low wage workers, many in a dead-end job that's not going to go any further, the rates aren't gonna go up or their pay is not gonna go up. And that opportunity to go into RN comes with so many other costs about childcare, transportation, funding to go to school, so we have to do better by those workers.

And so, I totally appreciate the work that they do. And I know as a result of COVID people are starting to see how important they are to our entire community. So, I thank you and I'm happy, very happy to hear that people are looking at the workers and using this funding. So, thank you. I don't see any questions for you. So, I just want to thank you for your testimony.

CHRIS MCNABOE: Thank you.

SENATOR MOORE (22ND): Have a great day.

CHRIS MCNABOE: You as well.

SENATOR MOORE (22ND): Next is Cindy Miller.

CINDY MILLER: Thank you for giving me the opportunity to speak today. I am strongly in favor of the proposal to increase the income levels for those adults covered by HUSKY. Bill No. 1056. So why am I testifying? I bring with me a unique set of circumstances that informed my passion to do the

right thing. I am a retired physician with a relatively significant physical disability, now embarking on a second career in social work, interning at the Center for Disability Rights in West Haven.

With my physician's hat in place, I know only too well what happens when those who need medical care, either ignore routine appointments or ignore symptoms, which prompt urgent appointments just because they earn too much to qualify for HUSKY, but not nearly enough to enable them to pay for their medical care. With my disabled woman's hat in place, I fully recognize the plethora of expenses that fall under the umbrella of health-related expenses, including, for instance, the power wheelchair that I had to get last year.

When the one he had could not be repaired, because the parts for it, were no longer available. What would I have done? If I had been uninsured or underinsured? With my social work intern's hat on my head? I realize only too well how different groups of people feel that they are disenfranchised. It is therefore my responsibility to speak out for them and to endorse enthusiastically, the proposal for the increased to 200% of the federal poverty levels for recipients of funds from HUSKY. Thank you.

SENATOR MOORE (22ND): Thank you. Are there any questions? Seeing none, Mrs. Miller, thank you for your testimony. Have a good day. Next is William White, followed by Stan Soby. I don't see William White. So, Mr. Soby. I'm gonna have you go and if Mr. White comes on, I'll call him, right?

STAN SOBY: Yes, Madam Chair. Thank you very much. Good afternoon to you. And to Representative Abercrombie, Senator Berthel, Representative Case and Members of the Human Services Committee. I'm Stan Soby, Vice President for Public Policy and External Affairs at Oak Hill. Oak Hill has been providing services to people with disabilities for

126 years, and has programs in over 77 towns in Connecticut, which include 152 program sites, classrooms and homes. We support people with disabilities across the lifespan.

Our 1700 professional success, slay help meet their changing needs of close to 40,000 people with disabilities each year. Thank you for the opportunity to provide testimony in support of House Bill 6636. You've heard from a number of our colleagues about the importance of this Bill. I just want to highlight a couple of impacts in terms of Oak Hill.

Connecticut is set to receive a significant increase in the federal matching funds, including the 10% increase for home and community-based services, which has been designated specifically as funding to supplement not supplant state funding. That's specific language. And it's an important distinction from how some of the other funds that have been made available, have been put into place.

While we did get some of those earlier Coronavirus relief funds, those funds were spent months ago, we've not seen anything since July, in spite of the increased Medicaid federal match. During this time, we've had to pay hazard pay for essential workers on the frontline. We've had to find expensive, sometimes expensive personal protective equipment and cleaning supplies. Our COVID related costs are something in the area of upwards of \$125,000 a month, we pivoted our services so that much more became virtual as opposed to in-person which required hardware, software licensing and enhanced cybersecurity and a spending of some \$130,000, none of which has been reversed -- reimbursed.

As you know, the nonprofit alliance and community providers like Oak Hill requested in an appropriation of \$461 million over the next five years to make up for the loss of revenue from flat funding since 2007. When -- and since time, the

consumer price index has increased 28%. During that period of time, Oak Hill had closed 10 programs because the rates paid by the state were -- no longer covered the costs. This was incredibly disruptive to the people we were supporting to their families and our dedicated staff who were supporting them.

It's important that this money be filed -- be allocated because this is reimbursable by the federal Medicaid medical assistance percentage FMAP that comes to the state. So, this is an opportunity to really leverage that money in ways that can be meaningful. And really give us the opportunity to continue this to serve the people that we have been serving. And to compensate the -- our employees fairly for the work that they do.

GIANNA VOLLANO: Excuse me here three minutes are up, please summarize.

STAN SOBY: And in terms of -- in terms of the workforce, when there are there are places and not to contrast with any type of job. But when other entry levels employers are paying now \$20 an hour, let alone a \$15 minimum wage, it just makes our job that much harder in terms of attracting and retaining staff. Thank you very much.

SENATOR MOORE (22ND): Thank you. I have no -- no one asking a question. So, thank you, Mr. Soby for your work. And thank you for your -- coming here today to give testimony.

STAN SOBY: Thank you for the opportunity, Madam Chair.

SENATOR MOORE (22ND): Next is Ann Wilson followed by Tracy Flood.

ANN WILSON: Thank you. Can you hear me?

SENATOR MOORE (22ND): I can.

ANN WILSON: Thank you, Madam Chairman. I'd like to thank you, as well as the rest of the Committee for enabling me to testify here today. Again, my name is Ann Wilson. I am the Client Services Manager for Companions and Homemakers, which is one of the largest home care agencies. Non-medical homecare -- care agencies here in the State of Connecticut, we do serve the entire State of Connecticut through 10 branch office locations, and a good bulk of our clients are under the Medicaid program.

So, I'm here today to talk a little bit about House Bill 6636. I'm going to stray a little bit away from the testimony that I submitted. To talk a little bit more about the boots on the ground challenges that we're facing. I'm involved not only in client services, so with clients and families on a daily basis, but overseeing the recruiting of our caregivers. So, I'm interacting on all different bases.

I did a little bit of research coming into this because I wanted to have some type of statistics to offer and provide. And looking back at the month of January of 100 new clients that we took on board, eight out of 10 of them needed a personal care level of service, and seven out of 10 of those needed 20 or more service hours per week or required live-in care or assistance.

So that means what was commonly referred to as companion and homemaking services or non-skilled care workers are really becoming a skilled labor force. They require more training, they require more time and investment, and they also are worthy of a much higher rate of pay. And that's why we're so concerned with ensuring that the Medicaid reimbursement rate is coming in alignment with the minimum wage so that we can afford to continue to retain, recruit, train and have these essential workers available, as well as provide them with a rate of pay that is worthy of what they're doing.

The disparity has caused several homecare agencies already to discontinue their Medicaid services. Some of the smaller agencies have even been forced out of business. I don't think anybody wants to see that happening here in Connecticut, the reality is quickly becoming that it's not about somebody right to choose an agency, it's the concern that we're no longer going to have agencies to choose from. I don't know about you, but I have an 82- year-old mother and I certainly am not prepared to look her in the face and say that she cannot have the option of remaining at home because she is elder, frail and financially vulnerable.

So, I think it's important that we continue to support these initiatives that are allowing the diversity of in-home care that are available to our senior population. You know, I can say with confidence that serving the physically frail and financially vulnerable elder Members of our community has always been a top priority for companions and homemakers. But the ability of us and other agencies to be able to sustain these services is in jeopardy unless we make some positive changes.

I do want to say on behalf of companions and homemakers and hopefully our sister agencies I really do want to thank the Committee for its initiatives in raising House Bill 6636. We hope here today, I'm hoping that the Committee will continue to work to develop an effective and equitable plan that continues to include valuable non-medical homecare agencies so that we can continue to serve our at-risk elderly population for many, many years to come. Thank you. Any questions?

SENATOR MOORE (22ND): Thank you. And yes, Representative Case.

REP. CASE (63RD): Thank you Madam Chair real quick, I just wanted to thank Ann and her team for doing what they can to keep our elderlies at home who

choose to be at home. It's been a very difficult time and 6636 will hopefully try to change things and make things even better for people who are at home. So once again, thank you for your testimony.

ANN WILSON: Thank you, Representative case for the kind feedback.

SENATOR MOORE (22ND): And I just want to say you -- you used some triggers for me when you said equity. And financial vulnerability. Yeah, I totally agree with you. And I hope that we will continue long before we're in this legislature and even follows us that we will continue to look at those.

ANN WILSON: And I'm confident that we will, thank you.

SENATOR MOORE (22ND): Thank you Have a good day.

ANN WILSON: You as well.

SENATOR MOORE (22ND): Next is Tracy Flood. Good afternoon Tracy.

TRACY FLOOD: Good afternoon. I'd like to thank the Committee for giving us this time to speak. My name is Tracy Flood, and I run CLASP Homes. Last week, I celebrated 37 years of CLASP. We, Ann and I have a long history together, Representative Hughes, she and I cut our teeth in that field together many for many years. It's where my heart is, it's where my home -- my second home is. The people that we serve are definitely part of our extended family.

We serve about 100 adults with autism and other developmental disabilities. And here is a picture of my business card, which shows you who I'm here to speak on behalf of, I'm not here to talk about me. But I'm here to talk about them and the life that they need to be supported to live and be healthy and

happy and make the most of the time that they have here.

We've seen over the years that people who have Down syndrome and other disorders that they very often end up developing very serious health problems in their 50s, and 60s, and Alzheimer's in particular. So, we feel more committed to make every single day really make a difference. And this has been the toughest year I celebrated 37 years with CLASP last week. And I just feel like this is the time we've never seen before. Obviously, we're all in the same river, if not the same boat that we have are seeing challenges that we've never had to deal with before.

But I feel so heartened that as I hear from each member of the Committee, that you already know our story, you already know the issues. And that's such a difference from the first 25 years where we were coming up to Hartford, and trying to get our issues on the table. That certainly hiring and retaining good staff is harder than it's ever been, we have more vacancies than we've ever had. And I was never one to ring the fire alarm and say we're gonna have to close and we can't do this.

I didn't say it because I knew that that was not going to happen, we were going to fundraise. And we were going to do whatever we needed to do to make it work. But I am feeling a little bit less optimistic these days, knowing how hard it is to fund the staff at the appropriate level. They work in jobs that are very hard and require an enormous amount of responsibility. And they are paid at \$14.75 an hour. And you could make more than that working almost anywhere and having very little responsibility. They put our staff -- our residents before their own families.

Sometimes, during the pandemic they came in whether the house had people who were positive or not. It was really extremely a proud moment for me to see how invested our staff were. But I was ashamed of

the amount of money that we pay them, it's criminal. We have had to spend a lot more than we've gotten in to pay for overtime. I know some people have talked about hazard pay, I hated that term.

So, we came up with -- it's compassion pay, you're showing compassion by coming in and putting their needs before yours. And for that they deserve to be paid a living wage. So that's our focus, we feel this as a unique opportunity with money coming into the state, that we don't have to just keep begging for pennies that we could actually make a difference. So, I can't thank you enough for your time. I really appreciate it. And as someone said before me get your vaccine.

SENATOR MOORE (22ND): Thank you, Tracy. And as I said earlier, I would hope that not only could we pass this Bill, but we could sustain it for the future of their contribution, not just there in COVID. COVID just amplified and highlighted what they do every single day. And they deserve a living wage. They deserve to be able to work one job and do that. And I've listened to -- I would I would venture to say I've listened to thousands of workers in that field and every single one and seems they have the common thread of saying I love my patients.

I love what I do. I don't do it for the money. And because that is their motivator, they continue to do that work, regardless, but I don't know how long that's going to continue for new people coming in. Right? I don't know that -- how people can sustain their families going forward with those low wages. You know, even though they have a love of a job unless they're doing it just for the love and not trying to manage a family and support a family. That's one thing you know, but what if it is your main way of earning money for your entire family? And Sometimes a husband and wife, sometimes a mother and a daughter multiple in the family, once they go into this line of taking care of people, it seems

very natural that they bring along the rest of their family, right?

TRACY FLOOD: That's true, they do.

SENATOR MOORE (22ND): Not considering the dollar amount, but just the work.

TRACY FLOOD: It is true. We have many families who bring in their sons and daughters as they grow up knowing what their mother does, and feeling excited and proud to make a difference in the world. But you're absolutely right, they're working two jobs. And now, even our managers are working two jobs and sometimes three jobs, because they cannot afford to live in Connecticut.

SENATOR MOORE (22ND): So, then we're perpetuating the cycle of poverty we never had, right? Where we have generations doing these types of jobs and not seeing any change in the way of wages or any type of compensation for the work that they're doing. So, thank you, and thank you for being into this. For such a long period of time, I know these types of positions can wear you out, can pull out your heart some days you say golly, can I do another year, but you do come back, right?

TRACY FLOOD: Every day. And you know, every day is different. And you can make it -- make big changes in people's lives if you just keep it one day at a time. And we're proud of the work that our staff does. They're just amazing.

SENATOR MOORE (22ND): Thank you. Representative Hughes has her hand up

REP. HUGHES (135TH): Thank you, Madam Chair. Thank you, boss, Tracy. I wanted to just really highlight with your -- with your testimony, something that I think is often overlooked, and that is the level of professionalism that these staff bring to their job every day and the level of certification and

training, that when we consider this low wage job, and the amount of really professional training, and we're talking of medication administration, and we know firsthand, all of the professional assaults of response training and, and behavioral response training and mental and physical training.

This is not -- this is not an entry level job anymore. It really requires a high level of skill and certification and professional development every year required by the state. And yet, the pay doesn't at all reflect that. And it's time we change that in the wake of this catastrophic crisis. We have to we have to invest in our care infrastructure and invest in the workers that are delivering a really top level of professional support to our adult clients.

TRACY FLOOD: It's true, and you raise a good point that our managers are making less than our staff are, who are getting time and a half for working overtime.

REP. HUGHES (135TH): And this is why there is a turnover problem so much in this field, which is, as we know, so incredibly disruptive to our clients who really need consistency that are still asking about me, even though it's been 25 years since I left. They're waiting for me to come back, when am I coming back?

TRACY FLOOD: Exactly, people who are nonverbal to establish that connection and to be able to interpret what they need and what they want. That takes years. That's not something you can sit down in an afternoon and train somebody to do it. They have to invest themselves, both personally and professionally and over time. So, I appreciate all of your advocacy, the whole Committee. We greatly appreciate it. Thank you.

SENATOR MOORE (22ND): Thank you, Tracy. Have a great day.

TRACY FIELD: Thank you.

REP. HUGHES (135TH): Thank you Madam Chair.

SENATOR MOORE (22ND): Next up is Diane. Is it Lauricella?

DIANE LAURICELLA: You are correct. I answer to anything, any last name.

SENATOR MOORE (22ND): Thank you,

DIANE LAURICELLA: Thank you, Senator Moore. This is my first time speaking before this Committee, so I'm a little nervous. But first of all, I wanted to thank Co-chair Senator Moore and Representative Abercrombie, the Vice-Chairs, Ranking Members and human service members. I first wanted to thank you for allowing the staffer Heather to send me the link reminder early this morning. It saved me from trying to find where that was. And I really like the sensitive way you've provided services for people that cannot hear or cannot see. Clearly and I think that's terrific.

This is a Committee that deals with all of our families and things that aren't considered sexy but are crucial parts of our society and health and quality of life. I thank you for the opportunity to speak about why I feel Senate Bill 1054 is needed to fill a gap in protective oversight of an evolving facet of our healthcare industry, home based hospice and health care services. The homecare and hospice care home-based services and industries are growing tremendously as we baby boomers age and decide to remain at home either to convalesce after medical issues, or to die surrounded by our familiar settings. This Ombudsman bill, if passed would help ensure that there would be a neutral party to help with serious disagreements.

Now, I know several of the homecare industries have been trying to follow it throughout the morning, of

course, I expected that they many have said that it is not needed, there's already plenty of ways that people can file and with the story that I'll try to get in in the next remaining minute or two. It is not so, those filings to the Department of Health, and even the elderly care services are burdensome, could be streamlined but take more time and often require signatures that some a notary has to go to the case of the long-term care at the Ombudsman for long-term care, I actually feel that that may be a very good way to blend this, because of course, we don't want duplicative services or conflict of interest. But I do ask that if that is taken up, and I hope it is because it's needed now not next year that you distinguish the name because Long-term Care is very different than the current home-based hospice and health care services.

This Bill would provide help please consider supporting this bill. I'm affectionately calling it Mona's law, because some of my family and my mother Mona Lauricella had a horrible experience related to home-based hospice and health care in 2017, I experienced a healthcare system that seemed to hold a patient hostage at home, making them afraid to change their mind and entrenched in a hospice industry that was intent upon using morphine and starvation to complete their mission. My layman family Members were talked into poor choices by professionals that did not fulfill my mother's true wishes. And I know most of the industry is beautiful and wonderful. And I support House Bill 6636, because they should be paid a living wage for sure.

And I'm happy to help continue advocating for that. But there are some bad apples. And in the case where this is such an emotional issue at times, even with medical Powers of Attorney, maybe doing something different than the patient wants, ultimately, we need a neutral party to intervene on the short it would be short term, especially in case of hospice, it wouldn't take years it would take weeks or less in an effort to heal and avoid any other families

from suffering. I helped develop this concept bill which has become Senate Bill 1054. And I thank--

GIANNA VOLLANO: Excuse me, I'm so sorry, your three minutes are up, please, please summarize.

DIANE LAURICELLA: I am. I just wanted to say that I thank us state Representative Lucy Dathan, for listening to my plea, I ask that you consider supporting an effort to establish such an ombudsman that are needed. And I Lastly, just wanted to say the precedent has been set by having a long-term care ombudsman and several others before me have said, I submitted my testimony but requested that it not be put in public. But I am happy to resubmit it so that all of the Members here can receive it, I thought that you might have already received it. I will ask the Clerk later offline as to whether these wonderful commission Members can actually see the words I used. Thank you.

SENATOR MOORE (22ND): Thank you, Representative Dathan.

REP. DATHAN (142ND): Thank you so much, Madam Chair. Thank you, Diane, for bringing this issue to my attention. I know this was a painful experience for you and your family, and for your mom's loved one. You know, all of our moms have such -- it seems like have such strong personalities. And you hate to see that diminished in their last sort of moments on earth. And I appreciate that bravery to bring that issue forward to it. Just wanted to ask, in your situation, if you would mind sharing with me why you think a neutral party might be more useful than maybe necessarily going to the management of the homecare hospice organization that you went with?

DIANE LAURICELLA: Yes. As I said, there are some that don't fulfill the role and there is a lot of money given by Medicare in the case of my mother anyway. And what occurred is I attempted to intervene on my, my sisters and I were not in

agreement, but my mother told me she was not happy and wanted not to take the morphine. So, I tried to intervene with the hospice care management staff, and they did not. They did not approve of my request; it would have been earlier on in her in her process away to afford her the dignity that she asked in dying at home. And what happened was, unfortunately, they talked my sister who had medical Power of Attorney into going with their continued plan of starvation.

And the things that happened with hospice, my mother was not in pain. That was one of the reasons she did not want to continue the process. I could not afford an attorney to intervene at the last moment, because I could not get this home hospice care company, which I will currently remain unnamed for now. As a last-ditch effort, I call DSS and they initiated an investigation. I didn't want to call them I thought we could talk it out.

But if -- I think if there had been an ombudsman, to handle the disagreements earlier on, not only would my family not have splintered the way it did, but unfortunately, they conducted the -- they began the investigation, but by the time they even did any work, my mother had died. So, this was a case where there needed to be a pause button pressed, and unfortunately, this company did not -- is not -- was not willing, because they know there's nobody looking over their shoulder. They weren't willing to sit down and speak because they -- and they play politics. It was shocking. It was shocking.

REP. DATHAN (142ND): Thank you for that, I guess a couple people have testified this morning saying it's good to do. And you've kind of described a little bit, but it's not. In which ways would you consider this position to be non-duplicative? And if we were to take it out of DPH and put it like within the aging services? You know, what are your suggestions around there to make sure that it is well and truly neutral and make sure that it does.

It's more reactive and patient-focused, like our long-term care of ombudsman?

DIANE LAURICELLA: Thank you for that question. Number one, I'm a former regulator with the DEP now DEEP, and conflicts of interest, when you have the regulating agency also in charge of deciding whether one of their licensed people erred or is not providing services -- I'm not saying that Public Health department would do this. But it's ripe for that kind of conflict of interest. And so, in that way, I did agree with the long-term care ombudsman and several other people.

I think, though, that because it's a shorter term, and in order for the public to understand that they have this option, it's a way of marketing it by distinguishing it in the same office, as the long-term ombudsman, I absolutely agree. But as a distinctive Sub-Committee or subset, because I think it would be just too puzzling to people when they were trying to -- as long as it was on the state website, that there are options for people with -- with this.

And also, I wanted to say that one of one of the speakers before me said that they transition from Long-term Care like a nursing home into the home. That is not the also the reality. Part of it is that people have been living at home, they become ill or find out they have cancer and they never go to a nursing home, they just stay in their home. And that is why we can't just assume that everyone that needs this ombudsmen or experiences home hospice care or home health care, is transitioning from a facility that is not -- a lot of friends, some of whom tried, I hope will submit testimony soon in writing. They were shy about coming here tonight.

Today, rather, they said that they had the same experience I did where they their loved one was not ever in a nursing home first, they stayed -- remained in their home for a while and as they

needed more care, that's when they hired the home health care. And then when it was a hospice situation, that's when they hired that that entity, so please make sure that that message is -- is found as you are deliberating this wonderful idea.

REP. DATHAN (142ND): Thank you so much. I mean, I think you know a lot of the concern that we have at the state is budgetary concern. I mean, listening to the hearings that we have today, we have so many people who haven't had increases in wages and salaries for 14 years, I heard from one, one person who testified. And so, we do have that constraint. So just be aware that our Committee does have to, to look at it and try to figure out how it will all fit in. And if you have any comments about that, I'd appreciate it.

DIANE LAURICELLA: Representative Dathan, thank you again, I was thinking about -- because I know this would have a fiscal note. And I know at times, that is a death knell, and I'm hoping it's not and I -- I would love to see, if this position could be connected to the American Rescue monies, because many people who have COVID are -- and people because their loved ones have COVID, or they've lost their job, they're suffering from a medical issues or mental health issues, because of COVID.

I think there's a direct connection that may be could be utilized some of the money to get this started for funding. Even if it's put into the long-term care Ombudsman's solar system. I think there's a funding connection there. Again, I'm not expecting that this would be utilized every day, there wouldn't I couldn't expect that there would be high volume and possibly, if OLR would look at what other states experiences have been, I think this could be a great way to fund it, because it's a wonderful set of money from our federal government now, and I think it's valid.

REP. DATHAN (142ND): Thank you so much, Diane, for your passion for this. I appreciate you waiting and testifying before the Committee. And I do think if you would share your testimony, I think it would be meaningful because it is -- it's very touching. Thank you so much. And thank you, Madam Chair.

SENATOR MOORE (22ND): Yes. So, Diane, did you start your comment by saying you were a little nervous about coming before us? I'm a bit nervous talking to you now, after your testimony. So, you did a wonderful job. It was very thoughtful, and with -- not only talking about your experience, but ways we may be able to solve this. So, thank you for that. And I appreciate your time today. I don't see any other questions for you.

DIANE LAURICELLA: Yeah, tissues nearby, just in case.

SENATOR MOORE (22ND): You did a great job. Thank you.

DIANE LAURICELL: Thank you.

SENATOR MOORE (22ND): I'm looking for William White, if he's here. If not, I passed them over because I didn't see him earlier. I'm going to move on to Jesse Martin, followed by Matt Barrett.

JESSIE MARTIN: Thank you very much. My name is Jesse Martin. I'm the Vice President with District 1199 New England. I work on behalf of 7000 nursing home workers here in the State of Connecticut. And as a Union, we represent 26,000 health care workers both in public and private workplaces. But in particular, I'm here talking about the support of the concept of Senate Bill 1057.

Before COVID hit our state nursing home staffing ratios were abysmal. They are even worse now, after COVID. You know, when looking at staffing levels, we have to recognize a few things. One, few unique

circumstances about the workforce in nursing homes. The majority of CNAs in the state work multiple jobs. We have found that close to 30% of nurses in nursing homes work multiple jobs. And that is because of the low wages, poverty level wages and low benefits that workers receive working in this industry.

Furthermore, after COVID -- before COVID and now after there's a significant staffing crisis in these nursing homes. Many of our Members were the only people caring for individuals in these facilities for this last 12 months, as you've heard testimony from family Members who have had to deal with being away from their loved ones. Nursing Home workers have also had to -- they've had to be the emotional and physical replacement of those loved ones for the last year. And it's taken a toll on the workforce in a significant way, there is a piece -- you know, we cannot really talk about staffing levels without acknowledging that it would take it a massive investment in funding in this industry.

We urge the Committee to go even further than -- further with their language in Section 1D of this Bill. In my written testimony are other direct suggestions to modify the Bill to best meet the needs of the residents and nursing homes and the staff. The 4.1 Care Model is recommended by the federal government. Rhode Island is moving to a 4.1 Care Model so is New Jersey and significantly other states in the last several months and in the last several years. It's recommended by the federal government and the state average for care for CNAs for most nursing home residents, is 140 minutes of care per patient per day. The 4.1 Care Model would take that to 168 minutes of care per patient per day. We represent some facilities in the state that staff to levels of 92 minutes of care per patient per day. 92 minutes.

GIANNA VOLLANO: Excuse me. Your three minutes are up. Please summarize.

JESSE MARTIN: Thank you. There are in the written testimony that I submitted or are some other edits. We would like to see some changes and some significant clarity around the Bill's reference to reducing the incentives or providing incentives to staff to reduce the number of jobs that they have. We're open to that idea. We think workers should work one job. But that means there needs to be an investment in this industry in a significant way to improve wages and benefits to a living standard. Thank you very much.

SENATOR MOORE (22ND): Thank you, Jesse. So, I'm gonna go to Part C. I think it's Number 2 in the Bill. About the staffing levels, I think it's the right. It says adopt a payment incentive for staff. What--do you know what that means?

JESSE MARTIN: No. Well, we would love to see more clarity around that in this Bill. You know, around payment incentives to reduce people to work one job. The best way to do that is pay people a living wage from one job. Also, what would really help is going to a 4.1 Care Model.

A lot of nursing homes, because there's actually no written standard for CNA care in the State of Connecticut. Not--the only standard for patient care in Connecticut is for LPNs and RNs. If we went to a 4.1 Care Model a lot of part time workers in nursing homes would be finally able to get full time work. In addition--so that's one improvement that 4.1 would add to incentivizing people having one job. The other piece needs to be wages and benefit improvements. Far too many nursing home workers in CNA jobs make minimum wage. Dietary housekeeping and laundry workers, housekeeping workers who've been on the front lines of infection control procedures in nursing homes in many facilities are paid less than \$13 an hour right now.

They will get a raise when the state minimum waging increase happens in August, thanks to many of your hard work in passing that legislation. But you can't provide for a family even working 40 hours a week on \$13 an hour, or \$14 an hour, or 15. And we're asking these individuals in nursing homes, to use chemicals, to be trained in high end infection control procedures. And again, I'll go back to my statement. We find that 30% of LPNs in nursing homes in the State of Connecticut work multiple jobs. That means that even the highest skilled, highest trained workforce in this industry is still paid too low.

SENATOR MOORE (22ND): Thank you. I think that's one of the concerns we had during the early days of COVID. Well into it that people were leaving one job to go to another job, right? Because that's just the way they were living Pre-COVID, right? And they had to continue to do that to maintain their families go from one to another. That was my question early on during COVID-19 as to what was going to prevent people from going from one place to another, right? When we didn't know what was going on. And I think I heard--I believe I heard that there was gonna be some incentives for people not to do that. So that never happened.

JESSE MARTIN: No. No incentives. And you know the unemployment system. If I have to survive off of 240-hour jobs a week, paid at \$13 an hour. And I want even temporarily, during a pandemic want to reduce my hours to 40. To only work one of those two jobs, I cannot claim unemployment on that other job. So, there was no work, that the Department of Social Services, that the state put in, no financial support for nursing homes to try to reduce the number of staff to work one job.

I would also argue there aren't enough caregivers in the state that the industry relies on too many nurses, CNAs, housekeeping and dietary workers to work hundreds of hours a week. We have some bargaining members in the greater Hartford area that

work at three nursing homes, and they work 100 hours a week. If one, their income is not offset by working only one job.

There also needs to be an offset to hire two other people in those two other nursing homes. Right? You can't--the whole industry is built on this house of cards, where you pay people so low that they have to work in three or four different nursing homes. If we want the system to change, one, staffing ratio changes is a huge piece of it, because it mandates operators to increase the number of full-time jobs and staff and holds them accountable to a level of care that residents deserve. And then two, we have to we have to supplement or provide the real income that working families need in this state to survive.

SENATOR MOORE (22ND): Thank you, Jesse. We've had this conversation. I feel like we're on this wheel. And we can't seem to get to where we need to be. But I believe that we will at some point. Thank you for your testimony. I don't see any other questions for you.

JESSE MARTIN: Thank you very much.

SENATOR MOORE (22ND): Have a great day.

JESSE MARTIN: You too.

SENATOR MOORE (22ND): Next is Matt Barrett.

MATT BARRETT: Hey, good afternoon, Senator Moore, Representative Abercrombie and to the distinguished Members of the Human Services Committee. My name is Matt Barrett and I'm president and CEO of the Connecticut Association of Healthcare Facilities on the Connecticut Center for Assisted Living. And thank you for this opportunity to submit testimony-- to present testimony on House Bill 6634, AN ACT CONCERNING AN ESSENTIAL SUPPORT PERSON AND A STATEWIDE VISITATION POLICY FOR RESIDENTS OF LONG-TERM CARE. In addition, I've submitted a testimony

on Senate Bill 1057, AN ACT CONCERNING NURSING HOMES.

But to 6634, this legislation implements one of the key areas of focus and findings of the Nursing Home and Assisted Living oversight work-group and their Sub-Committee on socialization, visitation and caregiver engagement. And in the event of a future public health emergency that includes restrictions on visitation and long-term care settings if adopted, this legislation will set forth and in advanced process where a nursing home resident can designate an essential support person who may visit the resident despite general visitor restrictions imposed on other visitors.

A designated essential support person will be included in the person-centered care plan that is developed by a resident or resident's Representative in consultation with healthcare professionals that focuses on the residents' physical, emotional, psychological and socialization needs of the nursing home resident or assisted living community residents. We support the Bill and have recommended modification.

The provision in Section 2B5, which directs the long-term care facility to work with the resident or the resident Representative or other family members or the state ombudsman, should a resident not designate an essential support person was not something that was discussed or specifically recommended by the Sub-Committee. And the provision would seem to run counter to the notion that the resident would identify the essential support person, and this would be most often a family member or other person with a long standing and strong connection to the resident. And this be done initially without any involvement of the long-term care facility. The facility would appropriately become engaged in the person-centered care planning that follows.

We believe that without the need for any additional statutory authority, the state ombudsman would perhaps be more suitably be the one to assist in identifying an essential support person, if needed in their capacity as a resident advocate. However, even the state ombudsman intervention must be carefully considered as potentially counter to the concept of an essential support person as contemplated in the Sub-Committee deliberations.

The concept was one-word essential support person is someone who is in the care plan, because of their history of providing essential support to the resident. What's implied in this designation by either the ombudsman or the facility is that--each resident needs or desires to have an essential support person. And we don't think that was the intention of the initial concept that was discussed in the Committee. And with that, again I've submitted written testimony on this Bill and on Senate Bill 1057. I'd be happy to answer any questions you may have. Thank you very much Senator Moore.

SENATOR MOORE (22ND): Thank you Matt. Any questions? Representative Case.

REP. CASE (63RD): Thank you Madam Chair. And thank you Matthew for coming forward. Just a quick question, as you testified on 6634 would that--your interpretation is it would be each individual person would have an essential support person. Is that what you're interpreting?

MATT BARRETT: Well, I think what's implied in the event that a person or the resident or the resident's represented doesn't designate one. The suggestion is with the language that says the nursing home or the assisted living facility must affirmatively reach out to-- essentially facilitate or organize the designation that didn't seem to be what was contemplated in the work-group discussions. That every resident would have an essential support

person, I don't think as a practical matter that could be the case.

There are 23,000 nursing home residents pre-pandemic and 18,000 under the current occupancy. So, you know, the industry is about 72-73% occupied as a result of the pandemic. With a very small percentage was believed to get this designation as an essential support person.

I believe Mrs. Elizabeth Stern, who did quite a bit of research and informed the Sub-Committee discussions quite a bit after just speaking from memory, that perhaps maybe as much as 6 or 7% of the population had this sort of concept in place already. A family member or close person in contact that had already sort of was in performance of this essential support role. And they were very regrettably restricted from visitation very severely early on in the pandemic. And even today there-- while visitation has been considerably opened up, there are still some circumstances where visitation is not allowed.

REP. CASE (63RD): So, if there was an essential support person put in place whether it's for every individual family member or what have you, can't-- I'm just trying to work through this disease because I think it's important that we have somebody in each home that really works with the families to try to let them know what's going on. But if there was one for each person who was a family member and executive order could override that person's --

MATT BARRETT: Well, there could be competing in authorities. I guess I agree with that conceptually. It seems to me the language of this Bill makes a strong attempt to try to reconcile what would become a state authority under this statute with the federal rules that govern visitation and long-term care settings that would trigger in the event of a public health emergency that restricted visitation. And so, there's the potential for there to be

conflict. But I think this Bill does have language that tries to reconcile that and assure that they're there in conformity.

REP. CASE (63RD): I think our position or my position and I spoke with you in the past is if we want our residents who are in nursing homes a lot of the later part of their life. They got to be with their family, especially during a pandemic for the extended period of time they were without, God forbid those who lost those who weren't able to see them. We got to try to work on something that can allow visitation not only in nursing homes but work on DDS with group homes.

We gotta work on people who are encouraging and caring, people who are--that could mean the other people who are at home had a little more leeway of who they were seeing, but it was difficult for them to get medical care because people coming in the house. So, I think what we're trying to do and what this Bill is looking at is a way to communicate, if not a little bit but a lot better with the families so that people feel more comfortable with what's going on. So, I think there's a lot of things that are being wheeled around. And our first priority as is yours, I believe is the residents within the facilities.

MATT BARRETT: Thank you very much Representative Case.

SENATOR MOORE (22ND): Thank you Matt. I don't see any questions for you. Thank you. Have a good day.

MATT BARRETT: Thank you very much Senator Moore.

SENATOR MOORE (22ND): Yeah. Karen Wilson. I'm sorry, Bill Valentine. I apologize. Bill?

BILL VALENTINE: Yes. Yes. I'm here. Thank you.

SENATOR MOORE (22ND): I'm sorry Bill. I skipped over you.

BILL VALENTINE: That's okay. You scared me for a second there.

SENATOR MOORE (22ND): Thank you.

BILL VALENTINE: Thanks. So good afternoon Senator Moore and Representative Abercrombie, Representative Case and distinguished Members of the Human Services Committee. Yes, I'm Bill Valentine. My role is I'm the CFO for Network Inc. Network is a, a nonprofit that serves the intellectual development disabled community. We have roughly 258 folks, actually that's the exact number that we service. We employ 390 staff. And we're throughout Northeastern in Central Connecticut.

I'll say from the outset for the testimonies that I've been listening to, as I've been lived in online, I'm going to say things very similar to some of my colleagues in this industry. But I'll tell you something strikes me as there's a consistency of what you're hearing from agencies about the dedication, and the caring that our staff have, even though they're horribly underpaid. But you hear that from everybody. And there's something about this line of work that is really impressive and something to take to heart. People just care so much about caring for the folks, despite the fact that they're not paid well. So anyway, I wanted to say that, but let me also just get into some of the specifics.

So, I'm testifying in support of House Bill 6636. The Act concerning COVID-19 enhanced federal Medicaid funding. You know the numbers that I've heard and that we've been told about the American Rescue Plans expected to bring 10 billion into Connecticut, with over 4 billion going directly to state and local governments. Connecticut is set to receive a significant increase in matching funds for Medicaid, including 10% increase for home and

community-based services and continuation with a 6.2% increase that began in the spring of 2020. Now, while nonprofit providers were allocated a portion of the Corona Virus--the CRF the Corona Virus Relief Fund, we spent that money months ago it was appreciated but it's been spent. And now we're looking for more supported ongoing increase in our rates.

So, a little bit about what our employees did during COVID. Not unlike other agencies, like I've said but really pulled through working around the clock, ensuring safety of the folks, unbelievable amounts of overtime. I know one of the folks earlier was talking about that also, and that's so much more expensive for the agency to have to pay that kind of overtime. Large to see alone, we incurred in close to half a million dollars in operating expenses. And that was us as of our last fiscal close which ended in June. And we've spent about half of that already again since then.

So, and I think again like other agencies, we've had budget cuts and chronic under-funding year after year that's negatively impacted our organization. I think it's worthwhile to make the point again. Majority of our direct care workers have a single income stream and have to work excessive amount of hours and overtime and multiple jobs just like one of the guys was saying earlier.

GIANNA VOLLANO: Excuse me. Your three minutes are up. Can you please summarize? Thank you.

BILL VALENTINE: Yes, I'll summarize. So really, it's just the point to make that we want to see that funding is directed permanently toward agencies to restore the money that has not been put back over the last five years, and to significantly help the put money into the pockets of the workers that are providing this care. And thank you for the opportunity to testify today.

SENATOR MOORE (22ND): Thank you, Bill. I didn't hear you. Who do you serve? I heard you talk about the region but what is your service?

BILL VALENTINE: Yeah. So, we service mentally disabled--mentally disadvantaged. And we have the medical model homes in our agency for folks who have significant medical needs. So, we employ roughly 10 or 12 full time nurses in our homes also.

SENATOR MOORE (22ND): All right, thank you.

BILL VALENTINE: Sure.

SENATOR MOORE (22ND): All right. No questions for you. I thank you for waiting. I thank you for your time and your testimony.

BILL VALENTINE: Okay. Thank you.

SENATOR MOORE (22ND): You're welcome. Take care. So now I'm looking for Karen Wilson.

KAREN WILSON: Hi.

SENATOR MOORE (22ND): Hi Karen.

KAREN WILSON: Thanks very much for allowing me to testify today for Bill 6637, related to the mental health services for deaf or hard of hearing and deaf blind individuals. I've been a mental health provider in this field for the last 38 years. The proposed agency collaboration and Bill 6637 would significantly impact the current difficulty these populations have when trying to access culturally and linguistically mental health care. The State of Connecticut was at one time really one of the leaders I think in our country for mental health care to deaf, hard of hearing and deaf-blind individuals having services regionally, and a number of areas around the state both in private nonprofit agencies in southern Connecticut and in Hartford with the Connecticut Commission on the Deaf formerly

referred to as the Connecticut Commission on the Deaf and Hearing Impaired but hearing impaired is no longer an acceptable term.

Although DMHAS continues to have the satellite locations, these services are limited to citizens 18 years of age and older. The agency in Bridgeport originally family services Woodfield that has become LifeBridge began serving deaf and hard of hearing individuals back in the early 80s on a community services black rant. I was one of the original staff for that program. And LifeBridge has now discontinued services to deaf-hard of hearing, and deaf-blind individuals. That happened in I believe 2018 and the Connecticut Commission on the Deaf, which provided statewide services and was located in Hartford, they closed in 2011--in 2012, excuse me. Therefore, cost effective services for deaf hard hearing and deaf blind individuals and accessible services are virtually non-existent for children. Adults again have to meet the criteria for DMHAS.

Not all deaf-hard of hearing and deaf-blind individuals meet that criteria. So more compelling even I think then that is the well documented emphasis on the benefits of early intervention and social emotional learning as a significant challenge for these children. Unless they're in a linguistically and culturally accessible educational program such as a specialized school or programs that have staff trained to work with this population. And to provide early intervention for mental health concerns and support as CL competencies--

GIANNA VOLLANO: Excuse me. I'm so sorry. But your three minutes are up, please summarize.

KAREN WILSON: Okay. So, given all of these service depths of senses population is at an increased risk to develop mental health problems later as adults. They continue to experience inadequate mental healthcare. And just as with other populations, this

contributes to significant societal concerns regarding homelessness, crime and drug and alcohol abuse. Thank you very much for letting me testify today.

SENATOR MOORE (22ND): Thank you Karen. So, when LifeBridge no longer continued to provide those services where did those cases go, those clients?

KAREN WILSON: Good questions. I don't know.

SENATOR MOORE (22ND): You don't know. Okay.

KAREN WILSON: No, because I'm not working there any longer.

SENATOR MOORE (22ND): You know, it's my neighbor.

KAREN WILSON: Really?

SENATOR MOORE (22ND): Yeah. And I support them a lot. So, I'm gonna find out though.

KAREN WILSON: That'd be nice. That'd be great.

SENATOR MOORE (22ND): But I will enquire. I see Representative Case's hand up for a question.

REP. CASE (63RD): Thank you Madam Chair. And thank you Karen for coming forward. You and I are very fortunate to have one of the only community colleges that have a deaf and hearing program and signage language program.

And Madam Chair, just for reference and what this program and the difficulties they're having. I met with Karen a while back at the American School for the Deaf and--but she retired three years ago but she's still working because they can't find anybody to fill the position. It's quite difficult. And Karen, expound on how it is to try to fill these positions. And that's why we're finding a lot of mental health and other issues because we don't have

the employees to go in and help this population. Is that correct?

KAREN WILSON: Yeah, I think it's a real challenge certainly with the ability to communicate in the person's preferred method. And many times, it is American Sign Language. In addition, the requirements are pretty significant. You need to be a licensed individual to qualify for my position. Not everybody has what they need prior in terms of educational background to apply for licensure. And most of our front-line, we have the same challenge as many of the other agencies this last year with over time and staff shortages and not just being able to hire anybody per diem because they need to be able to sign.

So, recruitment is a big challenge I think for all of these. I was director of a residential treatment program at the American School for the Deaf. But certainly, those kids who are there 24/7/365. You know, we have to have full staffing to maintain appropriate programming and it's a real challenge.

REP. CASE (63RD): Yeah, well, I thank you for coming forward. I think that's a testament to show how difficult it is to fill these positions. We know we try to get our programs in the college system so that we can get more out there more. But while I was at the facility here for--the American School for the Deaf, I was one of the training to be one of the contractors for the State of Connecticut, our sign language staff and other things.

And there's so many difficulties with doing a contract because it was tough to fill those slots and make sure that you have programs you had to do at the school, programs you had to do at the homes. So, I thank you for coming forward, putting the light on it. It's a population of vulnerable people that we have, that we really need to look at and you're shedding some light on it. And I will be in

touch on your questions. So, thank you very much
Karen for coming forward.

KAREN WILSON: Thank you.

SENATOR MOORE (22ND): I don't see any other
questions for you Karen. Thank you.

KAREN WILSON: Thank you.

SENATOR MOORE (22ND): Next is Jean Mills Aranha.

JEAN MILLS ARANHA: Thank you. My name is Jean Mills
Aranha and I'm the Managing Attorney of the Stamford
Office of Connecticut Legal Services where I
practice elder law. I served in the Governor's
Nursing Home and Assisted Living oversight working-
group and on its staffing level Sub-Committee.
Connecticut legal aid programs support

Senate Bill 1057, an act concerning nursing homes
which increases minimum staffing ratios for nurses
and CNAs and requires a minimum percentage of
Medicaid funding to be used for direct care of
residents. Inadequate staffing in nursing homes is a
long-standing problem. In the 1970s, my mother, a
registered nurse worked in one. She eventually left
that job but she couldn't bear watching the call
lights of the residents go on unanswered due to lack
of enough staff.

Since 1987, federal law has required every nursing
home to have sufficient staff to care properly for
its residents but does not mandate any specific
numbers of hours of care. Under a regulation
promulgated over 30 years ago, Connecticut requires
only 1.9 hours of care per resident per day. In
2000, the Department of Health and Human Services
study found that a minimum of 4.1 hours of nursing
care per resident per day was needed to meet the
federal quality standards. Resident acuity has only
increased during the last 20 years.

So, a similar study today might well find a higher necessary minimum. Not surprisingly, better staffed nursing homes had better outcomes during the pandemic. The mathematical report found that nursing homes with higher staffing gradings had significantly fewer cases and deaths per license bed. I say other studies in my written testimony. The pandemic also showed us the number of social workers and recreational staff is too low. Section 13 of Senate Bill 1030 mandates DPH study this an increase that staffing. Such a mandate would be a positive addition to Senate Bill 1057.

The pandemic did not cause the staffing deficiencies in nursing homes, although it exacerbated them. Many studies have found that staffing levels are too low in many nursing homes, leading to pressure ulcers, infections, malnutrition, dehydration, injuries from falls, preventable hospitalizations and even death. Good nurses and aides can provide quality care if there aren't enough of them. 4.1 hours of care per resident per day is a modest ask given that this minimum was established over 20 years ago, in fact, by further study since. It offers potential cost savings as well as unnecessary hospitalizations are reduced by better care.

Senate Bill 1057 also requires DSS to establish a minimum percentage of Medicaid reimbursement to be used for direct care. This will ensure that enough of the substantial money paid to the nursing homes by the Medicaid program is used for direct care of the residents and prevent any excessive portion of those funds going to administrative costs, management fees or profits. As with insufficient staffing levels the amounts spent by facilities and direct care has been a problem for many years.

A GAO study from 2002 found that states paying higher rates to facilities did not have facilities with more staff. The money was spent on other things. A direct care ratio can address this problem. New Jersey and after legislation in 2020,

requiring a direct care ratio to limit the percentage of reimbursement that can be spent on administrative costs and profits. Connecticut could should follow that example and ensure that we are funding quality care for nursing home residents.

GIANNA VOLLANO: Excuse me. Your three minutes are up. Please summarize.

JEAN MILLS ARANHA: Thank you Heather. I just wanted to mention that Commissioner Gifford testified that DPH is working on acuity-based funding for nursing homes in our written testimony refers to ongoing work with low staffed homes. There's no increase in staffing. Rearranging existing staff by acuity is only going to shortchange some residents. Given that DPH has had decades to address this widely studied problem. The elderly and disabled should not have to wait any longer for relief. Thank you for your work with nursing home residents. I appreciate the opportunity to present my comments in support of this important Bill.

SENATOR MOORE (22ND): Thank you Jean. I appreciate you coming in and your testimony. I don't see any questions for you. Have a good day.

JEAN MILLS ARANHA: Thank you.

SENATOR MOORE (22ND): Next is Susan Yankee.

SUSAN YANKEE: Hi, how are you today?

SENATOR MOORE (22ND): I'm good. How are you?

SUSAN YANKEE: Good. I would like to thank Co-Chairs, Representative Abercrombie and Senator Moore and his team Members of the Human Service Committee for letting me speak today. I am Susan Yankee from Madison, Connecticut, and I'm a member of the Governor's Advisory Board for the deaf-hard of hearing and deaf-blind, as well as the parent of a hard of hearing high schooler. I support raised

House Bill 6637. I had my testimony all written but then I woke up this morning, and I saw on the news that my son's school was adding a police presence because of a current threat.

I wanted to make sure that I took a minute to thank you for passing Public Act 19-184 which ensures my hard of hearing child will be getting an alert text if there's an active shooter in the building. The school had an emergency plan in place but it was a one size fits all and it did not address the communication needs of a deaf-hard of hearing or deaf-blind student. This highlights the need for mental health legislation that is not one size fits all but addresses the important cultural communication needs of the Deaf-hard of hearing and Deaf-blind community.

I support this Bill in its entirety. But I'm speaking specifically today to the fact that it includes the State Department of Education, which will address the mental health of students with hearing loss. In elementary school and in middle school I repeatedly told my son's IEP teams, "He has no friends, he has no friends." Their response was, "Don't worry, he's such a nice boy." I didn't know and our school didn't know that deaf and hard of hearing students experienced more peer problems and lower levels of friendships than their hearing peers.

All I needed was a mental health professional who understood the dynamics of a child who gets shunned for standing too close to other students when all he's trying to do is hear them more clearly. Who understands the social emotional ramifications of having cochlear implants or hearing aids are dragging an FM receiver from class to class?

With COVID the deaf-hard of hearing and deaf-blind students are even more isolated with online learning. And then there's extra communication barriers now at school with mask wearing. The

Journal of Deaf Studies and Deaf Education says despite the fact that the majority of individuals who are deaf-hard of hearing are as intelligent as their hearing peers.

Researcher suggests that many children and youth who are deaf or hard of hearing, have significantly more social and emotional problems compared to their hearing peers. Studies have reported high percentages of internalizing problems, for example, social withdrawal, anxiety, depression, as well as externalizing problems through aggression and rule breaking behavior. If we can address the mental health for the deaf-hard of hearing and deaf-blind at the adolescent level, then we're going to prevent future mental health problems as adults.

I've been listening since this morning, and I went online and researched Pennsylvania because that's my go to state for whenever I need to see what people are doing in the Deaf and Hard of Hearing and Deaf-blind services. And they literally have three service providers that provide mental health and behavioral services for deaf-hard of hearing children and families. Another state that I would look to would be New Jersey. So that's my testimony.

SENATOR MOORE (22ND): Thank you.

SUSAN YANKEE: Thank you.

SENATOR MOORE (22ND): Are there any questions? Seeing none. Thank you, Susan for coming and giving your testimony.

SUSAN YANKEE: Thank you so much. Have a great rest of your day.

SENATOR MOORE (22ND): And I hope your son is safe. Next is Stephen Monroe Tomczak.

STEPHEN MONROE TOMCZAK: Yes. Good afternoon--

SENATOR MOORE (22ND): Is that how you pronounce your name sir?

STEPHEN MONROE TOMCZAK: It's pronounced Tomczak. Although [Tomjack] is actually the correct Polish pronunciation.

SENATOR MOORE (22ND): All right. Thank you.

STEPHEN MONROE TOMCZAK: In any event. Good afternoon, Senator Moore, Representative Abercrombie and distinguished Members of the Human Service Committee. On behalf of the National Association of Social Workers Connecticut Chapter, I'm testifying in strong support of Committee Bill 6635.

Connecticut has a long history of working on improvements in the TFA program. The proposed reforms to Temporary Family Assistance, Connecticut's TANF program accomplished several important objectives, including extending the time limit to 60 months, eliminating the so-called family cap penalties for families with children born after enrollment in the program, and ensuring benefits are adequate to meet the cost of living for those beneficiaries.

Importantly, 6635 also exempts benefits received during COVID-19 from the time limit. All of these policy changes have substantial support in academic literature and as a faculty member at Southern Connecticut State University's conducting research on public assistance programs and policies, and has done research specifically on family cap policy. So, I feel compelled as a social worker to testify in supporting these needed policy changes.

Restrictive time limit policies have been shown not only to exacerbate poverty and economic insecurity for low-income families with children. They have not been associated with consistent achievement of their supposed objectives in promoting employment for families with children. Family cap policies also

have been shown to be harmful to children and families receiving TANF and ineffective in achieving, there's a positive objective of reducing reproduction by such families. Plus, even if you accept a highly questionable premise that people have children get the additional increments provided by the tenant program, the empirical research does not show that this policy is effective in achieving this objective.

And they have also been associated with increases in abortions. I would also add that over the last 15 years--this is not in my written testimony--many states have attached a family capital, eliminated these policies as a result both in the terms of families and its ineffectiveness. As we all know, the cost of living in Connecticut is high, and the burden of this falls disproportionately on low-income families with children. This problem has been only intensified by the lack of consistent cost of living increases in TFA benefits in Connecticut. 6635 would address this.

Finally, it is also well documented that COVID-19 has disproportionately impacted for in low-income families, particularly the most vulnerable, who are receiving benefits in programs such as TFA. 6635 by including several provisions to ensure flexibility and administering provisions of TFA allows officials to alleviate some of the negative program impacts to which such recipients would ordinarily be subject. In closing then, let me urge you to support House Bill 6635.

As social workers our code of ethics obligates us to advocate for living conditions conducive to the fulfillment of basic human needs. And there's a strong belief of our chapter that 6635 will help move our state's public assistance policy in this direction. Thank you for the opportunity to testify on this legislation this afternoon. And I'm available for any question.

SENATOR MOORE (22ND): Thank you, sir. I see Representative Anne Hughes.

REP. HUGHES (135TH): Thank you Madam Chair. Thank you, Steve for bringing the weight of the academic research and evidence-based knowledge to good policy. And also, could you speak to--do you remember when we didn't have the cap on the TANF and the TFA? Or as much of threshold and what impact that had on public health determinants?

STEPHEN MONROE TOMCZAK: Well, that would go back to the 1990s. The family cap policy was instituted to my recollection in 1995, and Connecticut as part of a waiver under the prior AFDC, Aid to Families with Dependent Children program. And prior to the institution of TANF at the federal level, increments were given for families of different sizes based on the number of children in their family. And of course, that logically that will improve the financial wellbeing of those families. The increments were never large, but they were at least something that would provide some resources for families with children.

Now since the enactment of--or since the institution of the Connecticut waiver, and then continued under the federal TANF program which was enacted in 1996, the increment here in Connecticut has been eliminated as the current statutes adjust. And so, I must say, as someone who has studied this for many, many years, this is what I did my doctoral dissertation on, I am so pleased to see that Connecticut is about to eliminate, I hope, this harmful provision.

REP. HUGHES (135TH): Yeah, thank you for that testimony. Thank you for your research. I just really wanted to amplify that. Those caps and those--yeah, basically the caps and the restrictive time limits backfire in terms of good policy. We know that there's--these are the extreme poverty folks that need certainly more support to get back on the

feet, to get gainful employment that can support a family and with the childcare gaps, it further can exacerbate, sustainable situation that where people aren't dependent on TANF now.

So, we--if Connecticut can fill some of that gap, longer, broader than we can sustain people stepping up and out of poverty better rather than keeping falling back in. And we have to address it in a comprehensive way, like with the childcare with the--it also, I believe with expanding Medicaid to 200% across for the adults because we got to eliminate those barriers that to get in care especially for the children. Thank you. Thank you for your testimony. Thank you for your social work advocacy, because we know that those voices can inform good policy.

STEPHEN MONROE TOMCZAK: Thank you so much Representative Hughes. Thank you to all of the Committee Members for the opportunity to testify.

SENATOR MOORE (22ND): Thank you sir. I don't see any other questions for you. So, thank you for your testimony and your time. Appreciate it. Next is Allison Weir.

ALISON WEIR: Good afternoon, Senator Moore, Representative Abercrombie, Senator Berthel and Representative Case and Members of the Committee. My name is Allison Weir. I'm an attorney and policy advocate with the greater Hartford Legal Aid. And I'm here writing in supportive of House Bill 6635, an act concerning TFA and support of Senate Bill 1056, an expanding access to medical assistance. Legal services support these--strongly supports these Bills but offer some slight modifications to better achieve what we understand to be their intended purposes.

I've submitted a rather lengthy testimony, so I won't go through it all. But I just wanted to sort of highlight a few things. We think that a lot of

these changes to TFA will really greatly improve the program. Participation in TFA has decreased steadily since it was first reconfigured in 1996 as part of the TANF and the Person Responsibility Work Opportunity Act to the point that now only 27% of families who are currently in poverty participate in the program.

This Bill we believe alleviates a lot of the problems with the program as implemented in Connecticut, and could bring us more in line with our peer states implementation of TANF. For example, on the time limit, relatively few people stay on the program for as long as 21 months. Nationally it's 63% of participants are on TANF for less than a year. But what we're finding is that with the short time period services discourages for people to participate in TANF in Connecticut. We've heard from clients that caseworkers often discourage people from applying for TFA so they can access the program when they really need it.

Removing the family cap--we're only one of 12 states that still have family cap. We're the only one in the northeast. And the problem is, it was supposed to sort of limit and discourage folks from having more kids. But all the studies have shown that none of this happens. All that happens is people have less money to deal with the new baby in the family. So, less money for diapers, less money for car seats, and all the other things that come along with a new baby. So, we think getting rid of the cap would really be a huge improvement in the sustenance of the program. I want to point your attention to the interaction of TFA with the jobs first program.

And we think that there was an oversight and drafting in Section 17 B 112. With removal of 21-month limit, Bill drafted also removed the existing exemptions that also serve as exemptions from work. And some of these exemptions are things like being a parent with an infant, being incapacitated at work.

So, these exemptions really do need to be applied to the work requirement program as well.

Additionally, under current law some of those who are exempt from the time limit can continue to receive benefits after 60 months if they have insurmountable barriers to work. These are typically people who are in the process of qualifying federal disability. So, we want to make sure that that's still preserved. So that, but otherwise, we think it's a wonderful Bill.

GIANNA VOLLANO: Excuse me, your three minutes are up, please summarize.

ALISON WEIR: I have also more additional stuff on Medicaid. We think that would be great. We think on the HUSKY C while there is a problem with getting above 100% of federal poverty level for the income limit, you have room with the income disregard, where you can add to get an effective rate of 200% of federal poverty level. We will be happy to work with you on these Bills. And thank you so much for putting these forward.

SENATOR MOORE (22ND): Thank you Allison.
Representative Abercrombie.

REP. ABERCROMBIE (83RD): Thank you Senator Moore. I just want to say thank you to Allison. Your support and your help and guidance on crafting this Bill has been wonderful. And I just want to really just take the opportunities to thank you for that. I do want to thank my Co-Chair Senator Moore for covering for me. I'm actually starting appropriations right now for the Health Committee. So, I do apologize that I'm trying to navigate both. But Alison thank you really because good policy comes from us working together. And your advice. And your suggestions on this is what's carrying this Bill forward. So, thank you.

ALISON WEIR: Thank you Madam Chair.

SENATOR MOORE (22ND): So, what Allison--what I did hear is that you saw some more work that needs to be done on this? Is that correct?

ALISON WEIR: So, I think we've been working--I think it's pretty close to there. So, I'm Representative Abercrombie has already gotten my comments. I think we're all set. I was talking to the Bill that was drafted before not the additional. So, I think that there'll be changes that we've been talking about. On the HUSKY again, the HUSKY C, more of my colleagues will be talking more about them as you have other testimony.

SENATOR MOORE (22ND): Thank you. I don't see any other questions for you. I appreciate your comments.

ALISON WEIR: Thanks. Have a good afternoon.

SENATOR MOORE (22ND): Elizabeth Fraser's next.

ELIZABETH FRASER: Hello everybody. Good morning--afternoon, Senator Moore, Representative Abercrombie, Senator Berthel and Representative Case. My name is Liz Fraser. I'm the policy director for the Connecticut Association for human services. And we're here today in support of increasing Medicaid A up to the 200% and I've submitted testimony on that. And I'm also today going to speak about House Bill 6635, which provides long overdue policy updates to the temporary assistance for families' statute.

Someone was asking earlier and I just happened to have it in my testimony. What happened before? When did all this happen? Well, one of my colleagues actually participated in the AFDC Assistance for Families with Dependent Children, and wrote this letter to the editor in 1996. The Governor and the state legislators agreed to a Bill stating that a person can only receive AFDC for 21 months. And at that time, a person's eligibility will be

discontinued, and he or she will be forced to find a job.

I'm a full-time college student living on my own with a two-year-old daughter and I receive AFDC. If these benefits are discontinued, I will be forced to withdraw from college. What kind of job can I get with one year of college experience that will support me and my child and pay my rent? I do not want to be on state assistance forever. But I will need the benefits longer than 21 months to qualify for a good job with good pay.

This was 20 years ago, a young mom, one of my colleagues struggling to complete her education, and she did have to leave college. Today, a generation later, the restrictive construct of the TAF program remains the same, limiting the ability of very low resource families to have time and the extended resources to gain economic stability, which is the very purpose of the program. I just want to give a quick statistic 14% of children in Connecticut, over 100,000 children are living in poverty over 100,000 children. 43,000 families, these are 2019 statistics, living in poverty. We're not making a dent in this, this has been pretty steady, and it's in my testimony.

What we need to do for families that are low resource is to give them the extra time through TAF for education and training that will actually get them into supportable employment. As some of you know, I'm really interested in two generation solutions to family problems. This is a two-generation solution, if we can provide the time for the parents to really get on their feet and support their families and be somewhat financially secure. And we also have access to early childhood while they're completing their education.

And I will tell you, most families want to work from my experience working with these young moms. They want to work so they would also be working. I think

that you would have a really good return on investment from the money spent on this. Rather, we are perpetuating generational poverty, just by getting them into programs very quickly, getting them any job, short term training, and then they're not able to move forward, they're sort of stuck in that position. I think that's why many women are talked out of participating because if they have some sort of job, the TAF isn't going to really help them to get the skills they need for more supportive employment.

GIANNA VOLLANO: Excuse me. Your three minutes are up. Thanks so much. Can you please summarize?

ELIZABETH FRASER: Fine, all I'm going to say is that, let's see my last thing. Money would be well spent on extending eligibility, providing stronger supports, including allowing extended education and training with necessary childcare so that recipients can participate in a career pathway program leading to supportable employment and investment for families and also for Connecticut. Thank you very much for your time.

SENATOR MOORE (22ND): Thank you Liz.

ELIZABETH FRASER: You're welcome.

SENATOR MOORE (22ND): I want to make sure that people know how instrumental you were in helping me on the 2Gen and guiding me over the last five years, but also, not just there--just thinking about how we can fix the system that was rigged. That's all it is. It's a rigged system. And it goes back many years for all the wrong reasons and a lot of stuff coming to light. But I think we'll just take this apart little by little and dismantle this. That there's equity and it's there to help people not to hinder them from moving forward as a temporary solution. It's not a place where they live. It's just a place where they land for a short period of time and move forward. So, thank you for your

testimony. Representative Hughes has a comment or question.

REP. HUGHES (135TH): Thank you Madam Chair. Thank you, Liz so much for your historical context of the restrictive construct and also that this was really a punitive program that was not at all comprehensive if it was much more comprehensive, like you said, with childcare and, [inaudible] a workforce development component. It could have been a much more successful investment. It's always been under invested. It's always been this punitive. You know, sort of it feels to me like it was always suspect of women entering the workforce.

And I just wanted to highlight that we had an incredibly successful Workforce Development Program for women in World War II with universal childcare that allowed women to be trained and skilled very quickly and enter into the workforce while their male counterparts were off at war and we shut it down. So, we do know how to do it, we do know how to do it well. And it's time that we bring back what we know works instead of this punitive stigmatized restrictive construct that is rigged to fail.

ELIZABETH FRASER: Thank you for those comments. I agree, I would like to give a shout out to the Department of Labor. They have been doing a tremendous job instituting Family Centered Coaching with their clients, which is looking at as a two generational philosophy. And it's much more of a coaching rather than a punitive, sort of program that they're trying to instill. And they're beginning to do this. It will take some time. But this is one way that we can really find out what family goals are, what their hopes are for their children and work from a strength based rather than from the negative. So, I just want to thank them for all their work. And thank you, Senator Moore for your comments as well.

SENATOR MOORE (22ND): Thank you. I don't see any other questions or comments for your Liz. Thank you so much for coming.

ELIZABETH FRASER: It's great to see you. Thank you.

SENATOR MOORE (22ND): Take care.

ELIZABETH FRASER: Bye-bye.

SENATOR MOORE (22ND): Next is Katie Banzhaf followed by Rosana Ferraro.

KATIE BANZHAF: Hi, my name is Katie Banzhaf. I'm the executive director of STAR Inc Lighting the Way, a nonprofit organization supporting children, youth and adults with intellectual and developmental disabilities. We provide early intervention school to work transition, job training and employment services, adult day senior support and a variety of residential programs. We have a budget of over just \$14 million and we support over 500 families annually in Fairfield County. 81% of our funds comes through the Department of Developmental Services which includes the Medicaid match. I'm here today to provide support for House Bill 6636, AN ACT CONCERNING COVID-19, AND ENHANCED FEDERAL MEDICAID FUNDING.

As you all have heard all day, Connecticut is set to receive a significant increase in federal matching funds for Medicaid, including a 10% increase for home and community-based services, as well as the continuation of the 6.2% increase that began in the early spring of 2020. While STAR was allocated and we are very grateful for a portion of the CRF funds, those funds are spent. We spent over 1.2 million last year on virus related expenses. And the state has not used the increased federal Medicaid match to increase rates or otherwise compensate providers. We are struggling. STAR has been on the front line of the COVID-19 pandemic since the beginning.

Our residential programs did not close their doors. We continued to meet the needs of all of our residents and their families despite the risks and the challenges. Our day programs within a week pivoted to a full six hour per day remote service programming and continue to offer in person services for those for whom it was safe. Many of our client workers continued to work throughout the crisis in essential jobs in supermarkets and other services that remained open. Today I'm here--I wrote in my testimony, I'm here to tell you, but I think I'm just here to remind you because you've heard it all day long. There is a huge crisis in our state in human services. It's a crisis of staff shortages, and that's only been exacerbated by the onset of COVID-19.

You know, we've testified requesting that the legislature appropriate 461 million over the next five years for agencies like STAR to address the low wage issue, since we really have lost that much in since 2007 by not keeping pace with inflation. STAR continues to raise more than a \$1,000,000 a year in grants and contributions to maintain our services. While our donors are generous here in Fairfield County, we cannot rely on them year after year to address the lack of an incremental rate change that would allow us to recruit and retain skilled staff. With an influx of funds through a rate change, agencies like STAR can begin to manage our programs with a vision for the future. We will be able to recruit staff who will know that they're not accepting a \$14.75 job that will challenge them every day and will be rewarded and recognized with the 0% Increase year after year after year for the foreseeable future.

Applicants who come in for interviews ask us, "What rate do we get increases?" And I continually say, "We can't guarantee anything." This year, I come before you with a story of remarkable staff that stood strong during the worst pandemic we faced in our lifetime. They are the real heroes. They've been

praised in the media. They've been praised by my board, by us. We had an exposure three days before Christmas. And we have two staff who have stepped up and said I will move in for 14 days in order to minimize additional exposure to other staff and provide the best care to those residents.

GIANNA VOLLANO: Excuse me. Your three minutes are up. Please summarize.

KATIE BANZHAF: Thank you. So, you know the heroes but those same staff cannot support their family, own a home, get their cars repaired without a loan from their pension, or even feed their families without holding 2-3 jobs simply to get by. The enhanced FMAP is a once in a life opportunity for this Connecticut General Assembly to address these needs and we urge you to do it. Don't let this opportunity pass. Thank you.

SENATOR MOORE (22ND): Thank you Katie.
Representative Hughes.

REP. HUGHES (135TH): Thank you Madam Chair. And thank you Katie. Say hello to all my people. And I agree with you, this is a once in a lifetime opportunity. Every year back in the 90s and 2000s we'd come up here begging for reimbursement rates and increase rates and invest in a workforce. If we don't do it now in the wake of this catastrophic crisis that's going to have a really long fallout where there'll be a lot of places that close up shop.

KATIE BANZHAF: Yeah. And the word is out. We don't--the people are not applying for the jobs at anywhere near the rate that they used to because it's not an industry where they're going to be able to survive.

REP. HUGHES (135TH): Thank you, Madam Chair.

SENATOR MOORE (22ND): Okay, thank you. Because you know, I've had this conversation. I traveled to Boston with the Federal Reserve talking about the economy and families and 2Gen, and a woman presented from Tennessee who has a--they have a good model of how they move the CNAs through the system, to build them up on some of the low wage workers in the healthcare to get them to be an RN.

And I'm hoping at some point, let's start thinking about that, that CNA--there's a pipeline, right? But also, people are thinking about the CNA is not the place to end, it's a place for you to begin to build skills to get you to another level. And that workforce development to help people with childcare, transportation, and education funding to get them to that level, right? And then it's like an entry level because it's being paid like an entry level, right? But it's not a place to stay, if you're going to be always have the low wage that you had.

When I entered the telephone company so long ago, I can't even go on to say the year I took the lowest paying job in the phone company. It was lower than what they paid operators. But there were opportunities all along the way for me to move from one job to another. When I left, I had started their long-distance company and their cellular company and left as an executive. If I didn't think there was that opportunity for me to grow, I would have never gone into that low paying job, right?

And nobody else wanted to go into it until they saw other people start to climb and move from jobs. And we've got to do that for these people who are essential and who have been on the frontline for us during this past year. But even before that, the highlight and amplified by the work that they do. So, I hope we stay--keep this in the forefront, that this is not just that COVID-19 situation.

But we think about these workers with the dignity and respect that they deserve and know that they

deserve to be paid for the work that they do that they--I heard someone say the word worthy, and I really appreciate that. They're worthy and more than what they're getting. So, thank you--

KATIE BANZHAF: Senator Moore, we were actually fortunate to raise quite a significant amount of money to invest that allows us to provide tuition reimbursement to our employees and that it was fully funded by the private sector. But what we see is our staff stay with us while they get their degrees and then they go off to other industries. It just breaks my heart that they're wonderful direct care workers and they love what they're doing. And then they get their degree and go for money elsewhere and leaves the field completely. So, you're right, we need to have those stages that people can grow within this industry.

SENATOR MOORE (22ND): So, thank you Katie. I don't feel any other questions for you. Mine was really more commentary but thank you.

KATIE BANZHAF: Take care.

SENATOR MOORE (22ND): So next I have Rosana Ferraro followed by Karen Siegel.

ROSANA FERRARO: Hello. Thank you Chairs and Members of the Human Services Committee for the opportunity for Universal Health Care Foundation of Connecticut to express our support for Senate Bill 1056, AN ACT EXPANDING ACCESS TO MEDICAL ASSISTANCE. I am Rosana Garcia Ferraro, Policy and Program Officer at the foundation. At Universal we envision a health system that supports our health, takes excellent care of all of us when we are sick at a cost that does not threaten our financial security.

We support this Bill as a step in the right direction. This Bill's expansion of HUSKY eligibility, which would increase the number of Connecticut residents with affordable health

insurance, brings us closer to universal healthcare. We ask that the Committee consider strengthening this Bill by including adults over age 65. Low-income elderly are currently eligible for HUSKY C, it would make sense to include them in this expansion. Low-income elderly people struggle to afford care and services that Medicare does not cover among many other expenses.

We also think including all immigrants regardless of status would strengthen this policy. We testified in support of Senate Bill 956 as well. The uninsured rate for the undocumented is 52%, demonstrating a need for affordable coverage for this population. This Bill stands at the intersection of access and affordability. Increasing access to HUSKY programs is a way to address affordability for those who cannot afford private insurance despite their eligibility for financial help on the state exchange.

HUSKY programs and the private insurance plans sold on Access Health CT have a major difference cost to the consumer. Even if someone accesses private coverage on the exchange via \$0 premium, there are other types of cost sharing such as deductibles, co-pays and coinsurance that someone living under 201% of the federal poverty line would struggle to afford. The out-of-pocket costs despite financial help could total up to \$5,000 a year. Another major difference between HUSKY and private insurance is the benefits provided. HUSKY has a more robust set of benefits than private insurance plans. For example, HUSKY covers dental, vision and transportation when we're private insurance does not. This is also an equity issue. People of color are far more likely to go without insurance than the state average. This injustice is rooted in discrimination, unemployment, education and housing.

When Connecticut implemented the Affordable Care Act, these disparities started to shrink but they

are now stable or growing again. Connecticut needs to ensure that all its residents have access to quality, affordable, equitable healthcare. Expanding HUSKY eligibility can positively impact both the physical, mental and financial wellbeing of adults who cannot practically afford to buy coverage. We urge you to support this Bill. And thank you very much for your time.

ROSANA FERRARO: Thank you Rosana. I appreciate your testimony. Any questions? Seeing none, thank you. Next is Karen Siegel.

KAREN SIEGEL: Thank you. Good afternoon Senator Moore, Representative Abercrombie, esteemed Members of the Human Services Committee. My name is Karen Siegel, and I'm testifying today on behalf of Health Equity Solutions where I serve as the Director of Policy. Health Equity Solutions is a statewide nonprofit focused on promoting policies, programs and practices that result in equitable healthcare access, delivery and outcomes for all people in Connecticut.

Many of you have heard me speak to this issue more than once, and I am agreeing with several of my colleagues who you've heard from recently so I'll keep it brief. I know that you're all well aware of the dramatic inequities in health in our state and that these aren't new to our current situation. Among these inequitable access to healthcare is a key concern and is a key concern that is regularly raised when we do listening sessions across the state and ask people what their worries are.

Black and Latino people in Connecticut go without insurance at disproportionately high rates as a result of structural racism. That has led to Connecticut's people of color being disproportionately likely to work in jobs that do not offer health insurance. Connecticut has the opportunity to mitigate these inequities in health by expanding the state's HUSKY programs as is

proposed in Senate Bill 1056. I wanted to make a couple of quick points first, that the American Rescue Plan does not make healthcare affordable for people earning under 200% of the federal poverty level.

While the new relief package would include premium subsidies for most of this income range, households would still have to meet \$5,000 in deductibles, co-pays and coinsurance. That's for covering two adults in order to use their insurance. So, while the premiums would be paid, and people would be more likely to be insured, they would still be unable to use that insurance if something went wrong.

A host of research demonstrates that high out of pocket costs caused people to forego or delay the care they need. And so, this proposal is still very much needed. And further I have worked with colleagues at the national level and including staff at the Center on Budget and Policy Priorities to ensure that my understanding of the way the federal regulations of this work and that a 50% match from CMS is possible for these populations.

So, it's a state plan amendment option. It doesn't even require a waiver. All Medicaid changes are subject to federal approval. But this is a path that has been taken in the District of Columbia, expanding what would be our HUSKY D population and so it certainly is feasible, and it is feasible to get federal reimbursement at 50% for that.

Finally, this proposal is a crucial part of reducing health disparities in insurance coverage but it doesn't address the needs of immigrants who are currently ineligible for Medicaid, and currently unable to purchase health insurance through the exchange and often anywhere else as well. So, including them would make it even more effective. Thank you for the opportunity to testify. And I'm happy to address any questions if there are any.

SENATOR MOORE (22ND): Thank you Karen for providing that information. I see Representative Hughes has her hand up.

REP. HUGHES (135TH): Thank you Madam Chair. Thank you so much Karen for really speaking to both the eligibility of reimbursement from Medicaid, that's really, really important because it sounds a little different than the testimony, we heard this morning about how possible that is for 50% of the reimbursement. And also, you know, again, the de-facto disparity between purchasing. Even if you could purchase health on the exchange with those subsidies, the insurmountable barriers of really low wealth families of being able to use that healthcare that was the point I was trying to make, but you did it better.

And again, that's research based, that's evidence based, and the more we can remove those barriers, offer more user-friendly coverage to get people healthier, especially in those preventive care services. The cost savings is amazing. And I know you know that. So, thank you for advocating for that as well as for covering Medicaid for undocumented because that is also a just a moral imperative. And I think of cost economy on the other side.

KAREN SIEGEL: Absolutely. Thank you. And I can say from personal experience, that that \$5,000 can be a Bill that you get for one trip to the ER. So, it's not in any way unreasonable that someone would have to spend that each year to get care.

SENATOR MOORE (22ND): Exactly. Thank you, Representative Hughes. Thank you, Karen. I don't see any other questions for you. I appreciate your testimony.

KAREN SIEGEL: Thank you.

SENATOR MOORE (22ND): Have a good day. Next is Jeffrey Freiser followed by Coco Sellman.

JEFFREY FREISER: Good afternoon Senator Moore, Representative Abercrombie, Members of the Committee. My name is Jeffrey Frazer from Meriden. And I'm here to support House Bill 6634 concerning essential support persons and statewide visitation policy in long term care.

My mom Florence is 103 years old. She's a resident of Assisted Living at Stanford. And last year, her facility became a COVID hot zone. Of 72 residents, they were 10 COVID related deaths 10 out of 72. I was terrified. In May then mom contracted COVID-19. I was obsessed with worry. Even at her age, I was not ready to lose her. Somehow, despite her age mom had minimal symptoms and survived. But this past year has taken a profound toll on her.

Pre-pandemic, mom was vital and active. She loved going to a restaurant with family playing bingo or word games with fellow residents sitting outside on a sunny day reading a book. Mom had a better social life than me. Although that's not a high bar. Then through the long periods of isolation that were mandated by infection control precautions this past year, mom declined dramatically in her physical health, her cognitive skills, and her emotional wellbeing.

If you put even a young healthy prisoner in solitary confinement, just weeks will do damage. And this is what we've done to our frail elderly for a year. I do ask that House Bill 6634 be amended with two additional provisions that would empower residents and their families.

First, Connecticut must assure the transparency of vital information, such as DPH now does with infection rates and COVID related deaths. Today, family members desperately seek disclosure of vaccination rates for both residents and staff. At mom's facility after much pressure, management finally disclose that 95% of residents but only 58%

of staff had been vaccinated. Family members should have a right to know this critical information to better assess the risks to which our loved ones are exposed.

Second, the role of family councils must be strengthened. I so much value our family council for the mutual support we give one another and for our collective strength to advocate for changes in facility policies. The relationship between management and the family councils usually cooperative that sometimes becomes adversarial. Because family councils play an invaluable role, state statute must require long term care management to support them. And I just would like to close with a special shout out to Representative Abercrombie. I don't live in her district but whenever I've gone to her with concerns about my mom's situation, she has been so caring and helpful.

So, thank you, Representative Abercrombie. Thank you to the entire Committee.

SENATOR MOORE (22ND): Thank you Mr. Freiser. Thank you for your testimony. And how was your mom right now?

JEFFREY FREISER: Wow. So good. I mean, with relaxation of restrictions, I was able to visit her in her room. We could go for the first time and on Saturday I'll be taking her out to lunch for the first time. So, things are getting better.

SENATOR MOORE (22ND): That's good. All right. Have a great day. Thank you.

JEFFREY FREISER: Thank you Senator Moore.

SENATOR MOORE (22ND): Coco Sellman.

COCO SELLMAN: Hello there. Hi, I'm Coco Sellman. Thank you so much Senator Moore and Representative Abercrombie and the distinguished Members of the

Human Services Committee. I greatly appreciate the opportunity to talk to you today and share my concerns. I am the founder of Allume Homecare. We are a licensed home health provider. We serve 70 towns in the State of Connecticut. We specialize in in-home complex nursing care for technology dependent children and adults--medically fragile children, adults with vents and trachs, G and J-tubes and other intensive interventions at home. We take care of them around the clock, so we serve patients who need services around the clock. Instead of being in a more expensive facility, we are able to take care of them at home.

I'm talking to you today to support House Bill 6636, AN ACT CONCERNING ENHANCED FEDERAL MEDICAID FUNDING. As a provider I am telling you from my heart, we are struggling to survive. Without immediate financial relief, we will be forced to shut down. Allume currently serves 50 complex care patients and 100 additional traditional home health intermittent visit patients and we receive 85% of patient funding through Medicaid. We do not have a great big other sources of receiving services for Medicare and private insurance because we focus on complex care where almost all of it comes from Medicaid. We do not have any other payer sources to help us balance.

The rates are unsustainably low. And due to the crisis of COVID it's gotten unbelievably worse. Unless we receive immediate relief, my company will not survive and many of these patients will be forced to return to an institutional setting where the costs are eight to nine times the cost of care at home. And for a patient right now there are 30-- at any time there are about 30 complex care patients who are ready to come home from the hospital, Yale hospital for special care, Connecticut Children's, but because home health agencies like ours are understaffed and unable to recruit enough LPNs and RNs to bring these patients home, they stay in the hospital for much longer than they need to in some cases months and even years.

So, the cost of that is \$1,000 a day or so to be here at home with nurses around the clock. If they were in an institution, it's \$8,000-\$9,000 a day. If you do that math, you see that the savings is \$8,000 a day. The savings per month is \$273,000 a day the savings per year is \$3 million a day per patient. So, the cost of not investing in home health for continuous care and is really quite staggering financially but forget about what it does to the families. I founded Allume because I have a daughter 19 years old, who is medically complex. Amelia is her name. She's 19, she has cerebral palsy and chronic lunged lung disease. She's non-ambulatory, non-verbal needs oxygen and BiPAP and receives respiratory suctioning and nebulizer treatments every two hours. Before receiving nursing at home, she went to the hospital for long periods of time and often. Once we had at home, her life changed and so did my husband and my life. The nurse--

GIANNA VOLLANO: I'm so sorry. Your three minutes are up if you can please summarize. Thank you.

COCO SELLMAN: We are asking you to please invest by giving us a relief payment to home health and hospice through another Medicaid providers immediately and also increase our Medicaid rates for extended care so that we can stay afloat and continue to give access to patients like Amelia.

SENATOR MOORE (22ND): Thank you, Coco. I don't see anybody--any questions for you. Thank you for that testimony. I'm going to pass this on to Representative Garibay. Next up is Jane. I'm sorry. Next up is Katia Daley, followed by Luis Perez.

REP. GARIBAY (60TH): Thank you Senator Moore. Is Katie Daly here?

KATIA DALEY: Yep, I'm right here.

REP. GARIBAY (60TH): You're welcome.

KATIA DALEY: Hello. So good afternoon, Members and our Honorable Chairs of the Human Services Committee. My name is Katia Daley and I am the Healthcare Campaign Organizer with Connecticut Students for a Dream. And we are a statewide youth led network that fights for the rights of undocumented immigrant youth and their families. And our organizations is also a member of the Medicaid Strategy Group, a coalition of Connecticut Medicaid advocates.

And so, we thank you for the opportunity to testify in the strong support of as Senate Bill 1056, AN ACT EXPANDING ACCESS TO MEDICAL SERVICES. And we're testifying today because our immigrant community are living under difficulty and challenging times in Connecticut and in the rest of the country. And to us living in a free means our immigrant community has the access to safe, accessible and affordable healthcare. Health insurance and health coverage does not discriminate on the basis of status.

Senate Bill 1056 will expand accessibility to affordable healthcare to more of our community by increasing the income levels of HUSKY programs A, C and D. And COVID-19 has put forward daily and systematic inequalities that low-income communities primarily immigrants and communities of color face daily during a pandemic and public health crisis. It is essential that we work to ensure that our state residents have access to healthcare.

During this pandemic, we have seen how we're all interconnected and one of us can access healthcare or basis near necessities, our whole communities at risk. And the only way we are going to overcome the current public health crisis is if we come together to ensure the most vulnerable in our community have the most basic necessities. And during a pandemic that has already taken the lives of more than 500,000 nationwide. Connecticut has a responsibility to ensure all its residents have healthcare. So, for

this particular concern with this Bill, as it will give our mixed status families if Senate Bill 956 is also passed.

Around documented community a higher accessibility to the HUSKY programs to be able to seek the care they need before it is too late. Time and time again, we see our community members unable to afford preventative and special life's healthcare that when it comes to a point that they cannot delay their checkups, injuries and the longer they turn to emergency rooms where the cost is so much higher.

We strongly support these efforts to ensure more Connecticut residents have health coverage they can afford to use. And we strongly encourage the Committee to pass Senate Bill 1056 to expand the HUSKY Programs to more of our community and additionally to pass Senate Bill 956, which will expand HUSKY coverage to immigrants regardless of status. Thank you, and we hope this Committee listens to that countless of individuals, families and groups and organizations advocating for this Bill. Thank you.

REP. GARIBAY (60TH): Thank you so much for testifying. Does anyone have any questions for Ms. Daley? Seeing none, thank you so much for coming. Next is Luis Perez.

LUIZ PEREZ: Hi. Yes, thank you Representative Garibay. And good afternoon Senator Moore, Representative Abercrombie, Senator Berthel and Representative Case as well as the other Members of the Human Services Committee. As you just heard, my name is Luis Perez and I am the president and CEO of Mental Health Connecticut. I also sit on the board of the American School for the Deaf, as well as on the board of the Alliance and I am here to show my support for House Bill 6637. And my comments are based on my past 20 years of working in organizations that provide services to the Deaf and Hard of Hearing population.

As I have seen during the last 20 years, organizations that serve the hard of hearing individuals that have only seen access to mental health services decrease during that period of time. And as those at ASD and in our programs would attest to not having culturally competent and linguistic. Appropriate access to mental health services has had a severe negative impact on those individuals that we are trying to support. I believe that improving equity in healthcare is more possible than ever and as evidenced by the legislative proposals in this current session. So, I thank you for that. However, we want to make sure that people who have experience underserved and gaps in services are in our most vulnerable, I will continue to be at the forefront.

A couple of comments on the Bill that I think are of note again, the culturally and linguistic affirmative mental health services, language should be at the forefront and continue to be supported. Telehealth expansion is a great way of continuing to support this population. It should not be in lieu of, because we know that again that can also lead to further isolation and perhaps not having the culturally competency that we require. On Section B 3, notes that inadequate allocation of state resources and funding is required to support appropriate mental health services. Yet, designating a fiscal note of 100,000 for startup costs will most certainly not result in the structural needs required to improve access to services. Right now, Mental Health Connecticut is the only provider of Medicaid rehab option group home that's only eight beds for the whole state. We're also the only DMHAS funded program for supported employment, a critical piece in terms of being able to live and work in the communities that are deaf and hard of hearing residents live in.

There must be specific provisions allocated for the elderly, Deaf and Hard of Hearing who age out of the system. Right now, Connecticut residents must leave

our state to receive higher levels of care from the New England home for the Deaf in Massachusetts. This is a great opportunity for us to support Connecticut residents in the communities they wish to live and have lived for years. As we know for anyone in need of mental health services and recovery supports. Access is the key prevention and escape to prevention and intervention.

And without it, we will continue to see health decline, resulting in severe illnesses, higher health care costs, untimely deaths, loss of employment, and increased stress and anxiety in family members. And that ripple effect of others get, can impact nearly impossible to come back from. So, I thank you for investing with the deaf and hard of hearing community. And my hope is that this is the beginning of an investment in caring for this community for the long term. Thank you.

REP. GARIBAY (60TH): Thank you so much. Mr. Perez. Does anyone have any questions? Seeing none, thank you so much for coming and testifying.

LUIS PEREZ: You're very welcome. Thank you for the time.

REP. GARIBAY (60TH): Emily Morrison.

EMILY MORRISON: Hello. All right. Good afternoon Members of the Human Service Committee. I'm Emily Morrison, Director of Development at United services. United Services is the local mental health authority for 21 towns in northeastern Connecticut. We're a nonprofit organization providing more than 30 programs under one administration, including outpatient mental health, substance abuse treatment, family programs, crisis services and the region's only domestic violence program. Thank you for the opportunity to provide testimony in support of House Bill 6636, AN ACT CONCERNING COVID-19 AND ENHANCED FEDERAL MEDICAID FUNDING.

United Services has remained open throughout the pandemic. Our staff have continued to work with our clients where they really need us in the community. This has required creativity for my staff and from us as an agency. We've had to supply staff with PPE, launch Telehealth, supply staff with the equipment for the Telehealth transition, design and install physical barriers and much more in the last year to keep our programs operating in a safe way.

And all of these activities have greatly increased our costs. We're also responding to a community need that has risen exponentially in the last year. COVID-19 has affected all of our mental and behavioral health, and united services is seeing much higher rates of depression, anxiety and substance abuse in the population. Some of our programs are currently operating at a more than 200% increase in services over the previous year. Through the American Rescue Plan, Connecticut is set to receive a significant increase in federal matching funds for Medicaid. But the state is not planning to use these funds to increase rates or otherwise compensate providers.

The General Assembly can help us in meeting the community need which we have seen skyrocket due to COVID-19 by using the federal Medicaid increase as it is intended. To pay providers who are delivering these services to vulnerable populations. As you may know, community nonprofits have requested that the legislature appropriate \$461 million over the next five years for community nonprofits. Since 2007 community nonprofits such as United Services have lost at least that much in state funding that has not kept pace with inflation or adequately covered increased costs and demand for services over these years. COVID-19 has only exacerbated these underfunding challenges. Because a substantial portion of the \$461 million for community nonprofits will be to provide increased Medicaid rates.

The enhanced FMAP is a once in a lifetime opportunity for the Connecticut General Assembly to address these needs. This influx of federal funding combined with the state's strong rainy-day fund and more than 400.

REP. GARIBAY (60TH): Thank you so much Ms. Morrison. Does anyone have any questions? Seeing none, we thank you so much for coming and testifying today. Kathy Holt?

KATHY HOLT: Yes. Hello. I'm here. Can you hear me?

REP. GARIBAY (60TH): Yes, we can.

KATHY HOLT: Great Senator Moore, Representative Abercrombie, Ranking Members and Members of the Human Services Sub-Committee. Thank you for the opportunity to provide testimony and thank you for your service to our state. I'm Kathy Holt, Associate Director and Attorney at the Center for Medicare advocacy. My legal practice focuses on access to Medicare covered home health care. The Center for Medicare Advocacy supports Senate Bill 1054. Establishing an ombudsman to assist Connecticut residents to navigate obstacles to care at home, prevent misuse of public funds, promote health equity, and protect residents in their homes especially Connecticut's vulnerable, older and disabled residents.

We hear often from Connecticut's Medicare beneficiaries who have difficulties obtaining or retaining home healthcare services have been improperly discharged from services or who have concerns about the services they are or are not receiving. Ms. D's case illustrates the need for independent home health and hospice ombudsman. Ms. D from Branford was admitted to home health care after a hospitalization for treatment of pancreatic cancer. Her doctor ordered six home health visits a week for six weeks. Each week, Ms. D only received three of the six ordered visits from a nurse

therapist or aide. She wasn't even given a schedule of when to expect a visit. Someone from the agency just dropped by. Ms. D's daughter didn't report it to the Department of Health. She was afraid this would cause the home health agency to retaliate and remove the few services they were providing. Even though Ms. D still qualified for Medicare covered home health care. The agency stopped coming after three weeks without agreement by Ms. D's doctors and they illegally kept Medicare's payment for six weeks of services.

We already have a shining example of the benefits an ombudsman's program provides to Connecticut residents in our skilled nursing facility ombudsman's program. Under the leadership of Mairead Painter and Nancy Schaefer before her, the program has evolved into a trusted, productive, efficient and effective role in this state. The need for a home health and hospice ombudsman is equally important, because there was even less transparency for what happens in people's homes.

And there is no similar federal oversight for home health or hospice as there is for nursing homes. A trusted ombudsman would help to address the current difficulty residents have accessing covered services and bring any problems forward to be explored. The ombudsman would be welcomed into someone's home life to uncover and address abuse and neglect and ensure ordered services are received.

The value this ombudsman would bring to the state also includes necessary oversight and correction function. To address the shifting of Medicaid--I'm sorry--Medicare covered services into the Connecticut Medicaid program. Too many home health aide tasks that should be covered by Medicare are not properly accounted to Medicare but billed to Medicaid instead. The Center also recommends this program be established at the Department of Aging and Disability Services.

The nursing home ombudsman's program is well known and respected in the state and the home health and hospice ombudsman would be viewed as a parallel program for community-based services or in the alternative it could be housed under the jurisdiction of the existing but then expanded ombudsman's program. Thank you very much.

GIANNA VOLLANO: Oh, you're finished. All right. Wonderful. Congratulations for finishing under three minutes.

REP. GARIBAY (60TH): Thank you. Does anyone have any questions? Seeing none, we thank you very much Ms. Holt for coming and testifying today.

KATHY HOLT: Thank you.

REP. GARIBAY (60TH): Next is Jeanette Sullivan-Martinez.

JEANETTE SULLIVAN-MARTINEZ: Yes, good afternoon. Can you hear me okay?

REP. GARIBAY (60TH): Yes, we can hear you.

JEANETTE SULLIVAN-MARTINEZ: Terrific. Thank you, Senator Moore, Representative Abercrombie and the Members of the Human Services Committee for hearing my testimony today. I'm testifying today on Bill 1057 which deals with residents living within nursing homes and having better staffing for those people. I am one of those people. My name is Jeanette Sullivan-Martinez. I am president of the Resident Council in my home here at Pendleton Rehabilitation and Health. I'm also president of the statewide Coalition for Resident Council Presidents throughout the state.

I wanted to speak to you today and give some of my testimony on what I've seen prior to the pandemic as well as during the pandemic and how staffing has directly affected my life and those I live with. But

also, those throughout the state with testimonies that I've heard endlessly through the last year. One of the long--difficulty things that we have found is that with the lack of staffing, there tends to be a trickledown effect. When you don't have enough staff, your breakfast and lunch and dinner are not served in the appropriate timing and manner. Therefore, they get-- the kitchen gets the kickback, because the meals are cold, and they can't reheat things.

So, you've got that issue as far as eating, patients are staying in bed longer, not able to get out earlier in the morning. Toileting issues, not be able to get to and from the bathroom or the bedpan in the appropriate amount of time were those that are incontinent--I'm sorry-- those that are continent are becoming incontinent because of lack of staffing to be able to provide that service for them. It was mentioned earlier in the testimony.

You know, I didn't wake up one day and say, "Gee, I want to live in a nursing home." My abilities have declined to the point that at the age of 44, I came to live in this facility. I'm now 57. And I love and appreciate our CNAs and our nursing staff because they think through that pandemic, we wouldn't have made it through without them. But it has been extremely challenging. There was times where what we would have for one session 7-3, we would have for the whole day. So, you'd have once CNA for the morning, one for the afternoon, or maybe two in the afternoon and one in the evening. And we used to have that for just the early morning session of two meals and getting up out of bed and back in bed for rests or those that can't stay up for long periods of time.

It has been extremely challenging. So, I would press to you that it really would be very beneficial for people like myself and the other residents living in the state to be able to have more staff to give us more appropriate care. I don't ever feel dirty, but

I don't always get a shower. I get washed up every day. When you don't have enough staff in that means your weekly scheduled shower, you do not get it gets rolled to the next time that you're due for another shower. If they have enough staff in and you've got the kindness of people's hearts, they'll try to get you in. But people say, "Well, how can they not give you a shower?" And the reason they can't do that is if there's one person on the floor and you have 30 patients. Who's watching the other 29 while you're taking the 45 minutes or so, to bathe, dress somebody or put them back into bed?

GIANNA VOLLANO: Excuse me. I'm so sorry. Your three minutes are up. Please summarize.

JEANETTE SULLIVAN-MARTINEZ: Just I would like to say that the need is so great. And I hope that you would take into consideration my testimony, the things I've experienced and those that the rest of the State of Connecticut have experienced as well. Thank you for the opportunity. I appreciate it very much.

REP. GARIBAY (60TH): Thank you so much. Does anyone have a question? We thank you very much, Ms. Sullivan-Martinez. Thank you so much for coming and testifying.

JEANETTE SULLIVAN-MARTINEZ: Thank you.

REP. GARIBAY (60TH): Okay, moving on. Lisa Winjum.

THOMAS BERG: Yes, hello, Representative Garibay and Members of the Committee. I am not Lisa Winjum. She has unfortunately been unavailable at this time to testify, but she asked me to testify in her stead. My name is Thomas Berg from NAMI, Connecticut. I'm the Community Affiliate Relations Manager. And I appreciate your time today to talk about House Bill 6636, AN ACT CONCERNING COVID-19 AND ENHANCED FEDERAL MEDICAID FUNDING.

NAMI is the nation's largest mental health organization dedicated to building better lives for all people affected by mental health conditions. NAMI, Connecticut and its nine local affiliates provide support groups and education programs for people with mental health conditions and their loved ones and advocates for policies to improve the lives of people affected by mental health conditions. Again, thank you for the opportunity to provide testimony today.

The American Rescue Plan is expected to bring \$10 billion into Connecticut with over \$4 billion going directly to state and local governments. Connecticut is set to receive a significant increase in federal matching funds for Medicaid including a 10% increase for home and community-based services as well as the continuation of the 6.2% increase that began in the spring of 2020. While nonprofit providers were allocated a portion of the Corona Virus Lee funds. Those funds were spent months ago and the state has not used the increased federal match to increase the rates or otherwise compensate providers.

Community providers have been at the frontlines of the COVID-19 pandemic. Many never close their doors and have been meeting the needs of the communities they serve despite the risks. COVID-19 brought unanticipated and unbudgeted costs and operational challenges for community providers and for many, Medicaid is a primary or significant source of funding.

Since March 2020 NAMI Connecticut specifically has responded to more than 925 calls and emails from people looking for mental health resources and referrals for themselves or loved ones nearly double the amount we handle in an average year. We are not alone in the surge in calls from people seeking help nearly half of 93 call centers in a recent survey reported an increase in call volume and almost as many said their workforce was overwhelmed.

Some of these people who have recovered from COVID-19, 20% of people diagnosed with COVID-19 develop mental illness within 90 days. But many of these callers experience mental health conditions for the first time because of the stress, anxiety, isolation and economic insecurity accompanying the pandemic. As you may know, community nonprofits have requested that the legislature appropriate 461 million over the next five years for community nonprofits. Since 2007, community nonprofits have lost at least \$461 million in state funding that has not kept pace with inflation, or adequately covered increased costs and demand for services over the last 13 years.

COVID-19 has only exacerbated those challenges. The COVID-19 pandemic highlighted the existing mental health crisis here in Connecticut and across the country. People with mental health issues have shared with us their conditions have been exacerbated by the pandemic. The need to respond to people experiencing mental health issues has never been greater. The stress, uncertainty and isolation of the pandemic is taking a toll on all of our mental health and the immediate attention to this crisis is raising awareness about maintaining mental wellness--

GIANNA VOLLANO: Excuse me. Your three minutes are up.

THOMAS BERG: Alright, I'm almost done. So that has increased the demand for the support groups and education programs. NAMI, Connecticut and other nonprofits provide a strong mental health system and available services and supports for everyone who needs them as critical to the state's response to the COVID-19 crisis and its recovery because the pandemic is likely to have long lasting mental health impacts.

So, in summary, Congress has intended this plan to help Americans across the community get to the other side of COVID-19. And this Bill will provide

significant support to help community nonprofits emerge from COVID-19 stronger and more ready to meet the needs of our community. So, we urge the Committee to support House Bill 6636. Thank you for your time, and I will do my best to answer any questions you may have.

REP. GARIBAY (60TH): Does anyone have a question? Okay, thank you very much.

THOMAS BERG: Thank you very much. And I did submit testimony. It didn't come in on time, but it is-- been sent to your staff. So, you should see that shortly in the email. Thank you.

REP. GARIBAY (60TH): Okay, thank you. Sheldon Toubman.

SHELDON TOUBMAN: Good afternoon Representative Garibay, Senator Moore, Representative Abercrombie and other Members of the Committee. I'm testifying in support of 1056 with a couple of amendments. You have my written testimony in strong support. This relief is long overdue. We have people who qualify only at 885 a month in income that's under HUSKY C in most parts of the state. That's 82% of the federal poverty level. We do have two suggestions for friendly amendments.

One, as other witnesses have testified, it should cover people over 65 as well because they're in the same boat largely as people under 65. And they need protection as well so they don't have to spend down to 885. Also, it will get rid of spend out which is really impossible. A lot of people understand that for a lot of folks, however, under federal law spend down still has to be allowed for people who are over that 200%. So just the law as it currently reads should still say that. But I want to respond to some misstatements.

It's not in my written testimony but misstatements of the law by the Commissioner. She said, for

example, that under federal law, you can't cover under HUSKY D, the Medicaid expansion over 138% of poverty and get federal reimbursement. That's just not true. There's a specific option in the federal statute that says states can choose to if they have to cover up to 138, they can cover over 138. The only difference is they get a lower match, we get 50 cents per dollar, like we get for most of the Medicaid program instead of 90 cents, but we still get reimbursed. So that is not true.

And it's actually provided for in Section 1 of 10556. It cites the right provision of federal law that allows that option. Also, she testified that no state can get reimbursed for providing HUSKY C income eligibility over 100% of Federal Poverty. That's just not true either. My colleague Alison Weir explained that under federal law, it is complicated, I can explain a path, but under federal law, you can do disregards much higher so that effectively you get to the exact same place.

And the Commissioner said because of that misstatement, she said no state is covering anybody for the aged-blind disabled over 100% of poverty. That's not true either. California recently went up to 138% of poverty using that kind of disregard I just mentioned. Also, the Commissioner suggested that all these gaps in HUSKY can be satisfied by this \$50 million to the Office of Health strategy, which is not at for actual healthcare.

And I think Representative Abercrombie, you'll make clear that no money should better go to DSS for actual provision of healthcare and doing Medicaid is the most efficient way to do that. So, in conclusion, we strongly support 1056 but urge those two amendments to include people over 65, up to 200% of poverty, and that spend down option be maintained. I'm happy to answer any questions about misstatements of federal law you heard in prior testimony. Thank you very much.

REP. GARIBAY (60TH): Thank you very much. Does anyone have any questions? Seeing no questions. Thank you very much, Mr. Toubman, for coming and testifying today. And Senator Moore, we are happy you are back and I will turn it over to you.

SENATOR MOORE (22ND): Thank you Mr. Toubman, I saw your email. I'm going to forward that to the Commissioner. And ask her for an explanation on the point that you made. All right? So, thank you.

SHELDON TOUBMAN: Thank you very much.

SENATOR MOORE (22ND): So next is Sarah LeMaster. Is Sarah here? I'll move on to Tom Swan. Is Tom Swan here? Then I'll move on to Elizabeth Stern. Ms. Stern, are you here?

ELIZABETH STERN: Yes, I'm here. Can you hear me?

SENATOR MOORE (22ND): I can. How are you?

ELIZABETH STERN: Good. And I don't know is my audio on?

SENATOR MOORE (22ND): Your audio is on but I don't see you.

ELIZABETH STERN: Oh, you don't see me? What a shame. Hold on. New computer. I think you see me now. Yes.

SENATOR MOORE (22ND): Beautiful robin. I see that. But I don't see you

ELIZABETH STERN: Oh, you know what, let's leave that up. And I'll just talk. How's that?

SENATOR MOORE (22ND): That's fine. We've met before so I know who you are.

ELIZABETH STERN: Yeah, you know who I am. And I'm very, very, very happy to be here today. And I want

to thank you Senator Moore. I want to very much thank Representative Abercrombie and esteemed Members of the Committee on Human Services. Additionally, I'd like to thank Representative Hughes, Case, Dathan, Cook, and McCarty for their testimony this morning, which covers so much of what I want to talk about. Your testimony and the questions that you've asked today have renewed my hope that we may be turning a corner toward establishing an ECESP, whatever we want to call it, that works.

I'm here today to wholeheartedly support Bill 6634, an act that we know about but I cannot support the language. That is the way that it's written right now. As written 6634 opens the door, but it does not walk into the room. In the interest of time, I need not review Mathematica or the nursing home, working in assisted living workgroup testimony from consumer voice, Dr. David Grabowski, and scores of other medical and mental health professionals. We all know that family is more than a visitor. And yet the unclear language of 6634 does not clearly make that distinction. Furthermore, lines five and six read "That an ESP may visit with a resident in accordance with the rules set by the Commissioner of Public Health," but the rules are conspicuously absent from this Bill.

This morning Commissioner Gifford did not mention 6634 in her testimony, neither did she address this in her written testimony. Representative Abercrombie questioned us really this morning, she said the last thing we want is the misinterpretations of language. Representative Hughes asked for the strongest policy and have it be uniformly implemented. While I fully support Bill 1057 and many of the Bills that are being discussed today, Bill 6634 has no price tag attached to it, it's free. And yet it will address the physical and emotional wellbeing of hundreds of our most vulnerable residents and I say hundreds by design.

Matt Barrett underscored an important point this morning, numbers. He said, "Well, 6634 calls for the right of every person living in a long-term care facility to designate an ESP. The fact is that we are talking about 5-6% of the pre-pandemic population. Again, ESP are not visitors. Additionally, a compassionate care visit is not necessarily by an ESP, this is somewhat of a grade point. But we need to be come to terms with this. There are so many valid points to be made.

But in closing, I asked us all to consider the fact that the vaccination rate of staff is not close to 100%. However, every EC who I am working with in Connecticut, and there are many, has or is on their way to being fully vaccinated. That needs to be addressed. I don't-- you know what I'm not saying that every CNA and every nurse must be vaccinated, but we have to come to terms with every EC that I am working with in Connecticut and there many have been vaccinated.

GIANNA VOLLANO: Excuse me, excuse me. Your three minutes are up. Please summarize.

ELIZABETH STERN: Okay. I'm almost finished Heather. Thank you. I'm aware of the 17 EC programs that had been established by Executive Order or Commissioners Orders starting in June. And I understand CMS guidelines and believe that at this time, Connecticut has the opportunity to craft an ESP legislation that will set the bar for best practice throughout the country. But Bill 6634, as it is written will only add to the confusion that many families are experiencing with the visitation guidelines. I welcome any questions and look forward to working with legislators who see the essential nature of this Bill. Thank you very much for giving me this opportunity.

SENATOR MOORE (22ND): Thank you Mrs. Stern. Thank you for the work that you've done on the nursing

homes and the advocacy work. Also, I don't see any questions for you. So, I'll just say thank you.

ELIZABETH STERN: Thank you very much.

SENATOR MOORE (22ND): You're welcome. Next up is Win Evarts followed by George Reid-Perry.

WIN EVARTS: Good afternoon Senator Moore, Representative Abercrombie, Senator Berthel, Representative Case and other esteemed Members of the Human Services Committee. My name is Win Evarts and I'm a resident of Norwalk and the Executive Director of the Arc of Connecticut. And I'm also the father of a 30-year-old young man with intellectual disability and intractable seizures.

Thank you for the opportunity to testify in support of House Bill 6636, AN ACT CONCERNING COVID-19 AND ENHANCED FEDERAL MEDICAID FUNDING. I've submitted written testimony so I'm just going to basically cut to the crux of this. And it's a crux that you've heard from many speakers before. The COVID-19 pandemic has highlighted the critical need for higher Medicaid rates for Medicaid providers. Individuals in the IDD community that access Medicaid home and community-based services in the forms of residential or unemployment and day support are supported predominantly by a network of private nonprofits.

Ninety-four percent of the people that receive funding from DDS for residential supports and 99% of the people that get supported in unemployment and day. During the staff shortages that are currently being experienced by private providers may not permit those individuals supported by HCBS funding to return to pre-pandemic programming. That's how bad the staffing has gotten. The result of this for the individuals that are being served is increased isolation, and skills loss at a minimum.

The importance of raising Medicaid rates to alleviate staff shortages must also be viewed in the context of the anticipated increases in the state's minimum wage. The work that direct support personnel do is really hard work, as I'm sure that all of you know. And they need to be paid for that work, and they need to be paid more competitively than they are now.

We support House Bill 6636 because we believe that maximizing the near term and long-term impact of this strong federal response to COVID-19 is a key ingredient in stabilizing the essential workforce that delivers Medicaid services to those in need. Thank you for all that you do for all the people of Connecticut. And you've had a long day. And I'll take questions.

SENATOR MOORE (22ND): Thank you Mr. Evarts. Questions? Seeing none, I thank you for your time and your testimony, sir.

WIN EVARTS: Thank you.

SENATOR MOORE (22ND): Next is George Reid-Perry followed by Anna Doroghazi.

GEORGE REID-PERRY: Good afternoon Senator Moore, Representative Abercrombie, Senator Berthel, Representative Case and distinguished Members of the Human Services Committee. My name is George Reid-Perry, Senior Director of Adult Services at SARAH Inc. Our agency delivers early intervention services to children and families and supports adults with intellectual disabilities to more than 1400 people in 50 towns across five counties in Connecticut. We're able to do these things to the more than 130 employees that live and work in your communities. We want to thank you for the opportunity to provide support on House Bill 6636.

Recently, the Governor acknowledged community nonprofits provide essential services in every city

in town and Connecticut, serving people in need and employing tens of thousands. This past year of course has shown the resiliency and dedication of nonprofit community and all those we employ and provide supports to. COVID-19 has brought unanticipated and unbudgeted costs and operational challenges for community nonprofit--community providers, and for many Medicaid is a primary or significant source of funding.

So, I think what's important here is to really relay the story from one of our individuals who unfortunately couldn't be here because she had to go home. So, I want to read you a quick story from her. So, Diane is a young lady that we support that up until a year ago live semi-independently in her own apartment. Due to COVID she became unemployed for the first time in over 20 years and need to move in with her sister due to lack of available staff to support her during the day.

Over the past year, Diana has loss of majority of her identity, no longer being able to attend her work program, or have her apartment. Thankfully, our organization was able to step up and provide Diane this ability that was missing from her life and provide her a day program that meets her needs. This was due to the fact that she and I had a relationship for 10 years where I formerly worked with her at a different agency and her family reached out to me. While Diane story ends with a happy ending, many are not so lucky.

Chronic underfunding has put our agencies in a constant staffing crunch as we're unable to compete with big bucks or to compensate employees at higher starting wages. And we can't afford to compete with them with the lack of appropriate funding, not to mention the uncertainty of reliable funding year to year. This is not how businesses should be forced to operate.

As my colleagues shared earlier, often were unable to bring on new individuals in a timely fashion due to the inability to hire qualified staff and their lack of interest in committing to a job with such high demands and overall low compensation. Because a substantial portion of the 1461 million restoration for community nonprofits will lead to provide increased Medicaid rates.

That enhanced FMAP is an opportunity for Connecticut General Assembly to address these needs heads on. Congress intended for the American Rescue Plan to help Americans across the country get to the other side of COVID and this Bill would provide significant support to help the community nonprofits emerge from COVID stronger. We urge the Committee to support House Bill 6636. I want to thank you for your time and open up for any questions you may have.

SENATOR MOORE (22ND): Thank you Mr. Reid-Perry. I don't see any question for you. So, thank you for your testimony. Have a great day.

GEORGE REID-PERRY: Thank you. You as well. Thank you.

SENATOR MOORE (22ND): I understand Mr. Tom Swan is here now.

TOM SWAN: Yes. Hello Senator Moore, Representative Abercrombie and other Members of the Human Services Committee. I want to apologize I was on a call with the Housing Commissioner Deep at the same time my name was being called. So, I'm a little delayed and I'm still gathering my thoughts. I wanna thank you though for raising Senate Bill 1056, an act expanding access to medical services, and express the Connecticut Citizen Action Group strong support for this Bill. We are members of the Medicaid Strategy Group. The pandemic that we're all trying to still navigate has made clear the necessity of

ensuring that everyone has access to comprehensive healthcare.

And that's only gonna continue particularly on the mental health front as we move forward and has forced to the forefront of public discourse, a recognition of racial disparities in healthcare, and the importance of government stepping up to address these. We believe that the establishment of a standard eligibility level of 200% for HUSKY A, C and D is vital to ensuring that low-income residents of Connecticut have access to the healthcare that they need.

The health exchange has helped thousands of residents of Connecticut to gain access healthcare and security that they didn't have before, but at the same time for the income levels we're talking about, much of the health care that they need, whether it be in behavioral health or in dental health, they don't have access to that under some of the private plans, and the cost-sharing portions that people face on the exchange at these income levels of \$5,000 out-of-pocket co-pay is not a realistic choice. It's giving people a false sense of security.

We think that establishing this is a floor that people have access to Medicaid and can choose to enroll in that will provide health security, but also lead to healthier communities and better health outcomes for thousands of people in Connecticut. I wanna thank you for raising this important Bill today and say that anything we can do to help pass this, it's not that much money, and with the amount of money their Billionaires have made during the course of pandemic, we can ask them to give a few pennies more to ensure that this really important program becomes available to the people who most need it. Thank you.

SENATOR MOORE (22ND): Thank you, Mr. Swan. I don't see any questions for you. I appreciate you coming forward.

TOM SWAN: Thank you, Senator Moore. Have a great day.

SENATOR MOORE (22ND): Thank you. Next is Anna.

ANNA DOROGHAZI: Hello. Good afternoon, Senator Moore, Representative Abercrombie, Ranking Members, and Members of the Human Services Committee. My name is Anna Doroghazi, and I'm one of the policy directors at AARP Connecticut. We are a nonpartisan, social mission organization that advocates for individuals aged 50 and older, and we have a membership of 38 million nationwide and nearly 600,000 here in Connecticut. I'd like to use my time to focus on SB 1057, AN ACT CONCERNING NURSING HOMES. But I've also submitted written comments on SB 1054 and HB 6634.

I also wanna just briefly take a moment to acknowledge and thank the State Long-Term Care Ombudsman, Mairead Painter, and folks like Jeanette, Liz Jeffrey and all the other nursing home residents and family members who have spoken so poignantly about the need for some of the reforms that you're considering today.

Family members and other loved ones not only provide vital social and emotional connection for nursing home residents, but as we've heard over and over today, they also serve a critical caregiving function and supplement the care that paid staff provide in nursing homes. One reason the care of friends and family members is needed to supplement care in the first place is because we did not mandate staffing levels that are adequate for quality care.

SB 1057 would increase staffing levels to require, at least, four and one-tenth hours of direct care

per resident. AARP strongly supports this proposal, although we would recommend that line 11 be amended to add the words, "Per day," to specify that the new staffing level would be 4.1 hours of direct care per resident per day.

When nursing homes do not have adequate staff, residents cannot get out of bed, they can't use the bathroom or eat in a timely manner. Staff risk physical injury and cannot give residents the time and attention they deserve. Without adequate staff, resident visits with loved ones may be limited or canceled, and as we saw in the past year, low staffing levels make it difficult for facilities to contain the spread of infectious diseases like COVID. We've heard this from residents, we've heard this in the Mathematica report, we heard it in the nursing home and assisted living oversight working group, and we've heard it from advocates and researchers for years even before COVID. We need more staff in these facilities, and SB 1057 would get us there.

I'd also like to express support for section 1D of SB 1057, which would require the Commissioner of DSS in DPH to establish a minimum percentage of Medicaid reimbursement to nursing homes for the provision of direct care to nursing home residents. Connecticut spends in excess of \$1.5 Billion per year on institutional long-term care and we owe it to both residents and taxpayers to make sure that this money is used as intended, and that as much of this public money as possible goes toward providing quality care. Connecticut wouldn't be the first state to require this kind of direct care payment ratio. New Jersey passed legislation in late 2020 that requires at least 90% of a facility's revenue be spent on direct resident care. That legislation could be a model for Connecticut if we choose to move forward, and I hope we do. Thanks for the opportunity to testify today. AARP appreciates this Committee's commitment to exploring and addressing issues related to nursing home staffing, visitation, and

accountability. And we hope that you will join us in supporting SB 1057.

SENATOR MOORE (22ND): Thank you, Anna, for that testimony. I don't see the question for you, so thank you very much. Have a great day.

ANNA DOROGHAZI: Thank you, you too. Next is Ben Shaiken, followed by, Holly Fish.

BEN SHAIKEN: Hi. Good afternoon, Senator Moore, Representative Abercrombie, Representative Case, and Members of the Committee. My name is Ben Shaiken, I am the manager of Advocacy and Public Policy at the Connecticut Community Nonprofit Alliance, we're the statewide Association for Community Nonprofits which provide essential services in every city and town in Connecticut, serving over half a million people in need and employing 117,000 people in the state. Community Nonprofits, as you all know on this Committee, are an important part of what makes Connecticut a great place to live and work and an important part of our economy.

I'm here today to testify in support of House Bill 6636, AN ACT CONCERNING COVID-19 AND ENHANCED FEDERAL MEDICAID FUNDING. You have my written testimony so I just would like to address a few points briefly that have come up during today's hearing. First, just to address the testimony of the Department of Social Services, as well as some earlier conversations around using the enhanced federal matching percentage or FMAP to increase rates for providers and whether or not that's a possibility.

DSS seems to have suggested in their testimony that they don't believe that this enhanced federal match can be used to increase rates, and we simply don't believe that that's the case. The rate increases appear to be an allowable expense and under all of the enabling legislation, and guidance from the federal government, the 6.2% FMAP that the state has

received for the last year and continue-- and expects to continue to receive through at least the end of this calendar year, it runs coterminous to the federal public health emergency.

And then, the guidance on the rate increase or the FMAP increase in the American Rescue plan, the 10% increase for home and community-based services hasn't yet been released. That Bill was only just signed last week. So, congressional intent, certainly on that piece of legislation and on legislation before that is for this funding-- is clearly for states to use this funding for providers for Workforce Development, for increased access to services.

And all that, the enhanced federal match percentage means is that the service provided yesterday or last year at x percent match, now gets x + 66.2%, offer, home and community-based services moving forward x + 16.2%. That Delta can be used to increase rates and to bolster the workforce. Second, you've heard today a lot about the Alliance's request to the legislature to increase funding for community nonprofits by \$461 million.

That number 28% -- is 28% which is what we estimate nonprofits have lost to inflation since 2007 of the approximately \$1.8 Billion in funding that goes to nonprofits every year. Of that 1.8 billion, more than a Billion represents various Medicaid services, including hundreds of millions of dollars in home and community-based waiver services provided by DDS contracted providers.

This FMAP, enhanced FMAP, and the other American Rescue Plan dollars coming to the state is a once-in-a-lifetime opportunity for the Connecticut General Assembly. These funds are not subject to the spending cap, they can go directly to help nonprofits and the people they serve and to achieve a significant portion of the requests that the Alliance has made in the legislature.

To put it in very stark terms. The American rescue Plan gives Connecticut a chance for a new start with nonprofits. It gives Connecticut a chance to establish, finally, Medicaid rates that pay for the actual cost of care. And this can have, as you would imagine, a significant increase-- impact on the services that nonprofits provide. We have 117,000 in place--

GIANNA VOLLANO: Excuse me, sorry, your three minutes are up. Can you please summarize?

BEN SHAIKEN: Sure, I will summarize. That's 12% of Connecticut's workforce, and so this increase of 461 million over the next five years will allow nonprofits to innovate and expand, which means expanding access to critical services at a crucial time as we emerge from the pandemic, and it will allow nonprofits to increase salaries and benefits for the hard-working staff we've heard about today, who have been on the frontlines of COVID and will continue to be. So, we urge the Committee to pass House Bill 6636. Thank you very much for your time this afternoon, and I'm happy to take any questions.

SENATOR MOORE (22ND): Ben, I don't see any questions for you, but you're right, this a once-in-a-lifetime deal and we have to seize the moment. Carpe Diem. Thank you.

BEN SHAIKEN: Thanks, Senator, agreed.

SENATOR MOORE (22ND): Thank you. Moving on to Holly Fish, followed by Pereesa Goodwin.

HOLLY FISH: Good afternoon, Senator Moore, Representative Abercrombie, Senator Berthel, Representative Case, and Members of the Human Services Committee. My name is Holly Fish, I'm the Division Director of Community Support Services at United Services. United Services is the local mental health authority for 21 towns in northeastern

Connecticut. We are a nonprofit organization providing more than 30 programs to our community, including outpatient mental health, substance abuse treatment, family programs, and crisis services.

In the Community Support Division, we provide mental health services to adults, with services such as community case management, behavioral health home, which is an integrated behavioral health and medical model, which focuses on adults and children who are on Medicaid with significant medical needs, homeless and housing programming, employment services, social rehabilitation, wellness programs, FEMA COVID-assistance for community health, focusing on those that are experiencing homeless or at risk of homelessness, and also our community senior population.

The Community Support Division also serves families through DCF-funded programs such as reunification, therapeutic family time and parents support services. I wanna thank you for the opportunity to provide testimony to support of HB 6636, AN ACT CONCERNING COVID-19 AND ENHANCED FEDERAL MEDICAID FUNDING.

SENATOR MOORE (22ND): Thank you, Holly.

HOLLY FISH: United Services has remained open throughout the pandemic. Our staff have continued to work with clients to support them where they really need us, which is in the community. This has required creativity from our staff and from us as an agency. We have had to supply our staff with PPE, launched telehealth, supply staff with new equipment for this transition, design, and install physical barriers, and much more in the last year to keep our programs running in a safe way. And all of these activities greatly increased our cost.

We are also responding to a community need that has risen exponentially in the last year. COVID has greatly impacted our mental and behavioral health,

and we are seeing much higher rates of depression, anxiety, and substance abuse in the population. Some of our programs are currently operating at a more than 200% increase in services over the previous year. Through the American Rescue Plan, Connecticut is set to receive a significant increase in federal matching funds for Medicaid, but the state is not planning to use these funds to increase rates or otherwise compensate providers.

The General Assembly can help us in meeting the community need, which we have seen skyrocket due to COVID-19, by using the federal Medicaid increase as it's intended, to pay providers who are delivering these services to vulnerable populations. As you know, community nonprofits have requested that the legislature appropriate 461 million over the next five years for community nonprofits.

GIANNA VOLLANO: Excuse me, your three minutes are up. Can you please summarize? Thank you.

HOLLY FISH: Yes, absolutely. Congress intended for the American Rescue Plan to help Americans across the country get to the other side of COVID-19. Please help us ensure that residents of northeastern Connecticut have those same opportunities. We urge the Committee to support HB 6636.

SENATOR MOORE (22ND): Thank you, Holly. I'm sorry, I interrupted you there.

HOLLY FISH: No, that's okay.

SENATOR MOORE (22ND): I thought you were finished. I apologize. I don't see any questions for you. I thank you for your testimony.

HOLLY FISH: Thank you very much.

SENATOR MOORE (22ND): Thank you. Pereesa Goodwin.

PEREESA GOODWIN: Thank you, Senator Moore, and thank you all Members of the Committee. My name Pereesa Chamchi Goodwin, I am the Executive Director of the Connecticut Oral Health Initiative and I am testifying on their behalf today, in support of Senate Bill 1056. We are an oral health policy and advocacy nonprofit and our mission is to ensure that there is access to oral health services for all residents of Connecticut.

We see HUSKY as a very important component of that. It is critical to expand HUSKY to adults earning up to 200% of the federal poverty level. Because that is a very low threshold, people living under that income bracket are extremely low income and are struggling to make ends meet. Routine care, many of us take for granted, myself included, such as a dental cleaning, are things that are out of reach for many of our neighbors. HUSKY offers comprehensive coverage without co-pays.

I know that some of my colleagues have mentioned it's very difficult, for example, for an adult to get good dental coverage under traditional health plans, very difficult to purchase it on the market, and so you're oftentimes paying out-of-pocket, which can be very expensive for people that are living paycheck-to-paycheck, or trying to live with a very low income and struggling at this time.

Lack of coverage and the high cost of care is the main reason that people forego health services, including dental care, that's actually the service that is first to go when people are rationing their care. Routine and preventive care is, in fact, though cheaper and better for your health than having to wait until there's a restorative need that you really can't avoid. If you have routine care and you have coverage, you're also more likely to prevent those more serious dental problems. Something that starts off as a toothache, an untreated cavity can turn into an infection that spreads to the heart or brain causing death or

serious injury. It did cause death, for example, in the cases of 12-year-old Diamonte, Driver, and 24-year-old father, Kyle Willis. So, these are things that happen needlessly that really could be avoided by making sure that people have coverage and are engaged in care.

Dental coverage in Medicaid helps adults obtain and maintain employment. Dental pain actually contributes to a lot of missed workdays for our low to middle-income adults in the United States. It also reduces costly emergency room visits, and produce-- and prevents that needless pain and death that I mentioned before, unfortunately.

So, thank you so much for raising the issue. I know that some of my colleagues mentioned some of the wonkier pieces as to why this is so important, but I wanted to speak to that dental piece. I have spoken to a lot of people who have been living with toothaches, who are poor and cannot afford insurance but are not poor enough right now to qualify for Medicaid. So, this would help so many people greatly. So, thank you so much for raising it, and I'm happy to answer any questions you may have.

SENATOR MOORE (22ND): Thank you Pereesa. I don't see any question, but isn't that something? Poor but not poor enough? It says a lot, doesn't it?

MERRILL GAY: It does.

SENATOR MOORE (22ND): Thank you so much.

MERRILL GAY: Thank you. Next, Merrill Gay. Hey, Merrill, I just wanna say I think you're the last person I saw last night also.

MERRILL GAY: Yeah, I seem to be.

SENATOR MOORE (22ND): You've been very lucky on the draw.

MERRILL GAY: Yeah. So, good afternoon, Senator Moore, Representative Abercrombie, Representative Case, Members of the Committee. My name is Merrill Gay, I'm the Executive Director of the Connecticut Early Childhood Alliance. As many of you know, the Early Childhood Alliance focuses primarily on issues related to children from age-- from birth to age eight. But we do that with a clear understanding that children don't live in a vacuum, they live in families and their parents are the most important people in their lives.

So, I am happy to be here to testify in strong support of Senate Bill 1056. The Alliance strongly supports restoring the HUSKY income eligibility limits for parents, back up to 201% of the federal poverty line. This would make the income limits for parents consistent with the income limit for their children. We know that in 2015 when the income limits were reduced, that more than 11,000 parents lost coverage and that a year later, four out of five of those parents still didn't have coverage, because the alternative of purchasing care on the exchange simply wasn't affordable to them.

This is also very important because the HUSKY Benefit Cliff is the first Cliff that many families are going to experience when the minimum wage goes up to \$13 an hour, that that's going to be enough for some families to get pushed over the income limit as it currently stands, and that they will find that for that small increase in wages that they've just gotten that they are losing this very important benefit of healthcare, that could cost them a lot more money than the little bit that they get in the minimum wage increase. So, we strongly encourage you to support 1056 and to lift that income limit up to what it used to be. It's important for families, and it's important for children. And I would be happy to answer any questions. Thank you.

SENATOR MOORE (22ND): Thank you, Merrill. I don't see any other questions, and I think you're our last person also.

MERRILL GAY: All right. Thank you.

SENATOR MOORE (22ND): Does anybody have a question? Well, thank you, appreciate you coming on and waiting for us.

MERRILL GAY: Okay.

SENATOR MOORE (22ND): Take care.

MERRILL GAY: All right, bye.

SENATOR MOORE (22ND): If there are no more presenters or anyone to give testimony, I will end this public hearing. Good time for the opening of the House Session also. All right, anybody wanna say anything? Closing remarks? Representative Case.

REP. CASE (63RD): Thank you, Madam Chair, it was great. And we made it within a minute and we'll get into session. Thank you.

SENATOR MOORE (22ND): All right. Thank you, everyone. Take care. Thank you, Heather.

GIANNA VOLLANO: You're welcome, Senator.

SENATOR MOORE (22ND): Good job.

REP. ABERCROMBIE (83RD): Thank you, Senator Moore, for covering, appreciate it.

SENATOR MOORE (22ND): Yeah.

REP. ABERCROMBIE (83RD): And we got done in time. This is a good job. Thanks, everybody.