



March 11, 2025

Testimony of the Connecticut Association of Health Care Facilities / Connecticut Center For Assisted Living (CAHCF/CCAL) before the Human Services Committee in Opposition

On behalf of the Connecticut Association of Health Care Facilities / Connecticut Center For Assisted Living (CAHCF/CCAL), a trade association of skilled nursing facilities and assisted living communities, my name is Matthew Barrett, the association's President and CEO. Thank for this opportunity to present testimony in support of S.B. 805 (COMM) AN ACT REQUIRING NURSING HOMES TO SPEND NOT LESS THAN EIGHTY PER CENT OF REVENUES ON DIRECT PATIENT CARE.

Mandating 80% of Medicaid, Medicare and Private Pay Funding on Direct Care

S.B. 805, beginning July 1, 2025, would require Connecticut nursing homes spend eighty per cent or more of funding from Medicaid, Medicare and all other payment sources on direct care of residents. The bill also authorizes the Department of Social Services (DSS) to adjust the percentage spent on direct care for a nursing home facility with an approved capital improvement project or a fair rent increase. Beginning July 1, 2027, the bill authorizes DSS to decrease rates of Medicaid reimbursement for any nursing home that does not comply with these provisions. The bill defines "direct care" as "hands-on care provided to a facility resident by nursing personnel, including, but not limited to, assistance with feeding, bathing, toileting, dressing, lifting or moving residents, medication administration and salary, fringe benefits and supplies related to direct care; and (B) "nursing personnel" means an advanced practice registered nurse, licensed pursuant to chapter 378, a registered nurse or practical nurse, licensed pursuant to chapter 378, or a nurse's aide, registered pursuant to chapter 378a.

There are five costs categories with allowable cost maximums in the Medicaid rates: 1. Direct - Nursing and nurse aide personnel salaries, related fringe benefits and nursing pool costs.