

# CONNECTICUT ASSOCIATION OF HEALTH CARE FACILITIES, INC.

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February 25, 2014

**Written testimony of Matthew V. Barrett, Executive Vice President, Connecticut Association of Health Care Facilities (CAHCF) in support of S.B. No. 179 (RAISED) AN ACT CONCERNING THE ALZHEIMER'S DISEASE AND DEMENTIA TASK FORCE'S RECOMMENDATIONS ON TRAINING.**

Good afternoon Senator Ayala, Representative Serra and to the members of Aging Committee. My name is Matthew V. Barrett, Executive Vice President of the Connecticut Association of Health Care Facilities (CAHCF), our state's one hundred and sixty-seven (167) member trade association and advocacy organization of skilled nursing facilities and rehabilitation centers. Thank you for this opportunity to submit testimony for today's public hearing.

CAHCF applauds the Connecticut General Assembly for the task force created under Special Act 13-11 and the comprehensive findings included in the "Report of the Task Force on Alzheimer's Disease and Dementia" (January 2014). The report appropriately notes that "...in Connecticut, it is estimated there are over 70,000 individuals age 65 and older living with Alzheimer's disease or another dementia. Unless the disease can be effectively treated or prevented, the number will increase significantly in the next two decades." Today we offer support for S.B. No. 179 (RAISED) AN ACT CONCERNING THE ALZHEIMER'S DISEASE AND DEMENTIA TASK FORCE'S RECOMMENDATIONS ON TRAINING.

Connecticut's skilled nursing facilities and rehabilitation centers will remain a cornerstone provider of high quality services to persons diagnosed with Alzheimer's disease and dementia in specialized care units and generally in the nursing facility community, even as our state appropriately continues to develop options for enhanced care options in home based settings. In this regard, the report importantly addresses the need to achieve a standard of training in both the skilled nursing facility and home and community based services environments. The best practices in the form of increased training requirements in the legislation will improve the quality of care provided across the continuum of long term care. Specifically, among other things, the bill requires: (1) A Dementia Care Committee in each facility to review the issues which impact person - centered care, wellness indicators, and staff training programs for dementia care capability; (2) require all staff to receive dementia - specific education and that the dementia - specific training shall be completed within 120 days of hire. (Currently training is required within 6 months of hire). These are well-reasoned recommendations in the report given the incidence of Alzheimer's disease and dementia in the skilled nursing facility population. Many Connecticut nursing facilities currently adhere and even go beyond these proposed requirements; however, S.B. 179 importantly establishes

a training standard that should apply across the skilled nursing facility sector, which CAHCF supports.

CAHCF asks the Aging Committee to continue to be mindful that additional requirements on the skilled nursing facility community are too often unaccompanied by no commensurate reimbursement under our state's Medicaid reimbursement system. It is increasingly important to provide fair and adequate reimbursement as our nursing facility providers serve an ever-increasing population of higher acuity residents with more complex care needs, such as those diagnosed with Alzheimer's disease and dementia. . Connecticut nursing homes remain in a period of ongoing financial distress. Medicare reductions in 2012 were as high as 16% in many Connecticut nursing homes and additional 2% Medicare sequestration cut was implemented last April. On average, providers are paid today \$25.43 per patient day less than what it costs to care for our residents. For the typical nursing facility, this represents over \$500,000 per year in unfunded costs. There has been no rate increase in the system since 2007, except for increases made possible by increasing the user fees paid by nursing homes themselves, and this increase was reduced by \$5 million last session. Fair and adequate resources will be needed to meet these challenges and those included in S.B. 179.

I would be happy to answer any questions you may have

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February 25, 2014

**Written testimony of Matthew V. Barrett, Executive Vice President, Connecticut Association of Health Care Facilities (CAHCF) in support of H.B. No. 5226 (RAISED) AN ACT INCREASING THE PERSONAL NEEDS ALLOWANCE FOR CERTAIN LONG-TERM CARE FACILITY RESIDENTS.**

Good afternoon Senator Ayala, Representative Serra and to the members of Aging Committee. My name is Matthew V. Barrett, Executive Vice President of the Connecticut Association of Health Care Facilities (CAHCF), our state's one hundred and sixty-seven (167) member trade association and advocacy organization of skilled nursing facilities and rehabilitation centers. Thank you for this opportunity to offer testimony this afternoon in support H.B. No. 5226 (RAISED) AN ACT INCREASING THE PERSONAL NEEDS ALLOWANCE FOR CERTAIN LONG-TERM CARE FACILITY RESIDENTS.

We believe the harmful cut to the nursing facility resident personal fund allowance should be restored to \$72 (\$12.00 increase) including an annual cost of living adjustment. In small ways, these funds go a long way toward enhancing the quality experience our resident have in our homes. I understand these cuts were made for financial reasons in State Fiscal Year 2011. However, there is a strong policy basis for their restoration at this time. We urge the committee to advance this legislation.

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