



Testimony to the Public Health Committee

Presented by Mag Morelli, President of LeadingAge Connecticut

March 6, 2020

Regarding

House Bill 5020, An Act Concerning the Governor's Budget Recommendations regarding Public Health

Good afternoon Senator Abrams, Representative Steinberg and members of the Public Health Committee. My name is Mag Morelli and I am the President of [LeadingAge Connecticut](#), a statewide membership association representing not-for-profit provider organizations serving older adults across the continuum of aging services, including skilled nursing facilities, residential care homes, home health care agencies, hospice agencies, adult day centers, assisted living communities, senior housing and life plan communities.

On behalf of LeadingAge Connecticut, I am pleased to provide testimony on *House Bill 5020, An Act Concerning the Governor's Budget Recommendations regarding Public Health*.

Our testimony today is specific to Section 12 of the bill which proposes to establish a new transfer and discharge process for the licensed residential care home (RCH). This proposal is related to the State's effort to qualify the RCH setting as a Centers for Medicare & Medicaid Services (CMS) approved home and community-based setting for the purpose of allowing Medicaid waiver services to be delivered to the RCH residents.

LeadingAge Connecticut represents eleven non-profit RCHs and we strongly support the State's efforts to qualify the RCH as a CMS approved home and community base setting. The RCH setting is both supportive and affordable and is a setting of choice for many older adults. It can be a valuable community-based housing option for those choosing to receive Medicaid funded home and community-based services and we have been working with the state agencies for several years to qualify the RCH as a community-based setting for the purpose of Medicaid funding.

With respect to the bill before you today, we do not support the language that is proposed in Section 12, but we are currently working together with the Administration and other stakeholders in this process to develop substitute language that will accomplish the goal of modifying the transfer and discharge process to comply with the CMS rules. We are very appreciative of the Administration's leadership role in this effort to develop workable language that will meet the stated goal.

We want to re-emphasize that we wholeheartedly agree with the goal of qualifying the RCH as a CMS approved home and community-based setting and we are very hopeful that the current efforts will bring forward a solution on this issue that can be agreed upon by all those concerned.

Thank you for the opportunity to provide you with this testimony.

Respectfully submitted,

Mag Morelli, President

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