

Testimony of Merrilee McFeaters
Massack Memorial Home, Person in Charge/Manager
Re: H.B. 5055- H.B. No. 5005 AN ACT ADJUSTING THE STATE BUDGET FOR THE
BIENNIUM ENDING JUNE 30, 2021
Concerning
Department of Social Services Budget- Residential Care Home Funding
Appropriations Subcommittee on Human Services Public Hearing, February 19, 2020

Senator Osten, Representative Walker and Members of the Appropriations Subcommittee on Human Services, thank you for the opportunity to offer testimony, specifically on the Department of Social Services Budget related to Residential Care Home Funding.

My name is Merrilee McFeaters and I am the Person in Charge and Manger of Massack Memorial Home located in Rockville, CT. I am here to express the strong need for a rate increase for residential care homes throughout the state. If our industry continues to be significantly underfunded some homes will inevitably have to close leaving our residents with limited housing options.

The Governor's proposal to enable residential care homes to bill Medicaid acknowledges the need for higher rates. However, our industry has significant concerns with the proposal especially since it cuts money out of the budget that has been dedicated to residential care homes without knowing how much or what services we will be able to have covered by Medicaid.

Massack Memorial Home is a 19 bed State of CT licensed Residential Care Home. What we have become, however, has far surpassed the typical Room and Board scenario. The residents that we cater to are far more demanding and require more services, time, and cost in staffing and overtime than ever before.

We provide a safe and secure home these residents. Many of them have severe mental and health challenges. For instance, we have a blind resident, a HIV positive resident, a dementia resident, some diabetic residents, and others who are unstable and/or often incontinent. Our Mental health population provides yet another challenge because they can often be hugely difficult to manage due to their severe mood swings and demanding personalities. Effectively, we are providing frontline care in any crisis situation.

As a RCH we provide 24 Hour Supervision, 3 Homemade meals and 2 snacks daily, Medication Supervision, Full Housekeeping, maintenance, laundry, and cleaning services. At least, this is what we are supposed to provide....yet we provide so much more.

We have actually become the liaison that juggles the schedules between the resident, their doctors, their nurses, and their Case Managers. We help schedule a copious amount of doctor's appointments and follow ups. We make all of the arrangements and/or provide actual transportation to those appointments. More and more, we find

that doctor's are requiring a staff member to accompany our residents. Otherwise they have refused to provide care for and/or the resident has not received the proper care because they are often unable advocate for themselves. In addition, we need to be acutely aware of what is going on with our resident's health.

Inevitably, Doctors have tasked us with monitoring and recording blood sugars, weights, nebulizer treatments, inhalers and C-Pap machines. We are asked to keep an eye on things like foot care and be aware of the risk for bed sores and other infections.

What happens when a resident becomes physically ill? My staff is there to clean up their urine, feces, and vomit. When they wet the bed or the chair on the porch...my staff is there to help them manage and clean up the mess. When they fall down despite being told to use their cane or walker...my staff is there to help lift them up. When they have a personal crisis and refuse to take their medications and start the decompensation process...my staff is there to make the calls and to help prevent the crisis.

We constantly strive to keep our residents active and moving. This is no easy task as many of them want to lie in bed all day and refuse to move or participate in their daily ADL's. I had a resident who was so obsessed with their phone and video games that they would refuse to get up to use the bathroom. They would actually lie in their own excrement for hours on end. My staff had to deal with this behavior and clean up after this resident. It seems we are forever coaxing resident to shower and maintain cleanliness.

Our residents range from the ages 31 to 86 and since most live with us for several years, we also have the challenge of that aging population. One of my elderly residents literally takes 3 hours of time to bathe. Although we have brought in bath aides, this resident's personality is so difficult they actually exhausted the full roster of the VNA's available staff. VNA finally stopped providing this service and we were tasked with finding another company to work with this client. In the interim my staff had to pick up the responsibility.

Another resident with severe dementia required a staff member to accompany them to a 4 hour intake assessment and later, to a 7 hour psychological evaluation. This does not even factor the time it took to get to and from the appointments. The cost of this staff member's salary actually exceeded our Daily rate of care. As a point of interest I researched the cost of one night in some of our local hotels and motels. I learned that our daily rate is actually less than the average cost of one night in these bare bone, no frills establishments that don't even provide any meals. Think about that for a moment.

Luckily, my staff members are empathetic humans who consistently strive to provide each resident with the utmost in dignity, respect, and importantly... as joyful a life as possible. However, my staff members are on the verge of providing duties that a CNA would usually be tasked. . Our residents not only require that kind supervision, dedication, and care...they demand it. Every day, brings on new tasks and challenges.

The typical RCH has to field and manage the concerns and demands of an extremely egocentric and OCD driven cast of characters. I have illustrated only a few of these scenarios. I know that my staff is working overtime to keep up with the demands of this population and they are exhausted and worn down.

Please remember that this is all done for a low cost to the state while providing care to some of the most vulnerable people in the state. My home and other residential care homes throughout the state have had to get by with rates failing to keep up with costs and yet we serve as the safety net for many people with mental health diagnoses and substance abuse issues. Unlike other providers, all of our residents are state funded limiting our ability to cost shift and make up for low rates. The biggest challenge with the lack of rate increases is the ability to pay our employees a fair wage. We value our employees who deserve so much more for the work they do.

Unfortunately, paying employees the necessary wages to attract new people to our industry continues to be a challenge resulting in employee turnover for many homes. Our industry strives to employ people in long term careers so that they can establish and maintain relationships with our residents. This leads to better long-term health outcomes, stability in the home and savings to our state.

The inconsistent funding also makes running our businesses difficult to run. We constantly have to make repairs that are subject to state inspections.

Please support residential care home funding and uncap our rates so that we can help us keep our great employees and pay them fairer wages.

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