

# Aging Committee JOINT FAVORABLE REPORT

**Bill No:** SB-289 / [Bill Status](#) / [Public Hearing Testimony](#)

AN ACT CONCERNING FUNDING OF THE QUALITY METRICS PROGRAM  
**Title:** FOR NURSING HOMES.

**Vote Date:** 3/5/2026

**Vote Action:** Joint Favorable Substitute

**PH Date:** 2/24/2026

**File No.:**

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## SPONSORS OF BILL:

Aging Committee

## REASONS FOR BILL:

Medicaid beneficiaries in nursing homes do not always receive the same quality services that other healthcare services provide to their beneficiaries. This bill implements a range of nursing home rate proposals included in the Governor's SFY 27 Midterm Budget Adjustment Recommendations. It incentivizes the utilization of high-quality services to nursing home residents who are Medicaid beneficiaries.

## RESPONSE FROM ADMINISTRATION/AGENCY:

### [Connecticut Aging and Disability Services, Ms. Mairead Painter, Long-Term Care](#)

**Ombudsman:** This organization **supports** this bill, citing that it reinforces the idea that public funds should reward high quality, resident centered care. They continue that the integration of Patient Driven Payment Model data into case mix calculations improves accuracy in reimbursement and the Medicaid utilization pool recognizes the financial pressures faced by facilities serving a high volume of residents on Medicaid. They also recommend that facilities that consistently fall into low quality categories engage with a state approved quality improvement expert until significant improvement is achieved.

### [Connecticut Department of Social Services, Ms. Shantelle Varrs, Deputy](#)

**Commissioner:** The Department of Social Services is in strong **support** of SB-00289. They assert that the bill provides necessary funding to nursing homes to create quality improvements on the care given to nursing home residents. They continue that the bill will reward nursing homes that provide greater Medicaid access, granting more options for

Medicaid members and improved living conditions as the funding is reinvested into the facility.

#### **NATURE AND SOURCES OF SUPPORT:**

**Connecticut Association of Health Care Facilities/Connecticut Center for Assisted Living, Mr. Matthew Barrett, President & CEO:** The CAHCF/CCAL believes that significant revisions are needed, including language to implement inflationary adjustment, which they provide in their testimony. They believe that if the bill does not undergo significant revisions, some nursing homes could see extremely de-stabilizing reductions in their Medicaid rates. They go on to say that there is substantial anxiety in the nursing home community about the July 1, 2026 rates until the Department of Social Services shares the model and calculations of said rates, which is estimated to be two weeks away.

They also recommend the following: A Revised Three-Year Phase-In With Adjusted Corridors (Stop-Gain / Stop-Loss), Inflation from Cost Report Year to Rate Year, Medicaid Rate Add-Ons, Reforms to the Medicaid CMI Growth Cap and Neutrality Factor Reduction, and Rebasing and Minimum Occupancy Revisions. They then provide a more detailed analysis in support of these recommendations.

**Leading Age, Ms. Mag Morelli, President:** Leading Age **supports** the concept of reinvesting the portion of the savings calculated in the Governor's proposal back to the nursing home sector. They are also supportive of the Quality Performance Program is proposed to be funded in year three of the phased in rate adjustments. They express concern that the current guardrails proposed for the three-year phase-in of the transition to the Patient Driven Payment Model (PDPM) will cause many nursing homes will lose significant funding in their rates.

They claim that the transition to PDPM is necessary and also emphasize their long-term support for scheduled rebasing of nursing home base rates, citing that it is fundamental to maintaining the integrity of Connecticut's statutory cost-based rate system.

They request that the impact of the case mix neutrality factor (lines 65-67 of the bill) be evaluated and addressed as the state transitions to PDPM, including the policy's impact on direct care staffing and resident outcomes.

**Reported by: Tatyana Massa, Assistant Clerk**  
**Reviewed by: Elizabeth Aheart, Clerk**

**Date: 3/9/2026**