



May 14, 2026

RE: Support for House Joint Resolution 8205

Chair Abney and Honorable Members of the House Finance Committee:

My name is Timothy Farias, LPN, and I serve as Regional Director of Business Development for GreenTree Healthcare Management's Northeast Division. In that role, I work directly with skilled nursing facilities across Rhode Island, including Berkshire Place in Providence and Silver Creek and Dawn Hill in Bristol.

I respectfully submit this testimony in strong support of House Joint Resolution 8205. This resolution addresses one of the most urgent gaps in Rhode Island's healthcare system: the lack of a practical, funded, and clinically appropriate step-down pathway for individuals with complex behavioral health needs who no longer require acute hospital care, but who are not safely served by a traditional nursing home model without enhanced supports.

This is not just a nursing home issue. It is a hospital throughput issue. It is a Medicaid spending issue. It is a patient access issue. And most importantly, it is a human issue. Right now, individuals who are medically stable can remain in hospitals far longer than necessary because there are too few appropriate placements available for patients with significant behavioral health needs. These individuals may still require psychiatric oversight, medication management, structured supervision, de-escalation support, trauma-informed care, and a highly coordinated care plan. But they do not necessarily require continued acute hospitalization.

Every unnecessary hospital day is an expensive day at the wrong level of care. Rhode Island has already recognized this problem through the Nursing Facility Specialized Psychiatric Unit framework. The intent was right. The need is real. But the current structure has not produced the access Rhode Island needs.

From the provider perspective, the barriers are clear. The admission criteria are too narrow. The physical plant requirements are difficult to operationalize. The staffing and clinical expectations are significant. And the reimbursement does not come close to supporting the real cost of safely caring for this population. That is the heart of the issue.

Providers cannot be expected to build a specialized behavioral health model on a reimbursement structure that does not fund the staffing, training, psychiatric consultation, supervision, documentation, crisis response, and enhanced safety measures required to make the model work. For example, a patient in the stabilization period may require 24-hour one-to-one CNA coverage with staff trained in behavioral health, de-escalation, and psychiatric support. In our experience, that one intervention alone can cost approximately \$780 per day when wages, payroll taxes, benefits, and overhead are included. That does not include psychiatry, social work, behavioral health consultation, staff education, leadership oversight, environmental modifications, or the additional documentation required. If the reimbursement does not support the care model, the program becomes a paper solution to a real crisis.

House Joint Resolution 8205 gives Rhode Island the opportunity to correct that. It allows the State to move toward a more realistic behavioral health per-diem structure for complex patients who meet nursing facility level of care and require enhanced behavioral supports. That is exactly the type of reform Rhode Island needs.

A workable model should be clinically driven, not restricted by overly rigid criteria. It should allow appropriate patients to transition from hospitals into specialized nursing facility settings when that is the least restrictive and clinically appropriate placement. It should recognize that stabilization often requires temporary enhanced staffing, including one-to-one support. And it should reimburse providers at a level that makes safe participation possible.

This is not about creating a financial windfall for providers. It is about building the infrastructure necessary to accept patients that the current system has no place for. If Rhode Island wants to reduce avoidable hospital utilization, improve hospital capacity, reduce unnecessary Medicaid spending, and support patients in the right setting at the right time, then the State must create a model that providers can actually operate.

The question before us is not whether these patients need care. They do. The question is whether Rhode Island will continue paying for that care in the most expensive setting because the step-down option is not workable, or whether we will build a responsible, accountable, and appropriately funded pathway that allows patients to move to the right level of care.

House Joint Resolution 8205 is an important step toward that solution. I respectfully urge the Committee to support this resolution and to advance reforms that make Rhode Island's specialized behavioral health nursing facility model practical, adequately reimbursed, and operationally achievable. Let us not leave this program as a concept on paper. Let us make it a real placement pathway for vulnerable Rhode Islanders who need care, structure, dignity, and a safe place to go.

Thank you for your time, your consideration, and your commitment to strengthening Rhode Island's behavioral health continuum of care. I would be happy to answer any questions or provide additional insight from the provider perspective.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'T. Farias, LPN'. The signature is stylized with a large, sweeping initial 'T' and 'F'.

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