NASW National Association of Social Workers / Connecticut Chapter

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Care of Senior's in Nursing Homes Public Hearing

Public Health and Human Services Committees
June 24, 2010

On behalf of the National Association of Social Workers, Connecticut chapter, representing over 3400 members, we thank the Human Services and Public Health Committees for undertaking this hearing on the issues of nursing home care for seniors. While you will no doubt hear considerable comments on physical health care and the need for increased community alternatives, I am here to discuss the dire situation and dismal state of social work services in nursing homes.

The Department of Public Health regulations governing the practice of social work in nursing homes is woefully inadequate in two areas: ratio of hours per week of social work services to number of residents; and requirements for eligibility as a social worker in a nursing home.

The Social Work to resident ratio was set in the early 1980s and as such has no correlation to the reality of work of social workers in nursing homes in 2010. Just in the past 10 years the issues facing seniors entering nursing homes has become much greater and much more acute in terms of complex diagnosis and mental health status. Nursing home social workers face multiple tasks and responsibilities including but nowhere near limited to: prompt referral for patients and families in financial need, helping each patient to adjust to the social and emotional needs related to nursing home placement, develop plans of care for the social and emotional needs of the resident, counseling residents and family members, discharge planning, coordinating care with outside services, dealing with issues of conservatorship, protecting resident rights, assessing cognitive and mental functioning, dealing with resident to resident altercations, providing emotional support for residents coping with loss of independence and function, and staff training on resident rights. Add to all of these critical direct care functions an increasingly extensive amount of paperwork that includes: assessments; care plans; Mini Mental Status Exams; MDS (Minimum Data Set) upon admission, quarterly, annually and when a change in condition occur (the latest version of MDS starting in October will dramatically increase the workload); Medicare required reviews at 5, 14, 30, 60 and 90 days; Medicaid clinical evaluations implemented in March that are time consuming, plus medical record charting of any changes with the resident. **All of this and more is required of the social worker at a ratio of 1 social worker employed 40 hours a week to 120 residents. This ratio is absurd, outdated, undoable, and downright insane, and is a major factor in why qualified social workers burn out and leave the field of nursing home social work. The current ratio averages out to the social worker spending about 11 minutes per**

week per resident! This is already below the current health code minimum of 20 minutes per week per resident and the new MDS in October will simply drown the social worker in paperwork. (See attached testimony by Robert Burke, LCSW). For starters.

NASW/CT is in the process of analyzing a survey conducted this Spring of nursing home social workers. The response rate was well over half of the homes in the state. In response to a question about issues facing nursing home social workers one of the most frequent concerns was the overwhelming amount of paperwork. Again, we reiterate that this serious problem will become even more acute in October when the new MDS becomes effective.

NASW/CTs recommendation is for a more reasonable (though still high ratio) of no more than 80 residents to each social worker based on a 40 hour work week starting by January 1, 2012. This recommendation takes into account the added costs to homes but we note that the ideal ratio is actually 60 residents per social worker based on a 40 hour work week.

The other major failures of the state regulations are the definition and requirement for practicing social work in a nursing home. The regulations allow for an individual with "at least an associate's degree in social work or related human service field" to practice as a Social Work Designee. The first problem is that there is no such thing as an Associate Degree in Social Work and the second problem is that a related degree does not train or prepare a person for social work practice. According to DPH the regulations no longer allow for non-social workers (designees) to be employed in nursing homes as social workers yet the regulations are not clear enough, or strong enough to enforce only the hiring of BSWs and MSWs. We continue to see employment postings for related degrees and continue to hear from members about non-social workers being hired as nursing home social workers. This is especially problematic given that most nursing home social workers are working as the only social worker in the facility or one of two social workers and as such must work independently, which requires a strong grounding and training in the practice of social work. **Elderly residents and their families deserve nothing less than a qualified social worker serving them.** While we have seen an increase of late in the hiring by nursing homes of qualified social workers (qualified defined in regulation as at least a BSW and one year of experience in a health care facility) there is still a need for the Legislature to clearly act to assure that only "qualified social workers" be hired by nursing homes.

Finally, the state regulations do recognize that Designees lack social work education and are in need of social work consultation. Unfortunately here too the regulations are woefully insufficient. Nursing homes only need to employ a qualified social work consultant **"at least on a quarterly basis".** There is no minimum number of hours of consultation required, which makes this requirement a joke. The requirement should be a minimum of 8 hours per month for facilities with Designees and for facilities where the BSW or MSW has less than one year of nursing home experience a Social Work Consultant should be required at a minimum of 4 hours per month unless the facility

employs a MSW with at least one year of nursing home experience (state regulations did at one time have a set number of monthly consulting hours). There may be homes that are offering consultation at a level that is above the minimum but this does not alleviate the need to have an adequate requirement.

Nursing home social work gets little to no attention when issues of nursing home care are raised. Yet the role of the social worker is critical to the social and emotional well being of nursing home residents and assistance to family members. Nursing home social workers perform their work in settings where their role is often not understood or fully appreciated by their employers. Yet they carry on for the betterment of the residents and residents families. Now is the time to change these dynamics by significantly reducing the resident to social worker ratio, clarifying that only qualified BSWs and MSWs can be hired to perform social work in nursing homes and reinstituting a requirement for monthly consultation for Designees. Our specific recommendations are attached to this testimony.

NASW/CT thanks the Committees for consideration of these issues and offers the expertise of our members within the nursing home field in developing legislative language that will assure that nursing home residents receive adequate and quality social services within our state's nursing homes.

Recommendations for Social Work Services in Long Term Care Facilities

Ratio:

By 1/1/2012 decrease the ratio of beds to social workers to a **maximum** of –

- 20 beds to one social worker/ 10 hours per week
- 21-40 beds one social worker / 20 hours per week
- 41-60 beds one social worker / 30 hours per week
- 61-80 beds one social worker / 40 hours per week
- For every additional 20 beds or fraction thereof 10 additional hours of social work services per week

Currently a facility with 120 residents is only required to have a full-time 40 hour per week social worker. The regulations make no adjustments based on acuity of care needed.

Qualifications:

All social workers must hold either a BSW or MSW degree from a Council on Social Work Education accredited program and have at least one year's experience in a health care facility. Social Work Designees currently employed shall be grandfathered in however all new hires must be BSW's or MSW's.

Social Work Consultants:

Social Work Consultants shall hold a MSW and have at least one year's experience in a health care setting. For those facilities that have Social Work Designee's require that a Social Work Consultant be employed at a minimum of eight hours per month. For newly hired BSW's and MSW's who have less than one year's experience as a nursing home social worker, require a Social Work Consultant at a minimum of four hours per month for the first 12 months of employment, unless a MSW with more than one year of nursing home experience is on staff that can supervise.

For more information contact Stephen Karp, MSW, NASW/CT at skarp@naswct.net or 860-257-8066.

RE: CT General Assembly Raised Bill No. 5124, February, 2008

Statement Provided by: Robert Burke, MSW, LCSW (CT : # 003496)
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I have been employed as a nursing home social worker, social work director, and social work consultant in the state of Connecticut for the past 20 years, since receiving my Master's Degree from the University of Connecticut School of Social Work.

Over the course of those 20 years, I have provided social work direction and consultation to approximately 75 social workers and social service practitioners in 30 different skilled nursing facilities, and from 1991 through 1998, I was the sole Social Work Consultant assigned to provide regulation compliance oversight for all hospitals and nursing homes licensed by the CT Department of Public Health, Division of Health Systems Regulations. In carrying out these duties I have had innumerable opportunities to see the day to day challenges faced by nursing home social workers to address the psychosocial needs of the residents they serve, and to do so to the demands and satisfaction not only of their clientele but also to the demands of extensive regulated requirements.

Pursuant to the Regulations of Connecticut State Agencies, Section 19-13_D8t (s), social work staff in CT licensed nursing homes must:

- Make "a prompt referral to an appropriate agency for patients or families in need of financial assistance" and maintain a record of each referral,
- Help each patient to adjust to the social and emotional aspects of the patient's illness, treatment, and stay in the facility,
- Identify and develop plans of care for the social and emotional needs of the patient and their family,
- Provide annual staff in-servicing to all staff regarding patient's rights,
- Provide annual staff in-servicing to all staff in areas specific to the needs of the facility's patient population,
- Plan for the discharge and transfer of each patient

Pursuant to the Code of Federal Regulations, 42 CFR 483.15 (g), facility social services staff is expected to respond to:

- Lack of an effective family/support system;
- Behavioral symptoms;
- Resident to Resident altercations;
- Presence of a chronic disabling medical or psychological condition (e.g., multiple sclerosis, chronic obstructive pulmonary disease, Alzheimer's disease, schizophrenia);
- Depression
- Chronic or acute pain;
- Difficulty with personal interaction and socialization skills;
- Presence of legal or financial problems
- Abuse of alcohol or other drugs;
- Inability to cope with loss of function;
- Need for emotional support;
- Changes in family relationships, living arrangements, and/or resident's condition or functioning; and
- A physical or chemical restraint.
- Diagnoses of mental disorders as defined by the "Diagnostic and Statistical Manual for Mental Disorders (DSM-IV)

With the present requirements of the CT Public Health Code and in consideration of the following routine limitations and demands on hours, time available for providing required services for each resident is approximately 11 minutes per week:

40 hrs x 52 weeks	MDS / Care Plans (1 hr x 120 residents x 4)	Morning Team Meetings	Discharge Planning Activity (20% x 2 hrs)	2 weeks vacation	Major Holidays (6)	Hours per year per resident (@ 120)	Minutes per resident per week
2,080	- 480	- 260	- 48	- 80	- 48		
2, 080	*1,600*	*1,340*	*1,292*	*1,212*	*1,164*	*9.7*	*11 minutes*

The above time consumption approximations are conservative. They only reflect standard operations and are not inclusive of many more duties and services required of the profession.

There is no possible way that Connecticut's present minimal social work staffing levels in nursing homes, developed in 1988, could adequately provide services sufficient to promote the Resident Quality of Life as had been intended by federal OBRA regulations. Our continuous denial of this need is comparable to either neglect of the needs of our nursing home residents or exploitation of the profession of social work, as dedicated social workers will continue to put in hours well above and beyond those for which they are compensated in order to try to meet the needs and best interests of their clients.

Respectfully,