

CONNECTICUT LEGAL RIGHTS PROJECT

P.O. Box 351, Silver Street, Middletown, CT 06457
Telephone (860) 262-5030 · Fax (860) 262-5035

TESTIMONY OF JAN VANTASSEL, ESQ.

PUBLIC HEALTH COMMITTEE

March 23, 2011

RE: OPPOSITION TO H.B. 6593: AN ACT CONCERNING RESIDENTIAL CARE HOMES

Members of the Public Health Committee. My name is Jan VanTassel and I am the Executive Director of the Connecticut Legal Rights Project (CLRP), which is a statewide non-profit agency that provides free legal services to low income adults with psychiatric disabilities on matters related to their treatment and civil rights.

I am here today to express CLRP's strong opposition to HB 6593, An Act Concerning Residential Care Homes. We oppose this bill for two reasons. First, while it may be inadvertent, this bill as drafted would exclude residents of residential care homes from the nursing home patients bill of rights, which, despite the statutory reference to nursing homes, does cover residential care homes. Unfortunately, it is often difficult to find residents who are willing to enforce those rights. In fact, we believe that the bill of rights should be clarified and strengthened to enhance the protections for residents of residential care homes because there are distinctive elements of their living arrangements that differ from nursing homes.

Second, this legislation would take substantial steps toward converting residential care homes from a social model congregate living arrangement with the administration of medications, to a medical model facility. The bill mandates that a nurse be on site five hours per month to supervise the administration of medications, something the residential care homes indicated was not needed when they sought authorization to administer medications. The proposed pilot programs, which could be implemented in as many as ten residential care homes, would establish a medical model for residential care homes to serve as a treatment site to serve persons who require a range of services from mobility assistance and incontinence care to specialized services for persons with psychiatric illnesses, dementia or Alzheimer's disease. In short, it would create a new level of residential health care facilities, similar to assisted living facilities, without the discussion, planning and oversight that is required for such a venture.

I worked for six years as a Manager in the state's Medicaid program implementing waiver programs. I am familiar with the state's health care services and understand the state's interest in developing alternatives to nursing home placements. In fact, I am currently caring for my 94 year old mother who has avoided nursing home placement solely due to the excellent services she receives five day a week at an adult day care center.

I also understand that residential care homes have residents with health care needs that their staff are not prepared to address. I have spoken out on many occasions about the inadequate mental health services provided to many DMHAS clients placed in residential care homes,

services that do not need to be provided on site. Too often, DMHAS clients placed in these settings are not provided with the services they need to move to another level of care but I do not believe that the approach proposed in this bill will solve that problem.

As the state increases its emphasis on community based living arrangements, it is essential that there be a continuum of services to meet the broad range of persons of all ages and abilities who can and should live in the community, preferably in home settings. While adding some medical services to the residential care model might seem like a logical response to this need, it is far too simplistic a response to an important challenge.

I urge the committee to reject this approach and to support efforts to involve all of the interested stakeholders in developing and implementing a plan for a continuum of community services.