



# STATE OF CONNECTICUT

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## AGING COMMITTEE

Public Hearing, February 25, 2014

Good morning Representative Serra and Senator Ayala and members of the Aging Committee. My name is Nancy Shaffer and I am the Connecticut State Long Term Care Ombudsman. Per the Older American's Act and CT General Statute 17b-400-417, it is the duty of the State Ombudsman to provide services to protect the health, safety, welfare and rights of the residents of skilled nursing facilities, residential care homes and managed residential communities/assisted living facilities. As State Ombudsman it is my responsibility to advocate for changes in laws and governmental policies and actions that pertain to the health, safety, welfare and rights of residents with respect to the adequacy of long-term care facilities. I appreciate this opportunity to testify on behalf of the many thousands of Connecticut residents who receive long term services and supports.

I am testifying today regarding the following raised bills:

### **SB No. 179 (Raised) AN ACT CONCERNING THE ALZHEIMER'S DISEASE AND DEMENTIA TASK FORCE'S RECOMMENDATIONS ON TRAINING**

There are specific recommendations related to training, type of training and schedule of training contained in this proposal. Most skilled nursing facilities periodically provide in-house dementia training to their staff. The recommendations in this legislative proposal will provide a framework and schedule for the facility administrator to ensure this training is provided. It provides a universal template for all facilities. Especially significant in this proposal is the requirement for each nursing facility to establish a dementia care committee "to review and make recommendations to the administrator concerning residents with dementia, including, but not limited to: (1) Factors which affect person-centered care, (2) wellness indicators, and (3) staff training programs for dementia care capability" (SB No. 179 Raised, lines 23-27). This adds the aspect of resident-centered and facility-specific detail to the home's plan that is extremely important and beneficial. Not all homes, nor all staff, and certainly not all residents with dementia are the same. An individualized plan for the skilled nursing home is an excellent idea!

### **HB No. 5222 (Raised) AN ACT CONCERNING A STUDY OF FUNDING AND SUPPORT FOR HOME AND COMMUNITY-BASED CARE FOR ELDERLY PERSONS AND PERSONS WITH ALZHEIMER'S DISEASE**

In order to honor the expressed choice of individuals to remain in their homes and receive long term supports and services and, in order to achieve a cost savings to the state, Governor Malloy has fully committed to rebalancing Connecticut's long term care system. Over recent years a number of studies

have been undertaken to achieve this goal. These important studies considered the state's readiness to rebalance the long-term care system, consumer needs and wishes, and provided recommendations to meet these goals. The information intended by this proposal may in fact already be available to the legislature. The Aging in Place Task Force most recently studied many of the same issues proposed in this legislation and made recommendations to the General Assembly. Review of the information currently available may be most helpful.

**HB No. 5226 (Raised) AN ACT INCREASING THE PERSONAL NEEDS ALLOWANCE FOR CERTAIN LONG-TERM CARE FACILITY RESIDENTS**

When an individual is deemed eligible for Medicaid in a long-term care facility a portion of the individual's income is set aside for the resident as a "Personal Needs Allowance" (PNA). This monthly stipend is for the express purpose of providing the resident funds to cover a variety of personal expenses, expenses which are not otherwise allotted for in the Medicaid reimbursement to the facility. Expenses paid for by the Personal Needs Allowance include haircuts and styling, clothing, television and telephone services, some over-the-counter medications, as well as simple pleasures of life such as an occasional meal outside the nursing home, a book, stamps and stationery, certain toiletries not provided by the facility. In some instances, some residents must also use their Personal Needs Allowance to cover such medical services as podiatry care.

The 2011 Connecticut General Assembly had many difficult economic decisions to make and reducing the Personal Needs Allowance by 13% was one of those tough decisions. A reconsideration of that decision is warranted. In 2011, the reduction was listed in the budget as a **temporary** measure. Mr. Capshaw will speak with you more about this. We also have brought you our "\$2 bills". As you will see, the residents themselves have articulated what it means to them to live on \$2 a day and what they are able to do or not do on \$2 a day. In their own words you will read how their quality of life is impacted by the items and services they must go without when their extra income is only \$2 per day. I'd like to read you just a few of these notes written by the residents themselves. Hopefully you will also have the opportunity to review the other \$2 bills we have brought with us.

In concluding my testimony regarding the Personal Needs Allowance I will quote the residents of Soundview Skilled Nursing and Rehab Center in a letter they wrote to Governor Malloy in 2011: "We are senior citizens who for many years contributed more to society than we are able to do now. Now we need the help in our golden years...we struggle to stretch every dollar of the money we receive to cover the necessities we have to take care of...please remember we senior citizens gave our lives, our money, our time and energy to make this country great. We are in your hands."

**HB No. 5229 (Raised) AN ACT CONCERNING THE EXPANSION OF A SMALL HOUSE NURSING HOME PILOT PROGRAM**

The small house nursing home model is a fine alternative model of care for persons who require a skilled nursing level of care. It provides the most home-like setting for residents other than home itself and has a strong emphasis on individualized care. In this model well-trained universal workers are able to provide more person-oriented care rather than task-focused caregiving. Studies indicate there are

Improved resident outcomes and greater resident satisfaction with life and care for those individuals who reside in small house nursing homes.

Across the country there are 32 states with a total of 260 small house or greenhouse models of nursing homes. Connecticut does not have an existing small house nursing home though there is currently an approved plan for one small house nursing home project in Fairfield county. Connecticut is actively rebalancing its long term care environment. More people are moving out of nursing homes and into the community with services. Allowing for another such project in the state does not appear to have any negative drawbacks. It may be prudent to consider the number of beds for this new project and whether a plan for down-sizing current beds is included in the plan. The costs of building this project must also be considered as it is unlikely any current building could be retro-fitted to be a small house nursing home.

For consumers who are in need of skilled nursing care and choose a nursing home for their care setting a small house nursing home is a very good alternative to the traditional institutional nursing home model and worth the state's consideration.

Thank you again for this opportunity to testify on behalf of Connecticut's long term care consumers.