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## AGING COMMITTEE

### Public Hearing

February 10, 2015

### *Written testimony of State Ombudsman, Nancy Shaffer*

Good morning Representative Serra and Senator Flexer, Vice Chair Senator Osten and Representative Rovero and ranking members, Senator Kelly and Representative Bolinsky and Honorable 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. Most recently, the CT General Assembly mandated the Long-Term Care Ombudsman Program develop a pilot project to provide ombudsman services to individuals in Hartford County who receive long-term services and supports in their homes. It is the responsibility of the State Ombudsman to also 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. Additionally, I serve as co-chair of the State Department on Aging's initiative, the Connecticut Elder Justice Coalition. In this capacity I have broadened my understanding of elder abuse, neglect and exploitation specific to vulnerable individuals who reside in their communities. I've had the opportunity to meet with state and national experts and learn from them.

I appreciate this opportunity to testify on behalf of the many thousands of individuals throughout Connecticut who receive long-term services and supports. Today I offer comments regarding these legislative proposals:

#### Proposed S.B. No. 204 AN ACT CONCERNING BEST PRACTICES FOR PROTECTING SENIOR CITIZENS FROM INTERACTION WITH SEXUAL OFFENDERS.

The Long-Term Care Ombudsman Program fully supports measures which will improve all of the protections, including protection from sexual abuse, for our frail and vulnerable older and disabled individuals. As difficult as it is to imagine, sexual misconduct is perpetrated amongst all individuals along the entire lifespan and in all environments and settings. Sexual assaults have taken place in our nursing homes during my tenure as the State Ombudsman. Thankfully, these don't occur often, but even once is too much. As a society, we expect that vulnerable individuals who need care, no matter the setting, are provided all measures of protection. It is especially disturbing to hear a loved one say to me, "we



admitted mom to the nursing home so she would be safe, but she wasn't safe." This was a comment from the family of an elderly woman, a Holocaust survivor, after confirmation of her sexual assault in one of our skilled nursing homes. Despite the best intentions of state agencies, medical personnel, law enforcement and the facility administrative staff, the follow up to the case was nearly as traumatic to the resident and her family as was the substantiated assault. Such cases often do not speak to a coordinated, communicated, integrated effort which ensures that no further physical and/or psychological harm comes to the victim. If such situations occur in an environment with a great degree of oversight and regulatory presence as a skilled nursing facility, it is easy to imagine the problematic situations which may occur for vulnerable individuals who reside in their homes. I urge this committee to support this proposal through to its passage. State leadership on this issue is needed and I thank the bill proponents for their leadership and insight to require best practices to protect vulnerable and frail individuals from sexual assault.

Proposed S.B. No. 286 AN ACT EXPANDING AGING IN PLACE INITIATIVES.

The Long-Term Care Ombudsman Program supports this proposal on behalf of the thousands of Connecticut residents stricken with Alzheimer's disease and the families who are managing their needed care and services in the community. Research shows time and again that families provide care for their loved one with Alzheimer's disease up to and beyond their own financial, emotional and physical capabilities and best interests. Often times they do so at considerable risk to themselves. It makes sense for the individual, their family caregivers and for the state that additional state funds be dedicated to the expansion of aging in place initiatives. These initiatives are far less costly than institutionalized care. As a state, we want to honor the individual's choice of care setting. And we know that by far people want to remain in their homes. As a state we must also secure ways to make this happen and commit to greater support of the home and community services and systems. And in turn, the state will realize savings by not prematurely institutionalizing individuals.

Proposed H.B. No. 5455 AN ACT CONCERNING FAMILY CAREGIVERS.

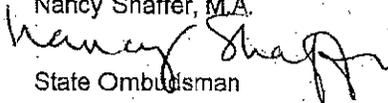
The Long-Term Care Ombudsman Program fully supports this proposal and thanks the proponents for raising these important issues on behalf of family caregivers in our state. This proposal will strengthen the supports for family caregivers and in turn support the care and services needs of the many individuals who rely on their loved ones to assist them. This critical support helps older individuals remain in their homes and live as independently as possible. By far, most of these family caregivers are unpaid and often must navigate unfamiliar systems and provide many hours of services for which they do not have professional training or support. They must be able to do so with as much information and direction as possible.

Over the years I have opportunity to assist elderly family members. Recently, I spent the day in a local hospital emergency room with an elderly family member who had designated me to assist her. I advocated on her behalf throughout the hospital stay and through her transition to another care setting. During this acute episode it was important that there be someone to help her. It is important that patients be given the opportunity to designate a family caregiver. My experience informed me that it is especially necessary during a hospitalization or a transition to another care setting when the patient is not in the best position to speak for themselves. Often there are decisions to be made and there may be changes in medications or treatments and the designated caregiver must be fully informed to ensure the best transitions in care are possible.

It's important to note that Connecticut ranks 30<sup>th</sup> in the nation for support of unpaid family caregivers. The study, "Raising Expectations, 2014" prepared by AARP, The Commonwealth Fund and The Scan Foundation, provides a state scorecard on long-term services and supports for older adults, people with physical disabilities, and family caregivers. We can and should do much better than a ranking of 30<sup>th</sup> in the country for our support of unpaid family caregivers. An Act Concerning Family Caregivers will provide the foundation for improved supports for individuals and their caregivers and I urge this Committee to support this proposal.

Respectfully,

Nancy Shaffer, M.A.



State Ombudsman