



**APPROPRIATIONS COMMITTEE**

**Public Hearing**

**February 27, 2015**

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

Senator Bye, Representative Walker and esteemed members of the Appropriations 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. In 2013, the CT General Assembly mandated the Long-Term Care Ombudsman Program develop a pilot project to provide community ombudsman assistance to individuals in Hartford County. 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. I provide you this written testimony regarding:

**GOVERNOR'S BILL NO. 6846, AN ACT IMPLEMENTING THE GOVERNOR'S BUDGET RECOMMENDATIONS FOR HUMAN SERVICES PROGRAMS.**

**Section 1** of the Governor's budget implementer asserts that a pilot program for community ombudsman activities will be implemented and administered within available appropriations. The need for advocacy for home and community based care recipients has been an ongoing conversation for State Ombudsmen for more than a decade. In 2008, the Administration on Aging supported research specific to the evolving Ombudsman role. Compiled by the National Ombudsman Resource Center and the National Association of State Units on Aging the research looked at the strategic role for the Long-Term Care Ombudsman in other than the traditional institutional settings. Currently there are fifteen states across the country that provide community Ombudsman advocacy services. They do so utilizing a variety of funding sources, including state funds, nursing home bed taxes, Money Follows the Person dollars, state's tobacco tax or state lottery earnings. There are differences in how they operate, but all of these states have expanded their advocacy work to include individuals who reside in the community.



During the brief time we have done community Ombudsman work there have been significant issues brought to our attention, including ensuring transportation to a day program and assisting families with concerns about their loved one's care. As a state we promote rebalancing through greater reliance on home and community based services. I look forward to further conversation and collective "brainstorming" to develop a Community Ombudsman service that both meets the needs of our citizens and is sustainable within available resources.

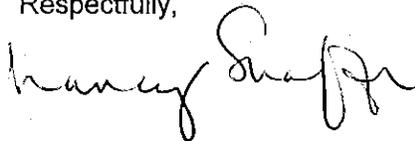
**Section 21** of the Governor's budget implementer reduces the monthly personal fund allowance or "PNA" for nursing home residents from sixty to fifty dollars. The residents and this Office have come to the legislature the past few years, since the PNA was "temporarily reduced" and the cost of living allowance eliminated, to address reinstating the PNA. We have described for you the hardships this reduction causes the residents. **We come to you now to ask that you recognize the sacrifices made by the residents over the last few years and do not compound that with another reduction.** Essentially this new reduction proposes that a nursing home resident can live on approximately one dollar and sixty-seven cents or one dollar and sixty-one cents per day, depending on the number of days in the month. Clothing, toiletries, occasional out-trips, hair care, telephone service, cable television services, all must come out of the monthly Personal Needs Allowance. When residents already made a significant sacrifice after the initial reduction, it is especially difficult for them to now absorb a further reduction. This is an issue of such great importance to the well-being of the approximately 17,000 nursing home residents in the state. We hope it will be possible to find some other way to make adjustments to the budget.

**Section 28** of the Governor's budget implementer mandates that nursing facilities inform the Department of Social Services when they anticipate a resident is likely to become financially eligible for Medicaid benefits within one hundred eighty days. The Department of Social Services then may assess the resident to determine if the resident prefers to transition to living in the community with supports. This is a duplication of work already done by the nursing home and the reason for the recommendation to do this is unclear. Essentially assessing and developing a plan of care for discharge to the community is the initial role and responsibility of the nursing home staff. Per federal regulations, every nursing home resident is assessed as part of the Minimum Data Set (MDS), which is a CMS mandated form. On this form, Section Q asks the resident where they would like to live and, if they respond they want to live in the community, this triggers further assessment and planning. The MDS is completed at the time of admission and every ninety days thereafter. This paradigm is most appropriate to the resident and their needs. The insertion of the Department

of Social Services at a time prior to their actual financial eligibility for Medicaid is an overstep, a duplication of nursing home staff efforts and, I fear, it is a violation of the resident's right to privacy. The Ombudsman Program does not support this provision in the Governor's budget implementer and respectfully requests that the legislature does not enact this piece of the implementer.

The Long-Term Care Ombudsman Program is available to you as a resource regarding issues that affect long-term care residents.

Respectfully,

A handwritten signature in cursive script that reads "Nancy Shaffer". The signature is written in black ink and is positioned to the right of the word "Respectfully,".

Nancy Shaffer